

IMCHC Springfield Chapter Meeting
Tuesday, February 22, 2011
AARP's Legislative Offices

I. Introductions

Karla Burress, Tazewell County Health Department
Pam Bower, Tazewell County Health Department
Kathy Chan, Illinois Maternal and Child Health Coalition
Vickie Dwyer, Division of Specialized Care for Children
Chris Giangreco, Heartland Alliance for Human Needs and Human Rights
Frank Varela-Kisner, Illinois Department of Insurance
Linda Wheal, Illinois Department of Healthcare and Family Services

II. State Policy Updates

- a. IMCHC Policy Agenda – Kathy went over our 2011 policy agenda that focuses on issues of interest to our members. A list of pending legislation related to these issues and our main focus areas are also included with these minutes and posted on our website.
- b. State Budget – The Governor announced plans for the FY2012 state budget on Wednesday, February 16. A consolidated human services budget presentation that included the Departments of Aging, Human Services, Healthcare and Family Services and Public Health provided limited information. Specific proposed items to note include:
 - i. 6% cuts to Medicaid rates – hospitals and nursing homes were specifically mentioned, but it is unclear whether health departments and preventive care provider rates for children that were mandated through the Memisovsky settlement will be subject to these rates cuts.
 - ii. Within the IL Dept of Human Services, the Division of Community Health and Prevention will be dissolved and some of the programs and services will be moved to other parts of DHS or other state departments.
 - iii. The Maternal and Child Health Block Grant, Title X (family planning) and Healthy Families Illinois (a home visiting service) will be moved from DHS to Public Health. However, WIC and family case management will stay at DHS. Advocates are concerned that this partial transfer of MCH programs will be harmful to clients and continue to fragment services. IMCHC will offer recommendations to the Governor's office and legislators to keep the MCH programs listed above in one department.
 - iv. Visit IMCHC's blog to read a further analysis - <http://www.ilmaternal.typepad.com/>
- c. Medicaid Reforms – HB5420 which is now law enacts Medicaid reforms. A full bill analysis can be found on [IMCHC's website](http://www.ilmaternal.org) (www.ilmaternal.org). Items highlighted at the meeting include:
 - i. Changes to All Kids
 1. Eligibility will be capped at 300% FPL starting on July 1, 2011. Children with family incomes >300% FPL by this date will receive up to 12 months of additional coverage until July 1, 2012.
 2. Enrollment and reenrollment procedural changes
 - a. Families will be asked to provide a month's worth of pay stubs to verify their income (currently only the most recent pay stub is necessary).

- b. Children in families with incomes <200% FPL that had been allowed to “passively renew” their coverage will now be required to actively renew their coverage. If they do not send in the necessary paperwork and verification by the due date, their coverage may be cancelled.
 - c. New and renewing participants will have their IL residency verified. HFS has expressed that they will try to do this via other databases and information systems, but IMCHC is concerned whether this will affect the coverage for families that have different addresses on their application compared to databases like the Secretary of State system or Social Security Administration.
 - ii. System delivery – This legislation requires 50% of all Medicaid and All Kids enrollees to be enrolled in “risk-based or capitated coordinated system of care”. Language specially excludes the current Primary Care Case Management or Disease Management programs from meeting this requirement.
 - iii. Action needed
 - 1. Please help communicate these changes to your clients/patients. HFS is working on notices, but it will also be important for providers to let them know to keep their eye out for notices and respond in a timely manner to ensure that there are not disenrolled.
 - 2. Encourage ALL families with uninsured children to apply for All Kids, especially before July 1, 2011.
 - 3. Contact IMCHC with any “problems” you hear in the field as providers or from families.
- III. Federal Policy Update – IMCHC sent out an action alert two weeks ago alerting members that the Title V Maternal and Child Health Block grant and Title X family planning funding were in jeopardy, along with federal funding for many other programs important to women and children’s health. Congress has passed legislation that would significantly cut Title V funding by \$200 million (IL receives about \$22M) and zero out Title X funding. We do not expect to move out of the Senate nor be signed by President Obama. In fact, the President’s budget maintains these programs at current funding levels. Subscribe to [IMCHC’s newsletter](#) and action alert list to stay updated. Email Blanca Leon at bleon@ilmaternal.org to be added directly or visit our website to add your email.
- IV. IMCHC Project Updates
 - a. Illinois Coalition for School Health Centers – A flyer was included for the National Assembly for School-Based Health Care conference in Chicago, taking place June 2011. Please share with other SHC stakeholders. Contact Divya Mohan Little with questions – dmohanlitle@ilmaternal.org
 - b. Illinois Premature Infant Health Network
 - i. The next quarterly meeting will take place on Monday, March 14th from 9-11am in Chicago. A call-in number may be available – contact Sara Howard at showard@ilmaternal.org for more information.
 - ii. All are invited to our legislative breakfast where information about IPIHN’s work and resources at the Capitol in Springfield on Wednesday, March 9, 2011. Afterwards, members will help distribute information packets to legislators. Contact Sara Howard to RSVP.
 - c. Chicago Area Immunization Campaign

- i. IMCHC is working with State Representative Robyn Gabel on HB 1338, which would enact legislative language for the online registry system, ICARE, which is currently being administered by the Illinois Department of Public Health. It would create an opt-out provision to allow for a greater amount of information to be entered into ICARE to improve vaccination records and help improve public health. Contact Kathy Chan at kchan@ilmaternal.org if you would like your organization to be added as a supporter.
- V. Issue highlight – IPXP – Frank Varela-Kisner, Illinois Department of Insurance
 - a. Frank presented the Illinois Preexisting Condition Plan (IPXP) which is a federally-funded high-risk pool available to citizens, nationals or legal residents living in Illinois. Additional requirements for participation include:
 - i. Been uninsured for at least six months
 - ii. Applied for health insurance but been rejected for health reasons
 - iii. Have a qualifying preexisting medical condition
 - b. IPXP premiums are based on age, residential address and tobacco usage.
 - c. A limited number of IPXP coverage spots are available – visit the Illinois Department of Insurance’s website for more information – www.insurance.illinois.gov.
 - d. Frank also distributed a brochure that includes consumer assistance services that can be provided by the Department of Insurance including questions about:
 - i. Coverage issues
 - ii. Claim disputes
 - iii. Premium issues
 - iv. Sales misrepresentations
 - v. Policy cancellations
 - vi. Customer service complains
 - vii. License status of and insurance company or agent
- VI. Special presentation on Asset Building by Chris Giangreco, Heartland Alliance for Human Needs and Human Rights – see attached presentation
 - a. Heartland is a member of the Illinois Asset Building Group, which seeks to build strong and financially stable families and communities through increased asset ownership and asset protection.
 - b. Strong connections between assets and health
 - i. Over half of personal bankruptcies are because of medical debt
 - ii. Self-reported health status higher for those with higher-incomes
 - iii. Lack of wealth creates stress, limits access and education
 - c. Assets include education, business ownership, sustainable homeownership, retirement savings, etc...
 - d. Many are saving less and falling further into debt – this hurts Illinois residents and the state
 - e. Proposed solutions:
 - i. Children’s Savings Accounts – opened at birth for all children, contributions can be made by the family but withdrawn only for designated purposes, savings match for lower-income participants.
 - 1. Pilot programs have shown that savings is “hope” in concrete form – children have higher aspirations for themselves and parents are encouraged to see their child’s future open to all possibilities.
 - 2. A task force was established in 2009 that provided recommendations to enact CSAs for Illinois children.

3. CSAs are a long-term vision for all Illinois children but it could be piloted in a smaller area.
 - ii. Reform of payday loan (PDL) industry - PDLs are small, short-term loans with excessively high interest rates (average APR = 341%). PDLs also commonly have a balloon payment at the end, which often traps to borrower in additional loans to pay off the final amount.
 1. Greater regulation of this industry to cap loan rates and limit monthly payments.
 2. Prohibit balloon payments and eliminate additional fees.
 3. Create consumer reporting service to ensure compliance.
 - iii. Encourage banks to offer Alternative Small Dollar Loans (ASDLs)
 1. Also small loans, up to \$1000
 2. Terms are short – 17.5 days to 24 months
 3. Fairer payment schedules and interest rates
 4. Currently offered by some Illinois banks and credit unions – but more work needs to be done to encourage more “mainstream institutions” to also offer
 - iv. 2011 IABG legislative agenda
 1. Create a mechanism for a portable retirement account (“automatic IRA”) for those without access to employer-based retirement accounts like a 401k. Would be direct deposit and easy for the employee and employer.
 2. Add additional questions to the Bright Start (Illinois 529 college savings plan) application form to collect demographic information. There is concern that a disproportionate number of higher income families are using the Bright Start plan as a tax shelter.
 3. Tighten regulatory framework around check cashing institutions and have real penalties for those who do not follow regulations.
- VII. Announcements
- a. A question was asked about the effective date of the elimination of the premium penalty for All Kids – IMCHC worked on this legislation last year that eliminates the 3 month penalty period for non-payment of premiums if families pay back past due premiums and one month in advance. Effective date of HB5927 is January 1, 2011.
- VIII. Next meeting – May 17th @ the offices of the Illinois Public Health Association, 223 S. Third Street in Springfield 2-4pm?