



Rep. Lovana Jones

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LRB094 16492 LJB 56252 a

1 AMENDMENT TO HOUSE BILL 4447

2 AMENDMENT NO. _____. Amend House Bill 4447 by replacing
3 everything after the enacting clause with the following:

4 "Section 5. The Children's Health Insurance Program Act is
5 amended by changing Section 10 as follows:

6 (215 ILCS 106/10)

7 Sec. 10. Definitions. As used in this Act:

8 "Benchmarking" means health benefits coverage as defined
9 in Section 2103 of the Social Security Act.

10 "Child" means a person under the age of 19 or a dependent
11 child enrolled in an education program as provided in Section
12 43 of the Covering ALL KIDS Health Insurance Act.

13 "Department" means the Department of Healthcare and Family
14 Services ~~Public Aid.~~

15 "Medical assistance" means health care benefits provided
16 under Article V of the Illinois Public Aid Code.

17 "Medical visit" means a hospital, dental, physician,
18 optical, or other health care visit where services are provided
19 pursuant to this Act.

20 "Program" means the Children's Health Insurance Program,
21 which includes subsidizing the cost of privately sponsored
22 health insurance and purchasing or providing health care
23 benefits for eligible children.

24 "Resident" means a person who meets the residency

1 requirements as defined in Section 5-3 of the Illinois Public
2 Aid Code.

3 (Source: P.A. 90-736, eff. 8-12-98; revised 12-15-05.)

4 Section 10. The Covering ALL KIDS Health Insurance Act is
5 amended by changing Section 10 and by adding Section 43 as
6 follows:

7 (215 ILCS 170/10)

8 (Section scheduled to be repealed on July 1, 2011)

9 (This Section may contain text from a Public Act with a
10 delayed effective date)

11 Sec. 10. Definitions. In this Act:

12 "Application agent" means an organization or individual,
13 such as a licensed health care provider, school, youth service
14 agency, employer, labor union, local chamber of commerce,
15 community-based organization, or other organization, approved
16 by the Department to assist in enrolling children in the
17 Program.

18 "Child" means a person under the age of 19 or a dependent
19 child enrolled in an education program as provided in Section
20 43 of this Act.

21 "Department" means the Department of Healthcare and Family
22 Services.

23 "Medical assistance" means health care benefits provided
24 under Article V of the Illinois Public Aid Code.

25 "Program" means the Covering ALL KIDS Health Insurance
26 Program.

27 "Resident" means an individual (i) who is in the State for
28 other than a temporary or transitory purpose during the taxable
29 year or (ii) who is domiciled in this State but is absent from
30 the State for a temporary or transitory purpose during the
31 taxable year.

32 (Source: P.A. 94-693, eff. 7-1-06.)

1 (215 ILCS 170/43 new)

2 Sec. 43. Dependent children enrolled in education
3 programs.

4 (a) The Department may establish a buy-in option for the
5 Program for dependent children age 19 to 23 if that child (i)
6 was enrolled in the Program prior to turning 19 years of age,
7 (ii) is attending high school or a post-secondary education
8 program full-time, including, but not limited to, a GED
9 program, community college, vocational/technical school, or 2
10 year or 4 year college, and (iii) is eligible to be claimed as
11 a dependent for income tax purposes.

12 A child eligible for the Program under this Section must
13 remain in good standing in the education program during the
14 entire time that the child is enrolled in the Program

15 (b) The Department may adopt rules necessary to establish
16 eligibility, co-pay, and premium requirements for children
17 enrolled in the Program under this Section. Health benefits
18 available to the dependent child through the education program
19 he or she is enrolled in must be taken into consideration when
20 determining a child's co-pay and premium.

21 (c) The Department may adopt rules to assist a child
22 eligible for the Program under this Section in paying premiums
23 for health care coverage through the child's education program
24 as an alternative to enrollment in the Program.

25 Section 15. The Illinois Public Aid Code is amended by
26 changing Section 5-2 as follows:

27 (305 ILCS 5/5-2) (from Ch. 23, par. 5-2)

28 Sec. 5-2. Classes of Persons Eligible. Medical assistance
29 under this Article shall be available to any of the following
30 classes of persons in respect to whom a plan for coverage has
31 been submitted to the Governor by the Illinois Department and

1 approved by him:

2 1. Recipients of basic maintenance grants under
3 Articles III and IV.

4 2. Persons otherwise eligible for basic maintenance
5 under Articles III and IV but who fail to qualify
6 thereunder on the basis of need, and who have insufficient
7 income and resources to meet the costs of necessary medical
8 care, including but 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 70% in
16 fiscal year 2001, equal to or less than 85% in
17 fiscal year 2002 and until a date to be determined
18 by the Department by rule, and equal to or less
19 than 100% beginning on the date determined by the
20 Department by rule, of the nonfarm income official
21 poverty line, as defined by the federal Office of
22 Management and Budget and revised annually in
23 accordance with Section 673(2) of the Omnibus
24 Budget Reconciliation Act of 1981, applicable to
25 families of the same size; or

26 (ii) their income, after the deduction of
27 costs incurred for medical care and for other types
28 of remedial care, is equal to or less than 70% in
29 fiscal year 2001, equal to or less than 85% in
30 fiscal year 2002 and until a date to be determined
31 by the Department by rule, and equal to or less
32 than 100% beginning on the date determined by the
33 Department by rule, of the nonfarm income official
34 poverty line, as defined in item (i) of this

1 subparagraph (a).

2 (b) All persons who would be determined eligible
3 for such basic maintenance under Article IV by
4 disregarding the maximum earned income permitted by
5 federal law.

6 3. Persons who would otherwise qualify for Aid to the
7 Medically Indigent under Article VII.

8 4. Persons not eligible under any of the preceding
9 paragraphs who fall sick, are injured, or die, not having
10 sufficient money, property or other resources to meet the
11 costs of necessary medical care or funeral and burial
12 expenses.

13 5.(a) Women during pregnancy, after the fact of
14 pregnancy has been determined by medical diagnosis, and
15 during the 60-day period beginning on the last day of the
16 pregnancy, together with their infants and children born
17 after September 30, 1983, whose income and resources are
18 insufficient to meet the costs of necessary medical care to
19 the maximum extent possible under Title XIX of the Federal
20 Social Security Act.

21 (b) The Illinois Department and the Governor shall
22 provide a plan for coverage of the persons eligible under
23 paragraph 5(a) by April 1, 1990. Such plan shall provide
24 ambulatory prenatal care to pregnant women during a
25 presumptive eligibility period and establish an income
26 eligibility standard that is equal to 133% of the nonfarm
27 income official poverty line, as defined by the federal
28 Office of Management and Budget and revised annually in
29 accordance with Section 673(2) of the Omnibus Budget
30 Reconciliation Act of 1981, applicable to families of the
31 same size, provided that costs incurred for medical care
32 are not taken into account in determining such income
33 eligibility.

34 (c) The Illinois Department may conduct a

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

12 6. Persons under the age of 18 who fail to qualify as
13 dependent under Article IV and who have insufficient income
14 and resources to meet the costs of necessary medical care
15 to the maximum extent permitted under Title XIX of the
16 Federal Social Security Act.

17 7. Persons who are under 21 years of age and would
18 qualify as disabled as defined under the Federal
19 Supplemental Security Income Program, provided medical
20 service for such persons would be eligible for Federal
21 Financial Participation, and provided the Illinois
22 Department determines that:

23 (a) the person requires a level of care provided by
24 a hospital, skilled nursing facility, or intermediate
25 care facility, as determined by a physician licensed to
26 practice medicine in all its branches;

27 (b) it is appropriate to provide such care outside
28 of an institution, as determined by a physician
29 licensed to practice medicine in all its branches;

30 (c) the estimated amount which would be expended
31 for care outside the institution is not greater than
32 the estimated amount which would be expended in an
33 institution.

34 8. Persons who become ineligible for basic maintenance

1 assistance under Article IV of this Code in programs
2 administered by the Illinois Department due to employment
3 earnings and persons in assistance units comprised of
4 adults and children who become ineligible for basic
5 maintenance assistance under Article VI of this Code due to
6 employment earnings. The plan for coverage for this class
7 of persons shall:

8 (a) extend the medical assistance coverage for up
9 to 12 months following termination of basic
10 maintenance assistance; and

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

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

17 (ii) such coverage shall include all services
18 covered while the person was eligible for basic
19 maintenance assistance;

20 (iii) no premium shall be charged for such
21 coverage; and

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

29 9. Persons with acquired immunodeficiency syndrome
30 (AIDS) or with AIDS-related conditions with respect to whom
31 there has been a determination that but for home or
32 community-based services such individuals would require
33 the level of care provided in an inpatient hospital,
34 skilled nursing facility or intermediate care facility the

1 cost of which is reimbursed under this Article. Assistance
2 shall be provided to such persons to the maximum extent
3 permitted under Title XIX of the Federal Social Security
4 Act.

5 10. Participants in the long-term care insurance
6 partnership program established under the Partnership for
7 Long-Term Care Act who meet the qualifications for
8 protection of resources described in Section 25 of that
9 Act.

10 11. Persons with disabilities who are employed and
11 eligible for Medicaid, pursuant to Section
12 1902(a)(10)(A)(ii)(xv) of the Social Security Act, as
13 provided by the Illinois Department by rule.

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

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

28 (2) persons whose screenings under the above
29 program were funded in whole or in part by funds
30 appropriated to the Illinois Department of Public
31 Health for breast or cervical cancer screening.

32 "Medical assistance" under this paragraph 12 shall be
33 identical to the benefits provided under the State's
34 approved plan under Title XIX of the Social Security Act.

1 The Department must request federal approval of the
2 coverage under this paragraph 12 within 30 days after the
3 effective date of this amendatory Act of the 92nd General
4 Assembly.

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

10 14. Persons who are dependent children enrolled in an
11 education program as provided in Section 43 of the Covering
12 ALL KIDS Health Insurance Act.

13 The Illinois Department and the Governor shall provide a
14 plan for coverage of the persons eligible under paragraph 7 as
15 soon as possible after July 1, 1984.

16 The eligibility of any such person for medical assistance
17 under this Article is not affected by the payment of any grant
18 under the Senior Citizens and Disabled Persons Property Tax
19 Relief and Pharmaceutical Assistance Act or any distributions
20 or items of income described under subparagraph (X) of
21 paragraph (2) of subsection (a) of Section 203 of the Illinois
22 Income Tax Act. The Department shall by rule establish the
23 amounts of assets to be disregarded in determining eligibility
24 for medical assistance, which shall at a minimum equal the
25 amounts to be disregarded under the Federal Supplemental
26 Security Income Program. The amount of assets of a single
27 person to be disregarded shall not be less than \$2,000, and the
28 amount of assets of a married couple to be disregarded shall
29 not be less than \$3,000.

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

34 The eligibility of any person for medical assistance under

1 this Article shall not be affected by the receipt by the person
2 of donations or benefits from fundraisers held for the person
3 in cases of serious illness, as long as neither the person nor
4 members of the person's family have actual control over the
5 donations or benefits or the disbursement of the donations or
6 benefits.

7 (Source: P.A. 93-20, eff. 6-20-03; 94-629, eff. 1-1-06.)

8 Section 99. Effective date. This Act takes effect July 1,
9 2006.".