

# Press Release...



FROM THE OFFICE OF STATE REPRESENTATIVE LA SHAWN K. FORD

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## Ford Introduces Legislation for Greater Pharmacy Access

**CHICAGO** – State Rep. La Shawn K. Ford, D-Chicago, has introduced legislation in the 102<sup>nd</sup> Illinois General Assembly to ensure greater access to pharmacy services for Illinois Medicaid recipients.

As of December 1, 2020, Aetna Better Health of Illinois (ABHIL) Medicaid recipients must use CVS pharmacies or a limited number of smaller independent pharmacies. Using Walgreens pharmacies is generally no longer an option for these recipients.

Beginning in December, Thomas D. Huggett, MD, MPH, Family Physician and Medical Director-Mobile Health, Lawndale Christian Health Center, Chicago, and other health care providers informed Rep. Ford and the Illinois Department of Healthcare and Family Services (HFS) of specific examples of patients having difficulties accessing their medications if they had ABHIL Medicaid insurance.

On December 28, 2020, Ford called on Governor Pritzker and HFS to ensure greater access to pharmacy services for Illinois Medicaid recipients who have ABHIL as their managed care organization. Much of the West and South Sides of Chicago is a pharmacy desert. There are no CVS pharmacies in the majority Black West Side communities of Humboldt Park, East Garfield Park, West Garfield Park, North Lawndale, or Austin on Chicago's West Side, as seen in Map 1.

On December 30, 2020, Rep. Ford received a letter from HFS stating that they have found that "all of Cook County... met 100% of the [pharmacy] access requirements for Illinois Medicaid customers." ABHIL's December 30, 2020 letter states there are 44 pharmacies providing access to the 11,864 ABHIL Medicaid recipients living in the five Chicago West Side Zip Codes of 60612, 60623, 60624, 60644, and 60651.

Contrary to the information in this letter, further detailed investigation has revealed that there are major pharmacy access issues on the West Side. This investigation was performed by a team led by pharmacy desert expert Dima Mazen Qato, PharmD, MPH, PhD, Associate Professor of Pharmacy and Senior Fellow at the Schaeffer Center for Health Policy and Economics at the University of Southern California (Dr. Qato was previously at the University of Illinois at Chicago); Jenny S. Guadamuz, PhD, Postdoctoral Research Fellow at the School of Pharmacy and the Schaeffer Center for Health Policy & Economics at the University of Southern California; health equity expert David A. Ansell, MD, MPH, Associate Provost for Community Affairs, Rush University, The Michael E. Kelly, MD, Presidential Professor, Department of Internal Medicine, Rush Medical College, Senior Vice President

for Community Health Equity, Rush University Medical Center; and Starmesha Prater, Malcom X college student who is planning to attend medical school.

The research team of Drs. Qato, Guadamuz, Ansell and Ms. Prater found that after excluding pharmacies that were duplicates (n=2), were closed (n=1), were closed to general public (n=14), or did not accept Aetna-Medicaid (n=1), only 26 community pharmacies were available in this network. The research team was unable to reach 7 of these pharmacies to confirm they accepted Aetna-Medicaid, despite many attempts. The median distance to the 26 community pharmacies was 0.53 miles (maximum is 1.34 miles).

Map 2, created by Drs. Guadamuz and Qato, based on data gathered by Ms. Prater working with Dr. Ansell, denotes the mean distance to these 26 pharmacies by tracts within the zip codes of interest. 55% of the census tracts in these zip codes have low-accessibility to in-network pharmacies (>0.5 miles in low-income neighborhoods).

“Limiting pharmacy options for Medicaid recipients affects people not only on the West and South Sides of Chicago, but people throughout Illinois,” said Ford. “There are already severe pharmacy deserts on the West Side of Chicago and many parts of Illinois, and we need policies that improve access, not restrict access. During the COVID-19 pandemic when people need their medications and the coronavirus vaccine at pharmacies, and when people are dying daily due to opioid overdoses, it makes no sense to limit access to pharmacies.”

“I’ve talked to representatives from CVS, Aetna, and HFS to correct this injustice and this direct attack on the poor. I’ve worked with providers and advocates on a legislative fix to end this bad business practice, leading to the introduction of [House Bill 591](#). I look forward to working with all stakeholders to create better access to pharmacy services for our Illinois Medicaid recipients throughout the state, thereby improving their health and continuing to address structural social and racial inequities,” said Ford.

#### House Bill 591:

1. Requires the Department of Healthcare and Family Services to permit medical assistance recipients, including those enrolled in managed care, to obtain pharmacy services from the pharmacy of their choice if the pharmacy is licensed under the Pharmacy Practice Act and accepts the professional dispensing fee for pharmacy services as determined by the Department.
2. Provides that no managed care organization that contracts with the Department to provide services to recipients may restrict a recipient's access to pharmacy services to a selected group of pharmacies.
3. Provides that if a managed care organization merges with or is acquired by another entity, the resulting entity may not restrict a recipient's access to pharmacy services to a selected group of pharmacies.
4. Permits the Department to renegotiate with the resulting entity the terms of the managed care contract the Department had with the original managed care organization prior to the merger or acquisition.
5. Requires the Department to contract with an independent research organization to conduct a study and submit a report on those managed care organizations that are contracted to provide services to recipients.
6. Requires the report to include an analysis of pharmacy access for medical assistance recipients with the aim of identifying "pharmacy deserts"; an analysis of the costs and benefits of having

managed care organizations administer health care services, including pharmacy services, to recipients; and other matters.

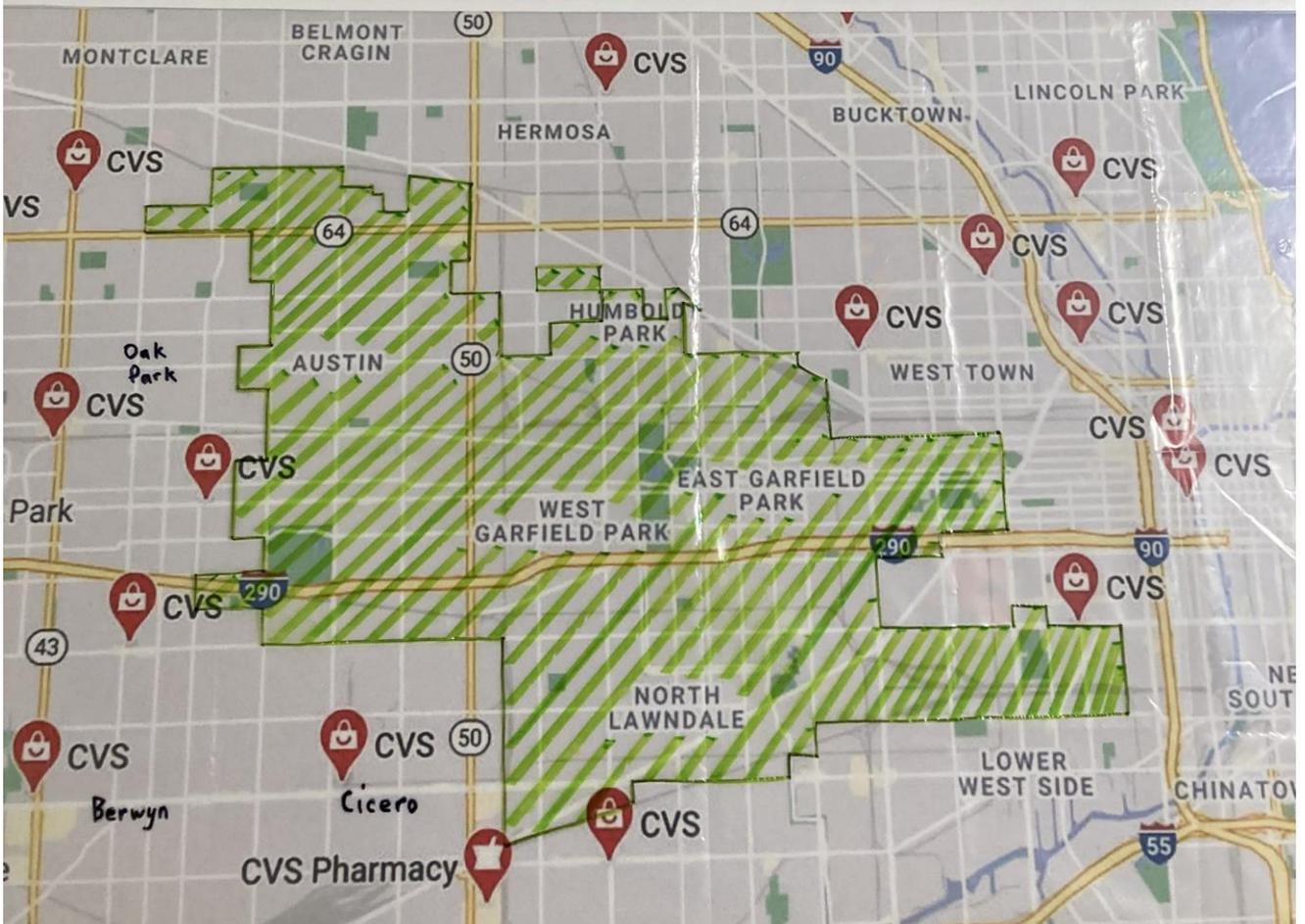
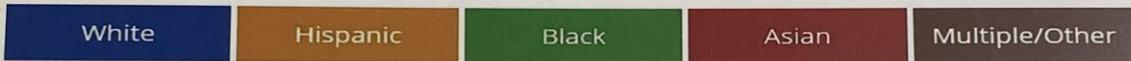
7. Prohibits the Department from entering into any new contract with a managed care organization before the report has been received and analyzed by the Department and posted on its website.

For more information, please contact Rep. Ford at his office or email [RepFord@LaShawnFord.com](mailto:RepFord@LaShawnFord.com).

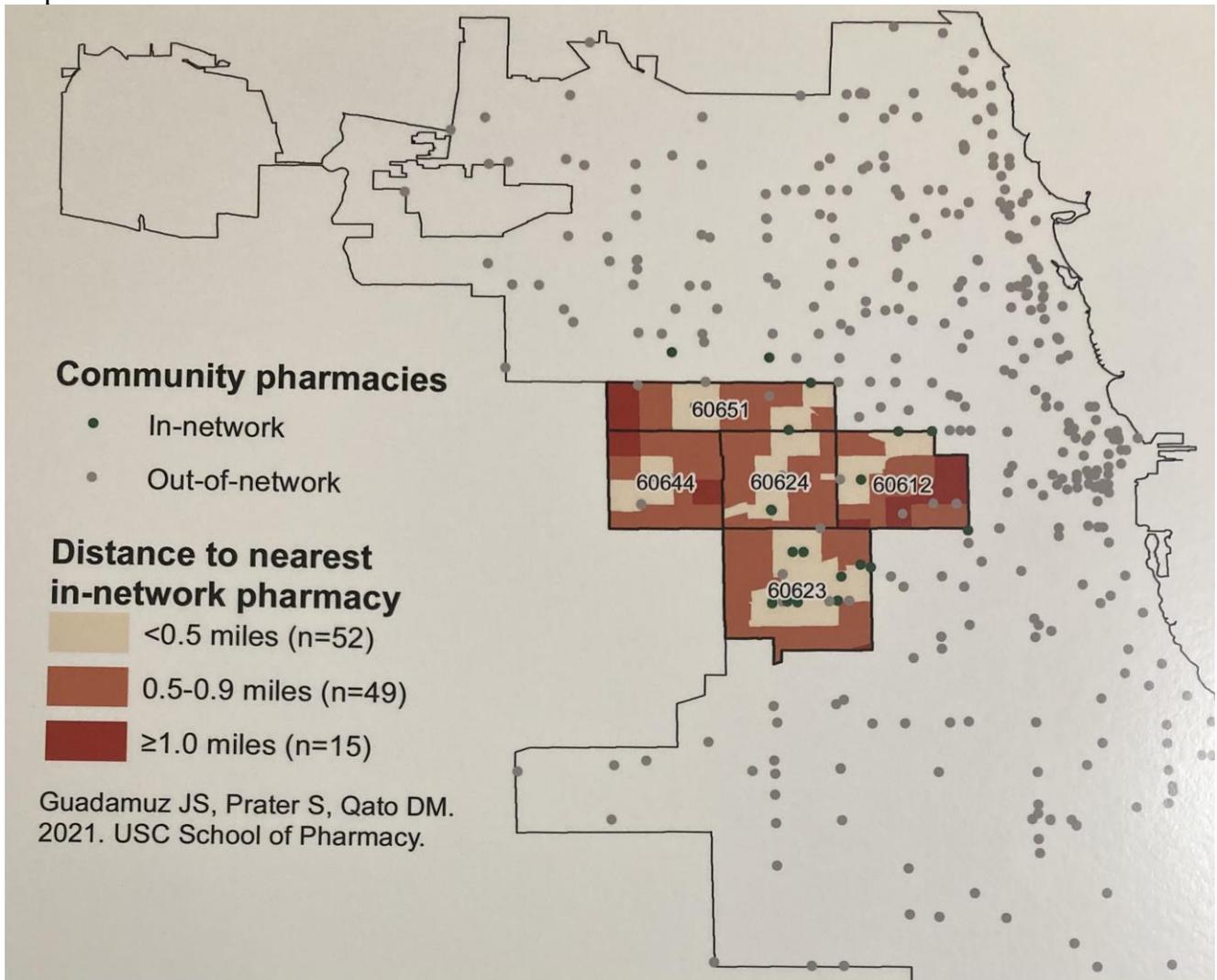
Map 1:



Majority Race Key



Map 2:



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