CASE STUDY

Taking Action in Illinois to Address Medical Debt Disparities in Immigrant Communities

COMMUNITY CATALYST

ICIRR
ILLINOIS COALITION
FOR IMMIGRANT AND
REFUGEE RIGHTS

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Taking Action in Illinois to Address Medical Debt Disparities in Immigrant Communities

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Introduction

IN AUGUST 2021, Illinois unanimously enacted The Hospital Financial Assistance Accountability and Transparency Act (SB 1840) into law to ensure hospitals provide financial assistance to all low-income, uninsured patients. This is a huge win for immigrant communities. Starting on January 1, 2022, low-income and uninsured immigrants and their families regardless of their immigration status became able to access medical care without fear of unaffordable medical bills and having their accounts sent to collections.

This brief tells the story of a strategic advocacy campaign led by a dedicated coalition of state and community-based advocates in Illinois – specifically Illinois Coalition for Immigrant and Refugee Rights, Legal Council for Health Justice, Mano a Mano Family Resource Center, Enlace Chicago, Mujeres Latinas en Acción, Southwest Suburban Immigrant Project and many more organizations, labor unions & health providers. The coalition consists of policy and legal experts and trusted grassroots community leaders who have deep connections in the community and understanding of the issues that impact the immigrant community. Additionally, in collaboration with Cook County Health (CCH) and Cook County Board of Commissioners, the coalition was able to develop a holistic campaign approach that includes the perspectives of health care providers and hospitals, as well as patients.

MEDICAL DEBT DISPARITIES IN IMMIGRANT COMMUNITIES

Illinois is home to a vast population of immigrants that bring in a rich diversity of culture, language, and ethnicities. However, the population is also the most vulnerable in terms of access to equitable and affordable health care, as well as health care coverage options, despite a number of proactive approaches to expand immigrants' health insurance coverage. For at least five years, and especially prominent during the COVID-19 pandemic, the immigrant community has faced significant barriers in receiving medical attention and obtaining financial assistance from hospitals.

Medical debt threatens the economic stability of individuals and families, in particular for low-income families and people of color. According to the Urban Institute, 15 percent of Illinois residents had a medical bill in collection, with the number rising to 20 percent for people from communities of color. According to the US Census Bureau, 25.6 percent of Cook County residents in Illinois identify as Hispanic or Latino and 35.3 percent speak a language other than English at home. However, hospitals often have differing requirements for obtaining financial assistance or proving state residency eligibility and many do not readily make their brochures and forms available in languages other than English.

Many Illinois residents have been denied financial assistance options due to hospitals claiming they are not available to immigrants with work authorizations or undocumented immigrants. The denial of financial assistance and the burden of medical bills well above a family's ability to pay have financially and emotionally devastated immigrant communities. Some families have received deportation threats from hospital staff, which has only further contributed to poor health outcomes. Many have no alternative but to forgo medical care until it may be too late due to their previous experiences at the hospital and stories shared from friends and family.

POLICY CONTEXT IN ILLINOIS ON MEDICAL DEBT PROTECTIONS

Existing Medical Debt Protections in Illinois. The Internal Revenue Service (IRS) requires non-profit hospitals to provide community benefit in exchange for tax exemptions. Likewise, Illinois (and all other states) provide income and property tax exemptions for non-profit hospitals within their border in exchange for the provision of free and reduced-cost care to low-income state residents. In Illinois, this requirement is constitutional. Additionally, Illinois has statutory medical debt protections which were established to help ensure that residents are provided access to financial assistance options when receiving medical care. Illinois requires non-profit hospitals to spend the equivalent amount on charity care or other specified services/ activities as their property and sales taxes they are exempt from paying. In 2003, SB1064, the Community Benefits Act, was enacted into law and required non-profit hospitals to file an annual community benefits plan with the Illinois Attorney General, which includes the amount and types of community benefit provided, with charity care reported separately. In 2006, the state enacted 210 ILC 88, the Fair Patient Billing Act, to standardize fair and reasonable billing and collection practices of Illinois hospitals. Additionally, in 2012, the state enacted SB3261, the Illinois Hospital Uninsured Patient Discount Act, which requires hospitals to provide sliding scale charitable discounts to uninsured patients for medically necessary health care services based on a family income up to 600 percent of the federal poverty level.

Despite these protections, community advocacy organizations have seen countless cases of their members facing enormous medical bills and having been provided little to no support from hospitals. Some hospitals have also deployed administrative barriers that deter the community from seeking free or low-cost medical care. Community members often utilize free/charitable clinics and federally qualified health centers, but then experience barriers when referred to hospital-level, non-emergency care (specialty care, diagnostics, labs, and treatment for chronic but non-emergent conditions) and to accessing financial assistance for care already received in emergency contexts. Illinois did not have a structure in place to streamline financial assistance application processes, and some hospitals have even required a partial payment before uninsured patients would be allowed to make appointments.

Illinois taking action to address medical debt disparities in immigrant communities in 2021. Medical care is an essential service in any community; it is imperative that community members do not feel intimidated and fearful of seeking care. Just as importantly, non-profit, tax-exempt hospitals, non-safety net institutions in areas where property tax values are high, have a legal obligation to provide care to those who need it. Tax exemptions are a bargain struck by all state residents with these institutions to help them bear the cost of free care for their low-income patients. Given the shortfalls in existing laws on hospital financial assistance, community advocates and CCH worked with state legislators to remove barriers in burdensome documentation and inconsistent financial assistance eligibility faced by the immigrant community to provide equitable access to affordable health care.

As a result of a strategic campaign, on August 25, 2021, Governor Pritzker signed SB1840 into law. It took effect on January 1, 2022.

This legislation fills gaps within existing policies and creates a referral system from clinics to hospitals to ensure an immigrant-friendly agenda. The following are some of the core protections of the legislation:

- Clarifies the definition of "Illinois Resident" as any person who lives in Illinois and who intends to remain living in Illinois. Temporary visitor driver's licenses were added to a list of valid documents to verify Illinois residency;
- Requires hospitals to describe activities to address health disparities;
- Requires hospitals to submit an annual hospital community benefits plan report to the Attorney General. These reports are publicly accessible on the Attorney General's website and they outline total net patient revenue, total community benefits spending, data on financial assistance applications, and data on race, ethnicity, sex, and preferred language;
- Decreases the maximum collectible amount in payment plans in a 12-month period from 25% to 20% of the patient's family income;
- Requires hospitals provide free care for all medically necessary care exceeding $150 for patients at or below 200% FPL;
- Requires that hospitals provide patients the opportunity to be screened and pre-apply for public health insurance programs and hospital financial assistance when referred by free/charitable clinics and Federally Qualified Health Centers;
- Extends the time allowed for a patient to apply for financial assistance from 60 days to 90 days from the date of service or discharge.

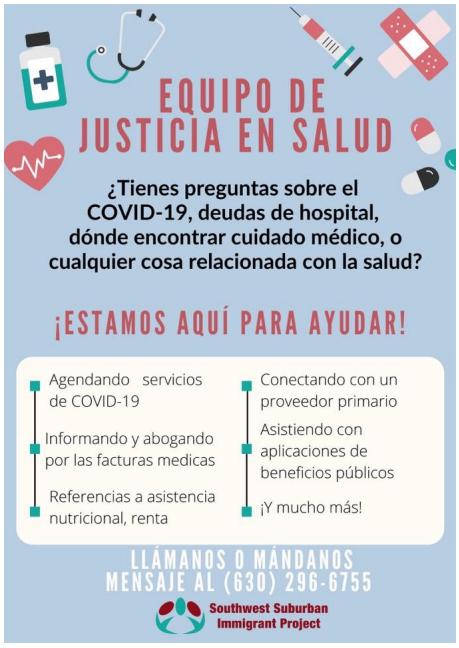
The new law is a significant step towards improving transparency and accountability from hospitals, as well as addressing barriers faced by community members regardless of immigration status or insurance status. The following case study explores how the advocates led a community-driven campaign and the work that lies ahead with the new protections.

THE CAMPAIGN ROADMAP

The path to victory was years in the making. Despite existing charity care obligations, Illinois hospitals repeatedly denied care and financial assistance to the immigrant community. These practices, along with the fear instilled by the COVID-19 pandemic and Trump administration, have only further deterred the immigrant community from seeking medical care. To address these challenges, advocates in Illinois aimed to create a campaign led by empowered community leaders and spearheaded by Cook County Board President Preckwinkle. While the advocates encountered opposition in working with hospitals, the partnership with CCH, a supporter at the forefront of the legislation, was instrumental to overcoming obstacles and moving the campaign forward.

1. Leveraging Key Stakeholder and Coalition Alliances

Critical to the success of the campaign was the partnership between different organizations that brought expertise and diverse connections throughout the state. Notably, community advocates played a vital role in the campaign. While working collectively in a coalition, each organization brought in their unique expertise and perspectives that were essential to the campaign. While the Illinois Coalition for Immigrant and Refugee Rights (ICIRR) was taking on the leadership role in the legislative campaign, Legal Council for Health Justice, Mano a Mano Family Resource Center, Enlace Chicago, Mujeres Latinas en Acción, and Southwest Suburban Immigrant Project leveraged their direct connections with community members to analyze litigated charity care cases, collect and share personal stories with policymakers to make a case for stronger medical debt protections and advocate for increased access to care for immigrant communities.



Building alliance with community-based organizations. For 35 years, ICIRR, an immigrant rights advocacy organization, has been at the forefront of promoting the rights of immigrants and refugees to full and equal participation in the civic, cultural, social, and political life of our diverse society. Through community education and capacity building, ICIRR has uplifted voices from the immigrant community to ensure the community is able to access the health care system. Together with its member organizations, ICIRR has a long history of advocating for access to free and reduced-cost care for uninsured Illinois immigrants.

Crucially important to the campaign was the fact that ICIRR had a strong relationship with several community-based, immigrant-serving organizations that had assisted people with hospital financial assistance issues. The community

residents had an ally that could empathize with their issues and help voice their concerns to create systemic changes. Community members felt comfortable approaching the advocates with various issues and for at least the past five years the conversations would often lead into concerns with hospital bills.

Partnership with community-based health care providers. ICIRR established the Illinois Alliance for Welcoming Healthcare in 2017, which engages health care providers, policy groups, and community organizations to make health care institutions in Illinois as welcoming as possible for the immigrant community. ICIRR formed the Alliance in response to the Trump administration's executive orders threatening immigration enforcement and deportation, which are documented to have severely damaging effects on the communities' well-being.

GARNERING SUPPORT THROUGH WITNESS SLIPS

Providing witness slips is a critical method to illustrate that the legislation is supported by the community. When legislation is sent to committee, members of the public can submit proponent or opponent slips, which are read into the record at the beginning of hearings. The committee will announce the number of slips in favor and opposed, and they may read highlights from some slips. In total, SB1840 received 395 witness slips in favor, 4 witness slips opposed, and 2 witness slips with no position.

ICIRR was also able to engage members of the Alliance in the effort to pass SB1840. While health providers in the Alliance include members of CCH, the Alliance was also able to engage additional support for SB1840 from health care entities such as community health centers by signing on and providing witness slips in favor of the legislation.

From conversations with community members, the advocates found that many were often not aware of options such as financial assistance obligations from the hospitals and they were critical to helping ICIRR and CCH better understand the specific issues that new legislation needed to address. Additionally, the partnership with the Legal Council for Health Justice helped the partners look through existing laws to document violations at hospitals in which they experienced problems. CCH had been at the forefront of providing access to care for the undocumented community and had already established a working relationship with ICIRR for a number of years. ICIRR had also been working with community-based organizations in Cook County to create direct access programs for the immigrant community for several years and had a strong network of partners engaged in health care advocacy. CCH wanted to tap into ICIRR's organizing strategy and grassroots connections across the state; they engaged ICIRR early on in the campaign to discuss issues of access to hospital financial assistance and help draft language for the legislation. The partnership between CCH and ICIRR was a natural fit given the issues both organizations had witnessed regarding the lack of accountability from hospitals to serve the immigrant community.

2. Engaging Voices from the Community

Leveraging community voice and empowering community engagement was at the core of this campaign. Listening to community members was essential to understanding where, when, why, and how people encounter challenges to accessing health care. While immigrant voices are often underrepresented in policy change efforts largely due to cultural and linguistic barriers, advocates bridged this divide by creating

opportunities for members to express their concerns from across the state and building community leaders through education about the health care system.

Active listening and engagement between promotores and the community. Community Health Workers (CHWs) or Promotores de Salud at the community-based organizations work directly with individual community members to understand their stories and help them navigate the health care system in their preferred language. Promotores have been essential to identifying issues residents have faced in seeking health care services. In some cases, the

CHWs had good relations with the local community hospital leaders to address systemic issues and could speak with the hospital billing department to get the community member discounted or free care they were entitled to. For example, Enlace Chicago had program participants who were told by a hospital they were not eligible for emergency Medicaid although they should have qualified. In these situations, Enlace would work with their health policy partners at ICIRR and the Legal Council for Health Justice to better understand existing laws and work with the hospital leadership to address compliance issues.

The advocates would provide the hospital with policy language to rectify compliance problems and continue to meet with community members to ensure the issues were corrected and they were informed about their rights.

However, addressing issues with some of the larger hospital systems proved more challenging. The advocates were not always able to get access to hospital leadership to address individual cases. For example, advocates have historically faced issues in working with the University of Illinois hospital. Although on paper the institution had updated their policies to address community concerns about hospital financial assistance eligibility irrespective of immigration status, the community-based organizations were still seeing patients turned away due to their immigration status. The University of Illinois hospital as well as many other larger hospitals in the state have historically turned patients away and suggested that they could receive services at CCH. The issues with their compliance regarding access to the immigrant community required the advocates to seek out additional approaches. In the case with the University of Illinois hospital, the advocates met with Cook County Commissioner Alma Anaya to discuss the ongoing issues with compliance. Commissioner Anaya invited the advocates to also meet with the district representatives, State Senator Celina Villanueva and State Representative Edgar Gonzalez. The legislators found the issues very concerning and expressed their support for the advocates. As this is an ongoing effort, the advocates will continue to document the experiences promotores hear from community members and continue to meet with legislators and hospital leadership to keep the institution accountable to resolve these ongoing systemic issues regarding access for all, irrespective of immigration status.

Dispelling fears through community education. The advocates' experiences from working with the local immigrant community uncovered the lack of knowledge in hospital rights, medical debt protections, and health care rights among the immigrant population. To better inform the community, ICIRR has led Health Care Know Your Rights trainings with their partner organizations on the topic of immigrant health care rights and hospital financial assistance. ICIRR has also led Facebook live sessions and community presentations for immigrant community members alongside their partner organizations. They consistently engage with low-income and Spanish-speaking individuals to provide transparency and break down the language barriers by distributing financial assistance factsheets in Spanish and English.

The impact of the COVID-19 pandemic in the community amplified a long history of mistreatment the immigrant community was facing in seeking care from hospitals. The immigrant community was hit hard by the pandemic; although COVID-19 testing and treatment was supposed to be a free service to uninsured patients, many were hesitant to seek out these services and fearful of medical bills that would result. Although former President Trump is no longer in office, the administration's history of anti-immigrant rhetoric created additional barriers in seeking care and resulted in widespread misinformation that created a culture of fear. The administration repeatedly characterized the immigrant community as criminals and pushed for reforms to block migrants from certain countries. Many immigrants were particularly concerned how the public charge ruling would impact their families. In February 2020, the Trump administration began enforcing the public charge rule which would have denied admission or change in immigration status to penalize immigrants who may use public assistance programs such as but not limited to, Medicaid, Supplemental Nutritional Assistance Program (SNAP), and housing assistance. Although the rule has not been in effect since March 2021, there is fear that it could return at any time. As a result, there still exist significant concerns

A FAMILY SEPARATED AFTER DENIED TREATMENT – MS. O'S STORY

Ms. O reached out to Enlace Chicago to get help applying for dual citizenship for her daughter so that she could bring her to spend their final days together in Mexico with extended family after finding out she was ill with liver cancer. Unfortunately, they encountered a number of barriers with the Mexican Consulate. While Enlace Chicago's promotores were trying to support Ms. O in navigating the legal process for her daughter, she told them that she had gone to UIC Hospital some time ago for a medical emergency. After a few days of stay she was told to seek out another hospital since they could not treat her if she did not have health coverage or did not have a status in the country. It was incredibly discouraging and as time passed, Ms. O told the promotores that her illness worsened. She finally went to Stroger Hospital, which is part of Cook County Health, to seek out emergency care. However, her cancer had advanced and chemotherapy no longer was a viable option; that is when her doctor told her she needed to figure out who would take care of her daughter since she did not have much time left. Despite being unable to complete the dual citizenship application process for her daughter, Ms. O ended up taking her daughter back to Mexico to spend her remaining days with family and help ensure her daughter was not left alone.

COMMUNITY STORY SHARED BY ENLACE CHICAGO.

from community members that receiving charity care and Medicaid could impact one's permanent residency applications. Although the advocates developed community education sessions to dispel these fears, it still continues to be a very concerning issue especially prominent in the Latino community.

Having a seat at the table to ensure policy reflects community needs. Advocacy efforts for individual cases was often challenging since they could not address issues systematically. The advocates were also seeing a growing number of experiences similar to Ms. O's. Repeated cases such as Ms. O's had also caused CCH to reach a tipping point financially due to the backlog of patients being sent to them. CCH acknowledged that they needed to engage the advocates to better understand the community experience. CCH had an existing relationship with the Legal Council for Health Justice and was able to talk through gaps in existing policies and develop strategic recommendations based on the Legal Council for Health Justice's experience in the work. The conversations soon integrated voices from the coalition of community advocates to share their expertise on the issues found within the immigrant community. Although CCH is a large bureaucracy, they remained engaged with the coalition of community advocates. As the lead supporter in the legislation, if issues arose in pushing forward, CCH would call a meeting to keep the coalition informed of any negotiations with legislators or oppositional stakeholders. The coalition also became a space to engage community advocates on the substance of the bill as they negotiated with legislators and opposition. The advocates could share real experiences community members were facing to help inform language in the legislation. In turn CCH was also able to provide insight from the provider perspective, exploring strategies and assessing feasibility with the advocates. CCH was able to bring in the perspective of the hospital association to provide insight and reasoning on why certain language would not be negotiable with those opposed to the bill. As members of the hospital association, CCH had expertise in how their peers in health care would respond to certain language.

3. Working with Powerful Interests

The campaign involved working alongside multiple powerful entities such as CCH, the hospital association, state legislators, and the Attorney General. It was crucial to understand the power dynamics that could have impacted the progress of the legislation and the reasoning behind opposition, in order to craft strategic talking points.

Partnering with a powerful health care institution. Cook County Health and the Cook County Board had been well aware of issues with the lack of charity care overall being provided by hospitals across the state. Although CCH has faced challenges with their finances, they remained committed to serving patients regardless of insurance status, but knew that it was critical to community access to care that other health care facilities be held accountable to their constitutional and statutory obligations. CCH was seeing an overwhelming number of uninsured, immigrant patients sent to them from other hospitals, when those hospitals were not offering the patients prospective opportunities to apply for financial assistance and receive care. Although CCH accepted the patients into their institutions, they acknowledged that continuing to provide care and financial assistance while other health care institutions failed to do so would stress their staffing and financial capacity beyond their abilities.

Although CCH was a leader in support of this legislation, it is a powerful entity with many political relationships, and the passage of the legislation was aided by the health access inequities that COVID exposed. Likewise, critically important, was the role of advocacy organizations. Due to the composition of the Illinois state legislature, legislation often has better odds of passing with the support of the Black Caucus, Latino Caucus, and Asian Caucus; CCH acknowledged ICIRR's strong relationships with these entities. Additionally, CCH operates on a county level whereas they needed to engage ICIRR's statewide reach. The relationship between the advocates and CCH has been a long journey; it has sometimes been challenging and the road to achieving mutual goals has not always been aligned. For example, the advocates had been pushing for CCH to create a direct access program between 2014 and 2016. The program is a shared commitment between local government and health care institutions. It called for safety net providers to invest pooled resources to improve health access and financial protections for those unable to afford or access health insurance. However, CCH did not want to create the direct access program and an ordinance was implemented after building political support with County Commissioners. With the SB1840 legislative effort however, both entities goals (increased access to hospital level care for immigrants) were in sync and CCH's fiscal concerns aligned with advocates concerns about the lack of accountability for hospital services from the non-profit, tax-exempt hospital sector. Additionally, the partnership formed in working on the legislation has strengthened the relationship between CCH and the community-based organizations. The advocates are able to have a seat at the table to further discuss other issues with CCH.

Moving towards compromise with opposition at the table. As expected, the Illinois Hospital Association (IHA) was concerned from the moment of the bill filing about any changes to state law on hospital financial assistance. Unsurprisingly, hospitals took the position that they were already providing appropriate levels of charity care and notifying patients; however, advocates like the promotores helping individuals navigate medical bills were seeing a very different picture. The community advocates helped gather personal stories from the community and provide opportunities to testify if they were willing. These personal accounts were crucial to countering the narrative from hospitals. Patients seeking help from the community-based organizations faced multiple barriers in obtaining charity care. For example, some hospitals were defying Illinois law requiring them to serve Illinois "residents," a term defined without regard for federal immigration status, by categorically denying financial assistance to people without immigration paperwork. Although ICIRR

and its members successfully led legislation in 2012 to allow residents without immigration status to obtain temporary drivers licenses, hospitals were not uniformly accepting this document to confirm Illinois residency. Additionally, evidence of challenges in access to charity care were made clear by the fact that CCH itself was becoming overwhelmed with cases of individuals denied charity care from other hospital institutions. Community advocates also helped confirm that community members were repeatedly denied care from larger institutions and sent to receive care at CCH. Gathering this evidence was critical to countering the initial IHA narrative that no work needed to be done on the issue and to ensuring a more balanced power dynamic in negotiations undertaken subsequent to the bill filing.

By sharing these personal stories and exercising community power the hospitals had no choice but to negotiate. During this process, hospitals raised concerns with the proposed requirement to collect additional demographic data and data on financial assistance applications. Since this additional obligation was unfunded, they argued that they didn't have the staffing to collect and report in such detail. However, having a health system partner intimately familiar with hospital reporting requirements helped legislative allies develop a powerful response. CCH established that, in fact, the hospitals were already collecting the information for their annual reporting to the Attorney General and the actual additional data requested was minimal. And advocates were able to voice the importance of demographic data collection to Illinois' health equity goals, which the IHA had previously acknowledged as important. The bill received the biggest pushback for allowing individuals to apply for charity care before receiving hospital services. Hospitals argued that they would be administratively overwhelmed with people trying to apply for charity care. Allowing individuals to pre-apply for charity care does not imply that the individual has an appointment and hospitals expressed concern that individuals would not actually follow-up with appointments. CCH and advocates heard this concern and worked to address it by adding language to the bill that brings primary health care centers and free clinics into the prospective application process. This could help ensure the care sought is medically necessary and appropriately prescribed, and that patients are supported to ensure that appointments are kept and follow-up completed. And not all of the negotiation was adversarial. There were also times the hospital association provided helpful expertise that clarified language in the bill, making it easier for everyone to understand and therefore to comply with. For example, the hospital association suggested the use of the Center for Medicare & Medicaid Services (CMS) language to help define terms.

As with any legislation, the bill involved compromise by both sides. For example, the new policy states that the maximum collectible amount hospitals may seek (such as repayment plans) in a 12-month period is 20 percent, down from 25 percent, of a patient's family income. While this is a high percentage for many low-income families, it was a fight for advocates to lower the amount and became a compromise they

hope to continue advocating to reduce in future efforts. And, as with any legislation, success cannot be measured until some period into implementation. What this effort shows is the unique power of advocates and a public health system working together as allies to advance protections despite concerns raised by the hospital association, a powerful lobbying group in every state. This alliance combined political capital, addressed concerns raised by opponents with technical expertise from allies, and gave a personal face and name to individuals who need access to care and protections from medical debt. This approach helps to balance the economic power of the hospital industry.

THE ROAD TO IMPLEMENTATION

While passing the legislation was a major victory, the advocates are continuing their work with Cook County Health and the Office of the Attorney General to ensure that the new protections will be properly implemented. The advocates are working to confront two issues with their implementation efforts; one is to ensure proper public education about the new protections and the other is to create an effective referral process.

Engaging with the Office of the Attorney General. In Illinois, enforcement of hospital financial assistance laws and tax-exemption requirements sits with the Attorney General. Charitable organizations must register with the office and submit annual reporting in regard to their finances. Additionally, non-profit hospitals are required to file their annual community benefit plan with the Attorney General and this information is available to the public by request. The new law strengthens existing reporting requirements. It will require that hospitals report to the Attorney General annually by providing data on the number of financial assistance applications received/approved, and describe reasons for denial of assistance. It also requires charity care data to be reported at the hospital level, for hospitals that are part of a health system. In order to further increase transparency, the new legislation also requires hospitals to post their community benefit plan on their website. Additionally, the Attorney General is required to provide enforcement data on their website including, the total number of complaints received and a list of facilities found by a pattern or practice of knowingly being in violation of providing uninsured patient discounts. However, current Attorney General Raoul's office has not consistently been a clear and strong voice on hospital obligations. While efforts have been made to engage the Attorney General and their staff on hospital financial assistance issues, the advocates have found that the office has not been as assertive in charity care enforcement as they would hope and have faced significant staffing capacity limits for the work. The office focuses on individual cases but has faced limited bandwidth to push for systemic change. As a result, advocates and labor unions and nurse's associations have become trusted resources to raise concerns from the community and to push hospitals for change. The advocates hope to continue working with the Attorney General and keep the office accountable to the new metrics on community benefit spending and demographic data required on their public website.

Empowering Community Members to Shift the Health Care Narrative. Mistreatment from hospitals due to an individual's immigration status has left many fearing to seek out health care and therefore, information on the new protections is especially effective when it is being shared by community-based organizations. The advocates will need to continue working to educate community members about opportunities under the new law and assuring residents that the new law would offer protections against

some of the issues they had previously faced. It is a delicate process advocates have to navigate to ensure community members are provided accurate information from trusted sources. ICIRR launched a first-in-the-nation Immigrant Health Academy to develop suburban immigrant leaders through education on health care rights and access for immigrant communities regardless of immigration status. This initiative will empower the immigrant community and build power to shift the health care narrative experienced by immigrant communities. Additionally, there is an ongoing effort to develop a new process for patient referrals from free/charitable clinics and federally qualified health centers (FQHC) to hospital systems. Advocates continue to have conversations with free/charitable clinics and FQHCs as they enter the rulemaking process and discussion with the IHA. An important piece of this pipeline was to ensure that patients had an opportunity to get pre-approval for financial assistance before receiving a service from the hospital. The coalition will also continue to convene the Illinois Alliance for Welcoming Healthcare to brainstorm best practices for the referral system. To ensure a successful implementation of the referral process and provisions, the advocates will host know your rights training sessions to train community leaders. Promotores will continue to work with individual community members to educate them about the new law and help document any ongoing issues.

LESSONS LEARNED

As advocates work towards the successful implementation of the new protections, there are a few key lessons learned from the process.

1. **Precisely Identify the problem.** In order to understand the issue in obtaining financial assistance from hospitals, the advocates had to identify the barriers by speaking with members from the immigrant community who had been impacted. For example, one of the key issues that promotores saw in their case management was the denial of financial assistance due to their immigration status although patients were Illinois residents. Financial assistance practices across hospitals were inconsistent and created barriers that deterred the community from seeking medical attention.

2. **Harness the Power of Community/ Provider Alliances.** The coalition used unique structures to integrate voices from health care providers and from the community. For example, ICIRR engaged their Illinois Alliance for Welcoming Healthcare and worked with Cook County Health throughout the process. Although there has historically been mistrust of health care providers from community members, it was helpful to integrate voices from the health care field. These groups helped hear concerns from the provider perspective and uplifted voices from grassroots organizations within the same space.

3. **Organize and mobilize.** This campaign was made possible by engaging community voices to ensure that policy changes directly responded to the needs of the Illinois immigrant community. Immigrant members of the community became leaders who could provide testimony and witness slips. Additionally, the advocates were able to engage community voices with Legislators in the Black Caucus, Latino Caucus, and Asian Caucus to gain their support. This helped to build community power and hold allies and elected officials accountable to the communities they served.