

1 AN ACT concerning State government.

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

4 Section 1. Short title. This Act may be cited as the  
5 Veterans' Health Insurance Program Act.

6 Section 3. Legislative intent. The General Assembly finds  
7 that those who have served their country honorably in military  
8 service and who are residing in this State deserve access to  
9 affordable, comprehensive health insurance. Many veterans are  
10 uninsured, unable to afford healthcare, and reside far from a  
11 medical facility of the United States Veterans' Health  
12 Administration (VHA), leaving them without access to health  
13 care. This lack of healthcare, including preventative care,  
14 often exacerbates health conditions. The effects of lack of  
15 insurance negatively impact those residents of the State who  
16 are insured because the cost of paying for care to the  
17 uninsured is often shifted to those who have insurance in the  
18 form of higher health insurance premiums. It is, therefore, the  
19 intent of this legislation to provide access to affordable  
20 health insurance for veterans residing in Illinois who are  
21 unable to afford such coverage.

22 Section 5. Definitions. The following words have the  
23 following meanings:

24 "Department" means the Department of Healthcare and Family  
25 Services, or any successor agency.

26 "Director" means the Director of Healthcare and Family  
27 Services, or any successor agency.

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

30 "Program" means the Veterans' Health Insurance Program.

31 "Resident" means an individual who has an Illinois

1 residence, as provided in Section 5-3 of the Illinois Public  
2 Aid Code.

3 "Veteran" means any person who has served in a branch of  
4 the United States military for greater than 180 consecutive  
5 days after initial training.

6 "Veterans' Affairs" or "VA" means the United States  
7 Department of Veterans' Affairs.

8 Section 10. Operation of the Program. The Veterans' Health  
9 Insurance Program is created. As soon as practical after the  
10 effective date of this Act, coverage for this Program shall  
11 begin. The Program shall be administered by the Department of  
12 Healthcare and Family Services in collaboration with the  
13 Department of Veterans' Affairs. The Department shall have the  
14 same powers and authority to administer the Program as are  
15 provided to the Department in connection with the Department's  
16 administration of the Illinois Public Aid Code. The Department  
17 shall coordinate the Program with other health programs  
18 operated by the Department and other State and federal  
19 agencies.

20 Section 15. Eligibility.

21 (a) To be eligible for the Program, a person must:

22 (1) be a veteran who is not on active duty and who has  
23 not been dishonorably discharged from service;

24 (2) be a resident of the State of Illinois;

25 (3) be at least 19 years of age and no older than 64  
26 years of age;

27 (4) be uninsured, as defined by the Department by rule,  
28 for a period of time established by the Department by rule,  
29 which shall be no less than 6 months;

30 (5) not be eligible for medical assistance under the  
31 Illinois Public Aid Code;

32 (6) reside too far from a medical facility of the VHA  
33 to have reasonable access, as defined by the Department by  
34 rule, to VHA healthcare; and

1           (7) have an income no greater than 100% of the federal  
2           poverty level, unless the Department establishes a higher  
3           or lower income threshold by rule, depending on available  
4           funding for the Program.

5           (b) A veteran who is determined to be eligible for the  
6           Program shall remain eligible for 12 months, provided the  
7           veteran remains a resident of the State and is not excluded  
8           under subsection (c) of this Section.

9           (c) A veteran is not eligible for coverage under the  
10          Program if:

11           (1) the premium required under Section 35 of this Act  
12           has not been timely paid; if the required premiums are not  
13           paid, the liability of the Program shall be limited to  
14           benefits incurred under the Program for the time period for  
15           which premiums have been paid and for grace periods as  
16           established under subsection (d) below; if the required  
17           monthly premium is not paid, the veteran is ineligible for  
18           re-enrollment for a minimum period of 3 months; or

19           (2) the veteran is a resident of a nursing facility or  
20           an inmate of a public institution, as defined by 42 CFR  
21           435.1009.

22           (d) The Department shall adopt rules for the Program,  
23           including, but not limited to, rules relating to eligibility,  
24           re-enrollment, grace periods, notice requirements, hearing  
25           procedures, what constitutes reasonable access to healthcare,  
26           cost-sharing, covered services, provider requirements, and  
27           rates of payment.

28           Section 20. Notice of decisions to terminate eligibility.  
29           Whenever the Department decides to either deny or terminate  
30           eligibility under this Act, the veteran shall have a right to  
31           notice and a hearing, as provided by the Department by rule.

32           Section 25. Illinois Department of Veterans' Affairs. The  
33           Department shall coordinate with the Illinois Department of  
34           Veterans' Affairs to allow State Veterans' Affairs service

1 officers to assist veterans to apply for the Program.

2 Section 30. Health care benefits.

3 (a) The Department shall purchase or provide health care  
4 benefits for eligible veterans that are identical to the  
5 benefits provided to adults under the State's approved plan  
6 under Title XIX of the Social Security Act, except for nursing  
7 facility services and non-emergency transportation.

8 (b) Providers shall be subject to approval by the  
9 Department to provide health care under the Illinois Public Aid  
10 Code and shall be reimbursed at the same rates as providers  
11 reimbursed under the State's approved plan under Title XIX of  
12 the Social Security Act.

13 (c) As an alternative to the benefits set forth in  
14 subsection (a) of this Section, and when cost-effective, the  
15 Department may offer veterans subsidies toward the cost of  
16 privately sponsored health insurance, including  
17 employer-sponsored health insurance.

18 Section 35. Cost-sharing. The Department, by rule, shall  
19 set forth requirements concerning co-payments and monthly  
20 premiums for health care services. This cost-sharing shall be  
21 based on income, as defined by the Department by rule, and  
22 excluding federal veterans cash benefits.

23 Section 40. Charge upon claims and causes of action; right  
24 of subrogation; recoveries. Sections 11-22, 11-22a, 11-22b,  
25 and 11-22c of the Illinois Public Aid Code apply to health  
26 benefits provided to veterans under this Act, as provided in  
27 those Sections.

28 Section 45. Emergency rulemaking. The Department may adopt  
29 rules necessary to establish and implement this Act through the  
30 use of emergency rulemaking in accordance with Section 5-45 of  
31 the Illinois Administrative Procedures Act. For the purposes of  
32 that Act, the General Assembly finds that the adoption of rules

1 to implement this Act is deemed an emergency and necessary for  
2 the public interest, safety, and welfare.

3 Section 50. The Illinois Public Aid Code is amended by  
4 changing Sections 11-22, 11-22a, 11-22b, and 11-22c as follows:

5 (305 ILCS 5/11-22) (from Ch. 23, par. 11-22)

6 (Text of Section after amendment by P.A. 94-693)

7 Sec. 11-22. Charge upon claims and causes of action for  
8 injuries. The Illinois Department shall have a charge upon all  
9 claims, demands and causes of action for injuries to an  
10 applicant for or recipient of (i) financial aid under Articles  
11 III, IV, and V, ~~or~~ (ii) health care benefits provided under the  
12 Covering ALL KIDS Health Insurance Act, or (iii) health care  
13 benefits provided under the Veterans' Health Insurance Program  
14 Act for the total amount of medical assistance provided the  
15 recipient from the time of injury to the date of recovery upon  
16 such claim, demand or cause of action. In addition, if the  
17 applicant or recipient was employable, as defined by the  
18 Department, at the time of the injury, the Department shall  
19 also have a charge upon any such claims, demands and causes of  
20 action for the total amount of aid provided to the recipient  
21 and his dependents, including all cash assistance and medical  
22 assistance only to the extent includable in the claimant's  
23 action, from the time of injury to the date of recovery upon  
24 such claim, demand or cause of action. Any definition of  
25 "employable" adopted by the Department shall apply only to  
26 persons above the age of compulsory school attendance.

27 If the injured person was employable at the time of the  
28 injury and is provided aid under Articles III, IV, or V and any  
29 dependent or member of his family is provided aid under Article  
30 VI, or vice versa, both the Illinois Department and the local  
31 governmental unit shall have a charge upon such claims, demands  
32 and causes of action for the aid provided to the injured person  
33 and any dependent member of his family, including all cash  
34 assistance, medical assistance and food stamps, from the time

1 of the injury to the date of recovery.

2 "Recipient", as used herein, means (i) in the case of  
3 financial aid provided under this Code, the grantee of record  
4 and any persons whose needs are included in the financial aid  
5 provided to the grantee of record or otherwise met by grants  
6 under the appropriate Article of this Code for which such  
7 person is eligible, ~~and~~ (ii) in the case of health care  
8 benefits provided under the Covering ALL KIDS Health Insurance  
9 Act, the child to whom those benefits are provided, and (iii)  
10 in the case of health care benefits provided under the  
11 Veterans' Health Insurance Program Act, the veteran to whom  
12 benefits are provided.

13 In each case, the notice shall be served by certified mail  
14 or registered mail, upon the party or parties against whom the  
15 applicant or recipient has a claim, demand or cause of action.  
16 The notice shall claim the charge and describe the interest the  
17 Illinois Department, the local governmental unit, or the  
18 county, has in the claim, demand, or cause of action. The  
19 charge shall attach to any verdict or judgment entered and to  
20 any money or property which may be recovered on account of such  
21 claim, demand, cause of action or suit from and after the time  
22 of the service of the notice.

23 On petition filed by the Illinois Department, or by the  
24 local governmental unit or county if either is claiming a  
25 charge, or by the recipient, or by the defendant, the court, on  
26 written notice to all interested parties, may adjudicate the  
27 rights of the parties and enforce the charge. The court may  
28 approve the settlement of any claim, demand or cause of action  
29 either before or after a verdict, and nothing in this Section  
30 shall be construed as requiring the actual trial or final  
31 adjudication of any claim, demand or cause of action upon which  
32 the Illinois Department, the local governmental unit or county  
33 has charge. The court may determine what portion of the  
34 recovery shall be paid to the injured person and what portion  
35 shall be paid to the Illinois Department, the local  
36 governmental unit or county having a charge against the

1 recovery. In making this determination, the court shall conduct  
2 an evidentiary hearing and shall consider competent evidence  
3 pertaining to the following matters:

4 (1) the amount of the charge sought to be enforced  
5 against the recovery when expressed as a percentage of the  
6 gross amount of the recovery; the amount of the charge  
7 sought to be enforced against the recovery when expressed  
8 as a percentage of the amount obtained by subtracting from  
9 the gross amount of the recovery the total attorney's fees  
10 and other costs incurred by the recipient incident to the  
11 recovery; and whether the Department, unit of local  
12 government or county seeking to enforce the charge against  
13 the recovery should as a matter of fairness and equity bear  
14 its proportionate share of the fees and costs incurred to  
15 generate the recovery from which the charge is sought to be  
16 satisfied;

17 (2) the amount, if any, of the attorney's fees and  
18 other costs incurred by the recipient incident to the  
19 recovery and paid by the recipient up to the time of  
20 recovery, and the amount of such fees and costs remaining  
21 unpaid at the time of recovery;

22 (3) the total hospital, doctor and other medical  
23 expenses incurred for care and treatment of the injury to  
24 the date of recovery therefor, the portion of such expenses  
25 theretofore paid by the recipient, by insurance provided by  
26 the recipient, and by the Department, unit of local  
27 government and county seeking to enforce a charge against  
28 the recovery, and the amount of such previously incurred  
29 expenses which remain unpaid at the time of recovery and by  
30 whom such incurred, unpaid expenses are to be paid;

31 (4) whether the recovery represents less than  
32 substantially full recompense for the injury and the  
33 hospital, doctor and other medical expenses incurred to the  
34 date of recovery for the care and treatment of the injury,  
35 so that reduction of the charge sought to be enforced  
36 against the recovery would not likely result in a double

1 recovery or unjust enrichment to the recipient;

2 (5) the age of the recipient and of persons dependent  
3 for support upon the recipient, the nature and permanency  
4 of the recipient's injuries as they affect not only the  
5 future employability and education of the recipient but  
6 also the reasonably necessary and foreseeable future  
7 material, maintenance, medical, rehabilitative and  
8 training needs of the recipient, the cost of such  
9 reasonably necessary and foreseeable future needs, and the  
10 resources available to meet such needs and pay such costs;

11 (6) the realistic ability of the recipient to repay in  
12 whole or in part the charge sought to be enforced against  
13 the recovery when judged in light of the factors enumerated  
14 above.

15 The burden of producing evidence sufficient to support the  
16 exercise by the court of its discretion to reduce the amount of  
17 a proven charge sought to be enforced against the recovery  
18 shall rest with the party seeking such reduction.

19 The court may reduce and apportion the Illinois  
20 Department's lien proportionate to the recovery of the  
21 claimant. The court may consider the nature and extent of the  
22 injury, economic and noneconomic loss, settlement offers,  
23 comparative negligence as it applies to the case at hand,  
24 hospital costs, physician costs, and all other appropriate  
25 costs. The Illinois Department shall pay its pro rata share of  
26 the attorney fees based on the Illinois Department's lien as it  
27 compares to the total settlement agreed upon. This Section  
28 shall not affect the priority of an attorney's lien under the  
29 Attorneys Lien Act. The charges of the Illinois Department  
30 described in this Section, however, shall take priority over  
31 all other liens and charges existing under the laws of the  
32 State of Illinois with the exception of the attorney's lien  
33 under said statute.

34 Whenever the Department or any unit of local government has  
35 a statutory charge under this Section against a recovery for  
36 damages incurred by a recipient because of its advancement of



1 any assistance, such charge shall not be satisfied out of any  
2 recovery until the attorney's claim for fees is satisfied,  
3 irrespective of whether or not an action based on recipient's  
4 claim has been filed in court.

5 This Section shall be inapplicable to any claim, demand or  
6 cause of action arising under (a) the Workers' Compensation Act  
7 or the predecessor Workers' Compensation Act of June 28, 1913,  
8 (b) the Workers' Occupational Diseases Act or the predecessor  
9 Workers' Occupational Diseases Act of March 16, 1936; and (c)  
10 the Wrongful Death Act.

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

12 (305 ILCS 5/11-22a) (from Ch. 23, par. 11-22a)

13 (Text of Section after amendment by P.A. 94-693)

14 Sec. 11-22a. Right of Subrogation. To the extent of the  
15 amount of (i) medical assistance provided by the Department to  
16 or on behalf of a recipient under Article V or VI, ~~or~~ (ii)  
17 health care benefits provided for a child under the Covering  
18 ALL KIDS Health Insurance Act, or (iii) health care benefits  
19 provided to a veteran under the Veterans' Health Insurance  
20 Program Act, the Department shall be subrogated to any right of  
21 recovery such recipient may have under the terms of any private  
22 or public health care coverage or casualty coverage, including  
23 coverage under the "Workers' Compensation Act", approved July  
24 9, 1951, as amended, or the "Workers' Occupational Diseases  
25 Act", approved July 9, 1951, as amended, without the necessity  
26 of assignment of claim or other authorization to secure the  
27 right of recovery to the Department. To enforce its subrogation  
28 right, the Department may (i) intervene or join in an action or  
29 proceeding brought by the recipient, his or her guardian,  
30 personal representative, estate, dependents, or survivors  
31 against any person or public or private entity that may be  
32 liable; (ii) institute and prosecute legal proceedings against  
33 any person or public or private entity that may be liable for  
34 the cost of such services; or (iii) institute and prosecute  
35 legal proceedings, to the extent necessary to reimburse the

1 Illinois Department for its costs, against any noncustodial  
2 parent who (A) is required by court or administrative order to  
3 provide insurance or other coverage of the cost of health care  
4 services for a child eligible for medical assistance under this  
5 Code and (B) has received payment from a third party for the  
6 costs of those services but has not used the payments to  
7 reimburse either the other parent or the guardian of the child  
8 or the provider of the services.

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

10 (305 ILCS 5/11-22b) (from Ch. 23, par. 11-22b)

11 (Text of Section after amendment by P.A. 94-693)

12 Sec. 11-22b. Recoveries.

13 (a) As used in this Section:

14 (1) "Carrier" means any insurer, including any private  
15 company, corporation, mutual association, trust fund,  
16 reciprocal or interinsurance exchange authorized under the  
17 laws of this State to insure persons against liability or  
18 injuries caused to another and any insurer providing benefits  
19 under a policy of bodily injury liability insurance covering  
20 liability arising out of the ownership, maintenance or use of a  
21 motor vehicle which provides uninsured motorist endorsement or  
22 coverage.

23 (2) "Beneficiary" means any person or their dependents who  
24 has received benefits or will be provided benefits under this  
25 Code, ~~or~~ under the Covering ALL KIDS Health Insurance Act, or  
26 under the Veterans' Health Insurance Program Act because of an  
27 injury for which another person may be liable. It includes such  
28 beneficiary's guardian, conservator or other personal  
29 representative, his estate or survivors.

30 (b) (1) When benefits are provided or will be provided to a  
31 beneficiary under this Code, ~~or~~ under the Covering ALL KIDS  
32 Health Insurance Act, or under the Veterans' Health Insurance  
33 Program Act because of an injury for which another person is  
34 liable, or for which a carrier is liable in accordance with the  
35 provisions of any policy of insurance issued pursuant to the

1 Illinois Insurance Code, the Illinois Department shall have a  
2 right to recover from such person or carrier the reasonable  
3 value of benefits so provided. The Attorney General may, to  
4 enforce such right, institute and prosecute legal proceedings  
5 against the third person or carrier who may be liable for the  
6 injury in an appropriate court, either in the name of the  
7 Illinois Department or in the name of the injured person, his  
8 guardian, personal representative, estate, or survivors.

9 (2) The Department may:

10 (A) compromise or settle and release any such claim  
11 for benefits provided under this Code, or

12 (B) waive any such claims for benefits provided  
13 under this Code, in whole or in part, for the  
14 convenience of the Department or if the Department  
15 determines that collection would result in undue  
16 hardship upon the person who suffered the injury or, in  
17 a wrongful death action, upon the heirs of the  
18 deceased.

19 (3) No action taken on behalf of the Department  
20 pursuant to this Section or any judgment rendered in such  
21 action shall be a bar to any action upon the claim or cause  
22 of action of the beneficiary, his guardian, conservator,  
23 personal representative, estate, dependents or survivors  
24 against the third person who may be liable for the injury,  
25 or shall operate to deny to the beneficiary the recovery  
26 for that portion of any damages not covered hereunder.

27 (c) (1) When an action is brought by the Department  
28 pursuant to subsection (b), it shall be commenced within the  
29 period prescribed by Article XIII of the Code of Civil  
30 Procedure.

31 However, the Department may not commence the action  
32 prior to 5 months before the end of the applicable period  
33 prescribed by Article XIII of the Code of Civil Procedure.  
34 Thirty days prior to commencing an action, the Department  
35 shall notify the beneficiary of the Department's intent to  
36 commence such an action.

1           (2) The death of the beneficiary does not abate any  
2 right of action established by subsection (b).

3           (3) When an action or claim is brought by persons  
4 entitled to bring such actions or assert such claims  
5 against a third person who may be liable for causing the  
6 death of a beneficiary, any settlement, judgment or award  
7 obtained is subject to the Department's claim for  
8 reimbursement of the benefits provided to the beneficiary  
9 under this Code, ~~or~~ under the Covering ALL KIDS Health  
10 Insurance Act, or under the Veterans' Health Insurance  
11 Program Act.

12           (4) When the action or claim is brought by the  
13 beneficiary alone and the beneficiary incurs a personal  
14 liability to pay attorney's fees and costs of litigation,  
15 the Department's claim for reimbursement of the benefits  
16 provided to the beneficiary shall be the full amount of  
17 benefits paid on behalf of the beneficiary under this Code, ~~or~~  
18 under the Covering ALL KIDS Health Insurance Act, or  
19 under the Veterans' Health Insurance Program Act less a pro  
20 rata share which represents the Department's reasonable  
21 share of attorney's fees paid by the beneficiary and that  
22 portion of the cost of litigation expenses determined by  
23 multiplying by the ratio of the full amount of the  
24 expenditures of the full amount of the judgment, award or  
25 settlement.

26           (d) (1) If either the beneficiary or the Department brings  
27 an action or claim against such third party or carrier, the  
28 beneficiary or the Department shall within 30 days of filing  
29 the action give to the other written notice by personal service  
30 or registered mail of the action or claim and of the name of  
31 the court in which the action or claim is brought. Proof of  
32 such notice shall be filed in such action or claim. If an  
33 action or claim is brought by either the Department or the  
34 beneficiary, the other may, at any time before trial on the  
35 facts, become a party to such action or claim or shall  
36 consolidate his action or claim with the other if brought

1 independently.

2 (2) If an action or claim is brought by the Department  
3 pursuant to subsection (b)(1), written notice to the  
4 beneficiary, guardian, personal representative, estate or  
5 survivor given pursuant to this Section shall advise him of  
6 his right to intervene in the proceeding, his right to  
7 obtain a private attorney of his choice and the  
8 Department's right to recover the reasonable value of the  
9 benefits provided.

10 (e) In the event of judgment or award in a suit or claim  
11 against such third person or carrier:

12 (1) If the action or claim is prosecuted by the  
13 beneficiary alone, the court shall first order paid from  
14 any judgment or award the reasonable litigation expenses  
15 incurred in preparation and prosecution of such action or  
16 claim, together with reasonable attorney's fees, when an  
17 attorney has been retained. After payment of such expenses  
18 and attorney's fees the court shall, on the application of  
19 the Department, allow as a first lien against the amount of  
20 such judgment or award the amount of the Department's  
21 expenditures for the benefit of the beneficiary under this  
22 Code, ~~or~~ under the Covering ALL KIDS Health Insurance Act,  
23 or under the Veterans' Health Insurance Program Act, as  
24 provided in subsection (c)(4).

25 (2) If the action or claim is prosecuted both by the  
26 beneficiary and the Department, the court shall first order  
27 paid from any judgment or award the reasonable litigation  
28 expenses incurred in preparation and prosecution of such  
29 action or claim, together with reasonable attorney's fees  
30 for plaintiffs attorneys based solely on the services  
31 rendered for the benefit of the beneficiary. After payment  
32 of such expenses and attorney's fees, the court shall apply  
33 out of the balance of such judgment or award an amount  
34 sufficient to reimburse the Department the full amount of  
35 benefits paid on behalf of the beneficiary under this Code,  
36 ~~or~~ under the Covering ALL KIDS Health Insurance Act, or

1           under the Veterans' Health Insurance Program Act.

2           (f) The court shall, upon further application at any time  
3 before the judgment or award is satisfied, allow as a further  
4 lien the amount of any expenditures of the Department in  
5 payment of additional benefits arising out of the same cause of  
6 action or claim provided on behalf of the beneficiary under  
7 this Code, ~~or~~ under the Covering ALL KIDS Health Insurance Act, ~~or~~  
8 or under the Veterans' Health Insurance Program Act, when such  
9 benefits were provided or became payable subsequent to the  
10 original order.

11           (g) No judgment, award, or settlement in any action or  
12 claim by a beneficiary to recover damages for injuries, when  
13 the Department has an interest, shall be satisfied without  
14 first giving the Department notice and a reasonable opportunity  
15 to perfect and satisfy its lien.

16           (h) When the Department has perfected a lien upon a  
17 judgment or award in favor of a beneficiary against any third  
18 party for an injury for which the beneficiary has received  
19 benefits under this Code, ~~or~~ under the Covering ALL KIDS Health  
20 Insurance Act, or under the Veterans' Health Insurance Program  
21 Act, the Department shall be entitled to a writ of execution as  
22 lien claimant to enforce payment of said lien against such  
23 third party with interest and other accruing costs as in the  
24 case of other executions. In the event the amount of such  
25 judgment or award so recovered has been paid to the  
26 beneficiary, the Department shall be entitled to a writ of  
27 execution against such beneficiary to the extent of the  
28 Department's lien, with interest and other accruing costs as in  
29 the case of other executions.

30           (i) Except as otherwise provided in this Section,  
31 notwithstanding any other provision of law, the entire amount  
32 of any settlement of the injured beneficiary's action or claim,  
33 with or without suit, is subject to the Department's claim for  
34 reimbursement of the benefits provided and any lien filed  
35 pursuant thereto to the same extent and subject to the same  
36 limitations as in Section 11-22 of this Code.

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

2 (305 ILCS 5/11-22c) (from Ch. 23, par. 11-22c)

3 (Text of Section after amendment by P.A. 94-693)

4 Sec. 11-22c. (a) As used in this Section, "recipient" means  
5 any person receiving financial assistance under Article IV or  
6 Article VI of this Code, ~~or~~ receiving health care benefits  
7 under the Covering ALL KIDS Health Insurance Act, or receiving  
8 health care benefits under the Veterans' Health Insurance  
9 Program Act.

10 (b) If a recipient maintains any suit, charge or other  
11 court or administrative action against an employer seeking back  
12 pay for a period during which the recipient received financial  
13 assistance under Article IV or Article VI of this Code, ~~or~~  
14 health care benefits under the Covering ALL KIDS Health  
15 Insurance Act, or health care benefits under the Veterans'  
16 Health Insurance Program Act, the recipient shall report such  
17 fact to the Department. To the extent of the amount of  
18 assistance provided to or on behalf of the recipient under  
19 Article IV or Article VI, ~~or~~ health care benefits provided  
20 under the Covering ALL KIDS Health Insurance Act, or health  
21 care benefits provided under the Veterans' Health Insurance  
22 Program Act, the Department may by intervention or otherwise  
23 without the necessity of assignment of claim, attach a lien on  
24 the recovery of back wages equal to the amount of assistance  
25 provided by the Department to the recipient under Article IV or  
26 Article VI, ~~or~~ under the Covering ALL KIDS Health Insurance  
27 Act, or under the Veterans' Health Insurance Program Act.

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

29 Section 97. Severability. The provisions of this Act are  
30 severable under Section 1.31 of the Statute on Statutes.

31 Section 99. Effective date. This Act takes effect September  
32 1, 2006.