



96TH GENERAL ASSEMBLY

State of Illinois

2009 and 2010

HB5903

Introduced 2/10/2010, by Rep. Elizabeth Coulson

SYNOPSIS AS INTRODUCED:

20 ILCS 2310/2310-432 new
305 ILCS 5/5-2

from Ch. 23, par. 5-2

Amends the Department of Public Health Powers and Duties Law of the Civil Administrative Code of Illinois and the Illinois Public Aid Code. Creates the Center for Women's Heart Health within the Department of Public Health. Provides that the Center shall administer the Women's Heart Disease Prevention, Detection, and Treatment program, in partnership with the Department of Healthcare and Family Services. Provides that the program shall provide screenings for heart disease to all uninsured women, including by means of electron beam tomography. Provides that the Department of Public Health shall make every effort to ensure that program services are made available in rural and medically underserved areas in Illinois, including by means of telemedicine. Provides that coverage of services under the program is not dependent on federal approval, but federal moneys may be used to pay for such services upon federal approval. Provides that women who qualify for services under the program are eligible for coverage of those services under the medical assistance program. Effective immediately.

LRB096 18842 KTG 34228 b

FISCAL NOTE ACT
MAY APPLY

A BILL FOR

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 5. The Department of Public Health Powers and
5 Duties Law of the Civil Administrative Code of Illinois is
6 amended by adding Section 2310-432 as follows:

7 (20 ILCS 2310/2310-432 new)

8 Sec. 2310-432. Center for Women's Heart Health.

9 (a) The Center for Women's Heart Health is created within
10 the Department. The Center shall oversee the development of a
11 comprehensive Women's Heart Disease Prevention, Detection, and
12 Treatment program ("the program") for women residents of
13 Illinois. The Center shall administer the program in
14 partnership with the Department of Healthcare and Family
15 Services.

16 (b) The program shall provide services including, but not
17 limited to, electron beam tomography scans of the heart, blood
18 pressure checks, cholesterol checks, blood glucose checks,
19 family history checks, and nutrition education. The program
20 shall provide services to all women residents of Illinois who
21 are uninsured. The program shall provide electron beam
22 tomography services to women residents of Illinois who are
23 insured but whose individual or group insurance policy or

1 managed care plan does not cover those services.

2 (c) There shall be no co-payment or other cost-sharing
3 requirement in connection with any services provided under the
4 program. In the case of a woman who is insured and who receives
5 electron beam tomography services under the program, the
6 receipt of those services shall not count against any annual or
7 lifetime maximum benefit limit imposed under the terms of her
8 insurance policy or managed care plan.

9 (d) If services provided to a woman under the program
10 result in the detection of heart disease, or if a physician
11 licensed to practice medicine in all its branches recommends
12 that a woman who has received services under the program
13 undergo further tests, any treatment or further testing
14 provided under the program shall be consistent with the
15 services provided under the State's approved plan under Title
16 XIX of the Social Security Act.

17 (e) The Department shall make every effort to ensure that
18 services under the program are made available in rural and
19 medically underserved areas in Illinois, including by means of
20 telemedicine.

21 (f) Coverage of services under the program is not dependent
22 on federal approval, but federal moneys may be used to pay for
23 such services upon federal approval.

24 Section 10. The Illinois Public Aid Code is amended by
25 changing Section 5-2 as follows:

1 (305 ILCS 5/5-2) (from Ch. 23, par. 5-2)

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

7 1. Recipients of basic maintenance grants under
8 Articles III and IV.

9 2. Persons otherwise eligible for basic maintenance
10 under Articles III and IV, excluding any eligibility
11 requirements that are inconsistent with any federal law or
12 federal regulation, as interpreted by the U.S. Department
13 of Health and Human Services, but who fail to qualify
14 thereunder on the basis of need or who qualify but are not
15 receiving basic maintenance under Article IV, and who have
16 insufficient income and resources to meet the costs of
17 necessary medical care, including but not limited to the
18 following:

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

23 (i) their income, as determined by the
24 Illinois Department in accordance with any federal
25 requirements, is equal to or less than 70% in

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

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

21 (b) All persons who, excluding any eligibility
22 requirements that are inconsistent with any federal
23 law or federal regulation, as interpreted by the U.S.
24 Department of Health and Human Services, would be
25 determined eligible for such basic maintenance under
26 Article IV by disregarding the maximum earned income

1 permitted by federal law.

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

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

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

17 (b) The Illinois Department and the Governor shall
18 provide a plan for coverage of the persons eligible under
19 paragraph 5(a) by April 1, 1990. Such plan shall provide
20 ambulatory prenatal care to pregnant women during a
21 presumptive eligibility period and establish an income
22 eligibility standard that is equal to 133% of the nonfarm
23 income official poverty line, as defined by the federal
24 Office of Management and Budget and revised annually in
25 accordance with Section 673(2) of the Omnibus Budget
26 Reconciliation Act of 1981, applicable to families of the

1 same size, provided that costs incurred for medical care
2 are not taken into account in determining such income
3 eligibility.

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

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

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

1 (a) the person requires a level of care provided by
2 a hospital, skilled nursing facility, or intermediate
3 care facility, as determined by a physician licensed to
4 practice medicine in all its branches;

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

8 (c) the estimated amount which would be expended
9 for care outside the institution is not greater than
10 the estimated amount which would be expended in an
11 institution.

12 8. Persons who become ineligible for basic maintenance
13 assistance under Article IV of this Code in programs
14 administered by the Illinois Department due to employment
15 earnings and persons in assistance units comprised of
16 adults and children who become ineligible for basic
17 maintenance assistance under Article VI of this Code due to
18 employment earnings. The plan for coverage for this class
19 of persons shall:

20 (a) extend the medical assistance coverage for up
21 to 12 months following termination of basic
22 maintenance assistance; and

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

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

3 (ii) such coverage shall include all services
4 covered while the person was eligible for basic
5 maintenance assistance;

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

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

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

25 10. Participants in the long-term care insurance
26 partnership program established under the Illinois

1 Long-Term Care Partnership Program Act who meet the
2 qualifications for protection of resources described in
3 Section 15 of that Act.

4 11. Persons with disabilities who are employed and
5 eligible for Medicaid, pursuant to Section
6 1902(a)(10)(A)(ii)(xv) of the Social Security Act, and,
7 subject to federal approval, persons with a medically
8 improved disability who are employed and eligible for
9 Medicaid pursuant to Section 1902(a)(10)(A)(ii)(xvi) of
10 the Social Security Act, as provided by the Illinois
11 Department by rule. In establishing eligibility standards
12 under this paragraph 11, the Department shall, subject to
13 federal approval:

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

16 (b) exempt retirement accounts that the person
17 cannot access without penalty before the age of 59 1/2,
18 and medical savings accounts established pursuant to
19 26 U.S.C. 220;

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

23 (d) continue to apply subparagraphs (b) and (c) in
24 determining the eligibility of the person under this
25 Article even if the person loses eligibility under this
26 paragraph 11.

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

7 (1) persons who have been screened for breast or
8 cervical cancer under the U.S. Centers for Disease
9 Control and Prevention Breast and Cervical Cancer
10 Program established under Title XV of the federal
11 Public Health Services Act in accordance with the
12 requirements of Section 1504 of that Act as
13 administered by the Illinois Department of Public
14 Health; and

15 (2) persons whose screenings under the above
16 program were funded in whole or in part by funds
17 appropriated to the Illinois Department of Public
18 Health for breast or cervical cancer screening.

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

26 13. Subject to appropriation and to federal approval,

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

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

1 15. Family Care Eligibility.

2 (a) A caretaker relative who is 19 years of age or
3 older when countable income is at or below 185% of the
4 Federal Poverty Level Guidelines, as published
5 annually in the Federal Register, for the appropriate
6 family size. A person may not spend down to become
7 eligible under this paragraph 15.

8 (b) Eligibility shall be reviewed annually.

9 (c) Caretaker relatives enrolled under this
10 paragraph 15 in families with countable income above
11 150% and at or below 185% of the Federal Poverty Level
12 Guidelines shall be counted as family members and pay
13 premiums as established under the Children's Health
14 Insurance Program Act.

15 (d) Premiums shall be billed by and payable to the
16 Department or its authorized agent, on a monthly basis.

17 (e) The premium due date is the last day of the
18 month preceding the month of coverage.

19 (f) Individuals shall have a grace period through
20 the month of coverage to pay the premium.

21 (g) Failure to pay the full monthly premium by the
22 last day of the grace period shall result in
23 termination of coverage.

24 (h) Partial premium payments shall not be
25 refunded.

26 (i) Following termination of an individual's

1 coverage under this paragraph 15, the following action
2 is required before the individual can be re-enrolled:

3 (1) A new application must be completed and the
4 individual must be determined otherwise eligible.

5 (2) There must be full payment of premiums due
6 under this Code, the Children's Health Insurance
7 Program Act, the Covering ALL KIDS Health
8 Insurance Act, or any other healthcare program
9 administered by the Department for periods in
10 which a premium was owed and not paid for the
11 individual.

12 (3) The first month's premium must be paid if
13 there was an unpaid premium on the date the
14 individual's previous coverage was canceled.

15 The Department is authorized to implement the
16 provisions of this amendatory Act of the 95th General
17 Assembly by adopting the medical assistance rules in effect
18 as of October 1, 2007, at 89 Ill. Admin. Code 125, and at
19 89 Ill. Admin. Code 120.32 along with only those changes
20 necessary to conform to federal Medicaid requirements,
21 federal laws, and federal regulations, including but not
22 limited to Section 1931 of the Social Security Act (42
23 U.S.C. Sec. 1396u-1), as interpreted by the U.S. Department
24 of Health and Human Services, and the countable income
25 eligibility standard authorized by this paragraph 15. The
26 Department may not otherwise adopt any rule to implement

1 this increase except as authorized by law, to meet the
2 eligibility standards authorized by the federal government
3 in the Medicaid State Plan or the Title XXI Plan, or to
4 meet an order from the federal government or any court.

5 16. ~~15.~~ Subject to appropriation, uninsured persons
6 who are not otherwise eligible under this Section who have
7 been certified and referred by the Department of Public
8 Health as having been screened and found to need diagnostic
9 evaluation or treatment, or both diagnostic evaluation and
10 treatment, for prostate or testicular cancer. For the
11 purposes of this paragraph 16 ~~15~~, uninsured persons are
12 those who do not have creditable coverage, as defined under
13 the Health Insurance Portability and Accountability Act,
14 or have otherwise exhausted any insurance benefits they may
15 have had, for prostate or testicular cancer diagnostic
16 evaluation or treatment, or both diagnostic evaluation and
17 treatment. To be eligible, a person must furnish a Social
18 Security number. A person's assets are exempt from
19 consideration in determining eligibility under this
20 paragraph 16 ~~15~~. Such persons shall be eligible for medical
21 assistance under this paragraph 16 ~~15~~ for so long as they
22 need treatment for the cancer. A person shall be considered
23 to need treatment if, in the opinion of the person's
24 treating physician, the person requires therapy directed
25 toward cure or palliation of prostate or testicular cancer,
26 including recurrent metastatic cancer that is a known or

1 presumed complication of prostate or testicular cancer and
2 complications resulting from the treatment modalities
3 themselves. Persons who require only routine monitoring
4 services are not considered to need treatment. "Medical
5 assistance" under this paragraph 16 ~~15~~ shall be identical
6 to the benefits provided under the State's approved plan
7 under Title XIX of the Social Security Act. Notwithstanding
8 any other provision of law, the Department (i) does not
9 have a claim against the estate of a deceased recipient of
10 services under this paragraph 16 ~~15~~ and (ii) does not have
11 a lien against any homestead property or other legal or
12 equitable real property interest owned by a recipient of
13 services under this paragraph 16 ~~15~~.

14 17. Women who qualify for services under the Women's
15 Heart Disease Prevention, Detection, and Treatment program
16 established under Section 2310-432 of the Department of
17 Public Health Powers and Duties Law of the Civil
18 Administrative Code of Illinois.

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

1 the U.S. Department of Health and Human Services, unless the
2 Department is provided with express statutory authority.

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

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

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

24 The eligibility of any person for medical assistance under
25 this Article shall not be affected by the receipt by the person
26 of donations or benefits from fundraisers held for the person

1 in cases of serious illness, as long as neither the person nor
2 members of the person's family have actual control over the
3 donations or benefits or the disbursement of the donations or
4 benefits.

5 (Source: P.A. 95-546, eff. 8-29-07; 95-1055, eff. 4-10-09;
6 96-20, eff. 6-30-09; 96-181, eff. 8-10-09; 96-328, eff.
7 8-11-09; 96-567, eff. 1-1-10; revised 9-25-09.)

8 Section 99. Effective date. This Act takes effect upon
9 becoming law.