



HB3493: Healthy Illinois for All

Build Back Stronger & Healthier by Creating A Pathway for Universal Coverage

House Chief Sponsor: Representative Delia Ramirez

Co-Sponsors: Reps. Barbara Hernandez, Kelly M. Cassidy, Aaron M. Ortiz, Jaime M. Andrade, Jr., Eva Dina Delgado, Edgar Gonzalez, Jr., Will Guzzardi, Elizabeth Hernandez, Angelica Guerrero-Cuellar and Dagmara Avelar, Kambium Buckner, Camille Y. Lilly, Lamont J. Robinson, Jr., Marcus C. Evans, Jr.

HB 3493, Healthy Illinois for All, creates a pathway to health coverage through a Medicaid-Look-Alike program for all Illinois residents aged 19 to 64, with annual household incomes of up to 138% FPL (\$17,609 per year for an individual) regardless of their immigration status. Illinois will continue to receive federal reimbursement for emergency services for those eligible for HB3493.

The Health and Economic Well-Being of All of Us Depends on the Health of Each of Us

- COVID-19 shows how our public health is interdependent: healthcare access for all ensures the health of all Illinoisans; policies that discourage health care access are dangerous for all of us.
- Immigrants are disproportionately harmed by COVID-19, with higher infection, hospitalization, and death rates than non-Hispanic whites. Older immigrants and immigrants with disabilities face greater disparities during the pandemic, due to systemic inequities at the intersection of race, ethnicity, age, and disability.ⁱ
- Nationally, immigrants comprise nearly one in five essential workers;ⁱⁱ one in five health care workers;ⁱⁱⁱ and one in four long-term care workers.^{iv}
- Roughly two in ten Illinoisans are immigrants.^v In 2018, immigrant-led households paid \$12.7 billion in federal taxes, \$7.7 billion in state and local taxes, and infused over \$50.2 billion in spending power to our economy.^{vi}
- Yet, immigrants are excluded from eligibility from health coverage programs, making immigrants at higher risk for medical bankruptcy and excessive out-of-pocket spending, delayed diagnosis of illness and conditions, lower use of preventive services. This, in turn, hurts our state's workforce and weakens public health infrastructure.

Potential Impact

- **HB3493 will decrease Illinois' uninsured rate.** Over **161,000**^{vii} low-income Illinoisans are estimated to be eligible for the coverage pathway created by HB3493. Additionally, expanding coverage to all Illinois residents below 138% FPL will undoubtedly lead to thousands more people who were already eligible for Medicaid coverage pathways to also enroll, including into federally reimbursable coverage.
- **HB3493 will decrease health care providers' cost of care to the uninsured.** Being uninsured delays care and testing, translating into avoidable emergency room visits and hospitalizations which in turn translates into sky-rocketing charity care costs borne by hospitals. In 2019, an estimated \$944.6 million in charity care was provided by Illinois's 200 hospitals; over one-third of that total (\$326.8 million) was provided by Cook County Health's Stroger and Provident hospitals.^{viii}
- **HB3493 will prevent avoidable health-care-related deaths.** In just the first 6 months of the pandemic, Illinois could have avoided 2,371 COVID-19^{ix} fatalities if everyone in the state had health insurance. Similarly, an additional 85,801 COVID-19-contractions by Illinoisans could have been prevented if all people were insured.
- **HB3493 will increase financial security and economic mobility of immigrant families.** Coverage decreases risk of bankruptcy due to medical debt. The average cost of hospital care for COVID-19 patients without insurance or who receive out-of-network care varies greatly by age – from \$51,389 for patients between 21- and 40-years-old to \$78,569 for patients between 41 and 60 years old, according to [updated cost analysis data from FAIR Health](#).



HB3493 Continues Illinois's Legacy as a National Leader

Passage of HB3493 - Healthy Illinois for All - would continue Illinois's leadership in healthcare coverage, building on critical gains our state made through All Kids by expanding coverage to all children regardless of immigration status and the most recent coverage expansion to low-income immigrant seniors. As we tackle the aftermath left by COVID-19 in Illinois, this is a necessary step in moving Illinois towards its goal of health equity for all.

Questions?: Graciela Guzman (g.guzman@healthyillinoiscampaign.org), 773.270.2611

Healthy Illinois For All Supporters in Formation

ACA Consumer Advocacy	Illinois Hospice & Palliative Care Organization
AgeOptions	Illinois Primary Healthcare Association
AIDS Foundation Chicago	Illinois Psychiatry Society
Alivio Medical Center	KAN-WIN
Brighton Park Neighborhood Council	Latino Policy Forum
Center for Health and Social Care Integration	League of Women Voters of Illinois
Centro de Informacion	Legal Council for Health Justice
Champaign County Health Care Consumers	Leyden Family Service
Center for Health and Social Care Integration	National Association of Social Workers (NASW) Illinois Chapter
Centro de Informacion	OLMC Community Center Casa Esperanza
Chicago Sanctuary Church Network	ONE Northside
Citizen Action/Illinois	PAES
Collaborative for Health Equity Cook County	Planned Parenthood of Illinois
Community Member	Progress Center for Independent Living
CommunityHealth	Protect Our Care Illinois
Cook County Health	Respiratory Health Association
Enlace Chicago	Rush University Medical Center
Erie Family Health Centers	Saint Anthony Hospital
EverThrive Illinois	SEIU Healthcare
HANA Center	Shriver Center on Poverty Law
Health & Medicine Policy Research Group	Sidney Hillman Health Centre
Healthcare Rights Coalition	Sinai Health System
Heartland Alliance	Solutions for Care
Housing Action Illinois	Southwest Organizing Project
Illinois Alliance for Retired Americans	Taller de Jose
Illinois Coalition for Immigrant and Refugee Rights	The Resurrection Project
University of Illinois College of Medicine, Urban Medicine Program	University YMCA New American Welcome Center

ⁱ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7357736/pdf/pntd.0008484.pdf>

ⁱⁱ <https://cmsny.org/publications/us-essential-workers/>

ⁱⁱⁱ <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2018.05514>

^{iv} <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2018.05514>

^v <https://www.migrationpolicy.org/data/state-profiles/state/demographics/IL>

^{vi} <https://data.newamericaneconomy.org/map-the-impact/>

^{vii} Number of Undocumented and Legal Permanent Residents under 5 years, with 138% FPL and below; Rob Paral and Associates estimate based off of 2017 American Community Survey Data

^{viii} <https://www2.illinois.gov/sites/hfsrb/InventoriesData/FacilityProfiles/Pages/default.aspx>

^{ix} , [The Catastrophic Cost of Uninsurance: COVID-19 Cases and Deaths Closely Tied to America's Health Coverage Gaps.](#)