

HEALTH NEWS



Friday, July 26, 2019

Welcome to Health News Illinois—your one-stop shop for statewide healthcare news.

Please keep sending your story tips, comments and questions to [tstumm@healthnewsillinois.com](mailto:tstumm@healthnewsillinois.com) or [rvoyles@healthnewsillinois.com](mailto:rvoyles@healthnewsillinois.com).

---

## HNI/UPDATES

### **On the record with Jill Fraggos, executive director of the Collaborative for Children’s Health Policy**

After a year of conversations and identifying goals, the Illinois Collaborative for Children’s Health Policy is ready to take the next steps.

Along with launching a [website](#), the collaborative recently announced a framework identifying its initial three goals: increasing access to quality health services for all children, improving access to child mental health services and addressing key social determinants and influences of health.

The collaborative was [launched](#) last year by Ann & Robert H. Lurie Children’s Hospital of Chicago, EverThrive Illinois, the Illinois Chapter of the American Academy of Pediatrics, Illinois Children’s Healthcare Foundation, Ounce of Prevention Fund and Voices for Illinois Children.

The group’s executive director, Jill Fraggos, who also serves as the senior director of government relations for Lurie Children’s, recently spoke with Health News Illinois about the future of the collaborative.

Edited excerpts below:

**HNI: Why were these three initiatives chosen as the initial ones to focus on?**

JF: The six founding organizations that make up the collaborative have really spearheaded a yearlong process of stakeholder meetings to get input on this policy framework. And I would say that this was completely driven by consensus. We had people vote, we had in-person stakeholder meetings, we had surveys. One of the things is that we're multi-sector. So we did not just speak with folks who are in very specific areas in the child health advocacy world. We reached out and got perspectives from businesses, faith leaders, youth and parents and we decided that these three pillars really bubbled to the top. These were the ones we heard from folks all around the state that they wanted to work on.

**HNI: What's the best way to improve access?**

JF: I think one of the things from the collaborative's perspective is trying to address some of the reimbursement issues. Stepping back a bit, one of the biggest health insurance programs for children in Illinois and the country is Medicaid. And I think some of the things, we believe, that will help improve health access is addressing those reimbursement rates for services provided to those kids insured in Medicaid.

We think another area that can improve health access, and this works on the mental health side too, is telehealth. Illinois does not have a telehealth parity law, and we think that is a barrier too. If we can start getting reimbursements for those services, we can improve access around the state for children.

On the mental health front, when I think of major barriers and things we can be doing from a policy perspective is really addressing the workforce issue. There is a real capacity issue with mental health providers for children. That is something we heard loud and clear. Even if we do work, and we think this is important, if we work to improve mental health services in the schools, we still need people to help deliver those services. So that is something as we look at gaps in the system, we have to ask how we build up incentives for the workforce.

**HNI: What are the immediate next steps?**

JF: We announced the framework. We're going to have these committees that we're going to launch that will also be digging in and helping us move the work forward. I imagine we will have a committee on mental health, on access to health and a committee focused on addressing social determinants of health. And they will be driving the specific policy initiatives for each one of our pillars.

**HNI: Who will be serving on these committees?**

JF: I would like to say that we have a very large tent. One of the things that I think makes this collaborative unique is that we encourage all sectors to come to the table. There will be three standing committees and then we'll have some affinity groups, and that is my big charge this fall, to get those committees set up. We have to have a leader, a chair for each one and then they will start their work. So that is our plan for the fall and then moving into the legislative session in January.

The collaborative was not active in session this year because we did not have a policy framework. So now that we have it, we plan to be active in Springfield next year. And I see that engagement on a lot of different levels. There is a lot of great work going on in the state. In some instances we'll just be active supporters of legislation they're working on, and in some, the collaborative's work will be driving some legislation in Springfield.

**HNI: Has the collaborative done any work with lawmakers yet?**

JF: The collaborative provides administrative support for the Children's Health Caucus, which is chaired by Sen. (Julie) Morrison, D-Deerfield, Sen. (Chuck) Weaver, R-Peoria, Rep. (Tom) Demmer, R-Dixon, and Rep. (Camille) Lilly, D-Chicago. The caucus meets three to four times a year, and they're just focused on learning about issues that impact child health in the state of Illinois. The collaborative works closely with that legislative group, and again the caucus isn't really taking specific policy positions at this point. But they've come to us and said, 'We want to learn.' For example, mental health was an issue they really wanted us to help them understand.

**HNI: How has the new Pritzker administration and its healthcare priorities affected the collaborative's work? Have you found much overlap in shared goals?**

JF: We just shared our policy framework with them. They are aware of the collaborative. I see a lot of alignment, for example, in the Department of Public Health. The new director is very focused on adolescent health and in improving rural health. So I think it's too early to answer that because we're still getting the word out about our policy framework. But we are hoping to position ourselves to be a partner of this administration. We'd be a place where they can go to tap into experts to help policy initiatives that they are working on as they relate to children and adolescents.

**HNI: It sounds like some results could be reached by improving coordination among the different healthcare groups, state agencies and other invested partners. How do you go about getting these groups to work together?**

JF: Where we are in sync with this administration is that they are interested in working to align the state agencies and their work. And they're not just focused on children, but adults and all other vulnerable populations. I think that is a real opening for us as a collaborative to partner with this administration on this alignment. Because right now, it's pretty fragmented, and that is one of the reasons this collaborative came together. The fragmentation is a real barrier, and if we can collaborate with this administration, and frankly with the General Assembly, to work on policy changes that break those barriers down and help access to kids, it's going to go a long way toward improving child health in Illinois.

We feel, as a collaborative, that this administration is very interested in trying to remove those silos and make some of these services more integrated. These kids touch so many agencies. They could be part of the Department of Children and Family Services. They could be part of the Department of Healthcare and Family Services and the Department of Human Services. So that's three agencies that maybe there's not any coordination going on. That's exciting that there is a will to be working together to coordinate those services and creating more integration for children in Illinois.

**HNI: You've mentioned that a potential barrier is a lack of available data. Can you elaborate on that?**

JF: We need the data. And there are a lot of holes in terms of baseline data on some of these policy initiatives that we want to pursue. We're going to have an affinity group that is really going to be focused on thinking about how we can liberate some of this data that's out there in the state that we can mine and analyze so we have better-informed policy for kids. And we are hopeful with this administration that there is an openness to data sharing because there is a tremendous amount of resources around the state that have the capacity to look at the data and understand what it means and how we can develop meaningful policy solutions from it.

Another reason I think data is so important, we heard in our stakeholder meetings that there are very different policy solutions for kids who live in Chicago as compared to someone who lives in southern Illinois or a rural county. There is not a one-size-fits-all solution, but we need the data to help us with that.

So I see that as a huge priority, and I see all of our committees looking hard at how we can sit down with the state and see if we can get access to this important health data that will help us make stronger policies for kids.

**HNI: Are there specific policies or legislation you have in mind?**

JF: We are not there yet, but I suspect that will be determined in the committee work. I believe one of the priorities that I think the collaborative will be very interested in is some sort of data-sharing proposal. But we will let the committees do their work this fall and determine what bubbles up. I could also see us collaborating on some sort of immunization package. I think that's an issue that this group is committed to, especially with the measles outbreak.

There will be different levels of engagement. On some issues, we will be active supporters and be very involved. For example, if the Illinois Chapter of the American Academy of Pediatrics is driving an immunization proposal, I see us being extremely active in that. We may not be the driver, but it is something this group would care deeply about and will work hard to pass. It's exciting. We have over 700 organizations and 700 not-for-profit, public, for-profit and community representatives in our database now. And now that we have a website and a policy framework, we really feel we can include more stakeholders together to raise our voices. We'll be mobilizing folks a lot more this session. Kids need strong advocates. They cannot do this themselves. So as many people as we can get into the collaborative and working on these issues, we think that will go a long way.

**HNI: Are there changes you could see doing that don't require legislation?**

JF: I think that will be entertained in these committees. If there is something we think we can pursue around regulatory efforts versus changing a rule, I think we would 100 percent be open to that. And we do not need legislation to liberate the data. I think that's something the administration just has to make available. Of course, sometimes legislation creates energy to really get things done. However, I would imagine if we found other solutions, other ways to do something, we absolutely would do that.

---

## OUR / SPONSORS



---

## OTHER / NEWS

A temporarily unsealed court document shows the FBI was conducting an investigation into possible mail and wire fraud by Outcome Health and its co-founders as recently as last fall, [reports the Chicago Tribune.](#)

The union representing workers at Springfield's McFarland Mental Health Center and representatives from the Illinois Department of Human Services had a "substantive" meeting, [reports the State Journal-Register.](#) The meeting came after employees accused facility management of routinely dismissing violence against staff and ignoring the need to provide more staff and training.

[The Belleville News-Democrat reports](#) on how difficult - and costly - it may be to get a state license to sell recreational marijuana.

Springfield residents were critical this week of a plan to build a new \$3 million facility on the east side of town that would provide comprehensive healthcare and housing services for the city's homeless population, [reports the State Journal-Register.](#)

President Donald Trump is considering a sweeping executive order that would cut prices on almost all branded drugs sold to Medicare and other government programs, [reports Reuters.](#)

A slew of Republican senators threatened to side with pharmaceutical companies and rebuke drug pricing legislation backed by Trump and the chair of the Senate's finance committee, [reports Kaiser Health News.](#)

Governors are weighing what they'd do if an appeals court upholds a decision striking down the Affordable Care Act, [reports the Associated Press.](#)

---

*(c) 2019 Health News Illinois*

*All rights reserved. Reproduction or retransmission of this publication, in whole or in part, without the express permission of Health News Illinois is prohibited. Unauthorized reproduction violates United States copyright law (17 USC 101 et seq.), as does retransmission by facsimile or any other electronic means, including electronic mail.*