Illinois Health and Hospital Association

May 5, 2025

Kathy Hunt Muse
General Counsel
Illinois Department of Healthcare and Family Services
201 South Grand Avenue East, 3rd Floor
Springfield, IL 62763-0002

Dear Ms. Hunt Muse:

On behalf of its over 200 hospital and nearly 40 health system members, the Illinois Health and Hospital Association (IHA) appreciates the opportunity to comment on the Proposed Rules published in *49 Illinois Register 3418* regarding the Health Benefits for Immigrant Seniors (HBIS) Program and Health Benefits for Immigrant Adults (HBIA) Program. Since the launch of a state program in 2020 to provide healthcare coverage to undocumented individuals, 161 hospitals have delivered essential, high-quality care to this population, accounting for over 185,000 inpatient days. Our hospitals remain committed to continuing to deliver high-quality care to all individuals, regardless of immigration status. We appreciate the Department's ongoing efforts to expand access to care, and we respectfully offer the following concerns and recommendations regarding key provisions of the proposed rules.

Section 118.760: Health Benefits for Immigrant Seniors Program Limitations
The proposed rules remove detailed co-payment and cost-sharing requirements previously outlined in *47 Illinois Register 8994 and 9114* and *49 Illinois Register 2214*. Instead, the proposed rules now defer these details to future Department-issued provider notices.

This change raises the following concerns:

- **Stakeholder Input:** Delegating cost-sharing provisions to provider notices limits stakeholder engagement and may result in shortened notification periods for impacted parties.
- **Access to Care:** Lack of clear, upfront information on cost-sharing may create confusion and discourage immigrant seniors from seeking necessary medical services—particularly given common challenges such as language barriers, limited transportation, and lack of alternative coverage.
- **Hospital Planning and Budgeting:** It is unclear in the proposed rules whether the Department will maintain the current exception for co-payments on emergency and non-emergency services provided in emergency departments.

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This information is critical for hospital financial planning, especially for Safety Net Hospitals already operating under significant fiscal pressure.

We respectfully urge the Department to restore detailed cost-sharing provisions in the rule itself or, at minimum, ensure a public process for updating these requirements with appropriate notice and stakeholder input.

Sections 118.800 – 118.860: Health Benefits for Immigrant Adults Program Termination
The proposed sunset of the HBIA program, effective July 1, 2025, will result in the loss of healthcare coverage for over 30,000 individuals, many of whom are in the midst of critical treatment plans.

Hospitals remain committed to caring for all patients, regardless of immigration status. However, eliminating HBIA will shift the burden of unreimbursed care to providers, further straining hospital resources and threatening access to essential services. Without coverage, many patients will likely delay primary and preventive care, leading to worsening health conditions and increased reliance on high-cost emergency care.

Given the proposed rule changes, IHA also respectfully requests **clear guidance** on any updates to the application and reimbursement process for emergency services for individuals formerly covered under HBIA. With emergency departments facing capacity constraints, timely and clear communication from the Department is essential to ensure proper reimbursement and to allow the state to access available federal matching funds.

As the Department moves forward with the termination of the HBIA program, IHA strongly recommends the Department adopt a **comprehensive continuity of care provision** for HBIA enrollees undergoing treatment. Abrupt termination of coverage could disrupt care for patients managing chronic conditions, receiving cancer treatments, accessing mental health services, or recovering from surgery. These disruptions not only jeopardize patient outcomes but could also lead to increased healthcare costs from avoidable emergency department visits and hospitalizations.

Consistent with the spirit of the continuity of care requirements in commercial insurance (*215 ILCS 124/20, 215 ILCS 134/25, 215 ILCS 200/70*) and Medicaid managed care (*Medicaid HealthChoice Illinois Contract 5.19*), we urge the Department to provide, at minimum, a **90-day transition period** for patients with active treatment needs—particularly those with serious, co conditions. This approach would protect vulnerable patients, ease provider administrative burden, and help mitigate the impact on emergency care services.

Thank you again for the opportunity to comment on the proposed rules. IHA remains committed to working in partnership with the Department to support policies that promote

access to care, financial sustainability for hospitals, and the health and well-being of all Illinois residents.

If you have any questions or wish to discuss these comments further, please contact Dave Gross, Senior Vice President, Government Relations, at dgross@team-iha.org or 217-541-1161.

Sincerely,

David Gross
Senior Vice President, Government Relations
Illinois Health and Hospital Association