



## **Health & Disability Advocates**

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FOR IMMEDIATE RELEASE  
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### **Home/Hospital Instruction Bill Protects Illinois Children from Losing Ground in School During Extended Periods of Illness**

July 27, 2011 – Chicago, IL: On July 14, 2011, Governor Pat Quinn signed into law amendments to the Illinois School Code (P.A. 97-123) ensuring a student’s ability to maintain his or her academic performance and standing through continued instruction during extended and intermittent medical absence and recovery periods. Home Hospital Instruction (HHI) mandates provision of regular educational and special educational instruction and special-education-related services in the home or hospital to students whose medical provider anticipates their being out of school for two or more consecutive weeks or on an ongoing intermittent basis due to chronic illness or other medical condition.

Previously, many school districts required children to be absent for extended periods of time before considering providing them with HHI instruction. At that point, even further delay was common in order to put appropriate services in place. The Chicago Medical Legal Partnership for Children (CMLPC), a program of Health & Disability Advocates – which provides legal representation to families of children with complex medical needs through its partnership sites at La Rabida Children’s Hospital, Comer Children’s Hospital and Friend Family Health Center -- recognized the prevalence of this problem and brought the issue to legislators. Health & Disability Advocates staff noted family after family struggling to get HHI services for their children. “These families had always made every effort to ensure that their children attend school regularly, spend time with friends, and succeed academically, but when their children became ill and needed home hospital services, some school districts were dismissive of the children’s needs,” according to Amy Zimmerman, CMLPC director.

One Chicago Public School family had a 12-year-old child who needed to miss school for a number of weeks due to reconstructive bladder surgery. But when the mother informed his school of the procedure and anticipated recovery period, nothing happened. The child languished at home for

two months without receiving a single hour of instruction. Three months after surgery, they boy finally received homebound instruction.

The new School Code amendments require school districts to start provision of HHI no later than 5 days after the district receives a physician’s statement. The amendments also define ongoing “intermittent homebound” so that schools can better prepare to address HHI in advance, to prevent delay of services or a gap in educational instruction for children who have medical needs that prevent them from attending school at least 2 days at a time, multiple times during the school year. The amendments additionally require that children receiving special-education-related services, such as speech therapy, continue to receive those services during HHI. Some examples of students who may qualify for HHI include those who:

- Have suffered severe injuries
- Are recovering from surgery or receiving treatment for a serious illness
- Are diagnosed with a chronic illness that causes sporadic absences
- Have a severe disability making regular school attendance difficult

Parents can initiate HHI by submitting a statement from a doctor to the child’s school stating:

- The child’s medical condition
- Its impact on the child’s ability to participate in educational activities
- The anticipated duration or nature of the child’s absence from school

The legislation HB1706 was introduced in the Illinois General Assembly by State Representative Robyn Gabel.

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**Health & Disability Advocates (HDA)** is a state and national policy and advocacy organization that promotes income security, enhances work opportunities, and improves health care access and services for low-income children, people with disabilities and older adults.

**The Chicago Medical Legal Partnership for Children (CMLPC)** helps families with children who have complex medical needs to access public benefits, health care, special education and developmental services, and healthy housing. Lawyers and health care providers work together to help prevent illness and tackle systemic barriers that impact access to health care and health outcomes. CMLPC’s team of physicians, attorneys and social workers are all active members of statewide advocacy and policy groups, where they use their knowledge of patient needs and systemic problems to propound sensible policy solutions.