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AN ACT concerning insurance.

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

- Section 5. The Children's Health Insurance Program Act is
 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 defined9 in Section 2103 of the Social Security Act.
- 10 "Child" means a person under the age of 19 <u>or a dependent</u> 11 <u>child enrolled in an education program as provided in Section</u> 12 <u>43 of the Covering ALL KIDS Health Insurance Act</u>.
- "Department" means the Department of <u>Healthcare and Family</u>
 <u>Services Public Aid</u>.
- 15 "Medical assistance" means health care benefits provided16 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 25 requirements as defined in Section 5-3 of the Illinois Public 26 Aid Code.

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

28 Section 10. The Covering ALL KIDS Health Insurance Act is 29 amended by changing Section 10 and by adding Section 43 as 30 follows:

1 (215 ILCS 170/10) 2 (Section scheduled to be repealed on July 1, 2011) (This Section may contain text from a Public Act with a 3 delayed effective date) 4 5 Sec. 10. Definitions. In this Act: 6 "Application agent" means an organization or individual, such as a licensed health care provider, school, youth service 7 agency, employer, labor union, local chamber of commerce, 8 community-based organization, or other organization, approved 9 by the Department to assist in enrolling children in the 10 11 Program. 12 "Child" means a person under the age of 19 or a dependent 13 child enrolled in an education program as provided in Section 43 of this Act. 14 15 "Department" means the Department of Healthcare and Family 16 Services. 17 "Medical assistance" means health care benefits provided under Article V of the Illinois Public Aid Code. 18 19 "Program" means the Covering ALL KIDS Health Insurance 20 Program. "Resident" means an individual (i) who is in the State for 21 other than a temporary or transitory purpose during the taxable 22 23 year or (ii) who is domiciled in this State but is absent from the State for a temporary or transitory purpose during the 24 25 taxable year. (Source: P.A. 94-693, eff. 7-1-06.) 26 (215 ILCS 170/43 new) 27 Sec. 43. Dependent children enrolled in education 28 29 programs. 30 (a) The Department may establish a buy-in option for the Program for dependent children age 19 to 23 if that child (i) 31 was enrolled in the Program prior to turning 19 years of age, 32 (ii) is attending high school or a post-secondary education 33 program full-time, including, but not limited to, a GED 34 program, community college, vocational/technical school, or 2 35

HB4447 Engrossed - 3 - LRB094 16492 LJB 51752 b

1 year or 4 year college, and (iii) is eligible to be claimed as 2 a dependent for income tax purposes.

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

6 (b) The Department may adopt rules necessary to establish 7 eligibility, co-pay, and premium requirements for children 8 enrolled in the Program under this Section. Health benefits 9 available to the dependent child through the education program 10 he or she is enrolled in must be taken into consideration when 11 determining a child's co-pay and premium.

12 <u>(c) The Department may adopt rules to assist a child</u> 13 eligible for the Program under this Section in paying premiums 14 for health care coverage through the child's education program 15 as an alternative to enrollment in the Program.

- Section 15. The Illinois Public Aid Code is amended by changing Section 5-2 as follows:
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(305 ILCS 5/5-2) (from Ch. 23, par. 5-2)

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

Recipients of basic maintenance grants under
 Articles III and IV.

26 2. Persons otherwise eligible for basic maintenance 27 under Articles III and IV but who fail to qualify 28 thereunder on the basis of need, and who have insufficient 29 income and resources to meet the costs of necessary medical 30 care, including but not limited to the following:

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

1 (i) their income, as determined by the Illinois Department in accordance with any federal 2 3 requirements, is equal to or less than 70% in fiscal year 2001, equal to or less than 85% in 4 5 fiscal year 2002 and until a date to be determined by the Department by rule, and equal to or less 6 than 100% beginning on the date determined by the 7 Department by rule, of the nonfarm income official 8 9 poverty line, as defined by the federal Office of Management and Budget and revised annually in 10 11 accordance with Section 673(2) of the Omnibus Budget Reconciliation Act of 1981, applicable to 12 families of the same size; or 13

(ii) their income, after the deduction of 14 costs incurred for medical care and for other types 15 16 of remedial care, is equal to or less than 70% in 17 fiscal year 2001, equal to or less than 85% in fiscal year 2002 and until a date to be determined 18 by the Department by rule, and equal to or less 19 20 than 100% beginning on the date determined by the Department by rule, of the nonfarm income official 21 poverty line, as defined in item (i) of this 22 23 subparagraph (a).

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

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

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

35 5.(a) Women during pregnancy, after the fact of
 36 pregnancy has been determined by medical diagnosis, and

during the 60-day period beginning on the last day of the pregnancy, together with their infants and children born after September 30, 1983, whose income and resources are insufficient to meet the costs of necessary medical care to the maximum extent possible under Title XIX of the Federal Social Security Act.

(b) The Illinois Department and the Governor shall 7 provide a plan for coverage of the persons eligible under 8 9 paragraph 5(a) by April 1, 1990. Such plan shall provide 10 ambulatory prenatal care to pregnant women during a 11 presumptive eligibility period and establish an income 12 eligibility standard that is equal to 133% of the nonfarm income official poverty line, as defined by the federal 13 Office of Management and Budget and revised annually in 14 accordance with Section 673(2) of the Omnibus Budget 15 16 Reconciliation Act of 1981, applicable to families of the same size, provided that costs incurred for medical care 17 are not taken into account in determining such income 18 19 eligibility.

20 (C) The Illinois Department may conduct а 21 demonstration in at least one county that will provide medical assistance to pregnant women, together with their 22 23 infants and children up to one year of age, where the income eligibility standard is set up to 185% of the 24 nonfarm income official poverty line, as defined by the 25 federal Office of Management and Budget. The Illinois 26 27 Department shall seek and obtain necessary authorization to 28 provided under federal law implement such а 29 demonstration. Such demonstration may establish resource 30 standards that are not more restrictive than those established under Article IV of this Code. 31

32 6. Persons under the age of 18 who fail to qualify as
33 dependent under Article IV and who have insufficient income
34 and resources to meet the costs of necessary medical care
35 to the maximum extent permitted under Title XIX of the
36 Federal Social Security Act.

1 7. Persons who are under 21 years of age and would 2 disabled as defined under qualify as the Federal 3 Supplemental Security Income Program, provided medical service for such persons would be eligible for Federal 4 5 Financial Participation, and provided the Illinois Department determines that: 6

7 (a) the person requires a level of care provided by
8 a hospital, skilled nursing facility, or intermediate
9 care facility, as determined by a physician licensed to
10 practice medicine in all its branches;

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

14 (c) the estimated amount which would be expended 15 for care outside the institution is not greater than 16 the estimated amount which would be expended in an 17 institution.

8. Persons who become ineligible for basic maintenance 18 assistance under Article IV of this Code in programs 19 20 administered by the Illinois Department due to employment earnings and persons in assistance units comprised of 21 adults and children who become ineligible for basic 22 maintenance assistance under Article VI of this Code due to 23 employment earnings. The plan for coverage for this class 24 25 of persons shall:

26 (a) extend the medical assistance coverage for up
 27 to 12 months following termination of basic
 28 maintenance assistance; and

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

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

35 (ii) such coverage shall include all services36 covered while the person was eligible for basic

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maintenance assistance;

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

4 (iv) such coverage shall be suspended in the 5 event of a person's failure without good cause to 6 file in a timely fashion reports required for this 7 coverage under the Social Security Act and 8 coverage shall be reinstated upon the filing of 9 such reports if the person remains otherwise 10 eligible.

11 9. Persons with acquired immunodeficiency syndrome 12 (AIDS) or with AIDS-related conditions with respect to whom there has been a determination that but for home or 13 community-based services such individuals would require 14 the level of care provided in an inpatient hospital, 15 16 skilled nursing facility or intermediate care facility the 17 cost of which is reimbursed under this Article. Assistance shall be provided to such persons to the maximum extent 18 permitted under Title XIX of the Federal Social Security 19 20 Act.

21 10. Participants in the long-term care insurance 22 partnership program established under the Partnership for 23 Long-Term Care Act who meet the qualifications for 24 protection of resources described in Section 25 of that 25 Act.

26 11. Persons with disabilities who are employed and
27 eligible for Medicaid, pursuant to Section
28 1902(a)(10)(A)(ii)(xv) of the Social Security Act, as
29 provided by the Illinois Department by rule.

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

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(1) persons who have been screened for breast or

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1 cervical cancer under the U.S. Centers for Disease 2 Control and Prevention Breast and Cervical Cancer 3 Program established under Title XV of the federal 4 Public Health Services Act in accordance with the 5 requirements of Section 1504 of that Act as 6 administered by the Illinois Department of Public 7 Health; and

8 (2) persons whose screenings under the above 9 program were funded in whole or in part by funds 10 appropriated to the Illinois Department of Public 11 Health for breast or cervical cancer screening.

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

19 13. Subject to appropriation and to federal approval, 20 persons living with HIV/AIDS who are not otherwise eligible 21 under this Article and who qualify for services covered 22 under Section 5-5.04 as provided by the Illinois Department 23 by rule.

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

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

The eligibility of any such person for medical assistance under this Article is not affected by the payment of any grant under the Senior Citizens and Disabled Persons Property Tax Relief and Pharmaceutical Assistance Act or any distributions or items of income described under subparagraph (X) of paragraph (2) of subsection (a) of Section 203 of the Illinois Income Tax Act. The Department shall by rule establish the HB4447 Engrossed - 9 - LRB094 16492 LJB 51752 b

amounts of assets to be disregarded in determining eligibility for medical assistance, which shall at a minimum equal the amounts to be disregarded under the Federal Supplemental Security Income Program. The amount of assets of a single person to be disregarded shall not be less than \$2,000, and the amount of assets of a married couple to be disregarded shall not be less than \$3,000.

8 To the extent permitted under federal law, any person found 9 guilty of a second violation of Article VIIIA shall be 10 ineligible for medical assistance under this Article, as 11 provided in Section 8A-8.

12 The eligibility of any person for medical assistance under 13 this Article shall not be affected by the receipt by the person 14 of donations or benefits from fundraisers held for the person 15 in cases of serious illness, as long as neither the person nor 16 members of the person's family have actual control over the 17 donations or benefits or the disbursement of the donations or 18 benefits.

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

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