



Sen. Iris Y. Martinez

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1 AMENDMENT TO HOUSE BILL 489

2 AMENDMENT NO. \_\_\_\_\_. Amend House Bill 489 by replacing  
3 everything after the enacting clause with the following:

4 "Section 5. The Illinois Pension Code is amended by  
5 changing Section 24-102 and adding Section 24-104.2 as follows:

6 (40 ILCS 5/24-102) (from Ch. 108 1/2, par. 24-102)

7 Sec. 24-102. As used in this Article, "employee" means any  
8 person, including a person elected, appointed or under  
9 contract, receiving compensation from the State or a unit of  
10 local government or school district for personal services  
11 rendered, including salaried persons. A health care provider  
12 who elects to participate in the State Employees Deferred  
13 Compensation Plan established under Section 24-104 of this Code  
14 shall, for purposes of that participation, be deemed an  
15 "employee" as defined in this Section.

16 As used in this Article, "health care provider" means a

1 dentist, physician, optometrist, pharmacist, or podiatrist  
2 that participates and receives compensation as a provider under  
3 the Illinois Public Aid Code, the Children's Health Insurance  
4 Act, or the Covering ALL KIDS Health Insurance Act.

5 As used in this Article, "compensation" includes  
6 compensation received in a lump sum for accumulated unused  
7 vacation, personal leave or sick leave, with the exception of  
8 health care providers. "Compensation" with respect to health  
9 care providers is defined under the Illinois Public Aid Code,  
10 the Children's Health Insurance Act, or the Covering ALL KIDS  
11 Health Insurance Act.

12 Where applicable, in ~~in~~ no event shall the total of the  
13 amount of deferred compensation of an employee set aside in  
14 relation to a particular year under the Illinois State  
15 Employees Deferred Compensation Plan and the employee's  
16 nondeferred compensation for that year exceed the total annual  
17 salary or compensation under the existing salary schedule or  
18 classification plan applicable to such employee in such year;  
19 except that any compensation received in a lump sum for  
20 accumulated unused vacation, personal leave or sick leave shall  
21 not be included in the calculation of such totals.

22 (Source: P.A. 84-878.)

23 (40 ILCS 5/24-104.2 new)

24 Sec. 24-104.2. Health care providers; tax-exempt status.  
25 Health care providers may participate in the Illinois State

1 Employees Deferred Compensation Plan to the extent that the  
2 health care providers' participation does not interfere with  
3 the Plan's tax-exempt status under the Internal Revenue Code.

4 Section 10. The Children's Health Insurance Program Act is  
5 amended by adding Section 31 as follows:

6 (215 ILCS 106/31 new)

7 Sec. 31. Health care provider participation in State  
8 Employees Deferred Compensation Plan. Notwithstanding any  
9 other provision of law, a health care provider who participates  
10 under the Program may elect, in lieu of receiving direct  
11 payment for services provided under the Program, to participate  
12 in the State Employees Deferred Compensation Plan adopted under  
13 Article 24 of the Illinois Pension Code. A health care provider  
14 who elects to participate in the plan does not have a cause of  
15 action against the State for any damages allegedly suffered by  
16 the provider as a result of any delay by the State in crediting  
17 the amount of any contribution to the provider's plan account.

18 Section 15. The Covering ALL KIDS Health Insurance Act is  
19 amended by adding Section 41 as follows:

20 (215 ILCS 170/41 new)

21 Sec. 41. Health care provider participation in State  
22 Employees Deferred Compensation Plan. Notwithstanding any

1 other provision of law, a health care provider who participates  
2 under the Program may elect, in lieu of receiving direct  
3 payment for services provided under the Program, to participate  
4 in the State Employees Deferred Compensation Plan adopted under  
5 Article 24 of the Illinois Pension Code. A health care provider  
6 who elects to participate in the plan does not have a cause of  
7 action against the State for any damages allegedly suffered by  
8 the provider as a result of any delay by the State in crediting  
9 the amount of any contribution to the provider's plan account.

10 Section 20. The Illinois Public Aid Code is amended by  
11 changing Section 5-5 as follows:

12 (305 ILCS 5/5-5) (from Ch. 23, par. 5-5)

13 Sec. 5-5. Medical services. The Illinois Department, by  
14 rule, shall determine the quantity and quality of and the rate  
15 of reimbursement for the medical assistance for which payment  
16 will be authorized, and the medical services to be provided,  
17 which may include all or part of the following: (1) inpatient  
18 hospital services; (2) outpatient hospital services; (3) other  
19 laboratory and X-ray services; (4) skilled nursing home  
20 services; (5) physicians' services whether furnished in the  
21 office, the patient's home, a hospital, a skilled nursing home,  
22 or elsewhere; (6) medical care, or any other type of remedial  
23 care furnished by licensed practitioners; (7) home health care  
24 services; (8) private duty nursing service; (9) clinic

1 services; (10) dental services, including prevention and  
2 treatment of periodontal disease and dental caries disease for  
3 pregnant women; (11) physical therapy and related services;  
4 (12) prescribed drugs, dentures, and prosthetic devices; and  
5 eyeglasses prescribed by a physician skilled in the diseases of  
6 the eye, or by an optometrist, whichever the person may select;  
7 (13) other diagnostic, screening, preventive, and  
8 rehabilitative services; (14) transportation and such other  
9 expenses as may be necessary; (15) medical treatment of sexual  
10 assault survivors, as defined in Section 1a of the Sexual  
11 Assault Survivors Emergency Treatment Act, for injuries  
12 sustained as a result of the sexual assault, including  
13 examinations and laboratory tests to discover evidence which  
14 may be used in criminal proceedings arising from the sexual  
15 assault; (16) the diagnosis and treatment of sickle cell  
16 anemia; and (17) any other medical care, and any other type of  
17 remedial care recognized under the laws of this State, but not  
18 including abortions, or induced miscarriages or premature  
19 births, unless, in the opinion of a physician, such procedures  
20 are necessary for the preservation of the life of the woman  
21 seeking such treatment, or except an induced premature birth  
22 intended to produce a live viable child and such procedure is  
23 necessary for the health of the mother or her unborn child. The  
24 Illinois Department, by rule, shall prohibit any physician from  
25 providing medical assistance to anyone eligible therefor under  
26 this Code where such physician has been found guilty of

1 performing an abortion procedure in a wilful and wanton manner  
2 upon a woman who was not pregnant at the time such abortion  
3 procedure was performed. The term "any other type of remedial  
4 care" shall include nursing care and nursing home service for  
5 persons who rely on treatment by spiritual means alone through  
6 prayer for healing.

7 Notwithstanding any other provision of this Section, a  
8 comprehensive tobacco use cessation program that includes  
9 purchasing prescription drugs or prescription medical devices  
10 approved by the Food and Drug administration shall be covered  
11 under the medical assistance program under this Article for  
12 persons who are otherwise eligible for assistance under this  
13 Article.

14 Notwithstanding any other provision of this Code, the  
15 Illinois Department may not require, as a condition of payment  
16 for any laboratory test authorized under this Article, that a  
17 physician's handwritten signature appear on the laboratory  
18 test order form. The Illinois Department may, however, impose  
19 other appropriate requirements regarding laboratory test order  
20 documentation.

21 The Department of Healthcare and Family Services shall  
22 provide the following services to persons eligible for  
23 assistance under this Article who are participating in  
24 education, training or employment programs operated by the  
25 Department of Human Services as successor to the Department of  
26 Public Aid:

1           (1) dental services, which shall include but not be  
2           limited to prosthodontics; and

3           (2) eyeglasses prescribed by a physician skilled in the  
4           diseases of the eye, or by an optometrist, whichever the  
5           person may select.

6           The Illinois Department, by rule, may distinguish and  
7           classify the medical services to be provided only in accordance  
8           with the classes of persons designated in Section 5-2.

9           The Department of Healthcare and Family Services must  
10          provide coverage and reimbursement for amino acid-based  
11          elemental formulas, regardless of delivery method, for the  
12          diagnosis and treatment of (i) eosinophilic disorders and (ii)  
13          short bowel syndrome when the prescribing physician has issued  
14          a written order stating that the amino acid-based elemental  
15          formula is medically necessary.

16          The Illinois Department shall authorize the provision of,  
17          and shall authorize payment for, screening by low-dose  
18          mammography for the presence of occult breast cancer for women  
19          35 years of age or older who are eligible for medical  
20          assistance under this Article, as follows:

21                (A) A baseline mammogram for women 35 to 39 years of  
22                age.

23                (B) An annual mammogram for women 40 years of age or  
24                older.

25                (C) A mammogram at the age and intervals considered  
26                medically necessary by the woman's health care provider for

1 women under 40 years of age and having a family history of  
2 breast cancer, prior personal history of breast cancer,  
3 positive genetic testing, or other risk factors.

4 (D) A comprehensive ultrasound screening of an entire  
5 breast or breasts if a mammogram demonstrates  
6 heterogeneous or dense breast tissue, when medically  
7 necessary as determined by a physician licensed to practice  
8 medicine in all of its branches.

9 All screenings shall include a physical breast exam,  
10 instruction on self-examination and information regarding the  
11 frequency of self-examination and its value as a preventative  
12 tool. For purposes of this Section, "low-dose mammography"  
13 means the x-ray examination of the breast using equipment  
14 dedicated specifically for mammography, including the x-ray  
15 tube, filter, compression device, and image receptor, with an  
16 average radiation exposure delivery of less than one rad per  
17 breast for 2 views of an average size breast. The term also  
18 includes digital mammography.

19 On and after July 1, 2008, screening and diagnostic  
20 mammography shall be reimbursed at the same rate as the  
21 Medicare program's rates, including the increased  
22 reimbursement for digital mammography.

23 The Department shall convene an expert panel including  
24 representatives of hospitals, free-standing mammography  
25 facilities, and doctors, including radiologists, to establish  
26 quality standards. Based on these quality standards, the



1 Department shall provide for bonus payments to mammography  
2 facilities meeting the standards for screening and diagnosis.  
3 The bonus payments shall be at least 15% higher than the  
4 Medicare rates for mammography.

5 Subject to federal approval, the Department shall  
6 establish a rate methodology for mammography at federally  
7 qualified health centers and other encounter-rate clinics.  
8 These clinics or centers may also collaborate with other  
9 hospital-based mammography facilities.

10 The Department shall establish a methodology to remind  
11 women who are age-appropriate for screening mammography, but  
12 who have not received a mammogram within the previous 18  
13 months, of the importance and benefit of screening mammography.

14 The Department shall establish a performance goal for  
15 primary care providers with respect to their female patients  
16 over age 40 receiving an annual mammogram. This performance  
17 goal shall be used to provide additional reimbursement in the  
18 form of a quality performance bonus to primary care providers  
19 who meet that goal.

20 The Department shall devise a means of case-managing or  
21 patient navigation for beneficiaries diagnosed with breast  
22 cancer. This program shall initially operate as a pilot program  
23 in areas of the State with the highest incidence of mortality  
24 related to breast cancer. At least one pilot program site shall  
25 be in the metropolitan Chicago area and at least one site shall  
26 be outside the metropolitan Chicago area. An evaluation of the

1 pilot program shall be carried out measuring health outcomes  
2 and cost of care for those served by the pilot program compared  
3 to similarly situated patients who are not served by the pilot  
4 program.

5 Any medical or health care provider shall immediately  
6 recommend, to any pregnant woman who is being provided prenatal  
7 services and is suspected of drug abuse or is addicted as  
8 defined in the Alcoholism and Other Drug Abuse and Dependency  
9 Act, referral to a local substance abuse treatment provider  
10 licensed by the Department of Human Services or to a licensed  
11 hospital which provides substance abuse treatment services.  
12 The Department of Healthcare and Family Services shall assure  
13 coverage for the cost of treatment of the drug abuse or  
14 addiction for pregnant recipients in accordance with the  
15 Illinois Medicaid Program in conjunction with the Department of  
16 Human Services.

17 All medical providers providing medical assistance to  
18 pregnant women under this Code shall receive information from  
19 the Department on the availability of services under the Drug  
20 Free Families with a Future or any comparable program providing  
21 case management services for addicted women, including  
22 information on appropriate referrals for other social services  
23 that may be needed by addicted women in addition to treatment  
24 for addiction.

25 The Illinois Department, in cooperation with the  
26 Departments of Human Services (as successor to the Department

1 of Alcoholism and Substance Abuse) and Public Health, through a  
2 public awareness campaign, may provide information concerning  
3 treatment for alcoholism and drug abuse and addiction, prenatal  
4 health care, and other pertinent programs directed at reducing  
5 the number of drug-affected infants born to recipients of  
6 medical assistance.

7 Neither the Department of Healthcare and Family Services  
8 nor the Department of Human Services shall sanction the  
9 recipient solely on the basis of her substance abuse.

10 The Illinois Department shall establish such regulations  
11 governing the dispensing of health services under this Article  
12 as it shall deem appropriate. The Department should seek the  
13 advice of formal professional advisory committees appointed by  
14 the Director of the Illinois Department for the purpose of  
15 providing regular advice on policy and administrative matters,  
16 information dissemination and educational activities for  
17 medical and health care providers, and consistency in  
18 procedures to the Illinois Department.

19 Notwithstanding any other provision of law, a health care  
20 provider under the medical assistance program may elect, in  
21 lieu of receiving direct payment for services provided under  
22 that program, to participate in the State Employees Deferred  
23 Compensation Plan adopted under Article 24 of the Illinois  
24 Pension Code. A health care provider who elects to participate  
25 in the plan does not have a cause of action against the State  
26 for any damages allegedly suffered by the provider as a result

1 of any delay by the State in crediting the amount of any  
2 contribution to the provider's plan account.

3 The Illinois Department may develop and contract with  
4 Partnerships of medical providers to arrange medical services  
5 for persons eligible under Section 5-2 of this Code.  
6 Implementation of this Section may be by demonstration projects  
7 in certain geographic areas. The Partnership shall be  
8 represented by a sponsor organization. The Department, by rule,  
9 shall develop qualifications for sponsors of Partnerships.  
10 Nothing in this Section shall be construed to require that the  
11 sponsor organization be a medical organization.

12 The sponsor must negotiate formal written contracts with  
13 medical providers for physician services, inpatient and  
14 outpatient hospital care, home health services, treatment for  
15 alcoholism and substance abuse, and other services determined  
16 necessary by the Illinois Department by rule for delivery by  
17 Partnerships. Physician services must include prenatal and  
18 obstetrical care. The Illinois Department shall reimburse  
19 medical services delivered by Partnership providers to clients  
20 in target areas according to provisions of this Article and the  
21 Illinois Health Finance Reform Act, except that:

22 (1) Physicians participating in a Partnership and  
23 providing certain services, which shall be determined by  
24 the Illinois Department, to persons in areas covered by the  
25 Partnership may receive an additional surcharge for such  
26 services.

1           (2) The Department may elect to consider and negotiate  
2 financial incentives to encourage the development of  
3 Partnerships and the efficient delivery of medical care.

4           (3) Persons receiving medical services through  
5 Partnerships may receive medical and case management  
6 services above the level usually offered through the  
7 medical assistance program.

8           Medical providers shall be required to meet certain  
9 qualifications to participate in Partnerships to ensure the  
10 delivery of high quality medical services. These  
11 qualifications shall be determined by rule of the Illinois  
12 Department and may be higher than qualifications for  
13 participation in the medical assistance program. Partnership  
14 sponsors may prescribe reasonable additional qualifications  
15 for participation by medical providers, only with the prior  
16 written approval of the Illinois Department.

17           Nothing in this Section shall limit the free choice of  
18 practitioners, hospitals, and other providers of medical  
19 services by clients. In order to ensure patient freedom of  
20 choice, the Illinois Department shall immediately promulgate  
21 all rules and take all other necessary actions so that provided  
22 services may be accessed from therapeutically certified  
23 optometrists to the full extent of the Illinois Optometric  
24 Practice Act of 1987 without discriminating between service  
25 providers.

26           The Department shall apply for a waiver from the United

1 States Health Care Financing Administration to allow for the  
2 implementation of Partnerships under this Section.

3 The Illinois Department shall require health care  
4 providers to maintain records that document the medical care  
5 and services provided to recipients of Medical Assistance under  
6 this Article. The Illinois Department shall require health care  
7 providers to make available, when authorized by the patient, in  
8 writing, the medical records in a timely fashion to other  
9 health care providers who are treating or serving persons  
10 eligible for Medical Assistance under this Article. All  
11 dispensers of medical services shall be required to maintain  
12 and retain business and professional records sufficient to  
13 fully and accurately document the nature, scope, details and  
14 receipt of the health care provided to persons eligible for  
15 medical assistance under this Code, in accordance with  
16 regulations promulgated by the Illinois Department. The rules  
17 and regulations shall require that proof of the receipt of  
18 prescription drugs, dentures, prosthetic devices and  
19 eyeglasses by eligible persons under this Section accompany  
20 each claim for reimbursement submitted by the dispenser of such  
21 medical services. No such claims for reimbursement shall be  
22 approved for payment by the Illinois Department without such  
23 proof of receipt, unless the Illinois Department shall have put  
24 into effect and shall be operating a system of post-payment  
25 audit and review which shall, on a sampling basis, be deemed  
26 adequate by the Illinois Department to assure that such drugs,

1 dentures, prosthetic devices and eyeglasses for which payment  
2 is being made are actually being received by eligible  
3 recipients. Within 90 days after the effective date of this  
4 amendatory Act of 1984, the Illinois Department shall establish  
5 a current list of acquisition costs for all prosthetic devices  
6 and any other items recognized as medical equipment and  
7 supplies reimbursable under this Article and shall update such  
8 list on a quarterly basis, except that the acquisition costs of  
9 all prescription drugs shall be updated no less frequently than  
10 every 30 days as required by Section 5-5.12.

11 The rules and regulations of the Illinois Department shall  
12 require that a written statement including the required opinion  
13 of a physician shall accompany any claim for reimbursement for  
14 abortions, or induced miscarriages or premature births. This  
15 statement shall indicate what procedures were used in providing  
16 such medical services.

17 The Illinois Department shall require all dispensers of  
18 medical services, other than an individual practitioner or  
19 group of practitioners, desiring to participate in the Medical  
20 Assistance program established under this Article to disclose  
21 all financial, beneficial, ownership, equity, surety or other  
22 interests in any and all firms, corporations, partnerships,  
23 associations, business enterprises, joint ventures, agencies,  
24 institutions or other legal entities providing any form of  
25 health care services in this State under this Article.

26 The Illinois Department may require that all dispensers of

1 medical services desiring to participate in the medical  
2 assistance program established under this Article disclose,  
3 under such terms and conditions as the Illinois Department may  
4 by rule establish, all inquiries from clients and attorneys  
5 regarding medical bills paid by the Illinois Department, which  
6 inquiries could indicate potential existence of claims or liens  
7 for the Illinois Department.

8 Enrollment of a vendor that provides non-emergency medical  
9 transportation, defined by the Department by rule, shall be  
10 conditional for 180 days. During that time, the Department of  
11 Healthcare and Family Services may terminate the vendor's  
12 eligibility to participate in the medical assistance program  
13 without cause. That termination of eligibility is not subject  
14 to the Department's hearing process.

15 The Illinois Department shall establish policies,  
16 procedures, standards and criteria by rule for the acquisition,  
17 repair and replacement of orthotic and prosthetic devices and  
18 durable medical equipment. Such rules shall provide, but not be  
19 limited to, the following services: (1) immediate repair or  
20 replacement of such devices by recipients without medical  
21 authorization; and (2) rental, lease, purchase or  
22 lease-purchase of durable medical equipment in a  
23 cost-effective manner, taking into consideration the  
24 recipient's medical prognosis, the extent of the recipient's  
25 needs, and the requirements and costs for maintaining such  
26 equipment. Such rules shall enable a recipient to temporarily



1 acquire and use alternative or substitute devices or equipment  
2 pending repairs or replacements of any device or equipment  
3 previously authorized for such recipient by the Department.

4 The Department shall execute, relative to the nursing home  
5 prescreening project, written inter-agency agreements with the  
6 Department of Human Services and the Department on Aging, to  
7 effect the following: (i) intake procedures and common  
8 eligibility criteria for those persons who are receiving  
9 non-institutional services; and (ii) the establishment and  
10 development of non-institutional services in areas of the State  
11 where they are not currently available or are undeveloped.

12 The Illinois Department shall develop and operate, in  
13 cooperation with other State Departments and agencies and in  
14 compliance with applicable federal laws and regulations,  
15 appropriate and effective systems of health care evaluation and  
16 programs for monitoring of utilization of health care services  
17 and facilities, as it affects persons eligible for medical  
18 assistance under this Code.

19 The Illinois Department shall report annually to the  
20 General Assembly, no later than the second Friday in April of  
21 1979 and each year thereafter, in regard to:

22 (a) actual statistics and trends in utilization of  
23 medical services by public aid recipients;

24 (b) actual statistics and trends in the provision of  
25 the various medical services by medical vendors;

26 (c) current rate structures and proposed changes in

1 those rate structures for the various medical vendors; and

2 (d) efforts at utilization review and control by the  
3 Illinois Department.

4 The period covered by each report shall be the 3 years  
5 ending on the June 30 prior to the report. The report shall  
6 include suggested legislation for consideration by the General  
7 Assembly. The filing of one copy of the report with the  
8 Speaker, one copy with the Minority Leader and one copy with  
9 the Clerk of the House of Representatives, one copy with the  
10 President, one copy with the Minority Leader and one copy with  
11 the Secretary of the Senate, one copy with the Legislative  
12 Research Unit, and such additional copies with the State  
13 Government Report Distribution Center for the General Assembly  
14 as is required under paragraph (t) of Section 7 of the State  
15 Library Act shall be deemed sufficient to comply with this  
16 Section.

17 Rulemaking authority to implement this amendatory Act of  
18 the 95th General Assembly, if any, is conditioned on the rules  
19 being adopted in accordance with all provisions of the Illinois  
20 Administrative Procedure Act and all rules and procedures of  
21 the Joint Committee on Administrative Rules; any purported rule  
22 not so adopted, for whatever reason, is unauthorized.

23 (Source: P.A. 95-331, eff. 8-21-07; 95-520, eff. 8-28-07;  
24 95-1045, eff. 3-27-09.)

25 Section 99. Effective date. This Act takes effect July 1,

1 2010.".