HB4891 (Ramirez) / SB 3703 (Aquino): HEALTHY ILLINOIS FOR ALL

Addressing Illinois' Health Care Crisis Means Moving Towards Coverage for All--and Protecting Our Seniors First

The COVID-19 public health crisis is devastating our senior population--and undocumented seniors are made especially vulnerable because they are currently ineligible for Medicaid, Medicare, or ACA coverage--despite paying state and local taxes. An estimated 2,200 Illinois seniors aged 60 and over who would otherwise be income-eligible for Medicaid, aren't able to receive coverage simply because of their immigration status. COVID-19 has shown that our public health is interdependent: our seniors need meaningful access to healthcare to help ensure the health of ALL Illinoisans, both during this pandemic and future expected outbreaks.

HB 4891 / SB 3703 (Healthy Illinois for All) creates a pathway to health coverage first for all low-income Illinois residents aged 60 and older, with household incomes of up to 138% FPL (\$17,236 for an individual) regardless of their immigration status.

As Illinois considers this legislation as a part of an overarching state response to the COVID-19 crisis, we have proposed phasing in to prioritize expansion first for seniors who have been made most vulnerable during this crisis (See back for breakdown and cost estimate). This phase-in starts this year with approximately 2,200 seniors aged 60 and above during this General Assembly session. We would then propose ramping up to the full population (ages 19-59) starting in 2021. This approach would continue Illinois' leadership by being the first state in the nation to provide Medicaid-like coverage to undocumented seniors.

Healthy Illinois For All: A Pathway to Reduce Health Care System Strain

The uninsured have incentives to delay care and testing which is a huge problem given that COVID-19 can turn from mild to deadly in a matter of hours. That translates into avoidable emergency room visits and hospitalizations, which, in turn, translates into sky-rocketing uncompensated care costs borne by hospitals. People over 60 and who have other health problems are more likely to be hospitalized and/or die from COVID-19. **Projections from the Illinois Health and Hospital Association have estimated that Illinois hospitals are losing \$1.4 billion a month.** The financial stability of Illinois hospitals can be partially shored up by extending coverage pathways to all of Illinois' uninsured.

HB 4891 will reduce the number of uninsured senior patients in Illinois converting them to reimbursable patients. An uninsured low-income COVID-19 positive senior will endure a much more severe course of COVID-19, incurring very expensive medical bills. According to FAIR HEALTH, an independent nonprofit organization, an uninsured hospitalized COVID-19 patient can be expected to be charged between \$21,936 to \$38,755 for their single 6-day hospital stay. In comparison, the cost of providing comprehensive health insurance through Healthy Illinois for All to a senior age 60 or over would be \$8,564 for one year.

By expanding health care coverage to undocumented Illinoisans--starting with our seniors first--we can lower our uninsured rate, reduce the amount of uncompensated care, and ensure a more universal and equitable health care system for all Illinoisans. Health care is a human right, and our health system is stronger when everyone is included.

Figure 1: Low-Income Uninsured Immigrants in Illinois, by Age

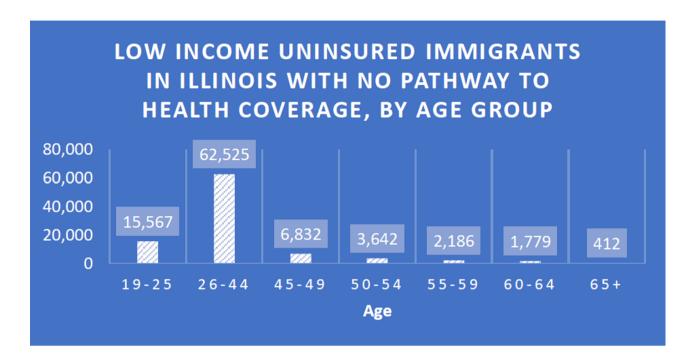


Figure 2: Cost Estimate for Medicaid-Like Program Expansion, by Age

Age	Total Population With No Pathway to Coverage	Total Cost With 50% Take- Up Rate	Total Cost With 80% Take- Up Rate
19 and over	92,943	\$159,077,988	\$278,524,780
19-25	15,567	\$12,483,300	\$23,993,041
26-44	62,525	\$97,085,561	\$171,482,307
45-49	6,832	\$21,298,267	\$35,841,409
50 and over	8,019	\$28,210,860	\$47,208,023
55 and over	4,377	\$16,857,188	\$28,101,698
60 and over	2,191	\$8,436,893	\$14,064,684
65 and over	412	\$1,586,805	\$2,645,276

Data Notes: Population estimates from Rob Paral & Associates; Cost estimates include PMPM from HFS in comparable populations.