



## 104TH GENERAL ASSEMBLY

### State of Illinois

2025 and 2026

HB1784

Introduced 1/28/2025, by Rep. Lindsey LaPointe

#### SYNOPSIS AS INTRODUCED:

305 ILCS 5/5-2

from Ch. 23, par. 5-2

Amends the Medical Assistance Article of the Illinois Public Aid Code. Expands the classes of persons eligible for medical assistance to include, beginning January 1, 2027 and subject to any federal waivers or approvals necessary for implementation, persons licensed under the Clinical Psychologist Licensing Act, the Clinical Social Work and Social Work Practice Act, the Illinois Dental Practice Act, the Medical Practice Act of 1987, the Licensed Certified Professional Midwife Practice Act, the Nurse Practice Act, the Physician Assistant Practice Act of 1987, or the Registered Surgical Assistant and Registered Surgical Technologist Title Protection Act. Permits such licensed persons to apply for medical assistance by submitting an application to the Department of Healthcare and Family Services between January 1 and March 31. Requires the Director of Healthcare and Family Services to determine the form and manner of submitting an application. Requires the Department to post application instructions on its website. Requires an eligible person who satisfies all application requirements to pay a premium for medical assistance coverage that shall be no higher than 5% of the person's annual income. Provides that any premiums paid shall be automatically allocated to the Department's medical assistance budget for the next fiscal year. Requires the Department to adopt rules.

LRB104 08267 KTG 18317 b

1 AN ACT concerning public aid.

2 **Be it enacted by the People of the State of Illinois,**  
3 **represented in the General Assembly:**

4 Section 5. The Illinois Public Aid Code is amended by  
5 changing Section 5-2 as follows:

6 (305 ILCS 5/5-2) (from Ch. 23, par. 5-2)

7 Sec. 5-2. Classes of persons eligible. Medical assistance  
8 under this Article shall be available to any of the following  
9 classes of persons in respect to whom a plan for coverage has  
10 been submitted to the Governor by the Illinois Department and  
11 approved by him. If changes made in this Section 5-2 require  
12 federal approval, they shall not take effect until such  
13 approval has been received:

14 1. Recipients of basic maintenance grants under  
15 Articles III and IV.

16 2. Beginning January 1, 2014, persons otherwise  
17 eligible for basic maintenance under Article III,  
18 excluding any eligibility requirements that are  
19 inconsistent with any federal law or federal regulation,  
20 as interpreted by the U.S. Department of Health and Human  
21 Services, but who fail to qualify thereunder on the basis  
22 of need, and who have insufficient income and resources to  
23 meet the costs of necessary medical care, including, but

1 not limited to, the following:

2 (a) All persons otherwise eligible for basic  
3 maintenance under Article III but who fail to qualify  
4 under that Article on the basis of need and who meet  
5 either of the following requirements:

6 (i) their income, as determined by the  
7 Illinois Department in accordance with any federal  
8 requirements, is equal to or less than 100% of the  
9 federal poverty level; or

10 (ii) their income, after the deduction of  
11 costs incurred for medical care and for other  
12 types of remedial care, is equal to or less than  
13 100% of the federal poverty level.

14 (b) (Blank).

15 3. (Blank).

16 4. Persons not eligible under any of the preceding  
17 paragraphs who fall sick, are injured, or die, not having  
18 sufficient money, property or other resources to meet the  
19 costs of necessary medical care or funeral and burial  
20 expenses.

21 5.(a) Beginning January 1, 2020, individuals during  
22 pregnancy and during the 12-month period beginning on the  
23 last day of the pregnancy, together with their infants,  
24 whose income is at or below 200% of the federal poverty  
25 level. Until September 30, 2019, or sooner if the  
26 maintenance of effort requirements under the Patient

1 Protection and Affordable Care Act are eliminated or may  
2 be waived before then, individuals during pregnancy and  
3 during the 12-month period beginning on the last day of  
4 the pregnancy, whose countable monthly income, after the  
5 deduction of costs incurred for medical care and for other  
6 types of remedial care as specified in administrative  
7 rule, is equal to or less than the Medical Assistance-No  
8 Grant(C) (MANG(C)) Income Standard in effect on April 1,  
9 2013 as set forth in administrative rule.

10 (b) The plan for coverage shall provide ambulatory  
11 prenatal care to pregnant individuals during a presumptive  
12 eligibility period and establish an income eligibility  
13 standard that is equal to 200% of the federal poverty  
14 level, provided that costs incurred for medical care are  
15 not taken into account in determining such income  
16 eligibility.

17 (c) The Illinois Department may conduct a  
18 demonstration in at least one county that will provide  
19 medical assistance to pregnant individuals together with  
20 their infants and children up to one year of age, where the  
21 income eligibility standard is set up to 185% of the  
22 nonfarm income official poverty line, as defined by the  
23 federal Office of Management and Budget. The Illinois  
24 Department shall seek and obtain necessary authorization  
25 provided under federal law to implement such a  
26 demonstration. Such demonstration may establish resource

1 standards that are not more restrictive than those  
2 established under Article IV of this Code.

3 6. (a) Subject to federal approval, children younger  
4 than age 19 when countable income is at or below 313% of  
5 the federal poverty level, as determined by the Department  
6 and in accordance with all applicable federal  
7 requirements. The Department is authorized to adopt  
8 emergency rules to implement the changes made to this  
9 paragraph by Public Act 102-43. Until September 30, 2019,  
10 or sooner if the maintenance of effort requirements under  
11 the Patient Protection and Affordable Care Act are  
12 eliminated or may be waived before then, children younger  
13 than age 19 whose countable monthly income, after the  
14 deduction of costs incurred for medical care and for other  
15 types of remedial care as specified in administrative  
16 rule, is equal to or less than the Medical Assistance-No  
17 Grant(C) (MANG(C)) Income Standard in effect on April 1,  
18 2013 as set forth in administrative rule.

19 (b) Children and youth who are under temporary custody  
20 or guardianship of the Department of Children and Family  
21 Services or who receive financial assistance in support of  
22 an adoption or guardianship placement from the Department  
23 of Children and Family Services.

24 7. (Blank).

25 8. As required under federal law, persons who are  
26 eligible for Transitional Medical Assistance as a result

1 of an increase in earnings or child or spousal support  
2 received. The plan for coverage for this class of persons  
3 shall:

4 (a) extend the medical assistance coverage to the  
5 extent required by federal law; and

6 (b) offer persons who have initially received 6  
7 months of the coverage provided in paragraph (a)  
8 above, the option of receiving an additional 6 months  
9 of coverage, subject to the following:

10 (i) such coverage shall be pursuant to  
11 provisions of the federal Social Security Act;

12 (ii) such coverage shall include all services  
13 covered under Illinois' State Medicaid Plan;

14 (iii) no premium shall be charged for such  
15 coverage; and

16 (iv) such coverage shall be suspended in the  
17 event of a person's failure without good cause to  
18 file in a timely fashion reports required for this  
19 coverage under the Social Security Act and  
20 coverage shall be reinstated upon the filing of  
21 such reports if the person remains otherwise  
22 eligible.

23 9. Persons with acquired immunodeficiency syndrome  
24 (AIDS) or with AIDS-related conditions with respect to  
25 whom there has been a determination that but for home or  
26 community-based services such individuals would require

1 the level of care provided in an inpatient hospital,  
2 skilled nursing facility or intermediate care facility the  
3 cost of which is reimbursed under this Article. Assistance  
4 shall be provided to such persons to the maximum extent  
5 permitted under Title XIX of the Federal Social Security  
6 Act.

7 10. Participants in the long-term care insurance  
8 partnership program established under the Illinois  
9 Long-Term Care Partnership Program Act who meet the  
10 qualifications for protection of resources described in  
11 Section 15 of that Act.

12 11. Persons with disabilities who are employed and  
13 eligible for Medicaid, pursuant to Section  
14 1902(a)(10)(A)(ii)(xv) of the Social Security Act, and,  
15 subject to federal approval, persons with a medically  
16 improved disability who are employed and eligible for  
17 Medicaid pursuant to Section 1902(a)(10)(A)(ii)(xvi) of  
18 the Social Security Act, as provided by the Illinois  
19 Department by rule. In establishing eligibility standards  
20 under this paragraph 11, the Department shall, subject to  
21 federal approval:

22 (a) set the income eligibility standard at not  
23 lower than 350% of the federal poverty level;

24 (b) exempt retirement accounts that the person  
25 cannot access without penalty before the age of 59  
26 1/2, and medical savings accounts established pursuant

1 to 26 U.S.C. 220;

2 (c) allow non-exempt assets up to \$25,000 as to  
3 those assets accumulated during periods of eligibility  
4 under this paragraph 11; and

5 (d) continue to apply subparagraphs (b) and (c) in  
6 determining the eligibility of the person under this  
7 Article even if the person loses eligibility under  
8 this paragraph 11.

9 12. Subject to federal approval, persons who are  
10 eligible for medical assistance coverage under applicable  
11 provisions of the federal Social Security Act and the  
12 federal Breast and Cervical Cancer Prevention and  
13 Treatment Act of 2000. Those eligible persons are defined  
14 to include, but not be limited to, the following persons:

15 (1) persons who have been screened for breast or  
16 cervical cancer under the U.S. Centers for Disease  
17 Control and Prevention Breast and Cervical Cancer  
18 Program established under Title XV of the federal  
19 Public Health Service Act in accordance with the  
20 requirements of Section 1504 of that Act as  
21 administered by the Illinois Department of Public  
22 Health; and

23 (2) persons whose screenings under the above  
24 program were funded in whole or in part by funds  
25 appropriated to the Illinois Department of Public  
26 Health for breast or cervical cancer screening.



1           "Medical assistance" under this paragraph 12 shall be  
2           identical to the benefits provided under the State's  
3           approved plan under Title XIX of the Social Security Act.  
4           The Department must request federal approval of the  
5           coverage under this paragraph 12 within 30 days after July  
6           3, 2001 (the effective date of Public Act 92-47).

7           In addition to the persons who are eligible for  
8           medical assistance pursuant to subparagraphs (1) and (2)  
9           of this paragraph 12, and to be paid from funds  
10          appropriated to the Department for its medical programs,  
11          any uninsured person as defined by the Department in rules  
12          residing in Illinois who is younger than 65 years of age,  
13          who has been screened for breast and cervical cancer in  
14          accordance with standards and procedures adopted by the  
15          Department of Public Health for screening, and who is  
16          referred to the Department by the Department of Public  
17          Health as being in need of treatment for breast or  
18          cervical cancer is eligible for medical assistance  
19          benefits that are consistent with the benefits provided to  
20          those persons described in subparagraphs (1) and (2).  
21          Medical assistance coverage for the persons who are  
22          eligible under the preceding sentence is not dependent on  
23          federal approval, but federal moneys may be used to pay  
24          for services provided under that coverage upon federal  
25          approval.

26          13. Subject to appropriation and to federal approval,

1 persons living with HIV/AIDS who are not otherwise  
2 eligible under this Article and who qualify for services  
3 covered under Section 5-5.04 as provided by the Illinois  
4 Department by rule.

5 14. Subject to the availability of funds for this  
6 purpose, the Department may provide coverage under this  
7 Article to persons who reside in Illinois who are not  
8 eligible under any of the preceding paragraphs and who  
9 meet the income guidelines of paragraph 2(a) of this  
10 Section and (i) have an application for asylum pending  
11 before the federal Department of Homeland Security or on  
12 appeal before a court of competent jurisdiction and are  
13 represented either by counsel or by an advocate accredited  
14 by the federal Department of Homeland Security and  
15 employed by a not-for-profit organization in regard to  
16 that application or appeal, or (ii) are receiving services  
17 through a federally funded torture treatment center.  
18 Medical coverage under this paragraph 14 may be provided  
19 for up to 24 continuous months from the initial  
20 eligibility date so long as an individual continues to  
21 satisfy the criteria of this paragraph 14. If an  
22 individual has an appeal pending regarding an application  
23 for asylum before the Department of Homeland Security,  
24 eligibility under this paragraph 14 may be extended until  
25 a final decision is rendered on the appeal. The Department  
26 may adopt rules governing the implementation of this

1 paragraph 14.

2 15. Family Care Eligibility.

3 (a) On and after July 1, 2012, a parent or other  
4 caretaker relative who is 19 years of age or older when  
5 countable income is at or below 133% of the federal  
6 poverty level. A person may not spend down to become  
7 eligible under this paragraph 15.

8 (b) Eligibility shall be reviewed annually.

9 (c) (Blank).

10 (d) (Blank).

11 (e) (Blank).

12 (f) (Blank).

13 (g) (Blank).

14 (h) (Blank).

15 (i) Following termination of an individual's  
16 coverage under this paragraph 15, the individual must  
17 be determined eligible before the person can be  
18 re-enrolled.

19 16. Subject to appropriation, uninsured persons who  
20 are not otherwise eligible under this Section who have  
21 been certified and referred by the Department of Public  
22 Health as having been screened and found to need  
23 diagnostic evaluation or treatment, or both diagnostic  
24 evaluation and treatment, for prostate or testicular  
25 cancer. For the purposes of this paragraph 16, uninsured  
26 persons are those who do not have creditable coverage, as

1 defined under the Health Insurance Portability and  
2 Accountability Act, or have otherwise exhausted any  
3 insurance benefits they may have had, for prostate or  
4 testicular cancer diagnostic evaluation or treatment, or  
5 both diagnostic evaluation and treatment. To be eligible,  
6 a person must furnish a Social Security number. A person's  
7 assets are exempt from consideration in determining  
8 eligibility under this paragraph 16. Such persons shall be  
9 eligible for medical assistance under this paragraph 16  
10 for so long as they need treatment for the cancer. A person  
11 shall be considered to need treatment if, in the opinion  
12 of the person's treating physician, the person requires  
13 therapy directed toward cure or palliation of prostate or  
14 testicular cancer, including recurrent metastatic cancer  
15 that is a known or presumed complication of prostate or  
16 testicular cancer and complications resulting from the  
17 treatment modalities themselves. Persons who require only  
18 routine monitoring services are not considered to need  
19 treatment. "Medical assistance" under this paragraph 16  
20 shall be identical to the benefits provided under the  
21 State's approved plan under Title XIX of the Social  
22 Security Act. Notwithstanding any other provision of law,  
23 the Department (i) does not have a claim against the  
24 estate of a deceased recipient of services under this  
25 paragraph 16 and (ii) does not have a lien against any  
26 homestead property or other legal or equitable real

1 property interest owned by a recipient of services under  
2 this paragraph 16.

3 17. Persons who, pursuant to a waiver approved by the  
4 Secretary of the U.S. Department of Health and Human  
5 Services, are eligible for medical assistance under Title  
6 XIX or XXI of the federal Social Security Act.  
7 Notwithstanding any other provision of this Code and  
8 consistent with the terms of the approved waiver, the  
9 Illinois Department, may by rule:

10 (a) Limit the geographic areas in which the waiver  
11 program operates.

12 (b) Determine the scope, quantity, duration, and  
13 quality, and the rate and method of reimbursement, of  
14 the medical services to be provided, which may differ  
15 from those for other classes of persons eligible for  
16 assistance under this Article.

17 (c) Restrict the persons' freedom in choice of  
18 providers.

19 18. Beginning January 1, 2014, persons aged 19 or  
20 older, but younger than 65, who are not otherwise eligible  
21 for medical assistance under this Section 5-2, who qualify  
22 for medical assistance pursuant to 42 U.S.C.  
23 1396a(a)(10)(A)(i)(VIII) and applicable federal  
24 regulations, and who have income at or below 133% of the  
25 federal poverty level plus 5% for the applicable family  
26 size as determined pursuant to 42 U.S.C. 1396a(e)(14) and

1 applicable federal regulations. Persons eligible for  
2 medical assistance under this paragraph 18 shall receive  
3 coverage for the Health Benefits Service Package as that  
4 term is defined in subsection (m) of Section 5-1.1 of this  
5 Code. If Illinois' federal medical assistance percentage  
6 (FMAP) is reduced below 90% for persons eligible for  
7 medical assistance under this paragraph 18, eligibility  
8 under this paragraph 18 shall cease no later than the end  
9 of the third month following the month in which the  
10 reduction in FMAP takes effect.

11 19. Beginning January 1, 2014, as required under 42  
12 U.S.C. 1396a(a)(10)(A)(i)(IX), persons older than age 18  
13 and younger than age 26 who are not otherwise eligible for  
14 medical assistance under paragraphs (1) through (17) of  
15 this Section who (i) were in foster care under the  
16 responsibility of the State on the date of attaining age  
17 18 or on the date of attaining age 21 when a court has  
18 continued wardship for good cause as provided in Section  
19 2-31 of the Juvenile Court Act of 1987 and (ii) received  
20 medical assistance under the Illinois Title XIX State Plan  
21 or waiver of such plan while in foster care.

22 20. Beginning January 1, 2018, persons who are  
23 foreign-born victims of human trafficking, torture, or  
24 other serious crimes as defined in Section 2-19 of this  
25 Code and their derivative family members if such persons:  
26 (i) reside in Illinois; (ii) are not eligible under any of

1 the preceding paragraphs; (iii) meet the income guidelines  
2 of subparagraph (a) of paragraph 2; and (iv) meet the  
3 nonfinancial eligibility requirements of Sections 16-2,  
4 16-3, and 16-5 of this Code. The Department may extend  
5 medical assistance for persons who are foreign-born  
6 victims of human trafficking, torture, or other serious  
7 crimes whose medical assistance would be terminated  
8 pursuant to subsection (b) of Section 16-5 if the  
9 Department determines that the person, during the year of  
10 initial eligibility (1) experienced a health crisis, (2)  
11 has been unable, after reasonable attempts, to obtain  
12 necessary information from a third party, or (3) has other  
13 extenuating circumstances that prevented the person from  
14 completing his or her application for status. The  
15 Department may adopt any rules necessary to implement the  
16 provisions of this paragraph.

17 21. Persons who are not otherwise eligible for medical  
18 assistance under this Section who may qualify for medical  
19 assistance pursuant to 42 U.S.C.  
20 1396a(a)(10)(A)(ii)(XXIII) and 42 U.S.C. 1396(ss) for the  
21 duration of any federal or State declared emergency due to  
22 COVID-19. Medical assistance to persons eligible for  
23 medical assistance solely pursuant to this paragraph 21  
24 shall be limited to any in vitro diagnostic product (and  
25 the administration of such product) described in 42 U.S.C.  
26 1396d(a)(3)(B) on or after March 18, 2020, any visit

1 described in 42 U.S.C. 1396o(a)(2)(G), or any other  
2 medical assistance that may be federally authorized for  
3 this class of persons. The Department may also cover  
4 treatment of COVID-19 for this class of persons, or any  
5 similar category of uninsured individuals, to the extent  
6 authorized under a federally approved 1115 Waiver or other  
7 federal authority. Notwithstanding the provisions of  
8 Section 1-11 of this Code, due to the nature of the  
9 COVID-19 public health emergency, the Department may cover  
10 and provide the medical assistance described in this  
11 paragraph 21 to noncitizens who would otherwise meet the  
12 eligibility requirements for the class of persons  
13 described in this paragraph 21 for the duration of the  
14 State emergency period.

15 22. Subject to any federal waivers or approvals  
16 necessary to implement this paragraph, beginning January  
17 1, 2027, persons licensed under the Clinical Psychologist  
18 Licensing Act, the Clinical Social Work and Social Work  
19 Practice Act, the Illinois Dental Practice Act, the  
20 Medical Practice Act of 1987, the Licensed Certified  
21 Professional Midwife Practice Act, the Nurse Practice Act,  
22 the Physician Assistant Practice Act of 1987, or the  
23 Registered Surgical Assistant and Registered Surgical  
24 Technologist Title Protection Act.

25 Any person who qualifies for medical assistance under  
26 this paragraph may apply for coverage by submitting an



1       application to the Department between January 1 and March  
2       31. The form of application and manner of submission shall  
3       be determined by the Director of Healthcare and Family  
4       Services, and instructions for submission shall be made  
5       available to the public on the Department's website.  
6       Eligible persons shall only receive coverage after an  
7       application for assistance has been properly submitted to  
8       the Department.

9       Upon satisfaction of all application requirements, any  
10      person determined eligible for medical assistance under  
11      this paragraph shall pay a premium for coverage. The  
12      formula for calculating premiums shall be determined by  
13      the Department, by rule, but no premium may be higher than  
14      5% of the person's annual income. Any premiums paid in  
15      accordance with this paragraph shall be automatically  
16      allocated to the Department's medical assistance budget  
17      for the next fiscal year. The Department shall adopt any  
18      rules necessary to implement this paragraph 22.

19      In implementing the provisions of Public Act 96-20, the  
20      Department is authorized to adopt only those rules necessary,  
21      including emergency rules. Nothing in Public Act 96-20 permits  
22      the Department to adopt rules or issue a decision that expands  
23      eligibility for the FamilyCare Program to a person whose  
24      income exceeds 185% of the Federal Poverty Level as determined  
25      from time to time by the U.S. Department of Health and Human  
26      Services, unless the Department is provided with express

1 statutory authority.

2 The eligibility of any such person for medical assistance  
3 under this Article is not affected by the payment of any grant  
4 under the Senior Citizens and Persons with Disabilities  
5 Property Tax Relief Act or any distributions or items of  
6 income described under subparagraph (X) of paragraph (2) of  
7 subsection (a) of Section 203 of the Illinois Income Tax Act.

8 The Department shall by rule establish the amounts of  
9 assets to be disregarded in determining eligibility for  
10 medical assistance, which shall at a minimum equal the amounts  
11 to be disregarded under the Federal Supplemental Security  
12 Income Program. The amount of assets of a single person to be  
13 disregarded shall not be less than \$2,000, and the amount of  
14 assets of a married couple to be disregarded shall not be less  
15 than \$3,000.

16 To the extent permitted under federal law, any person  
17 found guilty of a second violation of Article VIIIA shall be  
18 ineligible for medical assistance under this Article, as  
19 provided in Section 8A-8.

20 The eligibility of any person for medical assistance under  
21 this Article shall not be affected by the receipt by the person  
22 of donations or benefits from fundraisers held for the person  
23 in cases of serious illness, as long as neither the person nor  
24 members of the person's family have actual control over the  
25 donations or benefits or the disbursement of the donations or  
26 benefits.

1       Notwithstanding any other provision of this Code, if the  
2       United States Supreme Court holds Title II, Subtitle A,  
3       Section 2001(a) of Public Law 111-148 to be unconstitutional,  
4       or if a holding of Public Law 111-148 makes Medicaid  
5       eligibility allowed under Section 2001(a) inoperable, the  
6       State or a unit of local government shall be prohibited from  
7       enrolling individuals in the Medical Assistance Program as the  
8       result of federal approval of a State Medicaid waiver on or  
9       after June 14, 2012 (the effective date of Public Act 97-687),  
10      and any individuals enrolled in the Medical Assistance Program  
11      pursuant to eligibility permitted as a result of such a State  
12      Medicaid waiver shall become immediately ineligible.

13      Notwithstanding any other provision of this Code, if an  
14      Act of Congress that becomes a Public Law eliminates Section  
15      2001(a) of Public Law 111-148, the State or a unit of local  
16      government shall be prohibited from enrolling individuals in  
17      the Medical Assistance Program as the result of federal  
18      approval of a State Medicaid waiver on or after June 14, 2012  
19      (the effective date of Public Act 97-687), and any individuals  
20      enrolled in the Medical Assistance Program pursuant to  
21      eligibility permitted as a result of such a State Medicaid  
22      waiver shall become immediately ineligible.

23      Effective October 1, 2013, the determination of  
24      eligibility of persons who qualify under paragraphs 5, 6, 8,  
25      15, 17, and 18 of this Section shall comply with the  
26      requirements of 42 U.S.C. 1396a(e)(14) and applicable federal

1 regulations.

2 The Department of Healthcare and Family Services, the  
3 Department of Human Services, and the Illinois health  
4 insurance marketplace shall work cooperatively to assist  
5 persons who would otherwise lose health benefits as a result  
6 of changes made under Public Act 98-104 to transition to other  
7 health insurance coverage.

8 (Source: P.A. 101-10, eff. 6-5-19; 101-649, eff. 7-7-20;  
9 102-43, eff. 7-6-21; 102-558, eff. 8-20-21; 102-665, eff.  
10 10-8-21; 102-813, eff. 5-13-22.)