



## 102ND GENERAL ASSEMBLY

### State of Illinois

2021 and 2022

HB1909

Introduced 2/17/2021, by Rep. Deanne M. Mazzochi

#### SYNOPSIS AS INTRODUCED:

305 ILCS 5/5-30.15 new

Amends the Medical Assistance Article of the Illinois Public Aid Code. Provides that if a Medicaid enrollee of a managed care organization selects a plan based on the in-network status of (i) an existing primary care provider or (ii) up to 2 existing specialty care providers for an existing condition that is under active treatment, the managed care organization may not change the Medicaid enrollee's selected provider in (i) or (ii) for the remainder of the 12-month period following enrollment in the managed care health plan without permission by the Medicaid enrollee. Permits the Department of Healthcare and Family Services to adopt any rules necessary to administer the amendatory Act. Provides that nothing in the amendatory Act shall be construed to prohibit a Medicaid enrollee from changing his or her primary care provider as authorized by Department rules.

LRB102 14498 KTG 19851 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 5-30.15 as follows:

6 (305 ILCS 5/5-30.15 new)

7 Sec. 5-30.15. Change in provider; managed care  
8 restrictions. If a Medicaid enrollee of a managed care  
9 organization selects a plan based on the in-network status of  
10 (i) an existing primary care provider or (ii) up to 2 existing  
11 specialty care providers for an existing condition that is  
12 under active treatment, the managed care organization may not  
13 change the Medicaid enrollee's selected provider in (i) or  
14 (ii) for the remainder of the 12-month period following  
15 enrollment in the managed care health plan without permission  
16 by the Medicaid enrollee. The Department may adopt any rules  
17 necessary to administer this Section. Nothing in this Section  
18 shall be construed to prohibit a Medicaid enrollee from  
19 changing his or her primary care provider as authorized by  
20 Department rules.