







# Illinois

## State and Local Health Equity Policy Checklist




MAY 2021

KEY	
	= state requires/mandates
	= some local and/or state policies, but there is room for improvement
	= no state/local requirements
	= n/a

### Legislative Reform

POLICY	SCORE	NOTES
Implement Racial Equity Impact Statements for legislation at the state or local levels, including environmental, health and criminal justice areas.		Illinois passed legislation ( <b>HB158</b> ) that requires every proposed piece of legislation that has or could have a disparate impact on racial and ethnic minorities to include a racial impact note that includes the predicted impact the bill would have on racial and ethnic groups. <sup>1</sup>
Expand Health Impact Assessments attached to state and local legislation to include equity considerations.		

### State Health Planning & Programs

POLICY	SCORE	NOTES
Declare racism a public health crisis and implement steps to address it.	 <i>One or more cities/counties within a state has declared racism a public health crisis and has implemented steps to address it, but this has not been done at the state level.</i>	The Cook County Board of Commissioners, city of Chicago, Chicago Department of Public Health, Lake County Health Department and Peoria City/County Health Department have declared racism a <b>public health crisis</b> . <sup>2</sup>
Develop a 'Health in All Policies' strategy at the state or local level.		<b>Illinois</b> and the <b>City of Chicago</b> have implemented Health in All Policies frameworks. <sup>3,4</sup>
Establish Health Equity Zones to better address social determinants of health.		The City of Chicago established <b>Healthy Chicago Equity Zones</b> across the city in light of the coronavirus pandemic aimed at improving community and individual wellness. <sup>5</sup>  While the primary focus is not on addressing social determinants of health, the African Descent-Citizens Reparations Commission is developing and implementing measures to ensure equity and equality by preserving Black neighborhoods and communities as part of legislation ( <b>SB 1608</b> ) passed in 2021. <sup>6</sup>


Summary and scoring methodology reports are available at [www.HealthValueHub.org/Health-Equity-Checklist](http://www.HealthValueHub.org/Health-Equity-Checklist).

If you know of a policy we overlooked, please contact [hubinfo@altarum.org](mailto:hubinfo@altarum.org).






**State Health Planning & Programs** *(continued)*





POLICY	SCORE	NOTES
<p><b>Create an Equity Strategic Plan to lay out how the state (or local entity within the state) will reduce health disparities.</b></p>		<p>The Illinois Department of Public Health identified health equity as a guiding principle and strategic priority in its <a href="#">2020-2025 Strategic Plan</a>. The plan includes concrete steps to “dismantle systemic inequalities and advance health equity.”<sup>7</sup></p> <p>As part of a healthcare transformation program outlined in legislation (<a href="#">SB 1510</a>) passed in 2021, the Department of Healthcare and Family Services will form a workgroup to review and provide recommendations on improving health disparities and the impact of these disparities on communities disproportionately affected by COVID-19.<sup>8</sup></p>
<p><b>Fund community-driven health equity action plans.</b></p>		
<p><b>Implement participatory budgeting at the state and/or local level for initiatives that focus on health and social determinants of health.</b></p>		<p><b>PB Chicago</b>—a partnership of public officials, nonprofit organizations, foundations and others who work together to guide participatory budgeting in Chicago—has engaged more than 13,000 residents in 12 different communities to decide how to spend more than \$18 million in public funds.<sup>9</sup></p>
<p><b>Emphasize health disparities and equity when developing State Health Assessments &amp; State Health Improvement Plans</b></p>		<p>Identifying racial/ethnic disparities and improving health equity are core components of Illinois’ 2021 <a href="#">State Health Assessment</a> and <a href="#">2021 State Health Improvement Plan</a>.<sup>10,11</sup></p>
<p><b>Fund community-based organizations operating in the state to reduce disparities and/or provide culturally competent health-related supports.</b></p>		<p>Illinois uses <a href="#">Community Services Block Grant funding</a> to reduce disparities by providing medical screenings, transportation to medical services and prescription medications for low-income earners.<sup>12</sup></p>
<p><b>Implement strategies to address specific health outcomes related to inequality in social determinants of health, such as asthma, diabetes, heart disease and maternal mortality, among others.</b></p>		<p><a href="#">Healthy Illinois 2021</a> outlines goals and plans to combat health inequity, including in the areas of maternal mortality and heart disease.<sup>13</sup></p> <p>Illinois also created a <a href="#">Task Force on Infant and Maternal Mortality Among African Americans</a> that is required to submit an annual report on its findings regarding research and data on maternal/infant mortality and recommendations to the General Assembly on how to reduce mortality rates.<sup>14</sup></p> <p>Illinois passed legislation (<a href="#">SB 1510</a>) in 2021 to fund groups and organizations to establish or improve integrated healthcare delivery systems, particularly for uninsured populations and people covered by Medicaid, in addition to improving healthcare equity. Proposals for this program must be based on a Community Health Needs Assessment with significant community input; involve a collaboration of providers, including community-based entities that address social determinants of health; and seek to improve healthcare outcomes and reduce healthcare disparities.<sup>15</sup></p>



### State Health Planning & Programs *(continued)*

POLICY	SCORE	NOTES
Implement strategies to address specific health outcomes related to inequality in social determinants of health, such as asthma, diabetes, heart disease and maternal mortality, among others. <i>(continued)</i>		Additionally, the state has established ( <a href="#">HB 158</a> ) an Anti-Racism Commission that will identify and propose statewide policies to eliminate systemic racism and advance equitable solutions. <sup>16</sup>
Participate in the Government Alliance on Race & Equity (GARE), a national network of local and regional governments to address racial equity.		Peoria, Flossmoor, Chicago, Evanston and Cook County <a href="#">participate in GARE</a> . <sup>17</sup>

### Data & Reporting

POLICY	SCORE	NOTES
Create equity reporting requirements for state and local government agencies.		
Use the state's Office of Health Equity/Disparities/Minority Health to analyze and report on existing health disparities and/or equity concerns within the state.		The Illinois Department of Public Health's Center for Minority Health Services released its first Illinois Health Disparities Data Report in 2017, with the intent to monitor disparities and progress made over time. In January 2020, the Department released an <a href="#">updated report</a> . <sup>18</sup>
Require nonprofit hospitals to incorporate an equity component into their community health needs assessments and community health improvement plans and/or establish a minimum percentage of non-profit hospitals' Community Benefit that must be invested in programs targeted at reducing health disparities by addressing root causes.		<a href="#">Legislation</a> passed in 2021 requires nonprofit hospitals' community benefits plans to describe activities the hospital is undertaking to address health equity, reduce health disparities and improve community health. <sup>19</sup>
Increase the validity, use and standardization of data on race, ethnicity and/or languages spoken for state reporting requirements.		Illinois' <a href="#">Racial and Ethnic Impact (REI) Research Task Force</a> created a standardized system for race/ethnicity data for the justice system. <sup>20</sup> Illinois also has race and ethnicity data standards for data collection within the <a href="#">education system</a> . <sup>21</sup>  Legislation ( <a href="#">SB 2133</a> ) was introduced in 2021 to ensure that the department of public health collects race, sexual orientation and gender identity data for all issues. It had not passed as of April 2021. <sup>22</sup>
Include socioeconomic status, race, ethnicity and/or languages spoken in All-Payer Claims Database data.		Illinois did not have an APCD as of April 2021.






Health Reform – Coverage		
POLICY	SCORE	NOTES
Expand Medicaid eligibility requirements to include all adults with incomes at or below 138 percent of the federal poverty level.		Illinois <b>expanded Medicaid</b> in 2014. <sup>23</sup>
Provide high-quality, affordable coverage options for people whose incomes are too high to qualify for Medicaid, e.g., Basic Health Plan, reinsurance or augmented premium subsidies.		Illinois did not offer a basic health plan, reinsurance or augmented premium subsidies as of April 2021.
Provide one-year continuous eligibility for Medicaid and CHIP.		Illinois provides continuous eligibility for <b>Medicaid</b> , but not CHIP. <sup>24</sup>
Provide coverage options to undocumented and recent immigrants.	 <i>The state provides coverage options for both undocumented and recent documented immigrant children and seniors.</i>	Illinois provides a <b>Medicaid-look-alike program</b> for adults over 65 who are either undocumented or legal permanent residents who have been in the U.S. for less than five years. <sup>25</sup>  Additionally, the state's <b>All Kids</b> program provides coverage to children regardless of immigration status. <sup>26</sup>

Health Reform – Delivery		
POLICY	SCORE	NOTES
Develop Medicaid Managed Care Organization (MCO) contract options for advancing health equity and recommend or require MCOs to complete specific health equity responsibilities.		Illinois requires Medicaid MCOs to have a <b>community liaison</b> who connects enrollees with community-based services. <sup>27</sup>
Encourage or require Accountable Care Organizations (ACOs) and/or Coordinated Care Organizations (CCOs) to collect equity-focused data, adopt culturally appropriate programs, implement partnerships with community-based organizations in areas with larger minority populations and/or focus on addressing social determinants of health.		Organizations bidding to become a <b>coordinated care entity</b> for children with complex needs must describe how their care coordination model is sensitive to the culture and specific needs of the populations they propose to serve. Proposals must include a description of the training programs care coordinators may receive regarding cultural competency and the methods they will employ to ensure care is provided in a culturally and linguistically appropriate manner. <sup>28</sup>

Health Reform – Delivery <i>(continued)</i>		
POLICY	SCORE	NOTES
Employ Medicaid 1115 and/or 1915 waivers to better address the social determinants of health.		<p>Illinois' <a href="#">Behavioral Health Transformation Demonstration</a>, authorized through a Medicaid 1115 waiver, provides Substance Use Disorder (SUD) case management services to help beneficiaries access needed medical, social, educational and other services. The state also covers a set of home and community-based services that include pre-tenancy supports and tenancy sustaining services for eligible individuals.<sup>29</sup></p> <p>The state uses a variety of <a href="#">1915(c) waivers</a> to provide home-delivered meals to individuals with brain injury, HIV/AIDS and disabilities, among other supports.<sup>30</sup></p> <p>In July 2018, the Centers for Medicaid &amp; Medicare Services approved a <a href="#">State Plan Amendment</a> allowing Illinois to implement the Integrated Health Homes Program to coordinate physical, behavioral and social healthcare for individuals with coverage through Medicaid.<sup>31</sup> In October 2020, the Illinois Department of Healthcare &amp; Family Services (DHFS) <a href="#">announced</a> that it will delay the launch, originally scheduled for July 2020, until after July 2021. DHFS will use the delay to adapt its overall vision and implementation strategy for the program to ensure that they are targeted to address the unmet social and environmental needs (such as housing, food security, employment and safety) that put beneficiaries at increased risk of experiencing poor health outcomes.<sup>32</sup></p>
Require or incentivize providers participating in Medicaid value-based programs to report on measures related to health equity/disparities.		
Hold providers participating in Medicaid value-based programs responsible for reducing health disparities by evaluating/scoring performance in this area.		
Create or expand Accountable Communities for Health with a focus on increasing health equity.		The <a href="#">Alexian Brothers Network</a> in Arlington Heights, IL participates in the federal Accountable Communities for Health program. <sup>33,34</sup>
Prioritize funding for communication infrastructure development, including broadband and cellular access, in underserved rural and urban areas.		<a href="#">Connect Illinois</a> provides funding to expand infrastructure and access to broadband in underserved rural and urban areas of the state. <sup>35</sup>

**Health Reform – Delivery *(continued)***

POLICY	SCORE	NOTES
<p><b>Subsidize internet access to expand opportunities for telehealth.</b></p>		<p>Legislation (<b>HB 3492</b>) to provide internet subsidies to low-income families was introduced in 2019, but did not pass.<sup>36</sup></p>
<p><b>Expand coverage for telehealth services.</b></p>	 <p>The state has <b>temporary</b> telehealth coverage parity laws that expire after the current public health emergency.</p>	<p>Illinois law (<b>HB 5351</b>) does not require insurers to cover telehealth services.<sup>37</sup> However, a 2020 <b>executive order</b> lasting for the duration of the COVID-19 public health emergency requires health insurance plans regulated by the Department of Insurance to cover the costs of all telehealth services for clinically appropriate, medically necessary covered services and treatments rendered by in-network providers.<sup>38</sup></p>
<p><b>Establish or strengthen telehealth reimbursement parity laws to incentivize providers to deliver these services.</b></p>	 <p>The state has <b>temporary</b> telehealth payment parity laws that expire after the current public health emergency.</p>	<p>A 2020 <b>executive order</b><sup>39</sup> lasting for the duration of the COVID-19 public health emergency requires telehealth services to be <b>reimbursed at the same rate</b> as in-person equivalents.<sup>40</sup></p>
<p><b>Waive/limit cost-sharing for telehealth services.</b></p>		<p>Illinois law (<b>HB 5351</b>) prohibits cost-sharing for telehealth services from exceeding cost-sharing for the same service when provided in-person.<sup>41</sup></p> <p>A 2020 <b>executive order</b> lasting for the duration of the COVID-19 public health emergency eliminates cost-sharing for telehealth services provided by in-network providers.<sup>42</sup></p>
<p><b>Adopt a global budget system for paying hospitals to better enable them to focus on prevention, care coordination, community-based integration and social determinants of health.</b></p>		
<p><b>Require workplace-based cultural competency and implicit-bias training for clinicians and other providers.</b></p>		<p><b>Illinois</b> will include implicit bias training as part of continuing education requirements for healthcare providers beginning January 2022.<sup>43</sup></p> <p>As part of its contract with Blue Cross Blue Shield Illinois, Illinois requires healthcare providers who treat patients who are dually eligible for Medicaid and Medicare to complete <b>cultural competency</b> training.<sup>44,45</sup></p> <p>Legislation (<b>SB 0522</b>) that would establish a voluntary Cultural and Linguistic Physician Competency Program was introduced in 2005, but did not pass.<sup>46</sup></p>

COVID-Specific Reforms		
POLICY	SCORE	NOTES
Collect racial equity data to better understand the disparate impact of COVID-19.		Illinois reports COVID-19 <b>case</b> and <b>vaccine administration</b> data by age, gender race and ethnicity. <sup>47,48</sup>
Implement changes to Medicaid or Marketplace enrollment, including but not limited to presumptive eligibility, cost-sharing provisions, Marketplace special enrollment periods, increased enrollment assistance and improvements to application processing in response to COVID-19.		Illinois has expanded the number of presumptive eligibility periods allowed in a given year, <b>among other enrollment supports</b> . <sup>49</sup>
Leverage the Emergency Medicaid program to extend COVID-19 testing, evaluation and treatment coverage to undocumented immigrants.		For recent or undocumented immigrants who are income eligible for Medicaid, but not otherwise eligible due to immigration status, <b>Emergency Medicaid</b> covers the cost of COVID-19 treatment. <sup>50</sup>
Waive or limit cost-sharing for COVID-19 testing and treatment by private insurers.		Illinois insurance carriers are <b>required to cover</b> the full cost of COVID-19 testing as long as the tests are based on clinical assessments from licensed or authorized healthcare providers. <sup>51</sup>  As of April 2021, Illinois <b>had not taken action</b> to waive cost-sharing for COVID-19 treatment. <sup>52</sup>
Provide COVID-19 testing to residents free of charge.		Illinois <b>requires healthcare providers</b> to provide COVID-19 diagnostic testing and testing-related services free of charge to all Illinois residents, regardless of insurance or immigration status. <sup>53</sup>  <b>Illinois' Department of Public Health</b> dispatches mobile testing teams to various locations around the state to provide COVID-19 testing. Anyone can be tested, regardless of symptoms or immigration status, free of charge. <sup>54</sup>

Notes

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### ABOUT ALTARUM'S HEALTHCARE VALUE HUB

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