



Rep. Sara Feigenholtz

Filed: 2/22/2017

10000HB2511ham001

LRB100 08499 KTG 21722 a

1 AMENDMENT TO HOUSE BILL 2511

2 AMENDMENT NO. _____. Amend House Bill 2511 by replacing
3 everything after the enacting clause with the following:

4 "Section 5. The Illinois Public Aid Code is amended by
5 changing Section 5-5.12 as follows:

6 (305 ILCS 5/5-5.12) (from Ch. 23, par. 5-5.12)

7 Sec. 5-5.12. Pharmacy payments.

8 (a) Every request submitted by a pharmacy for reimbursement
9 under this Article for prescription drugs provided to a
10 recipient of aid under this Article shall include the name of
11 the prescriber or an acceptable identification number as
12 established by the Department.

13 (b) Pharmacies providing prescription drugs under this
14 Article shall be reimbursed at a rate which shall include a
15 professional dispensing fee as determined by the Illinois
16 Department, plus the current acquisition cost of the

1 prescription drug dispensed. The Illinois Department shall
2 update its information on the acquisition costs of all
3 prescription drugs no less frequently than every 30 days.
4 However, the Illinois Department may set the rate of
5 reimbursement for the acquisition cost, by rule, at a
6 percentage of the current average wholesale acquisition cost.

7 (c) (Blank).

8 (d) The Department shall review utilization of narcotic
9 medications in the medical assistance program and impose
10 utilization controls that protect against abuse.

11 (e) When making determinations as to which drugs shall be
12 on a prior approval list, the Department shall include as part
13 of the analysis for this determination, the degree to which a
14 drug may affect individuals in different ways based on factors
15 including the gender of the person taking the medication.

16 (f) The Department shall cooperate with the Department of
17 Public Health and the Department of Human Services Division of
18 Mental Health in identifying psychotropic medications that,
19 when given in a particular form, manner, duration, or frequency
20 (including "as needed") in a dosage, or in conjunction with
21 other psychotropic medications to a nursing home resident or to
22 a resident of a facility licensed under the ID/DD Community
23 Care Act or the MC/DD Act, may constitute a chemical restraint
24 or an "unnecessary drug" as defined by the Nursing Home Care
25 Act or Titles XVIII and XIX of the Social Security Act and the
26 implementing rules and regulations. The Department shall

1 require prior approval for any such medication prescribed for a
2 nursing home resident or to a resident of a facility licensed
3 under the ID/DD Community Care Act or the MC/DD Act, that
4 appears to be a chemical restraint or an unnecessary drug. The
5 Department shall consult with the Department of Human Services
6 Division of Mental Health in developing a protocol and criteria
7 for deciding whether to grant such prior approval.

8 (g) The Department may by rule provide for reimbursement of
9 the dispensing of a 90-day supply of a generic or brand name,
10 non-narcotic maintenance medication in circumstances where it
11 is cost effective.

12 (g-5) On and after July 1, 2012, the Department may require
13 the dispensing of drugs to nursing home residents be in a 7-day
14 supply or other amount less than a 31-day supply. The
15 Department shall pay only one dispensing fee per 31-day supply.

16 (h) Effective July 1, 2011, the Department shall
17 discontinue coverage of select over-the-counter drugs,
18 including analgesics and cough and cold and allergy
19 medications.

20 (h-5) On and after July 1, 2012, the Department shall
21 impose utilization controls, including, but not limited to,
22 prior approval on specialty drugs, oncolytic drugs, drugs for
23 the treatment of HIV or AIDS, immunosuppressant drugs, and
24 biological products in order to maximize savings on these
25 drugs. The Department may adjust payment methodologies for
26 non-pharmacy billed drugs in order to incentivize the selection

1 of lower-cost drugs. For drugs for the treatment of AIDS, the
2 Department shall take into consideration the potential for
3 non-adherence by certain populations, and shall develop
4 protocols with organizations or providers primarily serving
5 those with HIV/AIDS, as long as such measures intend to
6 maintain cost neutrality with other utilization management
7 controls such as prior approval. For hemophilia, the Department
8 shall develop a program of utilization review and control which
9 may include, in the discretion of the Department, prior
10 approvals. The Department may impose special standards on
11 providers that dispense blood factors which shall include, in
12 the discretion of the Department, staff training and education;
13 patient outreach and education; case management; in-home
14 patient assessments; assay management; maintenance of stock;
15 emergency dispensing timeframes; data collection and
16 reporting; dispensing of supplies related to blood factor
17 infusions; cold chain management and packaging practices; care
18 coordination; product recalls; and emergency clinical
19 consultation. The Department may require patients to receive a
20 comprehensive examination annually at an appropriate provider
21 in order to be eligible to continue to receive blood factor.

22 (i) On and after July 1, 2012, the Department shall reduce
23 any rate of reimbursement for services or other payments or
24 alter any methodologies authorized by this Code to reduce any
25 rate of reimbursement for services or other payments in
26 accordance with Section 5-5e.

1 (j) On and after July 1, 2012, the Department shall impose
2 limitations on prescription drugs such that the Department
3 shall not provide reimbursement for more than 4 prescriptions,
4 including 3 brand name prescriptions, for distinct drugs in a
5 30-day period, unless prior approval is received for all
6 prescriptions in excess of the 4-prescription limit. Drugs in
7 the following therapeutic classes shall not be subject to prior
8 approval as a result of the 4-prescription limit:
9 immunosuppressant drugs, oncolytic drugs, anti-retroviral
10 drugs, and, on or after July 1, 2014, antipsychotic drugs. On
11 or after July 1, 2014, the Department may exempt children with
12 complex medical needs enrolled in a care coordination entity
13 contracted with the Department to solely coordinate care for
14 such children, if the Department determines that the entity has
15 a comprehensive drug reconciliation program.

16 Drugs prescribed to residents of the following facilities
17 shall not be subject to prior approval as a result of the
18 4-prescription limit:

19 (1) Long-term care facilities as defined in Section
20 1-113 of the Nursing Home Care Act.

21 (2) Community-integrated living arrangements as
22 defined in the Community-Integrated Living Arrangements
23 Licensure and Certification Act.

24 (3) Supportive living facilities as defined in the
25 Section 5-5.01a of this Code.

26 (k) No medication therapy management program implemented

1 by the Department shall be contrary to the provisions of the
2 Pharmacy Practice Act.

3 (1) Any provider enrolled with the Department that bills
4 the Department for outpatient drugs and is eligible to enroll
5 in the federal Drug Pricing Program under Section 340B of the
6 federal Public Health Services Act shall enroll in that
7 program. No entity participating in the federal Drug Pricing
8 Program under Section 340B of the federal Public Health
9 Services Act may exclude Medicaid from their participation in
10 that program, although the Department may exclude entities
11 defined in Section 1905(1)(2)(B) of the Social Security Act
12 from this requirement.

13 (Source: P.A. 98-463, eff. 8-16-13; 98-651, eff. 6-16-14;
14 99-180, eff. 7-29-15.)".