see pages 8-14 for CHW cert and reimb

AN ACT concerning health.

Be it enacted by the People of the State of Illinois, represented in the General Assembly:

Title I. General Provisions

Article 1.

Section 1-1. This Act may be referred to as the Illinois Health Care and Human Service Reform Act.

Section 1-5. Findings.

"We, the People of the State of Illinois in order to provide for the health, safety and welfare of the people; maintain a representative and orderly government; eliminate poverty and inequality; assure legal, social and economic justice; provide opportunity for the fullest development of the individual; insure domestic tranquility; provide for the common defense; and secure the blessings of freedom and liberty to ourselves and our posterity - do ordain and establish this Constitution for the State of Illinois."

The Illinois Legislative Black Caucus finds that, in order to improve the health outcomes of Black residents in the State of Illinois, it is essential to dramatically reform the State's health and human service system. For over 3 decades,

multiple health studies have found that health inequities at their very core are due to racism. As early as 1998 research demonstrated that Black Americans received less health care than white Americans because doctors treated patients differently on the basis of race. Yet, Illinois' health and human service system disappointingly continues to perpetuate health disparities among Black Illinoisans of all ages, genders, and socioeconomic status.

In July 2020, Trinity Health announced its plans to close Mercy Hospital, an essential resource serving the Chicago South Side's predominantly Black residents. Trinity Health argued that this closure would have no impact on health access but failed to understand the community's needs. Closure of Mercy Hospital would only serve to create a health access desert and exacerbate existing health disparities. On December 15, 2020, after hearing from community members and advocates, the Health Facilities and Services Review Board unanimously voted to deny closure efforts, yet Trinity still seeks to cease Mercy's operations.

Prior to COVID-19, much of the social and political attention surrounding the nationwide opioid epidemic focused on the increase in overdose deaths among white, middle-class, suburban and rural users; the impact of the epidemic in Black communities was largely unrecognized. Research has shown rates of opioid use at the national scale are higher for whites than they are for Blacks, yet rates of opioid deaths are higher

among Blacks (43%) than whites (22%). The COVID-19 pandemic will likely exacerbate this situation due to job loss, stay-at-home orders, and ongoing mitigation efforts creating a lack of physical access to addiction support and harm reduction groups.

In 2018, the Illinois Department of Public Health reported that Black women were about 6 times as likely to die from a pregnancy-related cause as white women. Of those, 72% of pregnancy-related deaths and 93% of violent pregnancy-associated deaths were deemed preventable. Between 2016 and 2017, Black women had the highest rate of severe maternal morbidity with a rate of 101.5 per 10,000 deliveries, which is almost 3 times as high as the rate for white women.

In the City of Chicago, African American and Latinx populations are suffering from higher rates of AIDS/HIV compared to the general population. Recent data places HIV as one of the top 5 leading causes of death in African American women between the ages of 35 to 44 and the seventh ranking cause in African American women between the ages of 20 to 34. Among the Latinx population, nearly 20% with HIV exclusively depend on indigenous-led and staffed organizations for services.

Cardiovascular disease (CVD) accounts for more deaths in Illinois than any other cause of death, according to the Illinois Department of Public Health; CVD is the leading cause of death among Black residents. According to the Kaiser Family

Foundation (KFF), for every 100,000 people, 224 Black Illinoisans die of CVD compared to 158 white Illinoisans. Cancer, the second leading cause of death in Illinois, too is pervasive among African Americans. In 2019, an estimated 606,880 Americans, or 1,660 people a day, died of cancer; the American Cancer Society estimated 24,410 deaths occurred in Illinois. KFF estimates that, out of every 100,000 people, 191 Black Illinoisans die of cancer compared to 152 white Illinoisans.

Black Americans suffer at much higher rates from chronic diseases, including diabetes, hypertension, heart disease, asthma, and many cancers. Utilizing community health workers in patient education and chronic disease management is needed to close these health disparities. Studies have shown that diabetes patients in the care of a community health worker demonstrate improved knowledge and lifestyle and self-management behaviors, as well as decreases in the use of the emergency department. A study of asthma control among Black adolescents concluded that asthma control was reduced by 35% among adolescents working with community health workers, resulting in a savings of $5.58 per dollar spent on the intervention. A study of the return on investment for community health workers employed in Colorado showed that, after a 9-month period, patients working with community health workers had an increased number of primary care visits and a decrease in urgent and inpatient care. Utilization of

community health workers led to a $2.38 return on investment for every dollar invested in community health workers.

Adverse childhood experiences (ACEs) are traumatic experiences occurring during childhood that have been found to have a profound effect on a child's developing brain structure and body which may result in poor health during a person's adulthood. ACEs studies have found a strong correlation between the number of ACEs and a person's risk for disease and negative health behaviors, including suicide, depression, cancer, stroke, ischemic heart disease, diabetes, autoimmune disease, smoking, substance abuse, interpersonal violence, obesity, unplanned pregnancies, lower educational achievement, workplace absenteeism, and lower wages. Data also shows that approximately 20% of African American and Hispanic adults in Illinois reported 4 or more ACEs, compared to 13% of non-Hispanic whites. Long-standing ACE interventions include tools such as trauma-informed care. Trauma-informed care has been promoted and established in communities across the country on a bipartisan basis, including in the states of California, Florida, Massachusetts, Missouri, Oregon, Pennsylvania, Washington, and Wisconsin. Several federal agencies have integrated trauma-informed approaches in their programs and grants which should be leveraged by the State.

According to a 2019 Rush University report, a Black person's life expectancy on average is less when compared to a white person's life expectancy. For instance, when comparing

life expectancy in Chicago's Austin neighborhood to the Chicago Loop, there is a difference of 11 years between Black life expectancy (71 years) and white life expectancy (82 years).

In a 2015 literature review of implicit racial and ethnic bias among medical professionals, it was concluded that there is a moderate level of implicit bias in most medical professionals. Further, the literature review showed that implicit bias has negative consequences for patients, including strained patient relationships and negative health outcomes. It is critical for medical professionals to be aware of implicit racial and ethnic bias and work to eliminate bias through training.

In the field of medicine, a historically racist profession, Black medical professionals have commonly been ostracized. In 1934, Dr. Roland B. Scott was the first African American to pass the pediatric board exam, yet when he applied for membership with the American Academy of Pediatrics he was rejected multiple times. Few medical organizations have confronted the roles they played in blocking opportunities for Black advancement in the medical profession until the formal apologies of the American Medical Association in 2008. For decades, organizations like the AMA predicated their membership on joining a local state medical society, several of which excluded Black physicians.

In 2010, the General Assembly, in partnership with

Treatment Alternatives for Safe Communities, published the Disproportionate Justice Impact Study. The study examined the impact of Illinois drug laws on racial and ethnic groups and the resulting over-representation of racial and ethic minority groups in the Illinois criminal justice system. Unsurprisingly and disappointingly, the study confirmed decades long injustices, such as nonwhites being arrested at a higher rate than whites relative to their representation in the general population throughout Illinois.

All together, the above mentioned only begins to capture a part of a larger system of racial injustices and inequities. The General Assembly and the people of Illinois are urged to recognize while racism is a core fault of the current health and human service system, that it is a pervasive disease affecting a multiplitude of institutions which truly drive systematic health inequities: education, child care, criminal justice, affordable housing, environmental justice, and job security and so forth. For persons to live up to their full human potential, their rights to quality of life, health care, a quality job, a fair wage, housing, and education must not be inhibited.

Therefore, the Illinois Legislative Black Caucus, as informed by the Senate's Health and Human Service Pillar subject matter hearings, seeks to remedy a fraction of a much larger broken system by addressing access to health care, hospital closures, managed care organization reform, community

health worker certification, maternal and infant mortality, mental and substance abuse treatment, hospital reform, and medical implicit bias in the Illinois Health Care and Human Service Reform Act. This Act shall achieve needed change through the use of, but not limited to, the Medicaid Managed Care Oversight Commission, the Health and Human Services Task Force, and a hospital closure moratorium, in order to address Illinois' long-standing health inequities.

Title II. Community Health Workers

Article 5.

Section 5-1. Short title. This Article may be cited as the Community Health Worker Certification and Reimbursement Act. References in this Article to "this Act" mean this Article.

Section 5-5. Definition. In this Act, "community health worker" means a frontline public health worker who is a trusted member or has an unusually close understanding of the community served. This trusting relationship enables the community health worker to serve as a liaison, link, and intermediary between health and social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. A community health worker also builds individual and community

capacity by increasing health knowledge and self-sufficiency through a range of activities, including outreach, community education, informal counseling, social support, and advocacy. A community health worker shall have the following core competencies:

(1) communication;

(2) interpersonal skills and relationship building;

(3) service coordination and navigation skills;

(4) capacity-building;

(5) advocacy;

(6) presentation and facilitation skills;

(7) organizational skills; cultural competency;

(8) public health knowledge;

(9) understanding of health systems and basic diseases;

(10) behavioral health issues; and

(11) field experience.

Nothing in this definition shall be construed to authorize a community health worker to provide direct care or treatment to any person or to perform any act or service for which a license issued by a professional licensing board is required.

Section 5-10. Community health worker training.

(a) Community health workers shall be provided with multi-tiered academic and community-based training opportunities that lead to the mastery of community health

worker core competencies.

(b) For academic-based training programs, the Department of Public Health shall collaborate with the Illinois State Board of Education, the Illinois Community College Board, and the Illinois Board of Higher Education to adopt a process to certify academic-based training programs that students can attend to obtain individual community health worker certification. Certified training programs shall reflect the approved core competencies and roles for community health workers.

(c) For community-based training programs, the Department of Public Health shall collaborate with a statewide association representing community health workers to adopt a process to certify community-based programs that students can attend to obtain individual community health worker certification.

(d) Community health workers may need to undergo additional training, including, but not limited to, asthma, diabetes, maternal child health, behavioral health, and social determinants of health training. Multi-tiered training approaches shall provide opportunities that build on each other and prepare community health workers for career pathways both within the community health worker profession and within allied professions.

Section 5-15. Illinois Community Health Worker

Certification Board.

(a) There is created within the Department of Public Health, in shared leadership with a statewide association representing community health workers, the Illinois Community Health Worker Certification Board. The Board shall serve as the regulatory body that develops and has oversight of initial community health workers certification and certification renewals for both individuals and academic and community-based training programs.

(b) A representative from the Department of Public Health, the Department of Financial and Professional Regulation, the Department of Healthcare and Family Services, and the Department of Human Services shall serve on the Board. At least one full-time professional shall be assigned to staff the Board with additional administrative support available as needed. The Board shall have balanced representation from the community health worker workforce, community health worker employers, community health worker training and educational organizations, and other engaged stakeholders.

(c) The Board shall propose a certification process for and be authorized to approve training from community-based organizations, in conjunction with a statewide organization representing community health workers, and academic institutions, in consultation with the Illinois State Board of Education, the Illinois Community College Board and the Illinois Board of Higher Education. The Board shall base

training approval on core competencies, best practices, and affordability. In addition, the Board shall maintain a registry of certification records for individually certified community health workers.

(d) All training programs that are deemed certifiable by the Board shall go through a renewal process, which will be determined by the Board once established. The Board shall establish criteria to grandfather in any community health workers who were practicing prior to the establishment of a certification program.

(e) To ensure high-quality service, the Illinois Community Health Worker Certification Board shall examine and consider for adoption best practices from other states that have implemented policies to allow for alternative opportunities to demonstrate competency in core skills and knowledge in addition to certification.

(f) The Department of Public Health shall explore ways to compensate members of the Board.

Section 5-20. Reimbursement. Community health worker services shall be covered under the medical assistance program, subject to appropriation, for persons who are otherwise eligible for medical assistance. The Department of Healthcare and Family Services shall develop services, including, but not limited to, care coordination and diagnosis-related patient services, for which community health

workers will be eligible for reimbursement and shall request approval from the federal Centers for Medicare and Medicaid Services to reimburse community health worker services under the medical assistance program. For reimbursement under the medical assistance program, a community health worker must work under the supervision of an enrolled medical program provider, as specified by the Department, and certification shall be required for reimbursement. The supervision of enrolled medical program providers and certification are not required for community health workers who receive reimbursement through managed care administrative moneys. Noncertified community health workers are reimbursable at the discretion of managed care entities following availability of community health worker certification. In addition, the Department of Healthcare and Family Services shall amend its contracts with managed care entities to allow managed care entities to employ community health workers or subcontract with community-based organizations that employ community health workers.

Section 5-23. Certification. Certification shall not be required for employment of community health workers. Noncertified community health workers may be employed through funding sources outside of the medical assistance program.

Section 5-25. Rules. The Department of Public Health and

the Department of Healthcare and Family Services may adopt rules for the implementation and administration of this Act.

Title III. Hospital Reform

Article 10.

Section 10-5. The Hospital Licensing Act is amended by changing Section 10.4 as follows:

(210 ILCS 85/10.4) (from Ch. 111 1/2, par. 151.4)

Sec. 10.4. Medical staff privileges.

(a) Any hospital licensed under this Act or any hospital organized under the University of Illinois Hospital Act shall, prior to the granting of any medical staff privileges to an applicant, or renewing a current medical staff member's privileges, request of the Director of Professional Regulation information concerning the licensure status<u>, proper credentials, required certificates,</u> and any disciplinary action taken against the applicant's or medical staff member's license, except: (1) for medical personnel who enter a hospital to obtain organs and tissues for transplant from a donor in accordance with the Illinois Anatomical Gift Act; or (2) for medical personnel who have been granted disaster privileges pursuant to the procedures and requirements established by rules adopted by the Department. Any hospital