



ILLINOIS

Despite enactment of the Health Insurance Portability and Accountability Act of 1996 (HIPAA, P.L. 104-191), individuals with preexisting conditions continue to face challenges accessing affordable and adequate health insurance. HIPAA sets minimum standards of protection to improve access to health insurance for millions of Americans obtaining coverage through group insurance. HIPAA also imposes some limits on the time that preexisting conditions may be excluded from coverage and guarantees access to coverage for certain individuals who lose group coverage. However, HIPAA does not address the private individual insurance market. Despite its strengths, HIPAA has many gaps that have been exposed over the decade since its enactment, including insufficient protection of individuals with chronic illnesses. Below is a snapshot of chronic illness and the uninsured population in your state.

DEMOGRAPHICS

| | Illinois | United States |
|---|-----------------|------------------|
| • Population | 12,580,070 | 292,947,440 |
| • Non-Elderly Adults who are Uninsured | 16% (1,762,280) | 18% (46,118,230) |
| • Children who are Uninsured | 11% (385,610) | 12% (9,035,420) |
| • Total Enrollment of Medicaid Population ¹ | 10% (1,280,010) | 13% (37,868,010) |
| • Individuals with a Life-Threatening, Chronic or Debilitating Illness ² | 32% (4,025,622) | 32% (93,743,181) |
| • Individuals in the Private Market (non-group) ³ | 4% (551,160) | 5% (14,162,970) |

STATE HIGH RISK POOL

| | |
|---|---------------------|
| • Number Enrolled in State High Risk Pool ⁴ | 16,667 |
| • Waiting / Look-Back Period for Preexisting Conditions | 6 months / 6 months |
| • Average Cost to State per Enrollee per Year | \$7,569 |
| • Average Cost to Enrollee per Year ⁵ | \$3,544 |

The Illinois Comprehensive Health Insurance Plan (ICHIP) was created in 1989 and is divided into two parts. First, the traditional CHIP is in place for those with preexisting conditions who are unable to obtain affordable health insurance by any other means. CHIP is funded through premiums and state funding; premiums are set at 143 percent of the average, standard market rate. The second portion is entitled HIPAA-CHIP and covers individuals in-between insurance plans who qualify for HIPAA. This is funded through an assessment on insurers and member premiums, with premiums set at 135 percent of the average, standard market rate. ⁶

HEALTH INSURANCE PORTABILITY ASSURANCE INITIATIVE

The goal of the National Patient Advocate Foundation (NPAF) Health Insurance Portability Assurance Initiative is to ensure access to affordable and adequate health insurance for all individuals, particularly those who have become uninsurable due to a preexisting condition or a family history of chronic, debilitating, or life-threatening conditions. NPAF stands ready to work with federal, state, and local policymakers and other stakeholders on this important policy initiative. For more information contact Amy Boivin at amyb@npaf.org

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National Patient Advocate Foundation (NPAF) is a national, non-profit organization that is dedicated to the mission of creating avenues of patient access through improved access to, and reimbursement for, evolving therapies, therapeutic agents, and devices through policy and legislative reform at the state and federal levels. Our mission is shaped by the experiences of the patients served through our companion organization, Patient Advocate Foundation.

¹The Henry J. Kaiser Family Foundation ²Centers for Disease Control, an estimate based on national prevalence data ³The Henry J. Kaiser Family Foundation
⁴National Association of State Comprehensive Health Insurance Plans ⁵The Commonwealth Fund ⁶The Robert Wood Johnson Foundation