



101ST GENERAL ASSEMBLY

State of Illinois

2019 and 2020

HB3261

by Rep. Dan Brady

SYNOPSIS AS INTRODUCED:

305 ILCS 5/5-36 new

Amends the Medical Assistance Article of the Illinois Public Aid Code. Provides that, within 30 days after the effective date of the amendatory Act, coverage required under a Medicaid managed care plan for custom prosthetic and orthotic devices shall be no less favorable than the terms and conditions that apply to substantially all medical and surgical benefits provided under the plan or coverage. Requires the Department of Healthcare and Family Services to set a rate of reimbursement payable by contracted managed care organizations to contracted, in-network providers for custom prosthetic and orthotic devices at a rate no less than the Medicare rate for the year minus 6%. Provides that the provisions of the amendatory Act shall not be construed to allow the Department or its contracted managed care organizations to enter into sole source contracts for the provision of custom prosthetic or orthotic devices to recipients of medical assistance or Medicaid managed care enrollees. Effective immediately.

LRB101 10013 KTG 55115 b

FISCAL NOTE ACT
MAY APPLY

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 adding Section 5-36 as follows:

6 (305 ILCS 5/5-36 new)

7 Sec. 5-36. Custom prosthetic and orthotic devices; managed
8 care coverage.

9 (a) Within 30 days after the effective date of this
10 amendatory Act of the 101st General Assembly, the coverage
11 required under a Medicaid managed care plan for custom
12 prosthetic and orthotic devices shall be no less favorable than
13 the terms and conditions that apply to substantially all
14 medical and surgical benefits provided under the plan or
15 coverage.

16 (b) The Department shall set a rate of reimbursement
17 payable by contracted managed care organizations to
18 contracted, in-network providers for custom prosthetic and
19 orthotic devices at a rate no less than the Medicare rate for
20 the year minus 6%.

21 (c) Notwithstanding any other law or any contract terms and
22 conditions, nothing in this Section shall be construed to allow
23 the Department or its contracted managed care organizations to

1 enter into sole source contracts for the provision of custom
2 prosthetic or orthotic devices to recipients of medical
3 assistance or Medicaid managed care enrollees.

4 Section 99. Effective date. This Act takes effect upon
5 becoming law.