

HB 5548 HA1 / HB 3840 SA1
Health and Human Services Reform Act
Summary of Legislation

1. Section. 1-1.5. Creates the Illinois Health Care and Human Service Reform Act and presents findings.
2. Section 5.1-5.5. Creates the Community Health Worker Certification and Reimbursement Act. Creates the Illinois Community Health Worker Certification Board.
 - The bill would require new CHWs to obtain certification, while allowing existing CHWs to be grandfathered in. The bill also requires the Medical assistance program to reimburse for CHW services, including care coordination and diagnostic related patient education services. 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.
3. Section 10.5-10.12. Proper Credentials
 - Amends the University of Illinois Hospital Act and the Hospital Licensing Act. Hospitals must require that an intern, resident, or physician who provides medical services “have proper credentials and any required certificates for training” at the time the person renews his/her license.
4. Section 10.15. Hospital Reporting
 - Amends the Hospital Report Card Act. Adds these data items to Hospital Quarterly Reports: The number of female patients who have died within the reporting period; the number of female patients who have died of a preventable cause within the reporting period and the number of those preventable deaths that the hospital has otherwise reported within the reporting period; and the number of physicians, as that term is defined in the Medical Practice Act of 1987, required by the hospital to undergo any amount or type of retraining during the reporting period.
5. Section 15.5. Post Charity Policy in ED
 - Amends the Hospital Licensing Act. Requires hospitals that receive a property tax exemption under Section 15.86 of the Property Tax Code must post the hospital's charity care policy and the contact information of a financial counselor in a reasonably viewable area in the hospital's emergency room.
6. 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 nurses, APRNs and physicians who are employed by or providing services for another employer at the hospital.

7. Section 25.5. COVID-19 Data Reporting
 - Amends the University of Illinois Hospital Act and the Hospital Licensing Act. Requires hospitals to report to IDPH the demographic data of individuals who have symptoms of COVID-19 and are released from, not admitted to, the hospital.

8. Section 35.5-40.5., 105. Community Safety-Net Hospitals
 - Amends the Medical Assistance Article of the Illinois Public Aid Code. Creates a new classification of hospital, identified as “Community Safety Net Hospital” (CSNH). A CSNH must meet one of the following: A stand-alone Safety Net Hospital or a Safety Net Hospital that is part of a system where at least the majority of the hospitals are safety net hospitals.
 - Increases the Inpatient Psychiatric Care Per Diem rate for all Community Safety Net Hospitals to \$630.00 per day, effective January 1, 2021.
 - Annual Pass-through reduction language is amended to include a provision which requires the Department to minimize the impact of the pass-through reductions on CSNHs.
 - Additionally, all CSNHs are to be “held harmless” if the recalculation of directed payment results in lost revenue.
 - (Section 105) To address the escalating infant mortality rates among minority communities in Illinois, the State shall create a pool of funding of at least \$50,000,000 annually to be dispersed among Community Safety-Net Hospitals who maintain perinatal designation from IDPH. This provision is added to the statutory section establishing the hospital assessment payments, however it is not clear whether it is intended to be financed by the hospital assessment tax.

9. Section 45. Health Professional Continuing Education – Implicit Bias
 - Amends the Medical Practice Act of 1987, the Nurse Practice Act, and the Physician Assistant Practice Act of 1987. Requires physicians, APNs, RNs, LPNs and PAs to have implicit bias training as part of their continuing education. For physicians and physician assistants, beginning January 1, 2022, all continuing education courses shall include curriculum that includes the understanding of implicit bias. Courses shall include either examples of how implicit bias affects perceptions and treatment decisions or strategies to address how unintended biases may contribute to health disparities.
 - For RNs, APNs, and LPNs, beginning January 1, 2022, they must complete at least 1 hour of implicit bias 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”.

10. Section 50-55. 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, a Department of Children and Family Services investigation, 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 daily reporting in the Illinois Prescription Monitoring Program, eliminating an existing data gap.

11. Section 60. Adult Protective Services

- Amends the Adult Protective Services Act. 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 contains required topics that must be included in the initial and annual training. 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.

12. Section 65. Creates the Behavioral Health Workforce Education Center of Illinois Act.

- Creates the Behavioral Health Workforce Education Center of Illinois to be operated by a public institution of higher education, with a goal of leveraging workforce and behavioral health resources to produce reforms in Illinois. Creates tasks for the Center to carry out related 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, among other tasks. Allows for the adoption of rules by the Board of Higher Education. Every odd year, the Center must complete a workforce report to the GA, with no end date.

13. Section 70. 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 are subject to the 1% reduced tax rate.

14. Section 75. 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.

15. Section 80. Employee Sick Leave

- Amends the Employee Sick Leave Act. Adds "or for the personal care of a parent, mother-in-law, father-in-law, grandparent, or stepparent" to the definition of "personal sick leave benefits." The amendment would also add the same language to the section providing how an employee may use personal sick leave benefits. This addition would expand the use of personal sick leave benefits from "an illness, injury, or medical appointment of an employee's child, stepchild, spouse, domestic partner, sibling, parent, mother-in-law, father-in-law, grandchild, grandparent, or stepparent" to include "the personal care of a parent, mother-in-law, father-in-law, grandparent, or stepparent."

16. Section 85. Adds Latinx to HIV/AIDs Act and Fund

- Amends the State Finance Act and the African-American HIV/AIDS Response Act by adding Latinx throughout (e.g., The General Assembly finds that HIV/AIDS in the African-American and Latinx communities community is a crisis separate and apart from the overall issue of HIV/AIDS in other communities). Expands the HIV fund from benefiting only African-American communities to benefiting both African-American and Latinx communities

17. Section 90. Legionella Testing

- Amends the Nursing Home Care Act and the Hospital Licensing Act. Hospitals must prove upon inspection by IDPH that it has provided testing for Legionnaires' disease and must provide the results of the testing to IDPH.

18. Section 95. Child Trauma Counseling

- Creates the Child Trauma Counseling Act. A day care center and a school shall provide the services of a trauma counselor to a child who is enrolled and attending K-5 grades who has been identified as needing trauma counseling. There is no cost to parents or guardians for the counseling.
- A child is identified as needing trauma counseling if the child reports trauma to a day care center or a school, a parent or guardian of a child, an employee of a day care center, or if a school reports that the child has experienced trauma.

19. Section 100. 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.

20. Section 110. 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.

21. Section 115. FQHCs in Hospitals

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

22. Section 120. 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. 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.

23. Section 125. Review of State Programs

- Creates the Health and Human Services Task Force and Study Act. The Task Force 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.

24. Section 130. Anti-Racism Commission

- Creates the Anti-Racism Commission Act. The Commission will identify and propose statewide policies to eliminate systemic racism and advance equitable solutions for Black and Brown people in Illinois.

25. Section 135. Hospital Closures and Discontinuation of Services

- Amends the Illinois Health Facilities Planning Act. Adds 2 members to the HFSRB. These two members are to be representatives from the community with experience on the impacts of discontinuing services/facilities on the surrounding community.
- Creates a moratorium on the closure of hospitals or reduction of capacity below a hospital’s capacity as of 01/1/20 until 12/31/23.
- Requires HFSRB staff to conduct a racial equity impact assessment on any application to close a facility or discontinue a service to determine the effect of the closure or discontinuation on racial and ethnic minorities.

26. Section 145-155. Managed Care Organization

- Amends the Medical Assistance Article of the Illinois Public Aid Code. Requires the Medicaid Managed Care Organizations (MCOs) to report quarterly data on claims processing and payments to all Medical Assistance service providers. (Current law requires HFS to publish semiannual MCO performance metrics and biannual hospital claims payment reports.)
- Makes minor changes to language on MCO expedited payments.
- Extends the timely filing period for hospitals to correct hardcopy claims rejected by the MCOs or traditional fee-for-service (FFS) Medicaid.
- Emphasizes current statutory requirements that ensure (1) public accessibility of MCO provider directories and payment for services rendered by contracted providers, even if the provider is not yet listed in the MCO’s online directory; and (2) MCO payment of inpatient days for which the patient is ready for discharge but the MCO has not secured appropriate post-acute placement.

- Creates a new Medicaid Managed Care Oversight Commission within HFS to evaluate the effectiveness of Illinois' managed care program. Charges the Commission with reviewing MCO performance on health outcomes, care coordination measures and social determinants of health, pay-for-performance metrics, prior authorization/utilization management requirements, diversity in contracting goals, claims processing accuracy, network adequacy, value-based and alternative payment method effectiveness, and state contract compliance. Requires quarterly meetings and submission of an annual report to the General Assembly.
- 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. Requires HFS to issue quarterly reports to the Governor and General Assembly on the number of determinations of noncompliance and financial penalties imposed on MCOs.

27. Section 160. Managed Care Oversight Fund

- Amends the State Finance Act. Creates the Managed Care Oversight Fund designated for use by HFS to support emergency procurement and sole source contracting with women and minority-owned businesses. Requires HFS to prioritize contracts for care coordination services in allocating funds and prohibits use of funds for institutional overhead costs, indirect costs, or other organizational levies.

28. Section 165-170. Termination of MCO Contracts

- Amends the Illinois Public Aid Code. Prohibits HFS from entering into a new contract with an MCO or other entity paid on a capitated basis on or after January 1, 2021. Further prohibits HFS from renewing, reentering, renegotiating, issuing change orders, or amending any MCO contracts entered into under the state's 2018 MCO Request for Proposal (2018-24-001). Requires HFS to transition beneficiaries back to traditional FFS Medicaid once the 2018 MCO contracts have expired until HFS enters into a new contract that is procured in accordance with the Illinois Procurement Code. Any such contracts must specify diseases that require care planning and assessment, including social determinants of health.
- Requires each MCO to meet its contractual minority- or women-owned business subcontracting requirements. Authorizes HFS to terminate its contract with any MCO that does not meet these requirements within 60 days of receipt of an MCO's report that shows the subcontracting goals have not been met.

29. Section 175. Medicaid Coverage of Doula and Home Visits

- Amends the Illinois Public Aid Code. 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).

30. Section 999. Effective immediately.