




Addendum: Illinois Case Study: A State Campaign to Expand Health Coverage to Noncitizen Older

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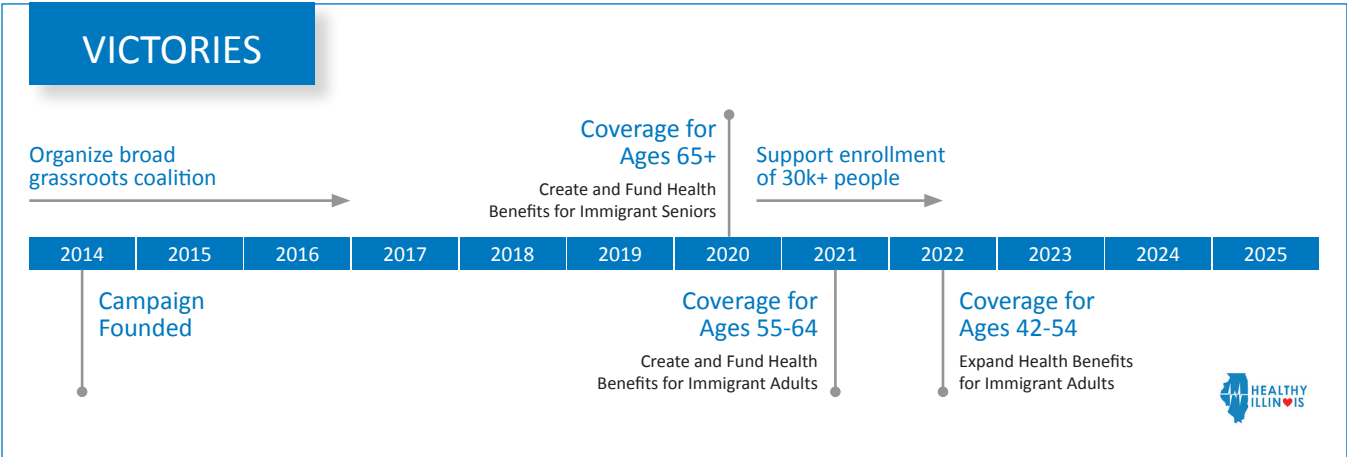
Addendum: Illinois Case Study: A State Campaign to Expand Health Coverage to Noncitizen Older Adults

INTRODUCTION

Illinois has been a national leader and at the forefront on the call to action for states to step in and provide equitable and affordable access to health care for immigrants, particularly for undocumented immigrants, often excluded from coverage options due to deliberate systematic barriers upheld by federal policies. In [2006](#), Illinois became one of the first states in the country to ensure all income-eligible children in the state had access to health care regardless of their citizenship or immigration status when they began the [All Kids](#) program. Still, the All Kids program was only the beginning of their advocacy and organizing efforts.

Our recent [case study of Illinois’ efforts](#) highlighted the first two phases of the work of the [Healthy Illinois Campaign](#). The campaign has achieved success in passing and implementing two new programs using state funds to provide Medicaid-like health coverage to income-eligible undocumented immigrants and Legal Permanent Residents (LPRs) subject to the five-year bar. The campaign’s first phase was won in the spring of 2020 when Illinois became the first state to authorize and appropriate state funds for the Health Benefit for Immigrant Seniors (HBIS) program. HBIS covers individuals 65 years and older with low incomes up to 100% Federal Poverty Level (FPL) regardless of their immigration status. Phase two of the campaign won authorization and appropriated state funds for a second program, the Health Benefits for Immigrant Adults (HBIA) program, in the spring of 2021. HBIA covers adults between the ages of 55 and 64, with incomes up to 138% FPL, regardless of their immigration status. Both programs cover [health care services](#) such as hospital visits, doctor visits, and prescription drugs with up to three months of retroactive coverage. However, the programs do not cover nursing facility services or home and community-based services.

The two programs have been implemented in three phases thus far. This addendum focuses on the third phase of the Healthy Illinois Campaign, which expanded the Health Benefit for Immigrant Adults (HBIA) in the spring of 2022 to immigrant adults 42-54 years old and its initial implementation.



HEALTHY ILLINOIS CAMPAIGN - PHASE 3

In the spring of 2022, the Healthy Illinois Campaign successfully advocated to expand HBIA to include adults between the ages of 42 and 54 with the same income and immigration status eligibility as adults ages 55 to 64. The expansion is estimated to cover an additional 32,000 people and was implemented on July 1, 2022, with three months of retroactive coverage. By October 2022, over 10,000 people between 42-54 years old had already [enrolled in the new expansion](#).

Healthy Illinois' continued success and ongoing momentum with the campaign is based on their understanding of state-level politics, grassroots organizing, and when to leverage resources.

Leveraging State Champions and Resources

Legislative champions in the Illinois Legislative Latino Caucus (ILLC) continued to vocally support the Healthy Illinois Campaign during the 2022 legislative session after championing the first two phases of the campaign during the 2020 and 2021 legislative sessions. Their legislative champions once again supported the filing of a bill known as *Health Coverage for All*. Once it became clear this was going to be a budget amendment, the ILLC made this their top priority when it came time to negotiate on budget appropriations.

During the 2022 legislative session, advocates sought an even wider coalition of policymakers to make Healthy Illinois a top priority and successfully engaged the Asian American Caucus (AAC), Illinois Legislative Black Caucus (ILBC), and the Progressive Caucus. Advocates gained the support of all of the caucuses by speaking directly to the caucus leadership and with all individual members of the caucuses. They asked all members to encourage the caucus leadership to support and were successful in securing all the caucuses' commitment to supporting the Healthy Illinois Campaign during negotiations. Advocates also built strong relationships with budgeteers, and House and Senate leadership.

Additionally, during April 2021 the state of Illinois published an [Affordability and Feasibility Study](#). The [Shriver Center on Poverty Law](#) (Shriver Center) analyzed the policy options in the study to identify which options would significantly reduce uninsured rates for people who identify as Black and/or immigrants. The policy options that emerged were the state-funded community-based enrollment assistance program and a Medicaid buy-in option. The Shriver Center with Healthy Illinois then presented the analysis to legislators and demonstrated that the HBIA coverage pathway is essentially a \$0 Medicaid buy-in, and if expanded to all, it would significantly reduce the uninsured rate for immigrants and Illinois overall.

Implementation and Grassroots Mobilization

HBIS began enrolling people on December 1, 2020. Originally, it was estimated that roughly 2,000 people would enroll. Today, that number has exceeded more than 600%, with roughly 12,500 enrollees.

HBIA coverage for older adults 55-64 years old began on March 29, 2022, a month ahead of schedule. While, coverage for HBIA for adults 42-54 years old began on July 1, 2022. To date, roughly 19,000 immigrant adults between the ages of 42 to 64 have enrolled in the HBIA program.

As of November 2022, HBIS and HBIA collectively cover over 31,000 people, and that figure is expected to grow.

The success of awareness of the new programs and the programs' enrollment rates is widely attributed to grassroots efforts. The Resurrection Project, Southwest Organizing Project (SWOP), Arab American Family Services, ENLACE Chicago, Brighton Park Neighborhood Council, Southwest Suburban Immigration Project, HANA Center, and many more have been at the forefront of enrollment events with health navigators to help community members enroll on-site. In one particular event, Healthy Illinois partnered with several community organizations and elected officials which resulted in 80 new enrollments in just one morning.



The campaign has created several training materials and community-facing materials for providers and community organizations. For instance, Healthy Illinois and the Shriver Center have created fact sheets on HBIS and HBIA in [English](#) and [Spanish](#) for providers and assistants, in addition to a handbook. Grassroots organizations also provide key input in the implementation process by ensuring clinics are aware and up-to-date on each of the programs and by ensuring outreach materials are:

- Widely available at events, websites, and with direct service providers;
- Available in multiple languages, and;

- Using language that is easily understood, linguistically appropriate, and culturally relevant.

In addition to helping people enroll, advocates have continuously answered questions and concerns surrounding the public charge rule from community members. The campaign is on the steering committee of the [Protecting Immigrant Families - Illinois Coalition](#), “a statewide coalition of advocates, service providers, and community organizations working to defend access to basic essential needs programs for all.” With the new public charge rule going into effect on [December 23, 2022](#), advocates have worked tirelessly to ensure providers, assistors, and community members know that enrolling in HBIS or HBIA will not affect one’s or a family member’s immigration status or citizenship application.

These efforts have been complimentary to build community power for the Healthy Illinois Campaign. Events and efforts like these have been instrumental in building relationships with new local organizations, hearing stories from community members, inviting legislators to enrollment events to meet their constituents, and inviting new people to join the campaign.

Furthermore, through teaching community members to provide education about new health care coverage programs and how to assist in enrollment efforts, Healthy Illinois builds community leaders and their capacity to engage in the movement for coverage expansion. The majority of trained community leaders are women with direct lived experience and either benefit from coverage expansions themselves or are in close community with people who do. Being equipped with up-to-date information on the latest health care coverage expansions and being connected to resources to help their communities enroll is an essential tool for leadership development among the mostly immigrant women leaders the campaign trains.

NEGOTIATIONS

Advocates had experience with negotiations by phase three of the campaign given the negotiations they explored during the first two phases. During the 2022 session, the main negotiation was primarily about the budget to ensure funds would be allocated to further expand the HBIA program in the Medicaid Omnibus Bill ([HB 4343](#)), since the Health Coverage for All bill did not get enough traction to pass. Once advocates were informed that money had been included in the budget to expand HBIA, advocates crunched the numbers to figure out how far down they could expand the age group based on the dollar amount that was communicated and settled on adults ages 42 to 54.

Additionally, advocates continued to push for funds to be appropriated within HBIS and HBIA to cover long-term care services and support, but ultimately those efforts were unsuccessful.



LESSONS LEARNED

Leverage Emergency Medicaid – A fully state-funded Medicaid-like program like HBIS and HBIA can benefit from leveraging Emergency Medicaid funds for services like labor and delivery and other medical emergencies. Hence, additional state dollars can become available and used for continuous, non-emergency services. The state, in partnership with Healthy Illinois, is looking at best practices to leverage federal funds through pre-certification or pre-enrolling individuals to Emergency Medicaid before an emergency arises.

Engage Legislative Champions – Advocates always asked for a firm commitment of support when they met with legislators and tracked those commitments closely throughout the legislative session. The Illinois Coalition on Immigrant and Refugee Rights (ICIRR), a steering committee member of the Healthy Illinois Campaign, led several “Days of Action” in Springfield to engage members and legislators. On one particular day, ICIRR and their members brought chocolate bars that read “Pro-Immigrant” in the front, on the back it had ICIRR’s platform listed out, and the “ingredients” were their legislative priorities. These chocolate bars were only handed out to legislative champions in recognition of their support, but also helped engage other legislators who wondered why they had not received a candy bar.

WHAT’S NEXT

The Healthy Illinois Campaign has made great strides to ensure Illinois is a more equitable state for immigrants and their families by securing new pathways to healthcare for at least 49,000 immigrant adults with low incomes in the state. Their victories have already had an impact on reducing the state’s uncompensated care costs, reducing unnecessary visits to emergency rooms, and increasing access to primary and preventive health care.

With the COVID-19 public health emergency (PHE) expected to end in 2023, organizations within the coalition, like the Shriver Center, are working to secure those victories. The Shriver Center has publicly supported the state asking for federal approval for [ex-parte renewals](#) and other flexibilities that will keep people covered especially when the PHE ends. The Shriver Center also plans to monitor any HBIS and HBIA [churn](#) due to the PHE ending and [assist in the creation of targeted materials with HFS](#) to keep HBIA/HBIS enrollees covered.

In 2023, the Healthy Illinois Campaign will continue their legislative advocacy and organizing efforts with phase four – to push for coverage for the remaining age gap of adults 19-41 years old, to get long-term care services and supports added in the benefits package for the HBIS and HBIA programs, and to identify policy solutions for revenue and long-term program sustainability.