

# SB3755



## 104TH GENERAL ASSEMBLY

State of Illinois

2025 and 2026

SB3755

Introduced 2/5/2026, by Sen. Graciela Guzmán

### SYNOPSIS AS INTRODUCED:

305 ILCS 5/5-5f

Amends the Medical Assistance Article of the Illinois Public Aid Code. Removes provisions requiring the Department of Healthcare and Family Services to: (i) establish benchmarks for hospitals to measure and align payments to reduce potentially preventable hospital readmissions, inpatient complications, and unnecessary emergency room visits; (ii) publish provider-specific historical readmission data and anticipated potentially preventable targets 60 days prior to the start of the program; and (iii) adopt policies and rates of reimbursement for readmission services and other payments.

LRB104 20193 KTG 33644 b

A BILL FOR

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 Illinois Public Aid Code is amended by  
5 changing Section 5-5f as follows:

6 (305 ILCS 5/5-5f)

7 Sec. 5-5f. Elimination and limitations of medical  
8 assistance services. Notwithstanding any other provision of  
9 this Code to the contrary, on and after July 1, 2012:

10 (a) The following service shall no longer be a covered  
11 service available under this Code: group psychotherapy for  
12 residents of any facility licensed under the Nursing Home  
13 Care Act or the Specialized Mental Health Rehabilitation  
14 Act of 2013.

15 (b) The Department shall place the following  
16 limitations on services: (i) the Department shall limit  
17 adult eyeglasses to one pair every 2 years; however, the  
18 limitation does not apply to an individual who needs  
19 different eyeglasses following a surgical procedure such  
20 as cataract surgery; (ii) the Department shall set an  
21 annual limit of a maximum of 20 visits for each of the  
22 following services: adult speech, hearing, and language  
23 therapy services, adult occupational therapy services, and

1 physical therapy services; on or after October 1, 2014,  
2 the annual maximum limit of 20 visits shall expire but the  
3 Department may require prior approval for all individuals  
4 for speech, hearing, and language therapy services,  
5 occupational therapy services, and physical therapy  
6 services; (iii) the Department shall limit adult podiatry  
7 services to individuals with diabetes; on or after October  
8 1, 2014, podiatry services shall not be limited to  
9 individuals with diabetes; (iv) the Department shall pay  
10 for caesarean sections at the normal vaginal delivery rate  
11 unless a caesarean section was medically necessary; (v)  
12 the Department shall limit adult dental services to  
13 emergencies; beginning July 1, 2013, the Department shall  
14 ensure that the following conditions are recognized as  
15 emergencies: (A) dental services necessary for an  
16 individual in order for the individual to be cleared for a  
17 medical procedure, such as a transplant; (B) extractions  
18 and dentures necessary for a diabetic to receive proper  
19 nutrition; (C) extractions and dentures necessary as a  
20 result of cancer treatment; and (D) dental services  
21 necessary for the health of a pregnant woman prior to  
22 delivery of her baby; on or after July 1, 2014, adult  
23 dental services shall no longer be limited to emergencies,  
24 and dental services necessary for the health of a pregnant  
25 woman prior to delivery of her baby shall continue to be  
26 covered; and (vi) effective July 1, 2012 through June 30,

1           2021, the Department shall place limitations and require  
2           concurrent review on every inpatient detoxification stay  
3           to prevent repeat admissions to any hospital for  
4           detoxification within 60 days of a previous inpatient  
5           detoxification stay. The Department shall convene a  
6           workgroup of hospitals, substance abuse providers, care  
7           coordination entities, managed care plans, and other  
8           stakeholders to develop recommendations for quality  
9           standards, diversion to other settings, and admission  
10          criteria for patients who need inpatient detoxification,  
11          which shall be published on the Department's website no  
12          later than September 1, 2013.

13           (c) The Department shall require prior approval of the  
14          following services: wheelchair repairs costing more than  
15          \$750, coronary artery bypass graft, and bariatric surgery  
16          consistent with Medicare standards concerning patient  
17          responsibility. Wheelchair repair prior approval requests  
18          shall be adjudicated within one business day of receipt of  
19          complete supporting documentation. Providers may not break  
20          wheelchair repairs into separate claims for purposes of  
21          staying under the \$750 threshold for requiring prior  
22          approval. The wholesale price of manual and power  
23          wheelchairs, durable medical equipment and supplies, and  
24          complex rehabilitation technology products and services  
25          shall be defined as actual acquisition cost including all  
26          discounts.

1           (d) (Blank). ~~The Department shall establish benchmarks~~  
2 ~~for hospitals to measure and align payments to reduce~~  
3 ~~potentially preventable hospital readmissions, inpatient~~  
4 ~~complications, and unnecessary emergency room visits. In~~  
5 ~~doing so, the Department shall consider items, including,~~  
6 ~~but not limited to, historic and current acuity of care~~  
7 ~~and historic and current trends in readmission. The~~  
8 ~~Department shall publish provider specific historical~~  
9 ~~readmission data and anticipated potentially preventable~~  
10 ~~targets 60 days prior to the start of the program. In the~~  
11 ~~instance of readmissions, the Department shall adopt~~  
12 ~~policies and rates of reimbursement for services and other~~  
13 ~~payments provided under this Code to ensure that, by June~~  
14 ~~30, 2013, expenditures to hospitals are reduced by, at a~~  
15 ~~minimum, \$40,000,000.~~

16           (e) The Department shall establish utilization  
17 controls for the hospice program such that it shall not  
18 pay for other care services when an individual is in  
19 hospice.

20           (f) For home health services, the Department shall  
21 require Medicare certification of providers participating  
22 in the program and implement the Medicare face-to-face  
23 encounter rule. The Department shall require providers to  
24 implement auditable electronic service verification based  
25 on global positioning systems or other cost-effective  
26 technology.

1 (g) For the Home Services Program operated by the  
2 Department of Human Services and the Community Care  
3 Program operated by the Department on Aging, the  
4 Department of Human Services, in cooperation with the  
5 Department on Aging, shall implement an electronic service  
6 verification based on global positioning systems or other  
7 cost-effective technology.

8 (h) Effective with inpatient hospital admissions on or  
9 after July 1, 2012, the Department shall reduce the  
10 payment for a claim that indicates the occurrence of a  
11 provider-preventable condition during the admission as  
12 specified by the Department in rules. The Department shall  
13 not pay for services related to an other  
14 provider-preventable condition.

15 As used in this subsection (h):

16 "Provider-preventable condition" means a health care  
17 acquired condition as defined under the federal Medicaid  
18 regulation found at 42 CFR 447.26 or an other  
19 provider-preventable condition.

20 "Other provider-preventable condition" means a wrong  
21 surgical or other invasive procedure performed on a  
22 patient, a surgical or other invasive procedure performed  
23 on the wrong body part, or a surgical procedure or other  
24 invasive procedure performed on the wrong patient.

25 (i) The Department shall implement cost savings  
26 initiatives for advanced imaging services, cardiac imaging

1 services, pain management services, and back surgery. Such  
2 initiatives shall be designed to achieve annual costs  
3 savings.

4 (j) The Department shall ensure that beneficiaries  
5 with a diagnosis of epilepsy or seizure disorder in  
6 Department records will not require prior approval for  
7 anticonvulsants.

8 (Source: P.A. 101-209, eff. 8-5-19; 102-43, Article 5, Section  
9 5-5, eff. 7-6-21; 102-43, Article 30, Section 30-5, eff.  
10 7-6-21; 102-43, Article 80, Section 80-5, eff. 7-6-21;  
11 102-813, eff. 5-13-22.)