

Education access

IHCA
ILLINOIS HEALTH CARE ASSOCIATION

ICAL
ILLINOIS CENTER FOR ASSISTED LIVING

The Center
for Developmental
Disabilities Advocacy and
Community Supports

2024 IHCA Public Policy Forum

Event Information

March 20, 2024
Arlington's
210 Broadway
Springfield, IL

Agenda

9:30 – 10:00 a.m.	Registration
10:00 – 11:30 a.m.	Legislative/Regulatory Updates
11:30 – 11:45 a.m.	Break for Lunch
11:45 a.m. – 1:00 p.m.	Medicaid and the Budget/How to Lobby
1:00 – 5:00 p.m.	Legislative Meetings/Lobbying
6:00 – 8:00 p.m.	Reception

Overview

The IHCA Public Policy team will provide an overview of the association's policy and political agenda for 2024, review potential opposition initiatives that long term care may face, discuss the possibilities of what is in store for our sector and provide an open discussion on the various policy concerns facing the profession in the legislative and regulatory arenas. **Several special guests have been invited to speak.*

At the conclusion of this session participants should be able to:

- Explain how state legislative initiatives will impact the sector.
- Discuss current and pending regulations of impact to the profession.
- Understand the Budget outlook of the state and where the sector fits into that.



Thank you to our sponsor, Medline Industries, Inc.!

Continuing Education

Illinois nursing home administrators and licensed nurses will earn up to 3 clock hours of continuing education for participating in this training program. The Illinois Health Care Association is approved as a sponsor of continuing education by the Illinois Department of Financial and Professional Regulation.

2024 IHCA Public Policy Forum | March 20, 2024

Participant Name	Email Address

Contact Person: _____

Facility: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Payment:

☐ IHCA Member ☐ LTCNA Member ☐ Non-Member

_____ Registration fees.....\$125 per person

Grand Total _____

☐ Check enclosed **OR** Charge to: ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

_____ Expiration Date: _____

Security Code: _____ (3 digits) Signature: _____

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Return with payment to:
Illinois Health Care Association
1029 S. Fourth Street
Springfield, IL 62703

OR

[Click here to register online](#)
Email registration form to:
acaldwell@ihca.com
Fax: 217.528.0452

AMOUNT	CK#/ CC	MEMBER STATUS	DATE