

# **Gov. Pritzker Signs Measure Lowering Costs, Improving Access to Healthcare for Low-Income and Uninsured Residents**

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CHICAGO — Today, Governor JB Pritzker signed Senate Bill 1840 which advances health equity by lowering costs and improving access to care for low-income and uninsured residents.

"I'm proud to sign this legislation that will expand access to medical care for all our Illinois residents," said Governor JB Pritzker. "Illinois is taking yet another step toward expanding health equity and ensuring that cost is not a barrier to receiving vital medical services."

“Cook County is grateful to Senator Hunter, Representative Lilly, and Governor Pritzker for the passing and signing of SB 1840,” said Cook County Board President Toni Preckwinkle. “This historic piece of legislation will improve the process required by hospitals to screen and connect uninsured patients to life-saving resources and financial assistance programs, and provide increased transparency surrounding hospital community benefits reports. By opening up new doors for our most vulnerable residents and infusing a new level of transparency into our system, this law will have a positive impact that will be felt throughout Cook County for years to come.”

"Expanding access to health care includes improving hospital community benefit plans," said State Senator Mattie Hunter (D-Chicago). "This measure offers patient-centered changes and increased options for affordable care, which is crucial to bring equity to our communities."

“I’m proud to have sponsored SB1840, which improves the process required by hospitals to screen and connect uninsured patients to Medicaid and hospital financial assistance programs, and makes other patient-centered changes,” said State Representative Camille Y. Lilly (D-Oak Park). “These new provisions will help provide peace of mind to many uninsured individuals who seek access to hospital-based care; also the state’s new community benefits reporting requirements will bring greater transparency.”

"SB1840 takes important steps to prioritize health equity and access to care for Illinois residents, including uninsured individuals who require access to hospital services,” said Israel Rocha Jr., CEO, Cook County Health. “We applaud Senator Hunter and Representative Lilly for championing this legislation and to Governor Pritzker for signing this bill."

“Legal Council for Health Justice is grateful for the leadership that the Illinois General Assembly and, today, the Governor have shown in strengthening hospital financial assistance in Illinois,” said Tom Yates, Executive Director, Legal Council for Health Justice. “Hospital debt and lack of access to hospital-level, non-emergency care create de-stabilizing and even life-threatening challenges for our clients. This new law will reduce many of these challenges and is a critical step in advancing health equity for all Illinoisans.”

"After years of advocacy and sacrifice from our community members, uninsured individuals, including many immigrants in Illinois, will now have greater health access with this legislation," said Luvia Quiñones, Health Policy Director at The Illinois Council for Immigrant and Refugee Rights. "We know that many immigrants forgo much-needed medical care out of fear of unaffordable medical bills and being sent to collections. ICIRR and our members advocated for SB1840 to make financial aid more

accessible to our neighbors and family members, regardless of immigration status, so that they can receive the necessary medical care that they need."

Amends both the Illinois Community Benefits Act and the Hospital Uninsured Patient Discount Act (HUPDA), SB 1840 makes the following advancements:

- Decreases the maximum amount collected by uninsured patients for services rendered by a hospital from 25% to 15% of a person's income.
- Lowers the cost threshold for all medically necessary health care services that makes uninsured patients eligible for discounts from \$300 to \$150.
- Makes the Community Benefits Act applicable to all nonprofit and public hospitals licensed under the Hospital Licensing Act or operated under the University of Illinois Hospital Act.
- Adds definitions for "bad debt", "cost to charge ratio", "financial assistance", "net patient revenue" and amends the definitions of "charity care" and "government-sponsored health care".
- Requires non-profit hospitals' community benefits plans to describe activities the hospital is undertaking to address health equity, reduce health disparities, and improve community health.
- Amends annual reporting requirement for nonprofit hospitals to include details about financial assistance applications received and processed by hospitals.
- Adds a new section regarding public reports to address transparency and accessibility of charity care and financial assistance data.
- Requires the Attorney General to compile a report of complaints against hospitals for violations of this act and enforcements taken against said hospitals.
- Requires hospitals to notify patients of their ability to include health care received in the last 12 months toward the maximum collectible amount and that this information shall be included clearly and in plain language on the financial assistance applications, hospital bills, invoices, or summary of charges provided by the hospital.

- Requires hospital bills, invoices, or summary of charges to an uninsured patient to include a specific statement about complaints and concerns that includes a website, phone number, or both provided by the Attorney General.
- Requires hospitals to permit eligible uninsured patients to initiate applications for financial assistance prior to receiving services, and for those with hospital stays more than 20 days to initiate an application within 90 days after discharge or date of service.
- Requires hospitals to request specific demographic information on the financial assistance application including race, gender, ethnicity, employment status, but questions shall be clearly marked as optional with no impact on application review for no answer.
- In provisions of the Hospital Uninsured Patient Discount Act regarding patient responsibility provides that hospitals may make the availability of a discount and the maximum collectible amount under the Act contingent upon the uninsured patient first applying for coverage under public health insurance programs (rather than public programs) if there is a reasonable basis to believe that the uninsured patient may be eligible for such program.

Senate Bill 1840 takes effect on January 1, 2022.