



## 97TH GENERAL ASSEMBLY

### State of Illinois

2011 and 2012

HB1567

Introduced 2/15/2011, by Rep. Jim Watson

#### SYNOPSIS AS INTRODUCED:

305 ILCS 5/5-4.1

from Ch. 23, par. 5-4.1

Amends the Medical Assistance Article of the Illinois Public Aid Code. Provides that notwithstanding any provision to the contrary, medical assistance recipients utilizing emergency rooms for non-emergency services shall be required to pay the maximum co-payment permitted by federal law. Effective immediately.

LRB097 08682 KTG 48811 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 changing Section 5-4.1 as follows:

6 (305 ILCS 5/5-4.1) (from Ch. 23, par. 5-4.1)

7 Sec. 5-4.1. Co-payments. The Department may by rule provide  
8 that recipients under any Article of this Code shall pay a fee  
9 as a co-payment for services. Co-payments shall be maximized to  
10 the extent permitted by federal law. Provided, however, that  
11 any such rule must provide that no co-payment requirement can  
12 exist for renal dialysis, radiation therapy, cancer  
13 chemotherapy, or insulin, and other products necessary on a  
14 recurring basis, the absence of which would be life  
15 threatening, or where co-payment expenditures for required  
16 services and/or medications for chronic diseases that the  
17 Illinois Department shall by rule designate shall cause an  
18 extensive financial burden on the recipient, and provided no  
19 co-payment shall exist for emergency room encounters which are  
20 for medical emergencies. The Department shall seek approval of  
21 a State plan amendment that allows pharmacies to refuse to  
22 dispense drugs in circumstances where the recipient does not  
23 pay the required co-payment. In the event the State plan

1 amendment is rejected, co-payments may not exceed \$3 for brand  
2 name drugs, \$1 for other pharmacy services other than for  
3 generic drugs, and \$2 for physician services, dental services,  
4 optical services and supplies, chiropractic services, podiatry  
5 services, and encounter rate clinic services. There shall be no  
6 co-payment for generic drugs. Co-payments may not exceed \$3 for  
7 hospital outpatient and clinic services.

8 Notwithstanding any provision in this Section to the  
9 contrary, recipients utilizing emergency rooms for  
10 non-emergency services shall be required to pay the maximum  
11 co-payment permitted by federal law.

12 (Source: P.A. 96-1501, eff. 1-25-11.)

13 Section 99. Effective date. This Act takes effect upon  
14 becoming law.