



Rep. Tony M. McCombie

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10400HB2211ham001

LRB104 11681 KTG 35732 a

1 AMENDMENT TO HOUSE BILL 2211

2 AMENDMENT NO. _____. Amend House Bill 2211 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 5-5.12b as follows:

6 (305 ILCS 5/5-5.12b)

7 Sec. 5-5.12b. Critical access care pharmacy program.

8 (a) As used in this Section:

9 "Critical access care pharmacy" means:

10 (1) a pharmacy located in an area within Illinois that
11 is designated by the federal Health Resources and Services
12 Administration as a Rural Health Area;

13 (2) a pharmacy located in an area within Illinois that
14 is designated by the Department of Commerce and Economic
15 Opportunity as an underserved area; or

16 (3) an Illinois-based brick and mortar retail pharmacy

1 located in Illinois that is owned by a person or entity
2 with an ownership or control interest in fewer than 10
3 pharmacies, and is either located:

4 (A) in a county with fewer than 50,000 residents;

5 or

6 (B) in a county with 50,000 or more residents and
7 in an area within Illinois that is designated as a
8 Medically Underserved Area or Medically Underserved
9 Population by the Health Resources and Services
10 Administration, an agency of the U.S. Department of
11 Health and Human Services, including Governor's
12 Exceptions as provided in paragraph (4) of subsection
13 (c) of Section 605-60 of the Department of Commerce
14 and Economic Opportunity Law, and

15 has attested and been approved by the Department for
16 participation in the critical access care pharmacy
17 program.

18 "Critical access care pharmacy program payment" means the
19 number of individual prescriptions a critical access care
20 pharmacy fills during that quarter multiplied by the lesser of
21 the individual payment amount or the dispensing reimbursement
22 rate made by the Department under the medical assistance
23 program as of April 1, 2018.

24 "Individual payment amount" means the dividend of 1/4 of
25 the annual amount appropriated for the critical access care
26 pharmacy program by the number of prescriptions filled by all

1 critical access care pharmacies reimbursed by Medicaid managed
2 care organizations that quarter.

3 "Ownership or control interest" has the meaning given to
4 "person with an ownership or control interest" in 42 CFR
5 455.101.

6 (b) Subject to appropriations and federal approval, the
7 Department shall establish a critical access care pharmacy
8 program to ensure the sustainability of critical access
9 pharmacies throughout the State of Illinois.

10 (c) The critical access care pharmacy program disbursed by
11 the managed care plans shall not exceed \$45,000,000 annually
12 and individual payment amounts per prescription shall not
13 exceed the brand name dispensing rate that the Department
14 would have reimbursed to a critical access care pharmacy under
15 the Medical Assistance Program as of July 1, 2024.

16 (c-5) 340B pharmacies that are participants in the
17 critical access care pharmacy program shall only be reimbursed
18 for the actual acquisition costs of the 340B covered drugs
19 dispensed to participants in the State's medical assistance
20 program as defined in the Illinois Public Aid Code.

21 (d) Annually, beginning January 1, 2026, the Department
22 shall determine the number of prescriptions filled by critical
23 access care pharmacies reimbursed by Medicaid managed care
24 organizations utilizing encounter data available to the
25 Department. The Department shall determine the individual
26 payment amount per prescription by dividing 1/4 of the annual

1 amount appropriated for the critical access care pharmacy
2 program by the number of prescriptions filled by all critical
3 access care pharmacies reimbursed by Medicaid managed care
4 organizations that quarter. If the individual payment amount
5 per prescription as calculated using quarterly prescription
6 amounts exceeds the reimbursement rate under the medical
7 assistance program as of April 1, 2018, then the individual
8 payment amount per prescription shall be the dispensing
9 reimbursement rate under the medical assistance program as of
10 April 1, 2018.

11 (d-5) Beginning January 1, 2026, unless notified by the
12 Department, a pharmacy that is approved as a critical access
13 care pharmacy retains its critical access care pharmacy status
14 in future quarters within a calendar year.

15 (d-10) Beginning no later than the first day of the third
16 quarter of calendar year 2026, the Department, in cooperation
17 with the Department of Public Health, shall review new
18 Medically Underserved Area, Medically Underserved Population,
19 and Rural Health Area designations as they are published by
20 the federal Health Resources and Services Administration
21 (HRSA). Upon review of the new HRSA designations, the
22 Department shall remove from the list of critical access care
23 pharmacies those pharmacies that are no longer eligible for
24 critical access care pharmacy status. The Department shall
25 also approve and add any newly eligible pharmacy to the list of
26 critical access care pharmacies for the quarter beginning

1 after the date upon which the pharmacy became eligible under
2 the new HRSA designations. The Department shall notify each
3 pharmacy of any change in its eligibility status, whether an
4 attestation is required, and when the change in eligibility
5 will take effect no later than 4 weeks before the first day of
6 the quarter for which the pharmacy is to be added to or removed
7 from the list of critical access care pharmacies.

8 (d-15) A pharmacy shall be required to submit a new
9 attestation whenever a change in its eligibility status
10 occurs, except that a pharmacy shall be automatically added to
11 the list of critical access care pharmacies for the first
12 quarter after new HRSA data and designations are released. A
13 pharmacy need not reapply or reattest if it becomes newly
14 eligible and has filed an attestation after the first day of
15 the fourth quarter of the prior calendar year; except that the
16 Department may, at the Director's discretion, require a newly
17 eligible pharmacy to submit a new attestation.

18 (e) Quarterly, the Department shall distribute to critical
19 access care pharmacies a critical access care pharmacy program
20 payment. The first payment shall be calculated utilizing the
21 encounter data from the last quarter of State fiscal year
22 2018. This payment shall sunset on December 31, 2025.

23 (f) Effective January 1, 2026, the Department shall issue
24 a quarterly directed critical access care pharmacy program
25 payment to critical access care pharmacies for any
26 prescription drug dispensed to a managed care client.

1 (g) The Department may adopt rules necessary to implement
2 this Section. The rules may include, but are not limited to,
3 permitting an Illinois-based brick and mortar pharmacy that
4 owns fewer than 10 pharmacies to receive critical access care
5 pharmacy program payments in the same manner as a critical
6 access care pharmacy, regardless of whether the pharmacy meets
7 the other requirements of a critical access care pharmacy in
8 subsection (a).

9 (h) No later than July 1, 2026, the Department shall
10 propose rules concerning the administration of the critical
11 access care pharmacy program, including, but not limited to, a
12 complete and timely appeals process for denied requests for
13 critical access care pharmacy status, to take effect no later
14 than the first day of the fourth quarter of calendar year 2026.

15 (i) Upon successful appeal, a pharmacy denied critical
16 access care pharmacy status for the fourth quarter of calendar
17 year 2026, or a later quarter or calendar year, shall receive
18 critical access care pharmacy funds equal to the funds the
19 pharmacy would have received if it had been approved as a
20 critical access care pharmacy, plus interest, for each quarter
21 after the initial denial was issued.

22 (j) The Department shall include on its webpage concerning
23 critical access care pharmacies, and in any program notices,
24 clear and complete information regarding the eligibility
25 criteria and appeals process. Denial notices must be sent at
26 least 4 weeks prior to the first day of the quarter they take

1 effect, and include clear and complete information on the
2 appeals process. The Department shall publish eligibility
3 criteria, scoring methodologies, and anonymized denial
4 summaries by region, and establish a clear, publicly available
5 appeals process.

6 (k) The Department shall provide a method of accepting
7 documents supporting an attestation including, but not limited
8 to, patient distribution maps and drive-time analyses, at the
9 time the attestation is submitted, while the application is
10 being processed, and for the purpose of appeal.

11 (l) The Department shall conduct an annual evaluation of
12 Medicaid network adequacy using time-based access standards to
13 ensure beneficiaries maintain reasonable pharmacy access. This
14 evaluation shall trigger Department review of eligibility
15 criteria if gaps in the Medicaid network are identified. The
16 results of the Medicaid network evaluation and review of
17 eligibility criteria shall be presented in a report to the
18 General Assembly no later than 3 months after the evaluation
19 is conducted, which shall also include the substance and
20 evaluation of eligibility criteria, scoring methodologies,
21 anonymized denial summaries by region, and the appeals
22 process.

23 (Source: P.A. 104-27, eff. 1-1-26.)

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