

November 3, 2022

Steffanie Garrett  
General Counsel  
Illinois Department of Healthcare and Family Services  
201 South Grand Avenue East, 3rd Floor  
Springfield, IL 62763-0002  
[HFS.Rules@illinois.gov](mailto:HFS.Rules@illinois.gov)

Re: Proposed Rule Amending 89 Ill. Adm. Code 148 – Hospital Services

Dear Ms. Garrett:

On behalf of the Illinois Health and Hospital Association's (IHA) more than 200 member hospitals and nearly 40 health systems, we appreciate the opportunity to submit comments regarding the Proposed Rule (PR) amending [89 Ill. Adm. Code 148](#), published in the [Illinois Register](#) on September 30. IHA appreciates the efforts of the Illinois Department of Healthcare and Family Services (HFS) to formalize further guidance authorizing payment for long-acting injectable medications administered for mental health or substance use disorder in the hospital inpatient setting, originally established by [Public Act 102-0043](#) and adopted as [305 ILCS 5/5-5.4k](#). As currently drafted, we remain concerned with two key areas of the current PR, and would like to provide insight into our concerns.

First, we recommend amending criteria to prescribe long-acting injectable medications administered in the inpatient psychiatric setting, specifically to permit psychiatric nurse practitioners and board-eligible psychiatrists as prescribers eligible for reimbursement. Prescriber qualifications for this reimbursement are not limited to psychiatrists in Public Act 102-0043, and based on member feedback, practice standards would permit advanced practice professionals to prescribe and administer this medication. Further, hospital feedback highlighted concern that reimbursement restricted to board-certified psychiatrists as prescribers would have a disproportionate impact on small, rural hospitals and safety net hospitals across the state.

Second, clarification is sought to remove the requirement that these drugs be administered in an "inpatient psychiatric setting," instead requiring them to be provided in an "inpatient setting." This change would align with language in Public Act 102-0043, which does not restrict payment to inpatient psychiatric settings. Many hospitals across the state that provide inpatient care for substance use disorders do not have psychiatric units, and instead provide these services in medical units. Also, some patients with acute psychiatric needs have complex medical conditions and must

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be treated in a medical unit. The healthcare provider should be reimbursed for medication administration in the inpatient setting where the patient is most appropriately located for individualized treatment.

Thank you for your consideration. I look forward to working with you to address this issue in a manner that meets the needs of all stakeholders. If you have any questions or comments, please contact me at [awilhelmi@team-iha.org](mailto:awilhelmi@team-iha.org) or 630-276-5444 or Lia Daniels at [ldaniels@team-iha.org](mailto:ldaniels@team-iha.org) or 630-276-5461.

Sincerely,

A.J. Wilhelmi  
President & CEO  
Illinois Health and Hospital Association

Cc: Jordan Powell, Senior Vice President, Health Policy and Finance, IHA  
Joe Holler, Vice President, Healthcare Finance, IHA