VOTE YES ON HB 4096


HB 4096, sponsored by Rep. Greg Harris (D-Chicago) seeks to prevent rationing of healthcare by the State as it seeks to establish a Medicaid single drug formulary, thus limiting physicians from prescribing the best medications that are most effective and offer the strongest clinical outcomes. A Medicaid single drug formulary would limit therapeutic options for millions of Illinois residents.

The single Preferred Drug List (PDL) would institute barriers to care for a large number of Medicaid recipients living with chronic illnesses, like cancer, HIV, mental health, opioid dependency, diabetes, hypertension (many other diseases)…. by putting important healthcare decisions in the hands of the State instead of between patients and their healthcare providers, and impose more burdensome administration requirements on providers.

A single drug formulary will increase nonadherence to medication for patients, because it creates unnecessary obstacles to care, thus costing the State more money. A single drug formulary is not practical, and dangerously obstructs patient’s ability to comply with the care recommended by their healthcare provider.

HB 4096, amends the Illinois Public Aid Code to ensure that any PDL set by the Illinois Department of Healthcare and Family Services (HFS) for the state Medicaid program would be a floor, and not a single, restrictive formulary.

The Medicaid Managed Care Organization (MCO) RFP contract, due to be implemented January 1, 2018, states that the state shall adopt a single preferred drug list that MCOs will be unable to deviate from, even to offer more generous coverage options.

Key Components

- The Department shall require every Medicaid Managed Care Organization (MCO) to include on the MCO’s preferred drug list every pharmaceutical that is listed as preferred on the Department’s preferred drug list.
- The Department shall not require an MCO to utilize a single, statewide preferred drug list, but cover at minimum the drugs on the state’s Preferred Drug List.
- The Department shall not prohibit an MCO from covering additional pharmaceuticals that are not on the Department’s preferred drug list.
- The Department shall not prohibit a plan from negotiating drug pricing concessions or rebates on any drugs with pharmaceutical companies.
- Preferred Drug Lists from each MCO and HFS must be published in standard format created in consultation between the state, MCOs, and statewide stakeholder.

The HFS Medicaid Formulary has historically been more restrictive for drug coverage than Medicaid Health Plans. HB 4096 would ensure that all Medicaid Managed Care Organizations are not barred from offering a more generous drug formulary than the state, while standardizing the format to allow for a more transparent formulary.

- Medicaid is the #1 Insurer for millions of people living with chronic illness like HIV, mental health and other diseases in Illinois.
- Access to necessary and life-saving drugs is essential for people living with persistent and chronic diseases
- A narrow formulary, such as offered under today in HFS’s Medicaid formulary, would be detrimental for those who rely on prescription medications in their day-to-day lives.

For more information contact: Daniel Frey, dfrey@aidschicago.org, (847)471-0379
Organizational Support

AgeOptions  
AIDS Foundation of Chicago  
Alzheimer’s Association Illinois  
Center on Halsted  
Champaign County Health Care Consumers  
Chicago Women’s AIDS Project  
Chicagoland Leadership Council  
Children’s Home + AID  
Corporation for Supportive Housing  
Ecker Center for Mental Health  
Epilepsy Foundation of Greater Southern Illinois  
Heartland Alliance  
Howard Brown Health  
Illinois Coalition for Immigrant & Refugee Rights  
Illinois Public Health Association  
Legal Counsel for Health Justice  
National Association of Social Workers, Illinois Chapter  
Open Door Clinic of Greater Elgin  
Pediatric AIDS Chicago Prevention Initiative  
Planned Parenthood of Illinois  
Rosecrance  
Ruth M. Rothstein CORE Center  
TASC  
Test Positive Aware Network  
Thresholds

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