

1 AN ACT concerning public aid.

2 **Be it enacted by the People of the State of Illinois,**
3 **represented in the General Assembly:**

4 Section 5. The Covering ALL KIDS Health Insurance Act is
5 amended by adding Section 52.5 as follows:

6 (215 ILCS 170/52.5 new)

7 Sec. 52.5. Specialty physician care; fee schedule.

8 (a) Beginning January 1, 2009, the physician fee schedule
9 for the Covering ALL KIDS Insurance Program must increase to
10 become competitive with those of non-governmental, third party
11 health insurance programs. By January 1, 2011, the payment for
12 a pediatric specialty physician service must not be lower than
13 Medicare reimbursement in accordance with the Medicare payment
14 localities for Illinois. Reimbursement rules and policies
15 shall not be more restrictive than Medicare physician payment
16 rules and policies except as specifically required by federal
17 Medicaid and SCHIP laws. Payment for services must be made
18 within 30 days after receipt of a bill or claim for payment in
19 accordance with Section 368a of the Illinois Insurance Code.

20 (b) Transition period. For payments made or authorized by
21 the Department of Healthcare and Family Services, the
22 Department shall annually increase pediatric specialty
23 physician payments under subsection (a) by an amount

1 approximately equal to one third of the difference between the
2 actual rates available for such purposes on January 1, 2008 and
3 the Medicare reimbursement rates effective on January 1, 2007.
4 If the General Assembly determines that resources are not
5 available to fully fund the fee schedule for pediatric
6 specialty physician care required by this subsection, then,
7 until such time as the General Assembly determines that such
8 funding is available, the Department shall increase any payment
9 for physicians who provide pediatric specialty care services
10 under the Covering ALL KIDS Health Insurance Program by an
11 amount proportionately equivalent to any other increases for
12 physicians, federally qualified health centers, rural health
13 centers, or other non-institutional providers providing
14 services to children for any services provided under this Act.

15 (c) Notwithstanding any other rulemaking authority that
16 may exist, neither the Governor nor any agency or agency head
17 under the jurisdiction of the Governor has any authority to
18 make or promulgate rules to implement or enforce the provisions
19 of this amendatory Act of the 95th General Assembly. If,
20 however, the Governor believes that rules are necessary to
21 implement or enforce the provisions of this amendatory Act of
22 the 95th General Assembly, the Governor may suggest rules to
23 the General Assembly by filing them with the Clerk of the House
24 and Secretary of the Senate and by requesting that the General
25 Assembly authorize such rulemaking by law, enact those
26 suggested rules into law, or take any other appropriate action

1 in the General Assembly's discretion. Nothing contained in this
2 amendatory Act of the 95th General Assembly shall be
3 interpreted to grant rulemaking authority under any other
4 Illinois statute where such authority is not otherwise
5 explicitly given. For the purposes of this amendatory Act of
6 the 95th General Assembly, "rules" is given the meaning
7 contained in Section 1-70 of the Illinois Administrative
8 Procedure Act, and "agency" and "agency head" are given the
9 meanings contained in Sections 1-20 and 1-25 of the Illinois
10 Administrative Procedure Act to the extent that such
11 definitions apply to agencies or agency heads under the
12 jurisdiction of the Governor.

13
14 Section 10. The Illinois Public Aid Code is amended by
15 adding Section 5-5.05 as follows:

16 (305 ILCS 5/5-5.05 new)

17 Sec. 5-5.05. Physician payments; pediatric specialty
18 physician services.

19 (a) Notwithstanding any other provision of this Article,
20 beginning January 1, 2009, the physician fee schedule for
21 pediatric physician specialists must increase to become
22 competitive with those of non-governmental, third party health
23 insurance programs. By January 1, 2011, the payment for a
24 pediatric specialty physician service must not be lower than

1 Medicare reimbursement in accordance with the Medicare payment
2 localities for Illinois. Reimbursement rules and policies
3 shall not be more restrictive than Medicare physician payment
4 rules and policies except as specifically required by federal
5 Medicaid and SCHIP laws. Payment for services must be made
6 within 30 days after receipt of a bill or claim for payment in
7 accordance with Section 368a of the Illinois Insurance Code.

8 (b) Transition period. For payments made or authorized by
9 the Department of Healthcare and Family Services, the
10 Department shall annually increase pediatric specialty
11 physician payments under subsection (a) by an amount
12 approximately equal to one third of the difference between the
13 actual rates available for such purposes on January 1, 2008 and
14 the Medicare reimbursement rates effective on January 1, 2007.
15 If the General Assembly determines that resources are not
16 available to fully fund the fee schedule for pediatric
17 specialty physician care required by this subsection, then,
18 until such time as the General Assembly determines that such
19 funding is available, the Department shall increase any payment
20 for physicians who provide pediatric specialty care services
21 under the medical assistance program by an amount
22 proportionately equivalent to any other increases for
23 physicians, federally qualified health centers, rural health
24 centers, or other non-institutional providers providing
25 services to children for any services provided under this Act.

26 (c) Notwithstanding any other rulemaking authority that

1 may exist, neither the Governor nor any agency or agency head
2 under the jurisdiction of the Governor has any authority to
3 make or promulgate rules to implement or enforce the provisions
4 of this amendatory Act of the 95th General Assembly. If,
5 however, the Governor believes that rules are necessary to
6 implement or enforce the provisions of this amendatory Act of
7 the 95th General Assembly, the Governor may suggest rules to
8 the General Assembly by filing them with the Clerk of the House
9 and Secretary of the Senate and by requesting that the General
10 Assembly authorize such rulemaking by law, enact those
11 suggested rules into law, or take any other appropriate action
12 in the General Assembly's discretion. Nothing contained in this
13 amendatory Act of the 95th General Assembly shall be
14 interpreted to grant rulemaking authority under any other
15 Illinois statute where such authority is not otherwise
16 explicitly given. For the purposes of this amendatory Act of
17 the 95th General Assembly, "rules" is given the meaning
18 contained in Section 1-70 of the Illinois Administrative
19 Procedure Act, and "agency" and "agency head" are given the
20 meanings contained in Sections 1-20 and 1-25 of the Illinois
21 Administrative Procedure Act to the extent that such
22 definitions apply to agencies or agency heads under the
23 jurisdiction of the Governor.