

Important Things to Keep in Mind:

1. What is the Health Care Justice Act?

The Health Care Justice Act (Public Act 93-0973) was signed into law by Governor Blagojevich in August 2004. The law set in place a process to create a health care plan that offers more affordable, accessible, and quality health coverage for all Illinois residents. The Act created the 34-member Adequate Health Care Task Force that recommended a majority report on health care reform to the General Assembly in January 2007. Governor Blagojevich took many of the components of this recommendation in creating the *Illinois Covered* plan (plan details are available at www.illinoiscovered.com). The Health Care Justice Act calls for implementation of an affordable, accessible, quality health care plan to begin in July 2007. Our Legislature failed to act last year and we need them to ENACT REFORM in 2008.

2. What is the Health Care Justice Campaign (HCJC)?

The Health Care Justice Campaign is a project of the Campaign for Better Health Care, a grassroots advocacy coalition dedicated to improving Illinois' health care system. The HCJC, officially endorsed by approximately 130 organizations in Illinois, worked to get the Health Care Justice Act passed and now is working to ensure the full implementation of the Health Care Justice Act (passage of affordable, quality health care for all). Efforts include working with the media, meeting with legislators, and educating, informing, and empowering the public around the need for health care reform.

3. Why the Health Care Justice Campaign?

Those members of the Health Care Justice Campaign that helped to draft the Health Care Justice Act back in 2002 strategically discussed two options for initiating health care reform. The first suggestion was to develop an affordable and accessible plan, present the plan as a solution to the health care crisis, and build support for the proposal from organizations, stakeholders, and elected officials. The second suggestion was to develop a two-part political process that first forces a commitment to enact universal health care by a certain date and then establishes a period of time to build and forge consensus and develop a plan to meet that goal. The members of the Health Care Justice Campaign opted for the second suggestion and that course has proven to be successful. Why?

- **Power of Grassroots' Organizing:** The Health Care Justice Act provides numerous avenues to educate and organize health care consumers at the local, regional, and statewide level. The louder their voices ring, the stronger the pressure will be on our elected officials to create a better health care system. A strong and deep coalition of health care consumers is needed and growing in Illinois to win universal health care.
- **Politics of the Stakeholders:** Despite initial disputes on how to move forward, the major stakeholders (hospitals, doctors, businesses, insurers, labor, and consumers) can all agree on the principle of affordable, accessible, quality health care for all in Illinois which brought them together to participate in the Adequate Health Care Task Force. This is a major accomplishment. Even in the best of political and passionate times for universal health care in the early 1990s, the closest CBHC could ever come to universal health care was to garner 54 votes (60 needed for passage) out of 72 House Democrats for its single-payer initiative. By working with all the major stakeholders through this process, the vital cohesiveness between organizations, stakeholders, and elected officials around the need to improve our health care system is developing, which will more effectively move this goal forward.
- **Stakeholders' Philosophy Shift/Relationship Building:** A lot has happened since the health care battle of the 1990s. Since that time, physicians have witnessed the changing dynamics of the market place, which they no longer can control absolutely, whether it is through managed care or other configurations. Illinois hospitals have been in a perpetual transformation caused by mergers, conversions, and networks, and most recently, hospitals have been under greater scrutiny and felt greater burdens to serve the uninsured. Large and small businesses have tried all varieties of patchwork insurance plans throughout the '90s and nothing has worked, or the costs have been shifted somewhere else- usually to the workers.