

# AIDS Foundation OF CHICAGO

411 South Wells Street, Suite 300  
Chicago, IL 60607

Tel (312) 922-2322  
Fax (312) 922-2916

## 2008 Illinois General Assembly State Legislative Update

Springfield, July 2008—The AIDS Foundation of Chicago (AFC) monitored over 40 bills this year related to HIV/AIDS prevention, healthcare, human rights, social services, and other topics of concern to the HIV/AIDS community during the Illinois General Assembly's spring legislative session. The scheduled session concluded on May 31.

Deepening animosity between House and Senate leaders and Governor Rod Blagojevich continues to impede activity on a wide variety of issues including a final resolution on the state's FY09 budget.

As actions by the governor last year to expand eligibility to Family Care via regulatory changes triggered a bitter feud with lawmakers over the powers of the Joint Committee on Administrative Rules (JCAR), a House-Senate panel that reviews proposed regulatory changes. House leadership, which viewed the governor's actions as an attempt to supersede legislative authority, required most House members to include in their filed bills a provision requiring any substantive changes be made by legislative authority rather than regulatory action. The Senate, however, did not follow suit and stripped many of these provisions out of the bills they approved. Failure to reconcile these differences has meant that hundreds of bills approved in some form by both chambers cannot advance to the governor's desk. As a result, just one-third of the usual number of bills advanced to the governor's desk, and many bills are awaiting final approval, perhaps during the November veto session.

To read legislation or learn more about the status of bills, visit the Illinois General Assembly website, [www.ilga.gov](http://www.ilga.gov). To learn more about AFC's policy and legislative work, visit [www.aidschicago.org](http://www.aidschicago.org).

Key: HB=House Bill; SB=Senate Bill; \*\*Important legislation of note.

### AFC Priority Bills

#### **\*\*Drug Overdose Prevention & Overdose Antidote Distribution ([SB 2155](#))**

**AFC Position:** Support

**Lead Sponsor:** Sen. Donne E. Trotter (D-Chicago)

**Summary:** Many injection drug users, at high risk for HIV and viral hepatitis, are also at elevated risk of death from drug overdoses. Naloxone is a medication that can be administered in an emergency to reverse drug overdoses and keep drug users alive until they can obtain medical assistance. This bill allows the Division of Alcoholism and Substance Abuse (DASA) to establish an overdose prevention program. It requires providers to train patients receiving naloxone prescriptions on how to administer the medication in an emergency, protects health care providers who prescribe naloxone from losing their medical license if the medication is used in an emergency, and protects

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trained lay people who administer naloxone in an emergency from prosecution for practicing medicine without a license. This bill was championed by AFC. For more information, see [AFC legislative news](#)

**Status:** The bill has not yet been called for a vote in the full Senate, and the deadline has been extended to January 13, 2009.

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**\*\*Expedited Partner Therapy for Sexually Transmitted Diseases ([SB 2150](#))**

**AFC Position:** Support

**Lead Sponsor:** Sen. David Koehler (D- Pekin)

**Summary:** Individuals with sexually transmitted diseases (STDs) are three to five times more susceptible to HIV infection than someone who does not have an STD. However, the sex partners of patients diagnosed with STDs often do not get treatment, even though they have been exposed to the infection. This bill allows a health care professional to practice expedited partner therapy in which providers prescribe antibiotic drugs to a patient clinically diagnosed with an STD, and his or her sex partner, if in the judgment of the health care professional, the partner is unable or unlikely to be tested and treated on his/her own. The provider is not required to physically examine the sex partner. The bill requires health care professionals to provide counseling to the patient and written materials to be given by the patient to the partner(s). Expedited partner therapy is recommended by the U.S. Centers for Disease Control and Prevention. This bill was championed by AFC in partnership with several other organizations. For more information see [AFC legislative news](#).

**Status:** The bill failed in the Senate Public Health Committee on March 12.

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**\*\*Protect Privacy of HIV-Positive School Children ([HB 4314](#))**

**AFC Position:** Support

**Lead Sponsor:** Rep. Sara Feigenholtz (D- Chicago)

**Summary:** This bill eliminates a requirement that the Illinois Department of Public Health or a local public health department notify the principal of the school in which a child is enrolled when the child is reported as HIV-positive. Illinois is one of just five states that require any school notification. AFC is supporting this bill in coalition with the AIDS Legal Council of Chicago, Children's Place Association, and the Families and Children's AIDS Network. For more information, see [AFC legislative news](#).

**Status:** The bill failed to pass out of the House by a vote of 42-65 on March 4.

## **HIV/AIDS & Health Issues**

**\*\*Reproductive Justice Act ([HB 5615](#))**

**AFC Position:** Support

**Lead Sponsor:** Rep. Barbara Flynn Currie (D- Chicago)

**Summary:** The bill provides that the government may not interfere in issues of contraception, right to pregnancy, or right to terminate a pregnancy before the viability of the fetus or in cases where a woman's health is at risk. The bill also provides that all Illinois public schools shall offer medically accurate, age appropriate, comprehensive

sexual health education. There is extensive evidence that abstinence-only sex education programs, currently funded by the federal government, contain incorrect information and are harmful for children and teens.

**Status:** The bill was not called for a vote by the deadline in the House.

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**\*\*Medical Marijuana ([SB 2865](#))**

**AFC Position:** Support

**Lead Sponsor:** Sen. John J. Cullerton (D-Chicago)

**Summary:** Medical marijuana has proven benefits for people living with HIV/AIDS and other chronic conditions. The bill would allow for the legal possession of no more than 12 cannabis plants and 2.5 ounces of usable cannabis for persons diagnosed with a debilitating medical condition, including HIV/AIDS.

**Status:** The bill was not called for a vote in the full Senate; the deadline has been extended to January 13, 2009. A House companion, [HB 5938](#) was defeated in the House Reg. & Re. Committee, by a vote of 3-9.

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**Reduce Revenue from HIV/AIDS Lottery ([SB 2075](#)/[HB 4155](#))**

**AFC Position:** Oppose

**Lead Sponsor:** Sen. Linda Holmes (D- Plainfield), Rep. William B. Black (R- Danville)

**Summary:** Legislation creating the Red Ribbon scratch-off lottery game was passed in 2007 by Rep. Karen Yarbrough (D-Maywood), and Sen. Jacqueline Collins (D-Chicago). The lottery raises funds for HIV/AIDS prevention and treatment. SB 2075/HB 4155 would reduce revenue from the game by limiting the number of special-purpose games that can be sold at any one time. In addition, the bills would create a waiting list for new games to be reintroduced in the market. AFC opposes these bills because they would reduce the revenue available through the scratch-off lottery game for vital HIV-related services.

**Status:** The bills were not called in their respective House or Senate committees.

**Health Care Expansion/Insurance Reform**

**\*\*Medicaid Expansion for All People Under 100% of Poverty ([SB 1925](#))**

**AFC Position:** Support

**Lead sponsors:** Sen. Jeffrey M. Schoenberg (D- Evanston), Rep. Elizabeth Coulson (R-Glenview)

**Summary:** Hundreds of thousands of low-income Illinoisans are not eligible for Medicaid because they do not fit into any of the current eligibility categories. Low-income people with HIV can generally access free HIV primary care, but treatment for serious illnesses such as cancer, diabetes, or heart disease can be difficult to obtain without insurance, even in community health centers. Research demonstrates that people with insurance are healthier and access preventative care more often than the uninsured. This bill addresses the problem by expanding Medicaid to cover all individuals with incomes below 100% of poverty, currently \$10,200 for a single person.

The cost of the proposal—hundreds of millions of dollars—meant it did not advance in the House.

**Status:** The bill passed the Senate April 17 with a vote of 32-21 but did not advance in the House.

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### **Hospital Charity Care ([SB 2380](#))**

**AFC Position:** Support

**Lead Sponsor:** Rep. Karen May (D-Highland Park), Sen. Jeff Schoenberg (D-Evanston)

**Summary:** Many uninsured hospital patients are charged rates for procedures that are higher than those charged to insurance companies or Medicare, which negotiate volume discounts. This bill requires hospitals to charge discounted rates to uninsured patients whose income is below 600% of the federal poverty level (300% for rural hospitals). Uninsured families cannot pay more than 25% of their income per year in hospital charges.

**Status:** Passed the House and Senate unanimously and awaits the governor's signature.

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### **Increase Medicaid Reimbursement for Health Care Providers ([SB 2173](#))**

**AFC Position:** Support

**Lead Sponsor:** Sen. William Delgado (D-Chicago), Rep. Esther Golar (D-Chicago)

**Summary:** This bill addresses low provider reimbursement rates for Medicaid and similar programs by requiring rates to be similar to those paid by private health insurance programs. The bill also mandates Medicaid to provide a cost-of-doing-business increase for providers, and requires payment 30 days after a claim has been submitted.

**Status:** Passed unanimously in the Senate on April 17 but did not advance in the House.

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### **Chronic Disease Prevention and Promotion Task Force ([SB 2012](#))**

**AFC Position:** Support

**Lead Sponsor:** Sen. William Delgado (D-Chicago), Rep. Cynthia Soto (D-Chicago)

**Summary:** The bill establishes a task force that is required to make recommendations to the governor and the General Assembly on reforming the delivery system for chronic disease prevention and health promotion in Illinois; ensuring adequate funding for infrastructure and delivery of programs; and the role of health promotion and chronic disease prevention in reducing state healthcare spending. This bill was an initiative of the Illinois Public Health Association.

**Status:** The bill passed the Senate unanimously on April 1, and passed the House unanimously. The bill awaits the governor's signature.

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### **Insurance Coverage for Older Dependents**

[SB 871](#)—Sen. William R Haine (D-Alton); [HB 4409](#)—Rep. Elizabeth Coulson, (R-Glenview); [HB 4348](#)—Rep. Fred Crespo (D-Streamwood)

**AFC Position:** Support

**Summary:** This bill allows parents to cover adult children up to age 25 or 30 on their employer-provided health insurance plans. There is no cost to employers since parents pay the full cost of dependent coverage.

**Status:** SB 871 has not been called for a vote in the full Senate. HB 4409 failed in the House Insurance Committee. HB 4348 was not called for a vote in the House Insurance Committee.

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### **Insurance Coverage for Sick Students ([HB 5285](#))**

**AFC Position:** Support

**Lead Sponsor:** Rep. Charles E. Jefferson (D-Rockford), Sen. Rickey R. Hendon (D-Chicago)

**Summary:** Currently, a student who is covered under his/her parent's individual or group policy can lose that coverage if he/she leaves school for medical reasons, or reduces to a part-time course load. This bill ends that practice and requires insurance to continue, as long as a doctor certifies that the medical leave is necessary.

**Status:** Passed in House on April 3 with a vote of 105-3; passed the Senate May 20 by a vote of 56-1. The bill awaits the governor's signature.

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### **Bare Bones Health Insurance ([HB 5954](#))**

**AFC Position:** Oppose

**Lead Sponsor:** Ronald A. Wait (R-Belvidere), Sen. Mike Jacobs (D-Moline)

**Summary:** This bill allows an individual purchasing a high-deductible health insurance plan with a health savings account to waive coverage for insurance mandates. Consumers can waive coverage for family planning, mammography, HIV testing during pregnancy, mental health parity, and other benefits that the state requires all plans to provide. AFC was concerned that consumers could be adversely impacted for several reasons. First, consumers could waive mandates, such as cancer screening, that they might never predict they would need. If cancer screening was not covered, and individuals had to pay out-of-pocket, consumers might forgo screening, leading to late detection when treatment is more expensive, more complex, and less likely to be successful. Second, the bill does not require plans to use fair methods to reduce premiums to account for benefits that were waived. Third, there is little likelihood that the bill would significantly lower premium costs; a study conducted by the General Accounting Office found that state mandates add just 3-5% to the cost of health insurance (GAO-03-1133, September 2003).

**Status:** The bill passed the House on April 15 by a vote of 88-24 but did not advance in the Senate.

### **Insurance Data Reporting ([HB 5865](#))**

**AFC Position:** Support

**Lead Sponsor:** Rep. Mary E. Flowers (D-Chicago), Sen. M. Maggie Crotty (D-Oak Forest)

**Summary:** Currently, private health insurance companies are not required to report spending on payments for medical care, administration, marketing, or dividends to shareholders. There is widespread concern that private companies increase profits by denying claims and spending unnecessarily on administration and marketing. This bill requires more comprehensive reporting of the amount spent on medical claims and administration. It is an initiative of Illinois PIRG.

**Status:** Passed the House on April 16 by a vote of 71-39 but did not advance in the Senate.

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### **Insurance Reforms ([HB 5302](#))**

**AFC Position:** Support

**Lead Sponsor:** Rep. Sara Feigenholtz (D- Chicago)

**Summary:** This bill proposes a number of pro-consumer private health insurance reforms, including mandating payment for experimental or investigational treatments; instituting a system of health-claim appeals and external independent review; and requiring wellness coverage.

**Status:** The bill was not called for a vote in the House Insurance Committee.

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### **Medicaid Benefits for “Medically Improved” People with Disabilities ([HB 5251](#))**

**AFC Position:** Support

**Lead Sponsor:** Rep. Elaine Nekritz (D- Des Plaines), Sen. William Delgado (D- Chicago)

**Summary:** Often individuals with disabilities regain their health but face losing their healthcare benefits because they no longer qualify for disability benefits. Without healthcare, they become sick again. HB 5251 allows individuals with disabilities who get healthier to retain Medicaid coverage. This bill would particularly benefit people with HIV who are disabled because of mental illness or other conditions unrelated to HIV. This bill is championed by Health and Disabilities Advocates and the Make Medicare Work Coalition.

**Status:** Passed the House unanimously on April 9, and passed unanimously in the Senate with one amendment on May 27. The bill awaits final approval in the House. The bill has not passed because of the House rulemaking amendment.

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### **Single Payer Health Plan ([HB 311](#))**

**AFC Position:** Support

**Lead Sponsor:** Rep. Mary E. Flowers (D- Chicago)

**Summary:** This bill creates a single payer health care system for Illinois. All private health insurance providers are prohibited, and all health care providers would work for the state plan. Single payer healthcare systems are widely seen as providing better health outcomes at a lower overall cost. Most European countries and Canada operate single payer systems.

**Status:** The bill was not called by deadline in the House.

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## **External Review of Denied Health Care Benefits ([HB 4223](#))**

**AFC Position:** Support

**Lead Sponsor:** Rep. Mary E. Flowers (D-Chicago), Sen. Jacqueline Y. Collins (D-Chicago)

**Summary:** Currently, health plan members have no way to appeal decisions by insurance companies that deny claims. Members are left with unpaid bills that can total thousands of dollars or more, despite having paid their premiums. This bill requires health insurance and managed care plans to establish and maintain appeals and external review processes to give plan members rights and recourses.

**Status:** Passed unanimously in the House on April 9; did not advance in the Senate.

## **Prescription Drug Benefits**

### **\*\*Expand Prescription Drug Benefits for Disabled Individuals Enrolled in Medicare Part D ([HB 4449](#))**

**AFC Position:** Support

**Lead Sponsor:** Rep. Jack D. Franks (D-Woodstock), Sen. Debbie DeFrancesco Halvorson (D-Chicago Heights)

**Summary:** Currently, the state's Illinois Cares Rx program—which helps low-income Medicare recipients afford medications through the Medicare Part D prescription drug benefit—provides individuals with disabilities a more limited benefit than senior citizens. Individuals with disabilities receive assistance paying for medications for just 11 specific diseases or conditions, including HIV, whereas seniors receive assistance for all medications. This bill provides seniors and people with disabilities the same benefits package, ending a discriminatory, two-tiered system. The bill was an initiative of Citizen Action and Health and Disability Advocates.

**Status:** The bill passed the House unanimously on April 2, and then passed in the Senate on May 29 by a vote of 46-5. The bill has not passed because of the House rulemaking amendment.

## **Poverty and Human Services**

### **Streamline and Improve the Applications Process for Food Stamps and Other Programs ([HB 4573](#))**

**AFC Position:** Support

**Lead Sponsor:** Rep. Sara Feigenholtz (D-Chicago), Sen. Jacqueline Y. Collins (D-Chicago)

**Summary:** The bill streamlines the application process for public benefits, including food stamps. The bill allows applications to be filed with any Department of Human Services office, and then allows the case to be transferred to any other office for the applicant/recipient's convenience. An in-person interview is not required if the interview would conflict with the applicant's employment.

**Status:** Passed unanimously in the House on April 1; passed unanimously in the Senate with one amendment on May 23; awaiting House concurrence. The bill has not passed because of the House rulemaking amendment.

**Poverty Eradication Committee ([HB 4369/SB 2074](#))**

**AFC Position:** Support

**Lead Sponsor:** Rep. Karen A. Yarbrough (D- Broadview), Sen. Michael W. Frerichs (D-Champaign)

**Summary:** An initiative of Heartland Alliance, the bill creates the Commission on the Eradication of Poverty to research strategies to eliminate poverty in Illinois. Because HIV/AIDS is strongly linked to poverty, AFC is a member of the campaign.

**Status:** HB 4369 passed the House and Senate unanimously and awaits the governor's signature. However, funding was not appropriated in the budget to operate the commission.

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**TANF Grant Increase ([HB 4513](#))**

**AFC Position:** Support

**Lead Sponsor:** Rep. Elga L. Jefferies (D- Chicago), Sen. Mattie Hunter (D- Chicago)

**Summary:** The bill increases the Temporary Assistance to Needy Families (TANF, the state welfare program) monthly benefit by 15 percent.

**Status:** The bill passed the House on May 15 by a vote of 101-10, but did not advance in the Senate. However, the FY 2009 budget included a 9 percent TANF benefit increase.

**Human Rights**

**\*\*Religious Freedom and Civil Union ([HB1826](#))**

**AFC Position:** Support

**Lead Sponsor:** Rep. Greg Harris (D-Chicago)

**Summary:** This bill allows same-sex and different-sex couples to enter into and dissolve civil unions. ACLU of Illinois, Equality Illinois, Lambda Legal, the Log Cabin Republicans, and others are championing the bill.

**Status:** The bill was not called for a vote by the deadline in the full House.

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**State Employee's Health Plan Coverage for Domestic Partners ([SB 2263](#))**

**AFC Position:** Support

**Lead Sponsor:** Sen. John J. Cullerton (D- Chicago)

**Summary:** SB 2263 allows state employees to cover domestic partners under their health insurance. The partner must be at least 19-years-old, of the same gender as the member, unrelated to the member, and in an exclusive, committed relationship with the member of at least one year's duration.

**Status:** The bill was not called by the deadline in the Senate.

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**Domestic Partner Benefits for Chicago Teachers ([HB 4731](#))**

**AFC Position:** Support

**Lead Sponsor:** Rep. Greg Harris (D- Chicago)

**Summary:** This bill allows members of the Chicago Teacher's Union to designate a domestic partner to receive survivor and death benefits.

**Status:** The bill was defeated in the House on April 15 by a vote of 43-67.

## **Substance Abuse**

### **Immunity from Prosecution for Reporting Drug Overdose ([HB 4713](#))**

**AFC Position:** Support

**Lead Sponsor:** Rep. Constance A. Howard (D- Chicago)

**Summary:** Drug overdoses are a serious concern for injection drug users, who are at high risk of HIV or hepatitis infection. This bill protects a person who has overdosed and his/her companions from drug-possession charges when a call is initiated to 911 to report an overdose. However, the bill applies only to cannabis and methamphetamine use.

**Status:** The bill was not called for a vote in the House Judiciary Criminal Law Committee.

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### **Expand Substance Abuse Treatment for Medicaid Recipients ([HB 755](#))**

**AFC Position:** Support

**Lead Sponsor:** Rep. Constance A Howard (D- Chicago)

**Summary:** This bill provides substance abuse treatment on demand for any Medicaid recipient. Because funding is inadequate to meet demand, many Medicaid recipients must now wait weeks or months for substance abuse treatment.

**Status:** The bill was not called for a vote in the House Human Services Committee.

## **Other**

### **\*\*Assistance for Grandparents Caring for Adopted Children ([HB 4212](#))**

**AFC Position:** Support

**Lead Sponsor:** Rep. Barbara Flynn Currie (D- Chicago), Jacqueline Y. Collins (D- Chicago)

**Summary:** When parents with HIV die or become too sick to care for their children, grandparents often become the children's caretakers. This bill requires the Department of Children and Family Services to develop and administer a program of information and services for caregivers, particularly older caregivers, with respect to the future care and custody of these children. This bill was an initiative of the Families and Children's AIDS Network.

**Status:** Passed unanimously in the House on March 4; passed unanimously in the Senate with one amendment on May 29. The bill has not passed because of the House rulemaking amendment.

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### **HIV Testing Within 48 Hours for Individuals Accused of Committing Certain Crimes ([SB 2355](#))**

**AFC Position:** Monitoring

**Lead Sponsor:** Sen. A. J. Wilhelmi (D- Crest Hill), Dennis M. Reboletti (R- Addison)

**Summary:** The federal Violence against Women Act requires all states to mandate HIV testing for offenders accused of rape or other sex crimes within 48 hour of charging the individual. This bill brings Illinois into compliance with that law by mandating that testing occur within 48 hours. The bill also requires judges to refer sexual assault survivors to the state's HIV/AIDS hotline for counseling in connection with the offender's test results.

**Status:** The bill passed unanimously in the Senate on April 17, and passed unanimously in the House on May 30. The bill awaits the governor's signature.

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### **Increase the Number of Workers with Disabilities ([SB 2312](#))**

**AFC Position:** Support

**Lead Sponsor:** Sen. Susan Garrett (D- Highwood)

**Summary:** This bill creates a plan to increase the number of individuals employed by state government. The bill would also create a public awareness campaign to increase statewide employment of people with disabilities, establish a tax credit for businesses that hire workers with disabilities, and encourage vendors to hire individuals with a disability.

**Status:** The bill was not called for a vote in the Senate State Government and Veterans Affairs Committee by the deadline.

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### **Human Services Cost of Doing Business Increase ([SB 2056](#))**

**AFC Position:** Support

**Lead Sponsor:** Sen. M. Maggie Crotty (D- Oak Forest)

**Summary:** The state contracts with many community-based agencies to provide human services. However, the contracts are rarely increased to keep up with inflation. Over time, delegate agencies are forced to provide the same level of services with fewer financial resources. This bill creates an automatic cost-of-doing business increase for organizations contracting with the Department of Public Health, Department of Human Services, and other agencies.

**Status:** The bill was not assigned to a committee in the Senate.

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### **Require All Employers to Provide Paid Sick Days ([HB 5320](#))**

**AFC Position:** Support

**Lead Sponsor:** Rep. Julie Hamos (D- Evanston)

**Summary:** Many employees, particularly in low-wage jobs, do not receive paid sick leave. This bill requires all employers to provide paid sick leave to all employees, and creates a state funding pool to finance the time off.

**Status:** The bill was not called in the House Labor Committee by the deadline.