



Rep. Lamont J. Robinson, Jr.

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10200HB1408ham002

LRB102 03424 KTG 38354 a

1 AMENDMENT TO HOUSE BILL 1408

2 AMENDMENT NO. \_\_\_\_\_. Amend House Bill 1408 by replacing  
3 everything after the enacting clause with the following:

4 "Section 5. The Illinois Public Aid Code is amended by  
5 adding Section 5F-50 as follows:

6 (305 ILCS 5/5F-50 new)

7 Sec. 5F-50. Health equity. Contingent upon continued  
8 implementation of the Demonstration Project and subject to  
9 federal approval, the Department shall ensure that entities  
10 selected to participate in the Medicare-Medicaid Alignment  
11 Initiative Demonstration Project include managed care  
12 organizations that:

13 (1) help resolve the gap in health equity;

14 (2) are minority-led and entrust patient care to  
15 providers who are connected to the communities they serve;

16 (3) are headquartered in Illinois, support homegrown

1 businesses, and keep innovation and economic opportunity  
2 within Illinois;

3 (4) have a representation of Black or Hispanic staff  
4 members that is 50% or greater and create new jobs and spur  
5 economic activity in marginalized minority communities;

6 (5) are disproportionately serving the needs of  
7 marginalized minority and low-income Medicare  
8 beneficiaries with:

9 (i) a representation of Black or Hispanic Medicare  
10 members that is 50% or greater; and

11 (ii) a representation of Low-Income Subsidy  
12 Medicare members that is 50% or greater; and

13 (6) have made an impact around at least 3 of the 6  
14 high-impact priority areas listed in the Centers for  
15 Medicare and Medicaid Services' Equity Plan For Improving  
16 Quality in Medicare (September 2015):

17 (i) PRIORITY 1: Expand the collection, reporting,  
18 and analysis of standardized data.

19 (ii) PRIORITY 2: Evaluate disparities impacts and  
20 integrate equity solutions across CMS programs.

21 (iii) PRIORITY 3: Develop and disseminate  
22 promising approaches to reduce health disparities.

23 (iv) PRIORITY 4: Increase the ability of the  
24 health care workforce to meet the needs of vulnerable  
25 populations.

26 (v) PRIORITY 5: Improve communication and language

1           access for individuals with limited English  
2           proficiency and persons with disabilities.

3           (vi) PRIORITY 6: Increase physical accessibility  
4           of health care facilities."