



Rep. Delia C. Ramirez

Filed: 3/26/2019

10100HB0072ham001

LRB101 02960 KTG 57906 a

1 AMENDMENT TO HOUSE BILL 72

2 AMENDMENT NO. _____. Amend House Bill 72 by replacing
3 everything after the enacting clause with the following:

4 "Section 5. The Illinois Public Aid Code is amended by
5 changing Sections 5-2 and 5-3 as follows:

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

7 Sec. 5-2. Classes of Persons Eligible.

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

1 eligible for basic maintenance under Article III,
2 excluding any eligibility requirements that are
3 inconsistent with any federal law or federal regulation, as
4 interpreted by the U.S. Department of Health and Human
5 Services, but who fail to qualify thereunder on the basis
6 of need, and who have insufficient income and resources to
7 meet the costs of necessary medical care, including but not
8 limited to the following:

9 (a) All persons otherwise eligible for basic
10 maintenance under Article III but who fail to qualify
11 under that Article on the basis of need and who meet
12 either of the following requirements:

13 (i) their income, as determined by the
14 Illinois Department in accordance with any federal
15 requirements, is equal to or less than 100% of the
16 federal poverty level; or

17 (ii) their income, after the deduction of
18 costs incurred for medical care and for other types
19 of remedial care, is equal to or less than 100% of
20 the federal poverty level.

21 (b) (Blank).

22 3. (Blank).

23 4. Persons not eligible under any of the preceding
24 paragraphs who fall sick, are injured, or die, not having
25 sufficient money, property or other resources to meet the
26 costs of necessary medical care or funeral and burial

1 expenses.

2 5.(a) Women during pregnancy and during the 60-day
3 period beginning on the last day of the pregnancy, together
4 with their infants, whose income is at or below 200% of the
5 federal poverty level. Until September 30, 2019, or sooner
6 if the maintenance of effort requirements under the Patient
7 Protection and Affordable Care Act are eliminated or may be
8 waived before then, women during pregnancy and during the
9 60-day period beginning on the last day of the pregnancy,
10 whose countable monthly income, after the deduction of
11 costs incurred for medical care and for other types of
12 remedial care as specified in administrative rule, is equal
13 to or less than the Medical Assistance-No Grant(C)
14 (MANG(C)) Income Standard in effect on April 1, 2013 as set
15 forth in administrative rule.

16 (b) The plan for coverage shall provide ambulatory
17 prenatal care to pregnant women during a presumptive
18 eligibility period and establish an income eligibility
19 standard that is equal to 200% of the federal poverty
20 level, provided that costs incurred for medical care are
21 not taken into account in determining such income
22 eligibility.

23 (c) The Illinois Department may conduct a
24 demonstration in at least one county that will provide
25 medical assistance to pregnant women, together with their
26 infants and children up to one year of age, where the

1 income eligibility standard is set up to 185% of the
2 nonfarm income official poverty line, as defined by the
3 federal Office of Management and Budget. The Illinois
4 Department shall seek and obtain necessary authorization
5 provided under federal law to implement such a
6 demonstration. Such demonstration may establish resource
7 standards that are not more restrictive than those
8 established under Article IV of this Code.

9 6. (a) Children younger than age 19 when countable
10 income is at or below 133% of the federal poverty level.
11 Until September 30, 2019, or sooner if the maintenance of
12 effort requirements under the Patient Protection and
13 Affordable Care Act are eliminated or may be waived before
14 then, children younger than age 19 whose countable monthly
15 income, after the deduction of costs incurred for medical
16 care and for other types of remedial care as specified in
17 administrative rule, is equal to or less than the Medical
18 Assistance-No Grant(C) (MANG(C)) Income Standard in effect
19 on April 1, 2013 as set forth in administrative rule.

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

25 7. (Blank).

26 8. As required under federal law, persons who are

1 eligible for Transitional Medical Assistance as a result of
2 an increase in earnings or child or spousal support
3 received. The plan for coverage for this class of persons
4 shall:

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

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

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

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

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

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

24 9. Persons with acquired immunodeficiency syndrome
25 (AIDS) or with AIDS-related conditions with respect to whom
26 there has been a determination that but for home or

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

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

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

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

25 (b) exempt retirement accounts that the person
26 cannot access without penalty before the age of 59 1/2,

1 and medical savings accounts established pursuant to
2 26 U.S.C. 220;

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

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

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

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

24 (2) persons whose screenings under the above
25 program were funded in whole or in part by funds
26 appropriated to the Illinois Department of Public

1 Health for breast or cervical cancer screening.

2 "Medical assistance" under this paragraph 12 shall be
3 identical to the benefits provided under the State's
4 approved plan under Title XIX of the Social Security Act.
5 The Department must request federal approval of the
6 coverage under this paragraph 12 within 30 days after the
7 effective date of this amendatory Act of the 92nd General
8 Assembly.

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

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

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

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

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

1 services under this paragraph 16.

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

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

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

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

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

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

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

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

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

16 21. Beginning January 1, 2020, persons who are
17 foreign-born and who: (i) reside in Illinois; (ii) are not
18 eligible under any of the preceding paragraphs; (iii) meet
19 the income guidelines of subparagraph (a) of paragraph 2;
20 (iv) meet the nonfinancial eligibility requirements of
21 Sections 16-2, 16-3, and 16-5 of this Code; and (v) have a
22 valid I-766 Employment Authorization Document pursuant to
23 Section 274a.13 of Title 8 of the Code of Federal
24 Regulations or a valid social security number issued by the
25 Social Security Administration. The Department may adopt
26 any rules necessary to implement the provisions of this

1 paragraph.

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

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

17 The Department shall by rule establish the amounts of
18 assets to be disregarded in determining eligibility for medical
19 assistance, which shall at a minimum equal the amounts to be
20 disregarded under the Federal Supplemental Security Income
21 Program. The amount of assets of a single person to be
22 disregarded shall not be less than \$2,000, and the amount of
23 assets of a married couple to be disregarded shall not be less
24 than \$3,000.

25 To the extent permitted under federal law, any person found
26 guilty of a second violation of Article VIII A shall be

1 ineligible for medical assistance under this Article, as
2 provided in Section 8A-8.

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

10 Notwithstanding any other provision of this Code, if the
11 United States Supreme Court holds Title II, Subtitle A, Section
12 2001(a) of Public Law 111-148 to be unconstitutional, or if a
13 holding of Public Law 111-148 makes Medicaid eligibility
14 allowed under Section 2001(a) inoperable, the State or a unit
15 of local government shall be prohibited from enrolling
16 individuals in the Medical Assistance Program as the result of
17 federal approval of a State Medicaid waiver on or after the
18 effective date of this amendatory Act of the 97th General
19 Assembly, and any individuals enrolled in the Medical
20 Assistance Program pursuant to eligibility permitted as a
21 result of such a State Medicaid waiver shall become immediately
22 ineligible.

23 Notwithstanding any other provision of this Code, if an Act
24 of Congress that becomes a Public Law eliminates Section
25 2001(a) of Public Law 111-148, the State or a unit of local
26 government shall be prohibited from enrolling individuals in

1 the Medical Assistance Program as the result of federal
2 approval of a State Medicaid waiver on or after the effective
3 date of this amendatory Act of the 97th General Assembly, and
4 any individuals enrolled in the Medical Assistance Program
5 pursuant to eligibility permitted as a result of such a State
6 Medicaid waiver shall become immediately ineligible.

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

12 The Department of Healthcare and Family Services, the
13 Department of Human Services, and the Illinois health insurance
14 marketplace shall work cooperatively to assist persons who
15 would otherwise lose health benefits as a result of changes
16 made under this amendatory Act of the 98th General Assembly to
17 transition to other health insurance coverage.

18 (Source: P.A. 98-104, eff. 7-22-13; 98-463, eff. 8-16-13;
19 99-143, eff. 7-27-15; 99-870, eff. 8-22-16.)

20 (305 ILCS 5/5-3) (from Ch. 23, par. 5-3)

21 Sec. 5-3. Residence.) Any person who has established his
22 residence in this State and lives therein, including any person
23 who is a migrant worker, any person who has a valid I-766
24 Employment Authorization Document pursuant to Section 274a.13
25 of Title 8 of the Code of Federal Regulations, or any person

1 with a valid social security number issued by the Social
2 Security Administration, may qualify for medical assistance. A
3 person who, while temporarily in this State, suffers injury or
4 illness endangering his life and health and necessitating
5 emergency care, may also qualify.

6 Temporary absence from the State shall not disqualify a
7 person from maintaining his eligibility under this Article.

8 As used in this Section, "migrant worker" means any person
9 residing temporarily and employed in Illinois who moves
10 seasonally from one place to another for the purpose of
11 employment in agricultural activities, including the planting,
12 raising or harvesting of any agricultural or horticultural
13 commodities and the handling, packing or processing of such
14 commodities on the farm where produced or at the point of first
15 processing, in animal husbandry, or in other activities
16 connected with the care of animals. Dependents of such person
17 shall be considered eligible if they are living with the person
18 during his or her temporary residence and employment in
19 Illinois.

20 In order to be eligible for medical assistance under this
21 Section ~~section~~, each person ~~migrant worker~~ shall show proof of
22 citizenship or legal alien status, or a valid I-766 Employment
23 Authorization Document pursuant to Section 274a.13 of Title 8
24 of the Code of Federal Regulations, or a valid social security
25 number issued by the Social Security Administration.

26 (Source: P.A. 81-746.)".