

**LEGISLATIVE & POLICY REPORT  
CHICAGO BOARD OF HEALTH  
JANUARY 16, 2013**

**LEGISLATIVE REPORT**

**City Council**

Following is the status of two health related ordinances introduced at the December 12, 2012 City Council:

As reported in the December Board of Health report, an ordinance was introduced by the Mayor that provides the Commissioner the authority to enter into agreements with public and private entities for the sharing and other use of public health-related data. The ordinance was referred to the Committee on Budget and Government Operations and is expected to be addressed at a January 16, 2013 committee meeting. Eric Jones, Director of Epidemiology & Public Health Informatics, is slated to testify on behalf of the Department in support of the ordinance. If approved by the Committee, the ordinance will be considered for approval at the January 17, 2013 City Council meeting.

An ordinance introduced by 31<sup>st</sup> Ward Alderman Ray Suarez, 48<sup>th</sup> Ward Alderman Harry Osterman, and 50<sup>th</sup> Ward Alderman Debra Silverstein regulating building code violations regarding bed bugs is expected to be considered in either February or March. The ordinance would provide the Commissioner with new authority to enforce the Code as it relates to public health and sanitary conditions in the City. CDPH, the Building Department, Law Department worked with the Aldermen to develop the ordinance.

It has been widely reported in the news media, that at the January 17, 2013 City Council meeting, the Mayor will introduce several measures aimed at curtailing gun violence. The Mayor decided to move forward with these proposals after the Illinois General Assembly failed to act on gun control legislation.

**State**

The Illinois General Assembly veto session and January “lame duck” legislation session was largely unproductive. Legislation to allow issuance of the state’s temporary visitor driver’s license to undocumented residents was the only major legislative initiative to pass. Proponents of the legislation estimate that there are approximately 250,000 undocumented motorists in Illinois.

The Illinois General Assembly also approved HB 3816 which transfers responsibility for the Violence Prevention Authority from the Attorney General to the Illinois Criminal Justice Information Authority. The measure now goes to Governor Quinn for his review.

The 97<sup>th</sup> General Assembly adjourned on Tuesday, January 8, 2013. Some of the key issues from the veto and “lame duck” session include:

- *Medicaid Expansion* – HB 6253 was introduced at the request of HFS Director Hamos to allow Illinois to expand Medicaid as authorized under the federal ACA. The bill passed out of the House Appropriations-Human Services Committee, but it did not advance any further. Sponsors have already introduced new Medicaid expansion legislation (HB 106 and SB 26) for this session.
- *FY13 Supplemental Appropriation* – this measure failed to pass. The supplemental included \$12 million in additional funding for community mental health programs. This issue will be considered again during the Spring Session.
- *Assault Weapons Ban* – HB 1263 and HB 815 were amended in the Senate Public Health Committee to add provisions that would ban assault weapons and large capacity ammunition magazines. Amendments to HB 1263 would ban the possession, delivery, sale and purchase of semiautomatic assault weapons and their attachments, .50 caliber rifles, and .50 caliber cartridges. HB 815 bans the possession, delivery, sale and purchase of large capacity ammunition feeding devices (magazines). Neither bill was called for a vote on the Senate Floor. Similar provisions were filed in the House as an amendment to SB 2899, but the measure was not called for a vote.
- *FY13 Budget Implementation (Supplemental) Act* – This bill included a mechanism to provide additional funding to Department of Financial and Professional Regulation (DFPR) which oversees the licensing of certain regulated professions, trades, occupations, and industries, including physicians. As a result of previous special fund sweeps and an ongoing dispute with the Illinois State Medical Society, DFPR is facing a \$9.6 million shortfall in their current budget. The Department announced last week that as a result of the shortfall they would reduce their headcount from 26 to 8 employees. As a result, the following statement will be sent to all licensed physicians in the State:

**“Please be further advised that the Department will have one employee to handle all physician licensing requests in Illinois. Licenses for new physicians and for physicians transferring to Illinois will take between 12 and 18 months to process. Graduating medical students seeking to match with hospitals in Illinois will experience the same delays. Currently licensed physicians will need to renew their licenses in 2014 and will experience delays of up to 18 months to renew their license. Physicians’ current licenses will almost certainly expire before a renewal can be processed. It is unlawful for anyone to provide medical services without holding a valid medical license.”**

Since the 97<sup>th</sup> General Assembly adjourned, any remaining measures that passed both chambers and that Governor Quinn vetoed are automatically dead.

The 98<sup>th</sup> General Assembly convened for their Inaugural Ceremony on January 9, 2013. Senator John Cullerton was re-elected Senate President and Michael Madigan was re-elected Speaker of the House.

## **Federal**

President Obama has signed the American Taxpayer Relief Act of 2012 into law. The bill neutralized the “fiscal cliff” which would have applied across the board tax increases and spending cuts.

Among other things, the fiscal cliff deal provides a Medicare reimbursement “doc fix.” Previous “doc fix” proposals were to be financed by completely eradicating the Prevention and Public Health Fund. Fortunately, the Fund remains intact. House Republicans have vowed to continue efforts to eradicate the Prevention and Public Health Fund.

The deal to avert the fiscal cliff failed to provide a permanent solution to flaws in the Medicare physician reimbursement formula and merely postpones inevitable battles over health care spending between Congress and the White House. The deal prevents the 27% cut in Medicare physician payment rates, which will cost the government \$25.2 billion over the next decade. Some of the trade-offs to cover these costs include:

- a \$10.5 billion cut from Medicare payments to recover overpayment to hospitals,
- a \$4.9 billion cut from end stage renal disease payments, and
- the rebasing of disproportionate share hospital payments, which will save \$4.2 billion.

The Act continues funding through 2013 for activities related to health care performance improvement, and requires HHS to develop a strategy to collect performance improvement data. It also extends funding for programs designed to raise awareness regarding benefits available to low-income individuals and families.

The fiscal cliff deal also included a partial extension of the Farm Bill which expired at the end of September 2012. The extension includes a full nine-month extension of \$5 billion in direct payments to certain commodity farmers, a provision that the Senate and the House Agriculture Committee had moved to eliminate with bipartisan support over the summer.

The extension does not cover all programs, and cuts by one-third the Supplemental Nutrition Assistance Program - Education (SNAP-Ed), a federal/state partnership that supports nutrition education for people eligible for food stamps. Through SNAP-Ed, states receive grants to encourage SNAP recipients to eat more fruits and vegetables and to get more exercise.

Matthew Marsom, Vice President for Public Health Policy and Advocacy for the Public Health Institute and an emerging coalition of health advocates blasted the cuts to SNAP-Ed. According to a statement released by Marsom, “This funding cut to the [SNAP-Ed] program undermines and weakens a critical component of our nationwide efforts to promote healthy eating and prevent chronic disease just as investments to prevent obesity and promote healthy eating are beginning to show results.”

The \$110 million cut to SNAP-Ed reportedly paid for a program that protects dairy farmers from price fluctuations, thus avoiding sharp increases in the price of milk. Earlier versions of the Farm Bill never included or considered cuts to SNAP-Ed, and this last minute cut was never approved by the Agriculture Committees.

Last week, the Food and Drug Administration proposed new food safety standards for foodborne illness, prevention and produce safety. The proposed rules address implementation of the Food Safety Modernization Act and are open for public comment for three months. According to FDA Commissioner Margaret A. Hamburg, MD, “The FDA Food Safety Modernization Act is a common sense law that shifts the food safety focus from reactive to preventive. With the support of industry, consumer groups, and the bipartisan leadership in Congress, we are establishing a science-based, flexible system to better prevent foodborne illness and protect American families.”

## **AFFORDABLE CARE ACT (ACA) UPDATE**

**The following ACA Provisions have or will become effective in 2013:**

- ***Improving Preventive Health Coverage.*** To expand the number of Americans receiving preventive care, the law provides new funding to state Medicaid programs that choose to cover preventive services for patients at little or no cost. *Effective January 1, 2013.*
- ***Expanding Authority to Bundle Payments.*** The law establishes a national pilot program to encourage hospitals, doctors, and other providers to work together to improve the coordination and quality of patient care. Under payment “bundling,” hospitals, doctors, and providers are paid a flat rate for an episode of care rather than the current fragmented system where each service or test or bundles of items or services are billed separately to Medicare. For example, instead of a surgical procedure generating multiple claims from multiple providers, the entire team is compensated with a “bundled” payment that provides incentives to deliver health care services more efficiently while maintaining or improving quality of care. It aligns the incentives of those delivering care, and savings are shared between providers and the Medicare program. *Effective no later than January 1, 2013.*
- ***Increasing Medicaid Payments for Primary Care Doctors.*** As Medicaid programs and providers prepare to cover more patients in 2014, the Act requires states to pay primary care physicians no less than 100% of Medicare payment rates in 2013 and 2014 for primary care services. The increase is fully funded by the federal government. *Effective January 1, 2013.*
- ***Providing Additional Funding for the Children’s Health Insurance Program.*** Under the law, states will receive two more years of funding to continue coverage for children not eligible for Medicaid. *Effective October 1, 2013.*

## **Illinois’ First Free-Standing Birth Center is Almost a Reality**

In August 2007, the Illinois General Assembly passed Public Act 095-0445, allowing for the creation of up to 10 freestanding birth centers throughout the state. These centers will provide cost-effective, high-quality prenatal and obstetrical services, giving women an additional option when choosing where to give birth. The Illinois Health Facilities and Services Review Board will be reviewing the first birth center application, which was submitted by PCC South (Berwyn, IL), at their next Board meeting on February 5, 2013. (See the following link for details on this application: <http://www.hfsrb.illinois.gov/ihfsrbmeetings.htm>).

## OTHER POLICY NEWS

### **Health Care Reform Implementation Council**

Illinois' Health Care Reform Implementation Council is conducting a survey to help prioritize functions for a state-based Health Insurance Exchange that contribute to lower insurance premiums. Interested parties are encouraged to take an online survey, before January 22, at: <http://tinyurl.com/bzy2gt6>.

### **AAP Release Policy Statement on the Importance of Recess**

The American Academy of Pediatrics (AAP) recently released a policy statement highlighting that both recess and physical education in schools promotes activity and a healthy lifestyle, and that there should be a daily break for young children and adolescents. A new AAP article, *The Crucial Role of Recess in Schools*, accompanies this new policy statement. (See *Pediatrics* 2013;131;183; January 2014)

The article notes safe and properly supervised recess offers children cognitive, physical, emotional and social benefits. It should be used as a complement to physical education classes, not a substitute, and whether it's spent indoors or outdoors, recess should provide free, unstructured play or activity. The AAP recommends that recess should never be withheld as a punishment, as it serves as a fundamental component of development and social interaction that students may not receive in a more complex school environment. Importantly, CPS just passed a policy that includes the prohibition of withholding recess as a punishment. Study authors conclude that minimizing or eliminating recess can negatively affect academic achievement, as growing evidence links recess to improved physical health, social skills and cognitive development.

### **CLOCC Releases Strategic Obesity Plan**

The Consortium to Lower Obesity in Chicago Children (CLOCC) released its *Blueprint for Accelerating Progress in Childhood Obesity Prevention in Chicago: The Next Decade*. The Blueprint was created after a year of strategic planning with national and local experts to create goals, objectives, and strategies for Chicago to undertake to make a substantial difference in childhood obesity rates in the city. This innovative and comprehensive plan is the first of its kind, placing nationally identified best practices in a coordinated framework specific to Chicago. The *Blueprint* is available online at: [www.clocc.net/blueprint.html](http://www.clocc.net/blueprint.html).