



102ND GENERAL ASSEMBLY

State of Illinois

2021 and 2022

HB1900

Introduced 2/17/2021, by Rep. Deanne M. Mazzochi

SYNOPSIS AS INTRODUCED:

New Act

Creates the Community Hospital Access, Relationship, and Equity (CARE) Act. Requires the Department of Healthcare and Family Services to establish a community hospital pilot program to expand access to health care options through the use of prepayment plans to secure improved access to health care navigators, physician networks, prescription drugs at reduced prices, and transparent health care pricing. Provides that no later than December 1, 2021, the Director of Healthcare and Family Services shall identify a community hospital in (i) the Cook County region; (ii) a suburban region; and (iii) a rural region of the State that is eligible to participate in the pilot program. Provides that the hospitals must provide pediatric services, diagnostic services, emergency room services, standard chronic care treatments, and obstetrics services. Provides that for a period of 3 years after selection, each community hospital may craft hospital community access plans that achieve the following for underinsured or uninsured patients: (1) charge patients capped annual fees in exchange for an assigned patient navigator; (2) for patients who have contracted for administrative services, grant access to all health care professional services with capped billing amounts; provide a list of medical services offered by the community hospital or in-network providers; and allow prescription fills at federal pricing levels; (3) identify out-of-network providers and associated costs for services not available at the community hospital; and (4) assist patients with referrals to appropriate federal and State agencies when they have a grievance, complaint, or question regarding their health plan or coverage. Contains provisions concerning reporting requirements. Provides that the Act is repealed on June 30, 2025. Effective immediately.

LRB102 13746 KTG 19096 b

FISCAL NOTE ACT
MAY APPLY

A BILL FOR

1 AN ACT concerning health care.

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

4 Section 1. Short title. This Act may be cited as the
5 Community Hospital Access, Relationship, and Equity (CARE)
6 Act.

7 Section 3. Purpose. The purpose of this Act is to
8 establish a community hospital pilot program with the goal of
9 expanding access to health care options through the use of
10 prepayment plans to secure improved access to health care
11 navigators, physician networks, prescription drugs at reduced
12 prices, and transparent health care pricing.

13 Section 5. Definitions. As used in this Act:

14 "Administrative services" means services provided to
15 schedule appointments, to review bills and charges, and to
16 identify network providers.

17 "Community hospital" means a non-federal hospital, a
18 short-term general hospital, or any other hospital licensed
19 under Section 3 of the Hospital Licensing Act that is intended
20 to serve a local community and where a significant percentage
21 of patients qualify for Medicaid or Medicare services.

22 "Director" means the Director of Healthcare and Family

1 Services or his or her designee.

2 "Medicaid rates" means the practitioner rates or other fee
3 schedules published by the Department of Healthcare and Family
4 Services.

5 Section 10. Pilot program.

6 (a) The Department of Healthcare and Family Services shall
7 establish a community hospital pilot program to expand access
8 to health care options through the use of prepayment plans to
9 secure improved access to health care navigators, physician
10 networks, prescription drugs at reduced prices, and
11 transparent health care pricing. No later than December 1,
12 2021, the Director shall identify a community hospital in (i)
13 the Cook County region; (ii) a suburban region; and (iii) a
14 rural region of the State eligible to participate in the pilot
15 program. Such hospitals must provide pediatric services,
16 diagnostic services, emergency room services, standard chronic
17 care treatments, and obstetrics services.

18 (b) For a period of 3 years after selection, each
19 community hospital may craft hospital community access plans
20 that achieve the following for patients, in particular
21 patients who may be underinsured, on high deductible or
22 catastrophic plans, or uninsured and not enrolled in Medicaid
23 or Medicare:

24 (1) Charge prospective patients an annual fee (which
25 can be billed in monthly installments) for administrative

1 services, in an amount not to exceed \$6,000 per year or 5%
2 of gross income, whichever is less, but in no event less
3 than \$1,200 per year. In exchange for the administrative
4 services, patients shall be assigned a patient navigator
5 certified under the Navigator Certification Act who will:

6 (A) help identify for a patient a primary care
7 physician;

8 (B) work with the patient and physician to
9 schedule needed health care and wellness visits and
10 vaccinations;

11 (C) advise on specialty services offered by the
12 hospital or in-network providers, including obstetrics
13 and gynecology and diagnostic screenings; and

14 (D) grant access for up to 2 emergency room visits
15 per year at the community hospital, under the pricing
16 conditions set forth in this Act.

17 (2) Patients who have contracted for administrative
18 services with the community hospital shall be provided
19 with the following:

20 (A) Access to all health care professional
21 services offered by the community hospital, with
22 billing amounts not to exceed:

23 (i) the Medicaid rates, if the patient's
24 annual income levels are \$40,000 or less, or the
25 patient's household income levels are \$75,000 or
26 less;

1 (ii) the Medicaid rates plus 10%, if annual
2 income levels are \$40,000, or if household income
3 levels are \$75,000 or more; or

4 (iii) the Medicaid rates plus 25%, if annual
5 income levels are \$100,000, or if household income
6 levels are \$125,000 or more.

7 (B) A list of medical services (either in paper or
8 electronic form) offered by the community hospital or
9 in-network providers.

10 (C) The ability to fill prescriptions at a pricing
11 level set under Section 340B of the Public Health
12 Service Act, 42 U.S.C. 256(b), plus an additional
13 charge of either \$5 per prescription or 10% of the
14 prescription cost, whichever is less.

15 (3) For services that are needed by a patient that
16 cannot be fulfilled by the community hospital or its
17 network of existing care providers, the certified patient
18 navigator may also, in consultation with the patient's
19 physician, identify out-of-network providers and the
20 proposed costs associated with such services.

21 (4) Assist patients with referrals to appropriate
22 federal and State agencies when they have a grievance,
23 complaint, or question regarding their health plan or
24 coverage or a determination under such plan or coverage,
25 where applicable.

1 Section 15. Analysis and review.

2 (a) No later than June 1, 2022 and June 1, 2023, the
3 Director shall provide interim reports to the General Assembly
4 identifying patient satisfaction, access to care, physician
5 satisfaction, hospital profit or loss associated with
6 administering the pilot program, and areas for improvement to
7 the pilot program.

8 (b) Subject to appropriation, the Director may also issue
9 grants in amounts not to exceed \$100,000 per year to
10 facilitate continued participation and study in the pilot
11 program.

12 (c) No later than June 1, 2024, the Director shall provide
13 a report to the General Assembly with recommendations on
14 health care metrics, outcomes, and whether expanded access to
15 health care was achieved using the patient model under the
16 pilot program.

17 Section 20. Repeal. This Act is repealed on June 30, 2025.

18 Section 99. Effective date. This Act takes effect upon
19 becoming law.