

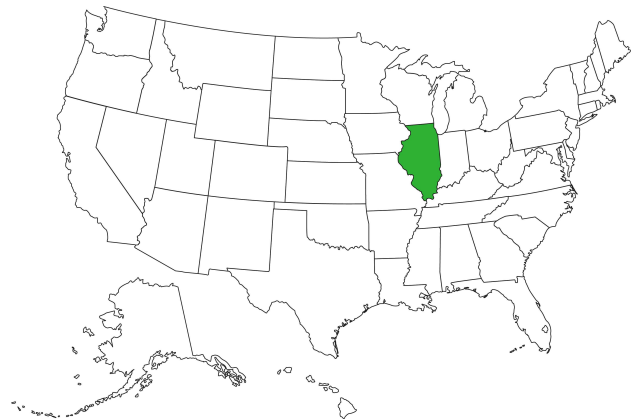
# EXPANDING ACCESS TO HEALTH CARE FOR ALL: HEALTHY ILLINOIS FOR ALL



**Expanding access to health care for all, regardless of immigration status, is a racial and health equity priority.**

This case study is part of a set of resources that provides deeper insights into state policy levers to expand access to full health care for all. This set includes case studies for California, Colorado, Illinois, and Oregon that describe:

- data about the state's immigrant populations, and their access to health care coverage;
- the policy approach;
- key components of laws, including actionable and innovative provisions, and limits;
- actual or expected outcomes;
- political pushback;
- related laws; and
- key takeaways and lessons learned to help inform efforts in Minnesota and other states.



The other resources can be found at <https://www.publichealthlawcenter.org/health-equity-and-policy>.



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## Introduction

Immigrants are vital members of thriving communities and contribute to the social and economic wellbeing of the U.S. across all sectors and walks of life. Yet, immigrants, and people with undocumented status in particular, are forced to navigate profound and unnecessary barriers to being able to live healthy lives. Immigration status has a major impact on both individual and family health outcomes. This in part because a person's status, and whether they are documented or undocumented, shapes when, where, and how they and their family members can access health care services. Numerous studies and reports show that:

- Structural racism and xenophobia are root causes of undocumented immigrants' lack of access to comprehensive health care coverage in the United States;
- Inequities in access to coverage contribute to significant disparities in health; and
- Indigenous, Black, Latine, Asian American/Pacific Islander, and other people of color\* experience disproportionately negative health outcomes compared to white people, as borne out in the COVID-19 pandemic.<sup>1</sup>

Thus, expanding access to health care for all, regardless of immigration status, is a racial and health equity priority. This case study describes how Illinois is working towards implementing a vision for a healthy Illinois for all.

## Background

On June 2, 2022, Illinois Governor J.B. Pritzker signed [House Bill 4343](#) into law, which expanded access to comprehensive, state-funded health insurance to adults ages 42-54 years old, based on income guidelines, regardless of immigration status.<sup>2</sup> This bill built on a series of previously adopted laws that expanded access to growing numbers of people without documented status, starting with children ages 18 and under, then seniors ages 65 and up, and then adding adults ages 55 to 64. Advocates describe the 2022 legislation as sending a clear message that health care is a right, not a privilege. With the adoption of HB 4343, Illinois' state health insurance program now covers prenatal care and up to 12 months of postpartum

\* For this resource, we have used the collective labels listed here as much as possible when referring to various political, racial, and ethnic groups. We occasionally have used alternative labels when appropriate, based on terminology used in source material, such as cited research reports, quotes, terminology used in a particular jurisdiction's materials, etc. We recognize that the language of equity is constantly evolving and no one label can capture the complexities of racial and ethnic identities. We also understand that there may be political implications regarding the use of labels. We do not wish to perpetuate insensitivity associated with any of these labels. We recommend that labels preferred by community members in the specific community or region be used whenever possible.

care; children ages 0-18 years old; and adults ages 42 and up, based on income guidelines and regardless of immigration status.

Approximately 8.5% of Illinois's population is foreign-born, including about 425,000 undocumented immigrants.<sup>3</sup> Latine people comprise the majority of Illinois' immigrant population, with Mexicans accounting for 65% of this population, followed by people from India (7%), Philippines(4%), China(3%), and Guatemala(2%).<sup>4</sup> A 2014 report estimates that more than half of Illinois' undocumented population is concentrated in the suburban Chicago area.<sup>5</sup> However, immigrants live in many parts of Illinois; for example, data from the state's Health Benefits for Immigrant Senior (HBIS)<sup>6</sup> program shows that covered seniors live in 51 of the state's 102 counties and speak more than 40 languages.<sup>7</sup> Similar to national statistics, a large portion of immigrant families residing together in Illinois consist of people with mixed statuses — immigrants with legal status as well as undocumented residents. About 74% of undocumented adults aged 55 and older live with younger adults, as opposed to 26% for citizens born in the U.S.<sup>8</sup> Approximately 52% of Illinois' undocumented population is uninsured.<sup>9</sup>

## The Approach: Address Inequities for Children First, Then Add Adults Starting with Seniors by Age Group

In 2005, Illinois adopted HB 806<sup>10</sup> to become the first state in the nation to provide health insurance for undocumented immigrant children under the age of 19 living with low income. Then in 2014, it became the first state to cover kidney transplants for undocumented immigrants through SB 741.<sup>11</sup> In 2020, Illinois achieved another first by extending access to Medicaid-like coverage for all noncitizen seniors ages 65 years old and up based on income guidelines through HB 357;<sup>12</sup> and then in 2021 expanded this coverage to include noncitizen seniors ages 55 to 64 through SB 2017.<sup>13</sup> These changes were accomplished amid the deadly COVID-19 pandemic which has disproportionately stricken Hispanic communities in Illinois.<sup>14</sup> "The fact that we're going to do this during the pandemic really shows our commitment to expansion and broadening health care access. It's an amazing first step in the door," said Graciela Guzmán, campaign director for the Healthy Illinois for All Campaign (Healthy Illinois).<sup>15</sup> These efforts set the stage for HB 4343 in 2022, extending coverage to noncitizen adults ages 42 to 54, and that year Illinois also started providing prenatal care and 12 months of postpartum care for people whose income is at or below 210% of the Federal Poverty Level (FPL) regardless of immigration status.<sup>16</sup>

An alternative—but unsuccessful—legislative initiative, also known as Healthy Illinois for All, HB 4437 (2022), sought to comprehensively expand the Health Benefits for Immigrant

Adults program to provide coverage for all undocumented persons ages 19 to 54 years old, which would have closed any age gaps.<sup>17</sup> The Healthy Illinois campaign continues to advocate for health care access for undocumented Illinois residents ages 19-42 years old who have low income—the only age group that remains ineligible for access to affordable health care insurance.<sup>18</sup>

Many groups contributed to the success of these bills and continue to advocate to close the gaps for people with undocumented status. For example, HB 4343 was championed by the Illinois Legislative Latino Caucus, Asian American Caucus, and the Progressive Caucus.<sup>19</sup> Healthy Illinois has been at the core of the movement for Illinois legislation to extend access to health care coverage to undocumented immigrants of all ages, asserting that health care is a human right.<sup>20</sup> Members of Healthy Illinois include: the Shriver Center on Poverty Law; the Resurrection Project; Illinois Primary Health Care Association; and the Illinois Coalition for Immigrant & Refugee Rights.<sup>21</sup> In addition, over 40 health, faith, community, academic, legal, and other organizations have endorsed Healthy Illinois's legislative advocacy efforts. Healthy Illinois created the advocacy messages listed below, asserting that expanding health insurance coverage to all Illinois residents regardless of immigration status would:<sup>22</sup>

- *Make us all safer. The COVID pandemic has demonstrated more clearly than ever that our health is interdependent. We are all safer when everyone has meaningful access to health care.*
- *Help us address the lasting impacts of long COVID-19, which will further increase the need for care for chronic health conditions.*
- *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 translate into sky-rocketing charity care costs borne primarily by safety-net hospitals.*
- *Contribute to better access to care, increased use of preventative services, better management of chronic illness and, eventually, longer and healthier lives.*
- *Create pathways to treatment for people with mental illness and substance use disorders.*
- *Prevent major financial crises for individuals and families. A national study found that 62% of all consumer bankruptcies in 2007 involved medical debt.<sup>23</sup>*
- *Save Illinois taxpayers money and allow the government to recoup a portion of any health insurance investment in the form of higher future tax payments.*
- *Result in increased college attendance, lower mortality rates, and higher earned wages.*
- *Create a healthier pool of employees, who take fewer sick days and are more productive.*

- *Reduce the number of uninsured patients seen by hospitals and other medical providers, and therefore reduce their uncompensated care costs.*
- *Reduce the burden on local governments who currently pay for a portion of health care for the undocumented.*

The Illinois Coalition for Immigrant and Refugee Rights (ICIRR) also advocates for health care access as a human right in Illinois.<sup>24</sup> ICIRR promotes the rights of immigrants and refugees to full and equal participation in civic, cultural, social, and political life. This coalition has committed to working with Healthy Illinois in 2023 to advocate for health care for all, to expand coverage to include all income-eligible adult immigrants and to cover home and community-based care services and long-term care.<sup>25</sup>

The Collaborative Report on the Aging Undocumented Population of Illinois noted that undocumented seniors are more likely to be in poverty, are forced to stay in the workforce longer, and are more likely to have more physically demanding jobs compared to similarly situated documented seniors.<sup>26</sup> Further, undocumented people face additional barriers in accessing health care, particularly preventive care. Examples of barriers include programs requiring a Social Security number to gain access, online-only forms, English-only forms, limited locations or hours, documentation requirements for income, and general lack of support to navigate the few resources available to people who are undocumented.<sup>27</sup> Members of the Collaborative also identified housing instability as an issue.<sup>28</sup>

## Key Policy Components

*Findings.* HB 806 (2005), Covering All Kids Health Insurance Act, includes a statement of legislative intent that declares “for the economic and social benefit of all residents of the State, it is important to enable all children of this State to access affordable health insurance that offers comprehensive coverage and emphasizes preventative healthcare.”<sup>29</sup> Additional findings provide support and justification for the legislation:

- “[A]ccess to healthcare is a key component for children’s healthy development and successful education”; and
- “The effects of lack of insurance also negatively impact those who are insured because the cost of paying for care to the uninsured is often shifted to those who have insurance in the form of higher insurance premiums.”<sup>30</sup>

The other bills expanding access to health insurance referenced in this case study did not include a statement of legislative intent or findings. However, some bills provide a rationale for

establishing certain workgroups, or funding pools. For example, [HB 4343](#) states (regarding the need for a funding pool):

- “[C]ommunities in Illinois . . . experience significant health care disparities due to systemic racism, as recently emphasized by the COVID-19 pandemic, aggravated by social determinants of health, and a lack of sufficiently allocated healthcare resources, particularly community-based services, preventative care, obstetric care, chronic disease management, and specialty care . . . [.]”<sup>31</sup>

*Actionable Provisions.* This series of legislation includes a range of measures aimed at increasing access to quality health care coverage and continuing to create a more equitable health care system in Illinois by expanding equity in coverage, eligibility, and reimbursement rates. Specifically, the legislation:

- Includes specific instructions and grants of authority to the Illinois Department of Healthcare and Family Services (HFS), the agency charged with oversight, analysis, and reporting responsibilities. For example, HFS is responsible for establishing the medical services available, standards for eligibility, and other conditions of participation through rulemaking.<sup>32</sup>
- Requires HFS to establish a “health care transformation program” that is financially supported by the “transformation funding pool.” Innovative partnerships funded by the pool must be “designed to establish or improve integrated health care delivery systems that will provide significant access to Medicaid and uninsured populations in their communities, as well as improve health care equity.” The legislation includes \$150,000,000 (pending matching federal funds) in funds for the hospital and health care transformation program during fiscal years 2021-2027.<sup>33</sup>
- Establishes an HFS workgroup, made up of health disparities subject matter experts and representatives of “distressed communities.” The workgroup must provide recommendations on how HFS policies — including health care transformation — can reduce health disparities and impacts on communities disproportionately affected by COVID-19, such as: “a community safety-net designation of certain hospitals, racial equity, and a regional partnership to bring additional specialty services to communities.”<sup>34</sup>

HFS has established the following:<sup>35</sup>

- Covered services include: doctor and hospital care; lab tests; rehabilitative services such as physical and occupation therapy; home health, mental health, and substance use disorder services; dental and vision services; and prescription drugs.

- The medical program offers a full benefit package with \$0 premiums and \$0 co-payments.
- The program may also be able to provide backdated or retroactive coverage or help pay for medical bills for health care coverage received for up to three months prior to the enrollment date.
- Income thresholds set based on Federal Poverty Level (FPL) (see the [Table of State Laws](#) for information about specific thresholds).
- An inmate of a public institution may be considered eligible for limited benefits.

*Innovative Provisions.* This series of legislation requires detailed processes that are intended to advance health equity goals regarding outreach, enrollment, access to services, and programmatic decision-making processes.

- The legislation promotes the uptake of coverage and prevents disenrollment through various strategies, including extending 12 months of continuous coverage for children under the age of 19 ([HB 806](#)),<sup>36</sup> and providing automatic reenrollment for undocumented immigrants under the age of 19. In addition, enrollees turning 65 years old will be automatically considered for the state's [Immigrant Seniors Program](#).<sup>37</sup>
- In addition to increasing prenatal and postpartum reimbursement rates, the legislation expands coverage for midwifery services under the Medicaid program by adding Certified Professional Midwife services, starting January 1, 2023.<sup>38</sup>

## Limitations

Like other states, Illinois's legislation has several limitations, such as:

- As is true of nearly all jurisdictions that have enacted legislation thus far, the Illinois legislation covers some, but not all, age groups. Currently, the 19-41 year-old age group is excluded. The Healthy Illinois coalition has a long-term vision to push for universal coverage,<sup>39</sup> taking incremental steps toward that goal as was done in California.<sup>40</sup>
- Income-or-asset checking requirements may impede enrollment of individuals who are otherwise eligible. Elimination or minimization of paperwork promotes enrollment and use of these services.
- Some advocates worry that people will be afraid to enroll in the health coverage program due to fears about how it might affect their ability to obtain citizenship or residency. Staff at the Shriver Center on Poverty Law in Chicago and others are working to assure immigrants

this should not be a concern. Because the new program is state-funded and a non-cash benefit, federal guidance indicates it is not subject to the “public charge” rule designed to exclude immigrants who are deemed likely to become dependent on certain government programs.<sup>41</sup>

- The program does not cover funeral and burial expenses (also excluded under the Affordable Care Act). A critical gap is lack of coverage for long-term care facilities such as rehabilitation centers, nursing homes, and other home and community-based services.<sup>42</sup> An HFS spokesperson said the Department “would favor members in this population receiving additional home and community-based services.”<sup>43</sup> The issue reportedly comes down to money. HFS has estimated the cost to provide long-term and home health care services but reportedly has refused to share this data, despite requests from Injustice Watch and the Chicago Tribune in a Freedom of Information Act (FOIA) filing.<sup>44</sup>
- Some undocumented immigrants in the approved age groups (0-18 years old and 42 years old and up) may fall through the cracks in ways that would require further time and research to identify.

## Actual or Anticipated Outcomes

This legislation is critical for undocumented Illinois residents ages 42-54 years old who have been ineligible for full-scope health care coverage in Illinois due to their immigration status. HFS estimates “at least 11,000 [undocumented] immigrants in Illinois will be eligible for [the] expansion” of coverage to people ages 55-65 years old,<sup>45</sup> and that expansion of access to health care coverage for undocumented immigrants ages 42-54 years old will add approximately 27,000 adults.<sup>46</sup>

Illinois initially expected the HBIS policy to cover 4,200 to 4,600 seniors, at an approximate cost of \$46 million to \$50 million a year, according to an HFS spokesperson.<sup>47</sup> However, by the end of its first year in December 2021, the program had enrolled more than 6,500 undocumented seniors and about 2,500 legal permanent residents who had obtained green cards within the past five years and so were not eligible for standard (federal) Medicaid.<sup>48</sup> As Erendira Rendón, an organizer with Healthy Illinois, observed: “The numbers (of enrollees) show the need of this population often living under the shadow. It also shows the potential crisis that this can cause if this issue is not addressed by our leaders in the state, but also federally[.]”<sup>49</sup> The program cost more than \$100 million in its first year, according to state data.<sup>50</sup>



At the start of the 2023 session, bills expanding coverage to undocumented people ages 19-41 years old were introduced.<sup>51</sup> As Senator Omar Anquino pointed out, the 2022 legislation is “only one more step that moves us closer to our goal to provide health care services for all in Illinois.”<sup>52</sup> Healthy Illinois and the ICIRR<sup>53</sup> have published 2023 policy platforms, with plans to continue advocating for expanding coverage to include all adults; addressing the lack of coverage for long-term care services; and ensuring that culturally and linguistically competent enrollment information is available for eligible people.<sup>54</sup>

## Political Pushback

Some Republicans have criticized the expansion of coverage to undocumented immigrants, calling it part of a “irresponsible budget,” and describing the state’s finances as being in “disarray” as a result of the pandemic.<sup>55</sup> The Illinois Republican Party reinforced the “irresponsible budget” claim, and referred to the measure as providing “free healthcare for illegal immigrants.”<sup>56</sup>

Proponents contend that many immigrants who are undocumented pay taxes without being eligible for programs like federal Medicare and Medicaid, and that spending on preventive care will save money in the long run by cutting down on more expensive emergency care.<sup>57</sup> Advocates say the cost is well worth it, citing research showing that providing primary care for undocumented immigrant seniors reduces the number of emergency hospital visits.<sup>58</sup> As a senior attorney at the Shriver Center on Poverty Law noted, “If we don’t spend \$100 million on [health care for] undocumented seniors, it’s not like the state is saving \$100 million. If we cut the programs tomorrow, those costs are still there. It’s just cost shifting.”<sup>59</sup>

## Related Legislation

Below are brief descriptions of other recently enacted laws in Illinois that remove barriers to access to health care and/or other government benefits or services for undocumented immigrants, or establish programs or activities that support access.

- The Illinois Department of Human Services<sup>60</sup> and the ICIRR<sup>61</sup> partner on the COVID-19 Immigrant Family Support Project, which provides limited financial aid to immigrant families who do not otherwise qualify for financial assistance, regardless of immigration status.
- HR 0215 (adopted 5/6/21):<sup>62</sup> This House Resolution on Immigration Policy Reform calls on the Biden Administration to undo the harmful immigration policies of the Trump

administration and calls for a pathway for all undocumented immigrants to become citizens.

- HB 3438 (adopted 8/20/21):<sup>63</sup> Requires all public higher education institutions in Illinois to designate an employee as the “Undocumented Student Liaison” to aid undocumented and mixed status students on campus who need to access financial aid and academic support. It encourages the development of an “Undocumented Student Resource Center.”
- HR 318 (adopted 5/30/21):<sup>64</sup> This House Resolution urges Congress to pass legislation to advance human rights and protections for immigrant communities.
- HB 0709 (adopted 8/19/21):<sup>65</sup> Mandates the Department of Human Services to create and execute a public information campaign to inform immigrants, asylum seekers, and refugees of their rights under U.S. and Illinois law, regardless of immigration status.
- HB 3803 (adopted 8/20/21):<sup>66</sup> Requires hospitals to proactively offer information on charity care options to all uninsured patients, regardless of immigration or residency status.
- SB 0265 (adopted 7/29/21):<sup>67</sup> Expands eligibility for the Illinois Energy Assistance Program to all eligible low-income Illinois residents regardless of immigration status.
- SR 0100 (adopted 5/31/21):<sup>68</sup> This state Senate Resolution urges Congress and the President to grant the right and privilege of U.S. residency to all farmworkers, regardless of immigration status.
- HB 0370 (adopted 12/17/21):<sup>69</sup> Restates Illinois’ commitment to provide reproductive health care to all persons in the state, without barriers based on race or ethnicity, immigration status, age, geographic location, economic means, education level, or other identity category.
- HR 0158 (adopted 5/6/21):<sup>70</sup> This House Resolution asserts that it is the responsibility of the federal and state government to address racial injustice, mass unemployment, the pandemic, and climate change. This resolution specifically includes immigrants, regardless of immigration status.
- HB 2877 (adopted 5/17/21):<sup>71</sup> Provides that no Illinois state agency can require an executed written lease or any type of immigration status documentation for the purpose of determining eligibility for the state’s COVID-19 Rental Assistance Program, unless necessary to comply with federal or state law.

## Key Takeaways and Lessons Learned

The evolution of health care access in Illinois law reflects a long-term, sustained strategy involving enactment of multiple pieces of inter-related legislation over time. The successful implementation of legislation has been aided by the participation of a strong, broad-based coalition that unites immigrant communities with experts, allies, partners, and supporters representing interests in advancing racial and health equity, immigrant rights, poverty law, and related public health advocacy concerns, including equitable health care finance, systems, and services.

Like other states seeking to provide undocumented immigrants with access to health care coverage, this series of legislation demonstrates investment in taking an incremental approach. Illinois started by addressing inequitable access for children and then seniors. It continued to expand access to more adults and people who are pregnant and postpartum, to get closer to closing all age gaps. Further consultation with advocacy leaders in Illinois would likely yield additional valuable insights and guidance, providing lessons learned from their experiences.

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## Endnotes

- 1 See, e.g., Monika Damle et al., *Racism and Health Care: Experiences of Latinx Immigrant Women in NYC During COVID-19*, SSM - QUALITATIVE RESEARCH IN HEALTH CARE vol. 2 (2022): 100094. doi:10.1016/j.ssmqr.2022.100094, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9095080/>; Supriya Misra et al., *Structural Racism and Immigrant Health in the United States*, 48 HEALTH EDUCATION BEHAVIOR 332 (2021), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8935952/>; and Ruqaiyah Yearby et al., *Structural Racism in Historical and Modern U.S. Health Care Policy*, 41 HEALTH AFFAIRS 187, 187 (2022), <https://www.healthaffairs.org/doi/epdf/10.1377/hlthaff.2021.01466>.
- 2 H.B. 4343, 102nd Gen. Assemb., Reg. Sess. (Ill. 2022), <https://www.ilga.gov/legislation/102/HB/10200HB4343lv.htm>, codified at 305 ILL. COMP. STAT. 5/12-4.35(a-7) (2023).
- 3 Migration Pol’y Inst., *Profile of the Unauthorized Population: Illinois*, <https://www.migrationpolicy.org/data/unauthorized-immigrant-population/state/IL> (last visited Jan. 12, 2023).
- 4 Migration Pol’y Inst., *Profile of the Unauthorized Population: Illinois*, <https://www.migrationpolicy.org/data/unauthorized-immigrant-population/state/IL> (last visited Jan. 12, 2023).
- 5 FRED TSAO, ILLINOIS’ UNDOCUMENTED IMMIGRANT POPULATION: A SUMMARY OF RECENT RESEARCH, (Ill. Coal. for Immigrant and Refugee Rts.) (Feb. 2014), [https://www.icirr.org/\\_files/ugd/aec63a\\_4ee78f0e8fde4de2a0b0c0f859a8855e.pdf](https://www.icirr.org/_files/ugd/aec63a_4ee78f0e8fde4de2a0b0c0f859a8855e.pdf).
- 6 Ill. Dep’t of Healthcare & Fam. Servs., *Health Benefits for Immigrant Seniors*, <https://www2.illinois.gov/hfs/HealthBenefitsForImmigrants/Pages/CoverageForImmigrantSeniors.aspx> (last visited Apr. 11, 2023).
- 7 The most common languages spoken at home are Spanish, English, Tagalog, Chinese, and Polish. Migration Pol’y Inst., *Profile of the Unauthorized Population: Illinois*, <https://www.migrationpolicy.org/data/unauthorized-immigrant-population/state/IL> (last visited Jan. 12, 2023); Carlos Ballesteros & Laura Rodriguez Presa, *Illinois’ New Health Care Program for Undocumented Seniors Leaves Some of the Most Vulnerable Behind*, INJUSTICE WATCH (Mar. 23, 2022), [https://www.injusticewatch.org/news/immigration/2022/illinois-health-care-undocumented-seniors/amp/?gclid=Cj0KCQiAsdKbBhDHARIsANJ6-jfecSYkZkwjasEfpNjH8TLpGEYvnFosCUkHWaqlj-6\\_usdrJ3XCcwaApK3EALw\\_wcB](https://www.injusticewatch.org/news/immigration/2022/illinois-health-care-undocumented-seniors/amp/?gclid=Cj0KCQiAsdKbBhDHARIsANJ6-jfecSYkZkwjasEfpNjH8TLpGEYvnFosCUkHWaqlj-6_usdrJ3XCcwaApK3EALw_wcB).
- 8 FRED TSAO, ILLINOIS’ UNDOCUMENTED IMMIGRANT POPULATION: A SUMMARY OF RECENT RESEARCH, (Ill. Coal. for Immigrant and Refugee Rts.) (Feb. 2014), [https://www.icirr.org/\\_files/ugd/aec63a\\_4ee78f0e8fde4de2a0b0c0f859a8855e.pdf](https://www.icirr.org/_files/ugd/aec63a_4ee78f0e8fde4de2a0b0c0f859a8855e.pdf).
- 9 Migration Pol’y Inst., *Profile of the Unauthorized Population: Illinois*, <https://www.migrationpolicy.org/data/unauthorized-immigrant-population/state/IL> (last visited Jan. 12, 2023).
- 10 H.B. 0806, 94th Gen. Assemb., Reg. Sess. (Ill. 2005) <https://www.ilga.gov/legislation/fulltext.asp?DocName=&SessionId=50&GA=94&DocTypeId=HB&DocNum=806&GAID=8&LegID=15394&SpecSess=&Session=>, compiled at Covering All Kids Health Insurance Act of 2005, Pub. Act 094-0693, 2005 Ill. Laws 5043, 215 ILL. COMP. STAT. 170 (2023).
- 11 S.B. 0741, 98th Gen. Assemb., Reg. Sess. (Ill. 2014), <https://www.ilga.gov/legislation/fulltext.asp?DocName=09800SB0741eng&GA=98&SessionId=85&DocTypeId=SB&LegID=&DocNum=741&GAID=12&Session>, codified at 305 ILL. COMP. STAT. 5/5-5.2 (2023); David Ansell et al., *Illinois Law Opens Door to Kidney Transplants for Undocumented Immigrants*, 34 HEALTH AFFAIRS, 781 (May 2015), <https://www.healthaffairs.org/doi/10.1377/hlthaff.2014.1192>. Noncitizens with end-stage renal disease who receive emergency renal dialysis and meet state residency and other program rules may receive a kidney transplant, regardless of immigration status.
- 12 H.B. 0357, Art. 85, 101st Gen. Assemb., Reg. Sess. (Ill. 2020), <https://www.ilga.gov/legislation/publicacts/101/101-0636.htm>, codified at 305 ILL. COMP. STAT. 5/12-4.35(a-5) (2023). See also Shriver Ctr. on Poverty L., *Health Coverage Now Available to Undocumented Seniors in Illinois* (Feb. 19, 2021), <https://www.povertylaw.org/article/health-coverage-available-to-undocumented-seniors-in-illinois/>.
- 13 S.B. 2017, Sec. 20-55, 102nd Gen. Assemb., Reg. Sess. (Ill. 2022), <https://www.ilga.gov/legislation/102/SB/10200SB2017lv.htm>, codified at 305 ILL. COMP. STAT. 5/12-4.345(a-6) (2023).

- 14 See Tobias M. Holden, et al., *Structural Racism and COVID-19 Response: Higher Risk of Exposure Drives Disparate COVID-19 Deaths Among Black and Hispanic/Latinx Residents of Illinois, USA*, 22 BMC PUBLIC HEALTH 312 (2022), [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8845334/pdf/12889\\_2022\\_Article\\_12698.pdf](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8845334/pdf/12889_2022_Article_12698.pdf).
- 15 Healthy Ill., *The Healthy Illinois Campaign Celebrates Historic Start of the HBIA Program*, <https://healthyillinoiscampaign.org/hbia/> (last visited Jan. 12, 2023).
- 16 The Centers for Medicare & Medicaid Services approved Illinois' state plan amendment on October 20, 2022. Illinois also received approval for a CHIP state plan amendment to extend postpartum coverage from 60 days to 12 months, regardless of the individual's immigration status, through CHIP Health Services Amendments. Federal CHIP funds are also used to provide prenatal care. NAT'L IMMIGR. L. CTR., TABLE: MEDICAL ASSISTANCE PROGRAMS FOR IMMIGRANTS IN VARIOUS STATES (May 2022), <https://www.nilc.org/wp-content/uploads/2022/05/med-services-for-immis-in-states-2022-05-changes-accepted-May-2022.pdf>; Letter from Amy Lutzky, Deputy Dir., Dep't of Health & Hum. Servs., to Kelly Cunningham, Medicaid Adm'r, Ill. Dep't of Healthcare & Fam. Servs., Div. of Med. Programs (Sept. 15, 2021), <https://www.medicaid.gov/CHIP/Downloads/IL/IL-21-0014.pdf>.
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