

Illinois Legislative Update: Health Care and Public Benefits

Since the U.S. Congress passed the Patient Protection and Affordable Care Act last year, Illinois has been phasing in the implementation of the Act's provisions. Two bills, House Bill 224 and Senate Bill 1555, relating to Illinois's implementation of the Act, were passed by the General Assembly this session. We review them and three bills and one resolution relating to women's health and public benefits. Some of the bills have been signed by Gov. Pat Quinn and are now state law; the others are awaiting his signature.

Health Care

[House Bill 224](#) amends the Health Carrier External Review Act to broaden the definition of an "adverse determination" by, among other ways, adding rescissions not attributable to failure to pay premiums or cost sharing. The bill also provides for an external review by an independent organization in the event that covered persons or their authorized representatives are considered to have exhausted their health carrier's internal appeals. The federal Patient Protection and Affordable Care Act mandates that consumers have a right to external appeals in the event of a rescission determination; H.B. 224 is consistent with that requirement.

House Bill 1152, now [Public Act 97-0166](#), amends the Mental Health and Developmental Disabilities Administrative Act to require the Illinois Department of Human Services (IDHS) to designate certain community behavioral health care providers as "essential" so that all persons, including children, suffering from mental illness, substance abuse, and other behavioral disorders have access to local behavioral health care providers. The bill places a particular emphasis on improving access to behavioral health care providers in underserved and health professional shortage areas. Health care providers designated as essential must work in a cost-effective, outcome-based manner. They must accept all forms of insurance and be compensated on a fee-for-service basis. Public Act 97-0166 is effective as of July 22, 2011.

House Bill 3468, now [Public Act 97-0138](#), amends the Mental Health and Developmental Disabilities Administrative Act to alter requirements in record keeping for facilities under IDHS jurisdiction. Previously IDHS was required to record the menstrual cycle of all women of childbearing age. The bill requires that IDHS record the menstrual cycle of women who are of childbearing age and are admitted to and remain in the facility for longer than 60 days. Public Act 97-0138 is effective as of July 14, 2011.

[House Resolution 147](#) designates January as Cervical Cancer Month in Illinois to increase awareness of the importance of good cervical health and of detecting cervical cancer in its earliest stages.

Senate Bill 1555, now [Public Act 97-0142](#), creates the Illinois Health Benefits Exchange Act, requiring Illinois to establish by October 1, 2013, a health benefits exchange for individuals and small employers to shop for and enroll in qualified, affordable health care plans in accordance with the Patient Protection and Affordable Care Act. The bill also creates a committee of legislators to study how Illinois should best implement and establish the Illinois Health Benefits Exchange. The committee is required to report its findings to the governor and the General Assembly by the end of next month. Public Act 97-0142 is effective as of July 14, 2011.

Public Benefits

Senate Bill 1236, now [Public Act 97-0422](#), amends the provision of the Illinois Public Aid Code governing the copayment scale for families receiving child care assistance from IDHS. The bill allows IDHS to base the family's copayment solely on the family's income and size without consideration of the number of children in care. The bill also allows IDHS to waive the copayment for families whose income is at or below the federal poverty level. Public Act 97-0422 is effective as of August 16, 2011.

Advocates worked against the passage of restrictive welfare bills. The Sargent Shriver National Center on Poverty Law collaborated with other advocates to prevent multiple bills that would have restricted access to public benefits from being passed by the General Assembly. One group of bills ([House Bill 10](#), [House Bill 161](#), [House Bill 3173](#), [Senate Bill 2003](#), [Senate Bill 2043](#)) would have required every Link card to have a photo identification of the cardholder on it. Only the cardholder would have been allowed to use the card. Link is an electronic benefits transfer card, a debitlike card that allows recipients of the Supplemental Nutrition Assistance Program (SNAP), formerly the Food Stamp Program, to access and use their benefits. Family members—especially elderly people who often send other family members to go grocery shopping for them—would have been limited in using their public benefits. Another group of bills ([House Bill 11](#), [House Bill 163](#)) would have required mandatory drug testing of all recipients of public aid and made those who tested positive no longer eligible under the Public Aid Code to receive benefits such as Temporary Assistance for Needy Families, SNAP, child care assistance, and medical assistance. Not only were these bills built on base and incorrect assumptions of impoverished people, they also would have been extremely expensive to implement and enforce.

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