



Sen. Andy Manar

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LRB100 10189 KTG 39857 a

1 AMENDMENT TO HOUSE BILL 3479

2 AMENDMENT NO. \_\_\_\_\_. Amend House Bill 3479 by replacing  
3 everything after the enacting clause with the following:

4 "Section 5. The Illinois Public Aid Code is amended by  
5 adding Section 5-30.8 as follows:

6 (305 ILCS 5/5-30.8 new)

7 Sec. 5-30.8. Pharmacy reimbursement rates; managed care.

8 (a) As used in this Section:

9 "Actual acquisition cost" means the listed amount for a  
10 pharmaceutical product on the pharmacy provider's billing  
11 invoice.

12 "Pharmacy benefits manager" means an entity that  
13 administers or manages a pharmacy benefits plan or program.

14 (b) The Department shall require a managed care  
15 organization, including any pharmacy benefits manager, to  
16 reimburse pharmacy providers equal to the Department's

1 fee-for-service reimbursement rates.

2 (c) The reimbursement rate for prescription medications  
3 shall include a professional dispensing fee, which shall equal  
4 the fee-for-service professional dispensing fee utilized by  
5 the Department.

6 (d) The Department shall require a managed care  
7 organization, including any pharmacy benefits manager, to  
8 reimburse pharmacies for patient care services provided by a  
9 pharmacist at no less than 85% of the fee schedule for  
10 physician services.

11 (e) Any pharmacy provider may appeal the reimbursement rate  
12 for prescription medications or patient care services.

13 (1) The Department shall have the authority to require  
14 the managed care organization or pharmacy benefits manager  
15 to submit information to the Department related to the  
16 managed care organization's or pharmacy benefits manager's  
17 pricing methodology and rationale.

18 (2) The managed care organization or pharmacy benefits  
19 manager must respond to the request for information no  
20 later than 7 days after the date upon which the request is  
21 made. If the managed care organization or pharmacy benefits  
22 manager does not respond to the Department's request within  
23 7 days after the date upon which the request is made, the  
24 Department shall render a final decision in favor of the  
25 pharmacy provider.

26 (f) At no time shall a pharmacy provider that contracts

1 with a managed care organization or pharmacy benefits manager  
2 be forced to dispense any prescription medication for a  
3 reimbursement rate below the actual acquisition cost.

4 (g) The contracting of pharmacy providers shall be  
5 separated from any other group or national pharmacy provider  
6 contract offered by a pharmacy benefits manager.

7 (h) Medicaid pharmacy provider participation must remain  
8 voluntary, as under the fee-for-service medical assistance  
9 program.

10 (i) A pharmacy benefits manager shall not require a  
11 pharmacy provider to participate in a Medicaid managed care  
12 organization's provider network.

13 (j) A pharmacy provider may decline to participate in a  
14 contract with a pharmacy benefits manager and remain a  
15 fee-for-service provider.

16 (k) No later than January 1, 2019, the Auditor General  
17 shall initiate an audit of Medicaid managed care organizations  
18 contracted with the Department and pharmacy benefits managers  
19 contracted with Medicaid managed care organizations to  
20 determine if their reimbursement methodologies are fair and to  
21 determine the amount of Medicaid dollars retained by the  
22 pharmacy benefits managers.

23 Section 99. Effective date. This Act takes effect upon  
24 becoming law."