

**HB 158/HB 159\***  
**Health and Human Services Reform Act**  
**Summary of Legislation**

\* **HB 159 reflects the same language as HB 158,  
with differences shown in red**

Section. 1-1.5. Creates the Illinois Health Care and Human Service Reform Act and presents findings.

Section 5.1-5.25. Creates the Community Health Worker Certification and Reimbursement Act. Creates the Illinois Community Health Worker Certification Board.

- The bill would authorize new CHWs to obtain certification, including allowing existing CHWs to be grandfathered in. The bill also requires the Medical assistance program to reimburse for CHW services, subject to funding availability, including care coordination and diagnostic related patient education services. To receive reimbursement under the Medical assistance program, a CHW must be certified and work under the supervision of an enrolled provider. Initial estimates by HFS are that CHW services could increase Medicaid costs by \$900 million to \$2.5 billion annually. The CHW Certification Board would be created within IDPH, and a statewide association representing CHWs would have a key role in the development of the criteria, process and procedures for certifying CHWs and CHW training programs. HFS and DPH may adopt rules to implement the Act.

Section 10.5. Proper Credentials

- Amends the Hospital Licensing Act. As part of the granting or renewing of medical staff privileges, hospitals must request information from the Director of Financial and Professional Regulation any proper credentials or required certificates as part of the hospital's current request to the Department regarding an applicant's licensure status.

Section 15.3-15.35. Financial Assistance Information in ED; Allowing Electronic Posting of Signs

- Amends the Fair Patient Billing Act, the Health Finance Reform Act, the Hospital Licensing Act, the Nurse Staffing by Patient Acuity Act, the Language Assistance Services Act, the Health Care Violence Prevention Act, the Medical Patient Rights Act, the Abandoned Newborn Infant Protection Act, the Crime Victims Compensation Act, and the Human Trafficking Resource Center Notice Act. Within 180 days of becoming law, requires financial assistance information be made available in the emergency room. Allows required posting of information in these Acts to be posted either by physical or electronic means.

Section 20.5-20.10. N-95 Mask Requirement

- Amends the University of Illinois Hospital Act and the Hospital Licensing Act. Requires hospitals to provide N95 masks to all physicians, nurses, and employees to the extent the hospital determines that such a mask is required to serve patients in accordance with recommendations and guidance of state and federal public health and infection control authorities and taking into consideration limitations on access to masks due to disruptions in the supply chain. This section shall not be construed to impose any new duty or obligation on the hospital and is repealed on December 31, 2021.

Section 35.5, 105.5. Safety Net Hospital Payments

- Amends the Illinois Public Aid Code. Subject to appropriations, increases the Inpatient Psychiatric Care Per Diem rate for all Safety Net Hospitals to \$630.00 per day, effective January 1, 2021. **HB 159 does not include “subject to appropriation” language.**
- (Section 105.5) To address the escalating infant mortality rates among minority communities in Illinois and subject to appropriation, the State shall create a pool of funding of at least \$50,000,000 annually to be dispersed among Safety-Net Hospitals who maintain perinatal designation from IDPH. This provision is added to the statutory section establishing hospital assessment payments, however it is not clear whether it is intended to be financed by the hospital assessment tax.

Section 45.5. Implicit Bias Awareness Training

- Amends the Medical Practice Act of 1987, the Nurse Practice Act, and other health care professional licensure acts.
- For physicians, nurses and other health care professionals, beginning January 1, 2022, they must complete at least 1 hour of implicit bias awareness training in each 2-year cycle.
- The preamble of Article 45 makes findings relative to the issue, including: “Implicit bias, meaning the attitudes or internalized stereotypes that affect our perceptions, actions, and decisions in an unconscious manner, exists and often contributes to unequal treatment of people based on race, ethnicity, gender identity, sexual orientation, age, disability, and other characteristics”.

Section 50.5-55.5. Controlled Substances

- Amends the Illinois Controlled Substances Act and the Methamphetamine Control and Community Protection Act. Provides that a person who, in good faith, seeks or obtains emergency medical assistance for someone experiencing an overdose or who is experiencing an overdose shall not be arrested, charged, or prosecuted for controlled substance manufacture, delivery, or possession with intent to manufacture or deliver or a possession violation of the Illinois Controlled Substances Act, a drug paraphernalia violation, a methamphetamine delivery or possession violation, a drug-induced homicide violation, or an

aggravated battery violation based on unlawfully delivering of a controlled substance to another person and any user experiencing great bodily harm or permanent disability as a result of the injection, inhalation, or ingestion of any amount of the controlled substance.

- Provides that these violations must not serve as the sole basis of a violation of parole, mandatory supervised release, probation or conditional discharge, or any seizure of property under any State law authorizing civil forfeiture so long as the evidence for the violation was acquired as a result of the person seeking or obtaining emergency medical assistance in the event of an overdose.
- Provides that the limited immunity as relates to methamphetamine only applies to possession of less than 3 grams.
- Requires Opioid Treatment Programs that prescribe Schedule II-V controlled substances for the treatment of opioid use disorder to also be subject to reporting in the Illinois Prescription Monitoring Program, eliminating an existing data gap.

#### Section 60.5. Adult Protective Services

- Amends the Adult Protective Services Act. Subject to appropriations, requires the Department on Aging of the State of Illinois (“Department”) to develop and implement a dementia-training program. Individuals who are employed by the Department in the Adult Protective Services division who work on the development and implementation of social services to respond to and prevent adult abuse, neglect, or exploitation would be required, at the start of employment, to complete an initial four-hour training and two-hours annually.
- The amendment outlines required topics that must be included in the initial and annual training. Though existing, more rigorous training requirements would apply, the amendment specifies that the requirements address gaps in dementia training and that the Department may interpret any conflicting requirements found in other laws or rules in a manner that avoids duplication but ensures the Department meets the minimum requirements of the amendment. The amendment allows the Department to adopt rules implementing the amendment.

#### Section 65.1-65.25. Creates the Behavioral Health Workforce Education Center of Illinois Act.

- Creates the Behavioral Health Workforce Education Center of Illinois Act. Requires the Board of Higher Education to select a public institution of higher education to administer the Center within 90 days of the effective date of the Act, with a goal of leveraging workforce and behavioral health resources to produce reforms. Subject to appropriation, the Center must be operational on or before July 1, 2022.

- Creates tasks for the Center to carry out that include but are not limited to tracking workforce data, assessing credentialing and reimbursement processes for reforms, evaluating training models, gathering evidence-based practices and aligning training resources, and identifying and prioritizing highest priority regions and occupations for training. Allows for the adoption of rules by the Board of Higher Education. By December 1 of every odd year, the Center must complete a workforce report to the General Assembly, with no end date.

Section 70.5-70.20. Blood Sugar Test Material Taxed at 1%

- Amends the Use Tax Act, the Service Use Tax Act, the Service Occupation Tax Act, and the Retailers' Occupation Tax Act. Provides that all blood sugar testing materials used by human diabetics are subject to the 1% reduced tax rate.

Section 72.1-72.15. Underlying Causes of Crime and Violence Study Act

- Creates the Underlying Causes of Crime and Violence Study Act. Includes Findings. The Departments of Public Health and Human Services shall study how to create a process to identify high violence communities and prioritize state dollars to go to these communities to address the underlying causes of crime and violence. A report is due to the General Assembly by December 31, 2021.

Section 75.5. Child Care Assistance

- Amends the Illinois Public Aid Code. Requires the Department to update the Child Care Assistance Program Eligibility Calculator posted on the Department's website to include a question on whether a family is applying for child care assistance for the first time or is applying for a redetermination of eligibility.

Section 80.5. Employee Sick Leave

- Amends the Employee Sick Leave Act. Adds "or for personal care of a covered family member" to the definition of personal sick leave benefits and the section providing how an employee may use personal sick leave benefits. Covered family member means an employee's child, stepchild, spouse, domestic partner, sibling, parent, mother-in-law, father-in-law, grandchild, grandparent, or stepparent. Provides a definition of "personal care."

Section 90.5 – 90.10. Legionella Testing

- Amends the Nursing Home Care Act and the Hospital Licensing Act. Hospitals and Nursing Homes must develop a policy for testing their water supply for legionella bacteria. The policy must include the frequency of the testing. The policy and any test results must be made available to the Department of Public Health upon request.

Section 95.5. Child Care Training

January 22, 2021

- Amends the Child Care Act of 1969. By July 1, 2022 and then once every three years, provides that all licensed day care home providers, licensed group day care home providers and licensed day care center directors and staff must participate in training about early childhood social emotional learning, infant and early childhood mental health, early childhood trauma or adverse childhood experiences.

#### Section 100.1 – 100.90. Special Commission on Gynecologic Cancer Act

- Creates the Special Commission on Gynecologic Cancer Act. There are 22 members appointed by legislative leaders and Governor. Staffing support provided by IDPH. Commission is to make recommendations to improve diagnosis, treatment and reducing health disparities related to gynecologic cancers. Final report to the General Assembly is due by December 31, 2021.

#### Section 110.1-110.25. Legislative Racial Impact Note

- Creates the Racial Impact Note Act. Upon request of any member, every bill which has or could have a disparate impact on racial and ethnic minorities shall have a brief explanatory statement that includes a reliable estimate of the anticipated impact on those racial and ethnic minorities likely to be impacted by the bill. No comment or opinion is to be included in the racial impact note.

#### Section 115.5. FQHCs in Hospitals

- Amends the Illinois Public Aid Code. Requires the Department of Healthcare and Family Services, on or before December 31, 2021, to develop a program to encourage coordination between Federally Qualified Health Centers (FQHCs) in hospitals with the goal of increasing care coordination, managing chronic diseases, and addressing the social determinants of health. Requires HFS to develop a payment methodology to reimburse FQHCs for care coordination under the program.

#### Section 120.5. State SHIP Plan

- Amends the Departments of State Government Law of the Civil Administrative Code of Illinois. Adds to the State Board of Health's responsibilities the delivery of a State Health Assessment (SHA) and to modify SHA and State Health Improvement Plan (SHIP) due dates by adding Jan 2021 and Jun 2022 to the 5-year cycle. Adds reduction of health disparities and inequities and promotion of health equity as key strategies to the SHA and SHIP. Lists data sources to inform the reports and creates a "SHA and SHIP Partnership" (eliminating the SHIP Implementation Coordination Council) comprised of public, private and volunteer sectors to be appointed by IDPH Director to engage the community in the SHIP. The SHA and SHIP Partnership will not have authority to direct any public or private entity to take action to implement the SHIP.

#### Section 125.1-125.40. Review of State Programs

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- Creates the Health and Human Services Task Force and Study Act. The Task Force, created within the Department of Human Services, will undertake a systematic review of health and human service departments and programs with the goal of improving health and human service outcomes for Illinois residents. A report on progress toward its goals and objectives is due by June 30, 2021 and every June 30 thereafter.

#### Section 130.1-130.15. Anti-Racism Commission

- Creates the Anti-Racism Commission Act. Includes Findings. The Commission will identify and propose statewide policies to eliminate systemic racism and advance equitable solutions for Black and Brown people in Illinois. It outlines the membership and specific tasks for the Commission. Its report is due December 31, 2021 and the Commission is then dissolved.

#### Section 131.1-131.90. Sickle Cell Prevention

- Creates the Sickle Cell Prevention, Care and Treatment Program. Subject to appropriations, the Department of Public Health will create a grant program for the purpose of prevention, care and treatment of sickle cell disease and educational programs concerning the disease. A Sickle Cell Chronic Disease Fund is created for appropriations to fund the program. By July 1, 2022 and biennially thereafter, the Department will study to determine the prevalence, impact and needs of those with sickle cell disease.

#### Section 135. Hospital Closures

- Amends the Illinois Health Facilities Planning Act. Adds 2 members to the Health Facilities and Services Review Board (HFSRB). One of these members is to be a representative from the community with experience on the impact of discontinuing services/facilities on the surrounding community. This member shall not be filled until all other Board vacancies are filled.
- Permits the HFSRB to defer any pending application to close a hospital for up to 60 days from enactment. Further, it permits the HFSRB to defer any application to close a hospital filed on or after January 12, 2021 until the latter of July 1, 2021 or the expiration of either the Governor's or the US Department of Health and Human Services' declaration of a public health emergency related to the COVID-19 pandemic.
- As part of the Safety Net Impact Statement required for an application of a substantive project or a discontinuation, the statement is to now also analyze, to the extent feasible, the impact of racial and healthcare disparities in the community.

#### Section 150-5. Amends managed care protections in the Public Aid Code.

- Requires Medicaid Managed Care Organizations (MCOs) to reimburse for Medicaid-covered, medically necessary, and appropriately authorized services

rendered by a Medicaid-certified, contracted provider for whom a roster has been submitted prior to the date of service, regardless of inclusion on the MCO's published and publicly available provider directory.

- **HB159: Implements a similar requirement, but does not address submission of a roster prior to the date of service or specify that the service must be a Medicaid-covered service, appropriately authorized, or rendered by a Medicaid-enrolled provider.**
- Extends the timely filing period for providers to correct non-electronic (hard copy) claims rejected by the MCOs or traditional fee-for-service (FFS) Medicaid. Allows providers 90 days from the date of notification of the rejection to submit a corrected claim.
- Requires the Department of Healthcare and Family Services (HFS), the MCOs, and the statewide associations representing hospitals and safety net hospitals, respectively, to explore ways to support billing by safety net hospitals.

Section 155-5. Amends the Public Aid Code to create the Medicaid Managed Care Oversight Commission to evaluate the effectiveness of Illinois' managed care program.

- Requires the Governor to appoint members from HFS and other state agencies, the MCOs, hospital and other provider associations, consumer advocacy groups, and academic experts.
- **HB159: Only requires the Governor to appoint representatives from state agencies, adds a representative from a dental association, and gives the Commission the authority to determine other members.**
- Directs the Commission to submit an annual report to the General Assembly (GA) on:
  - MCO performance related to health outcomes, care coordination, diversity in contracting, claims processing accuracy, network adequacy, contract compliance, and availability of culturally competent services;
  - Potential financial penalties for MCO non-compliance with the state contract and recommendations to enhance the focus of care coordination on social determinants of health;
  - **HB159: Gives HFS discretion to impose financial penalties on MCOs for noncompliance with any provision of the state's contract and to recoup misappropriated funds designated for Business Enterprise Program (BEP) requirements, as recommended or identified by the Commission. Recoupments must be deposited into a new Managed Care Oversight Fund.**
  - Pay-for-performance metrics, prior authorization/utilization management requirements, value-based and alternative payment methods, and safety-net hospital classifications.
- Requires HFS to make claim submission pipeline data available to the Commission.

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- Instructs HFS to issue quarterly reports to the Governor and GA on determinations of MCO contract non-compliance and related financial penalties, if any.

Section 160-5. Amends the State Finance Act to create the Managed Care Oversight Fund.

- Subject to appropriation, mandates that HFS use funds to support contracting with women and minority-owned businesses. Requires HFS to prioritize contracts for care coordination and other services designed to promote health equity.

Section 170-5. Amends the Public Aid Code.

- Creates the Medicaid Business Opportunity Commission to develop a program to support and grow businesses owned by minorities, women, and persons with disabilities. Directs the Commission to recommend Medicaid Business Opportunity program-related requirements in the state's contract with the MCOs, among other priorities. Requires submission of recommendations to the GA by April 15, 2021, as well as annual reports thereafter.

Section 172-5. Amends the Public Aid Code.

- Directs HFS to evaluate the effectiveness of the current reimbursement rate for inpatient hospital stays beyond medical necessity.

Section 175.5. Medicaid Coverage of Doula and Home Visits

- Amends the Illinois Public Aid Code. Subject to appropriation, requires HFS to cover a home visiting program and perinatal doula services for women covered under the Medicaid program.
- Doula services would begin in the prenatal period and continue into the postnatal period (including labor and delivery).
- **HB 159 does not include "subject to appropriation" language.**

Section 185.1-185.90 Creates the Medicaid Technical Assistance Act.

- Establishes a Medical Technical Assistance Center (MTAC) within the HFS Office of Medicaid Innovation to provide educational resources to health care provider organizations and increase capacity, access, and quality in Illinois' Medicaid managed care program. Authorizes the MATC to support trainings, web-based resources, and learning collaboratives focused on behavioral health providers. Creates the MTAC Fund, subject to appropriations by HFS and any available federal financial participation (FFP). Amends the State Finance Act to create the Medicaid Technical Assistance Center Fund.
- **HB 159 does not include the Medicaid Technical Assistance Act/Fund.**

Section 999. Effective immediately.