



HR0343

LRB102 18624 MST 26976 r

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HOUSE RESOLUTION

2 WHEREAS, Safety Net hospitals serve a disproportionate
3 share of at-risk patients, who are frequently uninsured;
4 Critical Access Hospitals serve a vital role for residents in
5 rural communities who need access to emergency care; these
6 facilities comprise approximately 5% of U.S. hospitals, but in
7 2017, they provided 17.4% of uncompensated care, totaling \$6.7
8 billion, and 23% of charity care, which totaled \$5.5 billion,
9 up from 20% of all charity care and \$5.5 billion in overall
10 uncompensated care in 2016; and

11 WHEREAS, These facilities serve communities in which 22.3
12 million individuals live below the poverty line, 9.9 million
13 struggle with food insecurity, and three-quarters are
14 uninsured or covered by Medicaid or Medicare; and

15 WHEREAS, Illinois rapidly expanded Medicaid managed care
16 over the past several years, moving from covering 10 percent
17 of beneficiaries in parts of the State to two-thirds in every
18 county (now 2.2 million beneficiaries); although the
19 Department of Healthcare and Family Services (HFS) launched
20 the program by its deadline of January 1, 2015, Medicaid
21 managed care has failed to realize the promise of increased
22 care coordination, improved patient outcomes, greater
23 efficiencies, and cost savings; and

1 WHEREAS, Hospitals continue to face an overwhelming range
2 of challenges that undermine the program, including initial
3 claim denial rates that remain high, long payment delays, and
4 administrative burdens requiring substantial resources and
5 clinical staff time to meet myriad authorization requirements
6 imposed by Managed Care Organizations (MCOs); and

7 WHEREAS, Claim denials and payment delays are putting
8 extreme financial pressure on Safety Net and Critical Access
9 hospitals, which jeopardizes access to care for low-income and
10 vulnerable communities in urban and rural Illinois; and

11 WHEREAS, The COVID-19 public health crisis has highlighted
12 health disparities; African American, Hispanic American, and
13 Asian American individuals have substantially higher rates of
14 infection, hospitalization, and death compared with White
15 people; and

16 WHEREAS, The Illinois General Assembly has taken steps to
17 support Safety Net and Critical Access hospitals, including
18 encouraging coordination between Federally Qualified Health
19 Centers (FQHCs) and Safety Net hospitals with the goal of
20 increasing care coordination, managing chronic diseases, and
21 addressing the social determinants of health, permitting
22 Health Facilities and Services Review Board (HFSRB) to defer

1 any pending application to close a hospital for up to 60 days
2 from enactment and authorizing a new Hospital Transformation
3 Program that invests in systemic health care transformation to
4 build a more integrated and coordinated system of care; and

5 WHEREAS, There is still much to do to ensure our Safety Net
6 and Critical Access Hospitals receive the support they need to
7 serve our communities; therefore, be it

8 RESOLVED, BY THE HOUSE OF REPRESENTATIVES OF THE ONE
9 HUNDRED SECOND GENERAL ASSEMBLY OF THE STATE OF ILLINOIS, that
10 we will work to ensure that every underserved and
11 under-resourced community hospital receives the support it
12 needs; and be it further

13 RESOLVED, That the General Assembly is urged to work with
14 Safety Net and Critical Access hospitals to determine how best
15 they can be served; and be it further

16 RESOLVED, That suitable copies of this resolution be
17 delivered to all members of the Illinois General Assembly and
18 the Governor's Office.