



104TH GENERAL ASSEMBLY

State of Illinois

2025 and 2026

HB4824

by Rep. Dagmara Avelar

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 medical assistance coverage to certain categories of lawfully present noncitizens. Sets income guidelines for qualifying persons age 19 through 64 and income guidelines for persons 65 years of age or older. Removes a provision permitting medical assistance coverage for up to 24 continuous months from the initial eligibility date, if otherwise eligible.

LRB104 18145 KTG 31584 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

8 (a) reside in Illinois;

9 (b) are not eligible under any of the preceding
10 paragraphs of this Section; and

11 (c) (blank); ~~meet the income guidelines of~~
12 ~~paragraph 2(a) of this Section; and~~

13 (d) meet one of the following conditions:

14 (i) have filed an application for asylum
15 status under 8 U.S.C. 1158 that is pending with
16 the appropriate federal agency or have a pending
17 appeal of such an application before a court of
18 competent jurisdiction and are represented either
19 by counsel or by an advocate accredited by the
20 appropriate federal agency and employed by a
21 not-for-profit organization in regard to that
22 application or appeal;

23 (ii) are receiving services through a
24 federally funded torture treatment center;

25 (iii) have filed a pending application for T
26 nonimmigrant status pursuant to 8 U.S.C.

1 1101(a) (15) (T);

2 (iv) have filed a pending application for U
3 nonimmigrant status pursuant to 8 U.S.C.
4 1101(a) (15) (U); ~~or~~

5 (v) have filed as a derivative family member
6 or are included in the application for item (i),
7 (iii), or (iv) as provided by Department rule; or
8 or

9 (vi) are not eligible, due to immigration
10 status, per 42 U.S.C. 1396a(a) (10) (A) (i) (VIII) and
11 are:

12 (1) a qualified immigrant as defined in 8
13 U.S.C. 1641; or

14 (2) a spouse, widow, or child of a U.S.
15 citizen or a spouse or child of a lawful
16 permanent resident who has been battered or
17 subjected to extreme cruelty by the U.S.
18 citizen or lawful permanent resident or a
19 member of that relative's family who lived
20 with them, and the individual no longer lives
21 with the abuser or plans to live separately
22 within one month of receipt of assistance and
23 whose need for assistance is due, at least in
24 part, to the abuse; or

25 (3) an individual described in 22 U.S.C.
26 7105(b) (1) (C); or

1 (4) an American Indian born in Canada who
2 possesses at least 50% of blood of the
3 American Indian race to whom the provisions of
4 Section 1359 of Title 8 of the United States
5 code apply; or

6 (5) a member of an Indian tribe as defined
7 in Section 5304(e) of Title 25 of the United
8 States Code which is recognized as eligible
9 for the special programs and services provided
10 by the U.S. to Indians because of their status
11 as Indians; or

12 (6) an Iraqi or Afghan special immigrant
13 under 8 U.S.C. 1101(a) (27); or

14 (7) an individual who is granted deferred
15 action and any individual who is lawfully
16 present in the U.S. as defined in 45 CFR
17 155.20 (as in effect on January 1, 2026).

18 Persons covered under this paragraph who are age 65 or
19 older must meet the income guidelines of subparagraph (a)
20 of paragraph 2. Persons covered under this paragraph who
21 are age 19 or older, but younger than 65, must meet the
22 income guidelines under paragraph 18.

23 ~~Medical coverage under this paragraph 14 may be~~
24 ~~provided for up to 24 continuous months from the initial~~
25 ~~eligibility date so long as an individual continues to~~
26 ~~satisfy the criteria of this paragraph 14. If an~~

1 ~~individual has an application or appeal pending regarding~~
2 ~~an application for asylum, T nonimmigrant status, or U~~
3 ~~nonimmigrant status before the appropriate federal agency~~
4 ~~for such applications or appeals, eligibility under this~~
5 ~~paragraph 14 may be extended until a final decision is~~
6 ~~rendered with respect to the application or appeal, except~~
7 ~~that an individual who is approved for a U visa continues~~
8 ~~to qualify for medical coverage under this paragraph 14 as~~
9 ~~long as the individual meets all other eligibility~~
10 ~~criteria.~~ The Department shall adopt rules governing the
11 implementation of this paragraph 14.

12 15. Family Care Eligibility.

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

18 (b) Eligibility shall be reviewed annually.

19 (c) (Blank).

20 (d) (Blank).

21 (e) (Blank).

22 (f) (Blank).

23 (g) (Blank).

24 (h) (Blank).

25 (i) Following termination of an individual's
26 coverage under this paragraph 15, the individual must

1 be determined eligible before the person can be
2 re-enrolled.

3 16. Subject to appropriation, uninsured persons who
4 are not otherwise eligible under this Section who have
5 been certified and referred by the Department of Public
6 Health as having been screened and found to need
7 diagnostic evaluation or treatment, or both diagnostic
8 evaluation and treatment, for prostate or testicular
9 cancer. For the purposes of this paragraph 16, uninsured
10 persons are those who do not have creditable coverage, as
11 defined under the Health Insurance Portability and
12 Accountability Act, or have otherwise exhausted any
13 insurance benefits they may have had, for prostate or
14 testicular cancer diagnostic evaluation or treatment, or
15 both diagnostic evaluation and treatment. To be eligible,
16 a person must furnish a Social Security number. A person's
17 assets are exempt from consideration in determining
18 eligibility under this paragraph 16. Such persons shall be
19 eligible for medical assistance under this paragraph 16
20 for so long as they need treatment for the cancer. A person
21 shall be considered to need treatment if, in the opinion
22 of the person's treating physician, the person requires
23 therapy directed toward cure or palliation of prostate or
24 testicular cancer, including recurrent metastatic cancer
25 that is a known or presumed complication of prostate or
26 testicular cancer and complications resulting from the

1 treatment modalities themselves. Persons who require only
2 routine monitoring services are not considered to need
3 treatment. "Medical assistance" under this paragraph 16
4 shall be identical to the benefits provided under the
5 State's approved plan under Title XIX of the Social
6 Security Act. Notwithstanding any other provision of law,
7 the Department (i) does not have a claim against the
8 estate of a deceased recipient of services under this
9 paragraph 16 and (ii) does not have a lien against any
10 homestead property or other legal or equitable real
11 property interest owned by a recipient of services under
12 this paragraph 16.

13 17. Persons who, pursuant to a waiver approved by the
14 Secretary of the U.S. Department of Health and Human
15 Services, are eligible for medical assistance under Title
16 XIX or XXI of the federal Social Security Act.
17 Notwithstanding any other provision of this Code and
18 consistent with the terms of the approved waiver, the
19 Illinois Department, may by rule:

20 (a) Limit the geographic areas in which the waiver
21 program operates.

22 (b) Determine the scope, quantity, duration, and
23 quality, and the rate and method of reimbursement, of
24 the medical services to be provided, which may differ
25 from those for other classes of persons eligible for
26 assistance under this Article.

1 (c) Restrict the persons' freedom in choice of
2 providers.

3 18. Beginning January 1, 2014, persons aged 19 or
4 older, but younger than 65, who are not otherwise eligible
5 for medical assistance under this Section 5-2, who qualify
6 for medical assistance pursuant to 42 U.S.C.
7 1396a(a)(10)(A)(i)(VIII) and applicable federal
8 regulations, and who have income at or below 133% of the
9 federal poverty level plus 5% for the applicable family
10 size as determined pursuant to 42 U.S.C. 1396a(e)(14) and
11 applicable federal regulations. Persons eligible for
12 medical assistance under this paragraph 18 shall receive
13 coverage for the Health Benefits Service Package as that
14 term is defined in subsection (m) of Section 5-1.1 of this
15 Code. If Illinois' federal medical assistance percentage
16 (FMAP) is reduced below 90% for persons eligible for
17 medical assistance under this paragraph 18, eligibility
18 under this paragraph 18 shall cease no later than the end
19 of the third month following the month in which the
20 reduction in FMAP takes effect.

21 19. Beginning January 1, 2014, as required under 42
22 U.S.C. 1396a(a)(10)(A)(i)(IX), persons older than age 18
23 and younger than age 26 who are not otherwise eligible for
24 medical assistance under paragraphs (1) through (17) of
25 this Section who (i) were in foster care under the
26 responsibility of the State on the date of attaining age

1 18 or on the date of attaining age 21 when a court has
2 continued wardship for good cause as provided in Section
3 2-31 of the Juvenile Court Act of 1987 and (ii) received
4 medical assistance under the Illinois Title XIX State Plan
5 or waiver of such plan while in foster care.

6 20. (Blank).

7 21. Persons who are not otherwise eligible for medical
8 assistance under this Section who may qualify for medical
9 assistance pursuant to 42 U.S.C.
10 1396a(a)(10)(A)(ii)(XXIII) and 42 U.S.C. 1396(ss) for the
11 duration of any federal or State declared emergency due to
12 COVID-19. Medical assistance to persons eligible for
13 medical assistance solely pursuant to this paragraph 21
14 shall be limited to any in vitro diagnostic product (and
15 the administration of such product) described in 42 U.S.C.
16 1396d(a)(3)(B) on or after March 18, 2020, any visit
17 described in 42 U.S.C. 1396o(a)(2)(G), or any other
18 medical assistance that may be federally authorized for
19 this class of persons. The Department may also cover
20 treatment of COVID-19 for this class of persons, or any
21 similar category of uninsured individuals, to the extent
22 authorized under a federally approved 1115 Waiver or other
23 federal authority. Notwithstanding the provisions of
24 Section 1-11 of this Code, due to the nature of the
25 COVID-19 public health emergency, the Department may cover
26 and provide the medical assistance described in this

1 paragraph 21 to noncitizens who would otherwise meet the
2 eligibility requirements for the class of persons
3 described in this paragraph 21 for the duration of the
4 State emergency period.

5 In implementing the provisions of Public Act 96-20, the
6 Department is authorized to adopt only those rules necessary,
7 including emergency rules. Nothing in Public Act 96-20 permits
8 the Department to adopt rules or issue a decision that expands
9 eligibility for the FamilyCare Program to a person whose
10 income exceeds 185% of the Federal Poverty Level as determined
11 from time to time by the U.S. Department of Health and Human
12 Services, unless the Department is provided with express
13 statutory authority.

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

20 The Department shall by rule establish the amounts of
21 assets to be disregarded in determining eligibility for
22 medical assistance, which shall at a minimum equal the amounts
23 to be disregarded under the Federal Supplemental Security
24 Income Program. The amount of assets of a single person to be
25 disregarded shall not be less than \$2,000, and the amount of
26 assets of a married couple to be disregarded shall not be less

1 than \$3,000.

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

6 The eligibility of any person for medical assistance under
7 this Article shall not be affected by the receipt by the person
8 of donations or benefits from fundraisers held for the person
9 in cases of serious illness, as long as neither the person nor
10 members of the person's family have actual control over the
11 donations or benefits or the disbursement of the donations or
12 benefits.

13 Notwithstanding any other provision of this Code, if the
14 United States Supreme Court holds Title II, Subtitle A,
15 Section 2001(a) of Public Law 111-148 to be unconstitutional,
16 or if a holding of Public Law 111-148 makes Medicaid
17 eligibility allowed under Section 2001(a) inoperable, the
18 State or a unit of local government shall be prohibited from
19 enrolling individuals in the Medical Assistance Program as the
20 result of federal approval of a State Medicaid waiver on or
21 after June 14, 2012 (the effective date of Public Act 97-687),
22 and any individuals enrolled in the Medical Assistance Program
23 pursuant to eligibility permitted as a result of such a State
24 Medicaid waiver shall become immediately ineligible.

25 Notwithstanding any other provision of this Code, if an
26 Act of Congress that becomes a Public Law eliminates Section

1 2001(a) of Public Law 111-148, the State or a unit of local
2 government shall be prohibited from enrolling individuals in
3 the Medical Assistance Program as the result of federal
4 approval of a State Medicaid waiver on or after June 14, 2012
5 (the effective date of Public Act 97-687), and any individuals
6 enrolled in the Medical Assistance Program pursuant to
7 eligibility permitted as a result of such a State Medicaid
8 waiver shall become immediately ineligible.

9 Effective October 1, 2013, the determination of
10 eligibility of persons who qualify under paragraphs 5, 6, 8,
11 15, 17, and 18 of this Section shall comply with the
12 requirements of 42 U.S.C. 1396a(e)(14) and applicable federal
13 regulations.

14 The Department of Healthcare and Family Services, the
15 Department of Human Services, and the Illinois health
16 insurance marketplace shall work cooperatively to assist
17 persons who would otherwise lose health benefits as a result
18 of changes made under Public Act 98-104 to transition to other
19 health insurance coverage.

20 (Source: P.A. 104-9, eff. 1-1-26.)