



Rep. Mary E. Flowers

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1 AMENDMENT TO SENATE BILL 1041

2 AMENDMENT NO. _____. Amend Senate Bill 1041 by replacing
3 everything after the enacting clause with the following:

4 "Section 1. Short title. This Act may be cited as the
5 Consumer Choice in Maternal Care for African-American Mothers
6 Program Act.

7 Section 5. Findings. The General Assembly finds the
8 following:

9 (1) In its 2018 Illinois Maternal Morbidity and
10 Mortality Report, the Department of Public Health reported
11 that Black women were 6 times as likely to die from a
12 pregnancy-related condition as white women, and that in
13 Illinois, 72% of pregnancy-related deaths and 93% of
14 violent pregnancy-associated deaths were deemed
15 preventable.

16 (2) The Department of Public Health also found that

1 between 2016 and 2017, Black women had the highest rate of
2 severe maternal morbidity with a rate of 101.5 per 10,000
3 deliveries, which is almost 3 times as high as the rate for
4 white women.

5 (3) In 2019, the Chicago Department of Public Health
6 released a data report on Maternal Morbidity and Mortality
7 in Chicago and found that "(w)omen for whom Medicaid was
8 the delivery payment source are significantly more likely
9 than those who used private insurance to experience severe
10 maternal morbidity." The Chicago Department of Public
11 Health identified zip codes within the city that had the
12 highest rates of severe maternal morbidity in 2016 and
13 2017 (100.4-172.8 per 10,000 deliveries). These zip codes
14 included: 60653, 60637, 60649, 60621, 60612, 60624, and
15 60644. All of the zip codes were identified as
16 experiencing high economic hardship. According to the
17 Chicago Department of Public Health "(c)hronic diseases,
18 including obesity, hypertension, and diabetes can increase
19 the risk of a woman experiencing adverse outcomes during
20 pregnancy." However, "there were no significant
21 differences in pre-pregnancy BMI, hypertension, and
22 diabetes between women who experienced a
23 pregnancy-associated death and all women who delivered
24 babies in Chicago."

25 (4) In a national representative survey sample of
26 mothers who gave birth in an American hospital in 2011 and

1 2012, 1 out of 4 mothers who identified as Black or
2 African-American expressed that they would "definitely
3 want" to have a future birth at home, compared to 8.4% of
4 white mothers. Black mothers express a demand for planned
5 home birth services at almost 3 times the rate of white
6 mothers. Yet, in the United States, non-Hispanic white
7 women who can afford to pay out-of-pocket for their labor
8 and delivery costs access planned home birth care at the
9 greatest rate. Similarly, an analysis of birth certificate
10 data from the Centers for Disease Control and Prevention
11 for the years 2016 through 2019 shows that non-Hispanic
12 white mothers are 7 times more likely than non-Hispanic
13 Black mothers to experience a planned home birth.

14 (5) According to calculations based on birth
15 certificate data from July 2019 in Cook County, there
16 would have to be 7 Black or African-American certified
17 professional midwives working in Cook County in order for
18 just 1% of Black mothers in Cook County to have access to
19 racially concordant midwifery care in a given month.

20 (6) For birthing persons of sufficient health who
21 desire to give birth outside of an institutional setting
22 without the assistance of epidural analgesia, planned home
23 birth under the care of a certified professional midwife
24 can be a dignifying and safe, evidence-based choice. In
25 contrast, regulatory impingement on Black families'
26 ability to access that choice does not serve to enhance

1 maternal or neonatal safety, but instead reifies the
2 institutionalization of Black bodies by the State.

3 (7) In order to make safe, planned home births
4 accessible to Black families in Illinois, the State must
5 require Medicaid provider networks to include certified
6 professional midwives. According to natality data from the
7 Centers for Disease Control and Prevention, every year
8 from 2016 through 2019, 2 out of every 3 live births to
9 Black or African-American mothers living in Cook County
10 utilized Medicaid as the source of payment for delivery.
11 According to that same data, Medicaid paid for over 14,000
12 deliveries to Black or African-American mothers residing
13 in Cook County during the year 2019 alone.

14 (8) A population-level, retrospective cohort study
15 published in 2018 that used province-wide maternity,
16 medical billing, and demographic data from British
17 Columbia, Canada concluded that antenatal midwifery care
18 in British Columbia was associated with lower odds of
19 small-for-gestational-age birth, preterm birth, and low
20 birth weight for women of low socioeconomic position
21 compared with physician models of care. Results support
22 the development of policy to ensure antenatal midwifery
23 care is available and accessible for women of low
24 socioeconomic position.

25 (9) In its January 2018 report to the General
26 Assembly, the Department of Healthcare and Family Services

1 reported that its infant and maternal care expenditures in
2 calendar year 2015 totaled \$1,410,000,000. The Department
3 of Healthcare and Family Services said, "(t)he majority of
4 HFS birth costs are for births with poor outcomes. Costs
5 for Medicaid covered births are increasing annually while
6 the number of covered births is decreasing for the same
7 period". The Department of Healthcare and Family Services'
8 expenditures average \$12,000 per birth during calendar
9 year 2015 for births that did not involve poor outcomes
10 such as low birth weight, very low birth weight, and
11 infant mortality. That \$12,000 expenditure covered
12 prenatal, intrapartum, and postpartum maternal healthcare,
13 as well as infant care through the first year of life. The
14 next least expensive category of births averaged an
15 expenditure of \$40,200. The most expensive category of
16 births refers to births resulting in very low birth weight
17 which cost the Department of Healthcare and Family
18 Services over \$328,000 per birth.

19 (10) Expanding Medicaid coverage to include perinatal
20 and intrapartum care by certified professional midwives
21 will not contribute to increased taxpayer burden and, in
22 fact, will likely decrease the Department of Healthcare
23 and Family Services' expenditures on maternal care while
24 improving maternal health outcomes within the Black
25 community in Illinois.

1 Section 10. Medicaid voucher program. The Task Force on
2 Infant and Maternal Mortality Among African Americans shall
3 partner with Holistic Birth Collective to develop rules and
4 regulations for a Medicaid voucher program to expand consumer
5 choice for Black mothers that includes planned home birth
6 services and in-home perinatal and postpartum care services
7 provided by racially concordant nationally accredited
8 certified professional midwives who are licensed and
9 registered in Illinois. On January 1, 2024, and each January 1
10 thereafter, the Task Force shall submit a report to the
11 General Assembly that provides a status update on the program
12 and annual impact measure reporting. The Department of Public
13 Health, in consultation with the Department of Healthcare and
14 Family Services, shall implement the program.

15 Section 15. Maternity episode payment model. The program
16 shall implement a maternity episode payment model that
17 provides a single payment for all services across the
18 prenatal, intrapartum, and postnatal period which covers the 9
19 months of pregnancy plus 12 weeks of postpartum. The core
20 elements of the maternity care episode payment model shall
21 include all of the following:

22 (1) Limited exclusion of selected high-cost health
23 conditions and further adjustments to limit service
24 provider risk such as risk adjustment and stop loss.

25 (2) Duration from the initial entry into prenatal care

1 through the postpartum and newborn periods.

2 (3) Single payment for all services across the
3 episode.

4 The Department of Public Health, in consultation with the
5 Department of Healthcare and Family Services, shall make
6 available to the Task Force all relevant data related to
7 maternal care expenditures made under the State's Medical
8 Assistance Program so that budget-neutral reimbursement rates
9 can be established for bundled maternal care services spanning
10 the prenatal, labor and delivery, and postpartum phases of a
11 maternity episode.

12 Section 90. The Illinois Public Aid Code is amended by
13 changing Section 5-2 as follows:

14 (305 ILCS 5/5-2) (from Ch. 23, par. 5-2)

15 Sec. 5-2. Classes of persons eligible. Medical assistance
16 under this Article shall be available to any of the following
17 classes of persons in respect to whom a plan for coverage has
18 been submitted to the Governor by the Illinois Department and
19 approved by him. If changes made in this Section 5-2 require
20 federal approval, they shall not take effect until such
21 approval has been received:

22 1. Recipients of basic maintenance grants under
23 Articles III and IV.

24 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,
4 as 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
8 not 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
19 types of remedial care, is equal to or less than
20 100% of 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) Beginning January 1, 2020, women during
3 pregnancy and during the 12-month period beginning on the
4 last day of the pregnancy, together with their infants,
5 whose income is at or below 200% of the federal poverty
6 level. Until September 30, 2019, or sooner if the
7 maintenance of effort requirements under the Patient
8 Protection and Affordable Care Act are eliminated or may
9 be waived before then, women during pregnancy and during
10 the 12-month period beginning on the last day of the
11 pregnancy, whose countable monthly income, after the
12 deduction of costs incurred for medical care and for other
13 types of remedial care as specified in administrative
14 rule, is equal to or less than the Medical Assistance-No
15 Grant(C) (MANG(C)) Income Standard in effect on April 1,
16 2013 as set forth in administrative rule.

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

24 (c) The Illinois Department may conduct a
25 demonstration in at least one county that will provide
26 medical assistance to pregnant women, together with their

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

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

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

26 7. (Blank).

1 8. As required under federal law, persons who are
2 eligible for Transitional Medical Assistance as a result
3 of an increase in earnings or child or spousal support
4 received. The plan for coverage for this class of persons
5 shall:

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

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

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

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

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

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

25 9. Persons with acquired immunodeficiency syndrome
26 (AIDS) or with AIDS-related conditions with respect to

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

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

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

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

26 (b) exempt retirement accounts that the person

1 cannot access without penalty before the age of 59
2 1/2, and medical savings accounts established pursuant
3 to 26 U.S.C. 220;

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

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

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

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

25 (2) persons whose screenings under the above
26 program were funded in whole or in part by funds

1 appropriated to the Illinois Department of Public
2 Health for breast or cervical cancer screening.

3 "Medical assistance" under this paragraph 12 shall be
4 identical to the benefits provided under the State's
5 approved plan under Title XIX of the Social Security Act.
6 The Department must request federal approval of the
7 coverage under this paragraph 12 within 30 days after July
8 3, 2001 (the effective date of Public Act 92-47) ~~this~~
9 ~~amendatory Act of the 92nd General Assembly.~~

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

1 for services provided under that coverage upon federal
2 approval.

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

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

1 eligibility under this paragraph 14 may be extended until
2 a final decision is rendered on the appeal. The Department
3 may adopt rules governing the implementation of this
4 paragraph 14.

5 15. Family Care Eligibility.

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

11 (b) Eligibility shall be reviewed annually.

12 (c) (Blank).

13 (d) (Blank).

14 (e) (Blank).

15 (f) (Blank).

16 (g) (Blank).

17 (h) (Blank).

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

22 16. Subject to appropriation, uninsured persons who
23 are not otherwise eligible under this Section who have
24 been certified and referred by the Department of Public
25 Health as having been screened and found to need
26 diagnostic evaluation or treatment, or both diagnostic

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

1 estate of a deceased recipient of services under this
2 paragraph 16 and (ii) does not have a lien against any
3 homestead property or other legal or equitable real
4 property interest owned by a recipient of services under
5 this paragraph 16.

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

13 (a) Limit the geographic areas in which the waiver
14 program operates.

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

20 (c) Restrict the persons' freedom in choice of
21 providers.

22 18. Beginning January 1, 2014, persons aged 19 or
23 older, but younger than 65, who are not otherwise eligible
24 for medical assistance under this Section 5-2, who qualify
25 for medical assistance pursuant to 42 U.S.C.
26 1396a(a)(10)(A)(i)(VIII) and applicable federal

1 regulations, and who have income at or below 133% of the
2 federal poverty level plus 5% for the applicable family
3 size as determined pursuant to 42 U.S.C. 1396a(e)(14) and
4 applicable federal regulations. Persons eligible for
5 medical assistance under this paragraph 18 shall receive
6 coverage for the Health Benefits Service Package as that
7 term is defined in subsection (m) of Section 5-1.1 of this
8 Code. If Illinois' federal medical assistance percentage
9 (FMAP) is reduced below 90% for persons eligible for
10 medical assistance under this paragraph 18, eligibility
11 under this paragraph 18 shall cease no later than the end
12 of the third month following the month in which the
13 reduction in FMAP takes effect.

14 19. Beginning January 1, 2014, as required under 42
15 U.S.C. 1396a(a)(10)(A)(i)(IX), persons older than age 18
16 and younger than age 26 who are not otherwise eligible for
17 medical assistance under paragraphs (1) through (17) of
18 this Section who (i) were in foster care under the
19 responsibility of the State on the date of attaining age
20 18 or on the date of attaining age 21 when a court has
21 continued wardship for good cause as provided in Section
22 2-31 of the Juvenile Court Act of 1987 and (ii) received
23 medical assistance under the Illinois Title XIX State Plan
24 or waiver of such plan while in foster care.

25 20. Beginning January 1, 2018, persons who are
26 foreign-born victims of human trafficking, torture, or

1 other serious crimes as defined in Section 2-19 of this
2 Code and their derivative family members if such persons:
3 (i) reside in Illinois; (ii) are not eligible under any of
4 the preceding paragraphs; (iii) meet the income guidelines
5 of subparagraph (a) of paragraph 2; and (iv) meet the
6 nonfinancial eligibility requirements of Sections 16-2,
7 16-3, and 16-5 of this Code. The Department may extend
8 medical assistance for persons who are foreign-born
9 victims of human trafficking, torture, or other serious
10 crimes whose medical assistance would be terminated
11 pursuant to subsection (b) of Section 16-5 if the
12 Department determines that the person, during the year of
13 initial eligibility (1) experienced a health crisis, (2)
14 has been unable, after reasonable attempts, to obtain
15 necessary information from a third party, or (3) has other
16 extenuating circumstances that prevented the person from
17 completing his or her application for status. The
18 Department may adopt any rules necessary to implement the
19 provisions of this paragraph.

20 21. Persons who are not otherwise eligible for medical
21 assistance under this Section who may qualify for medical
22 assistance pursuant to 42 U.S.C.
23 1396a(a)(10)(A)(ii)(XXIII) and 42 U.S.C. 1396(ss) for the
24 duration of any federal or State declared emergency due to
25 COVID-19. Medical assistance to persons eligible for
26 medical assistance solely pursuant to this paragraph 21

1 shall be limited to any in vitro diagnostic product (and
2 the administration of such product) described in 42 U.S.C.
3 1396d(a)(3)(B) on or after March 18, 2020, any visit
4 described in 42 U.S.C. 1396o(a)(2)(G), or any other
5 medical assistance that may be federally authorized for
6 this class of persons. The Department may also cover
7 treatment of COVID-19 for this class of persons, or any
8 similar category of uninsured individuals, to the extent
9 authorized under a federally approved 1115 Waiver or other
10 federal authority. Notwithstanding the provisions of
11 Section 1-11 of this Code, due to the nature of the
12 COVID-19 public health emergency, the Department may cover
13 and provide the medical assistance described in this
14 paragraph 21 to noncitizens who would otherwise meet the
15 eligibility requirements for the class of persons
16 described in this paragraph 21 for the duration of the
17 State emergency period.

18 22. All women of childbearing age, regardless of
19 income level.

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

1 Services, unless the Department is provided with express
2 statutory authority.

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

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

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

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

1 benefits.

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

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

26 Effective October 1, 2013, the determination of

1 eligibility of persons who qualify under paragraphs 5, 6, 8,
2 15, 17, and 18 of this Section shall comply with the
3 requirements of 42 U.S.C. 1396a(e)(14) and applicable federal
4 regulations.

5 The Department of Healthcare and Family Services, the
6 Department of Human Services, and the Illinois health
7 insurance marketplace shall work cooperatively to assist
8 persons who would otherwise lose health benefits as a result
9 of changes made under Public Act 98-104 ~~this amendatory Act of~~
10 ~~the 98th General Assembly~~ to transition to other health
11 insurance coverage.

12 (Source: P.A. 101-10, eff. 6-5-19; 101-649, eff. 7-7-20;
13 revised 8-24-20.)

14 Section 99. Effective date. This Act takes effect January
15 1, 2022."