

1 AN ACT concerning insurance.

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

4 Section 5. The Children's Health Insurance Program Act is  
5 amended by changing Section 20 as follows:

6 (215 ILCS 106/20)

7 Sec. 20. Eligibility.

8 (a) To be eligible for this Program, a person must be a  
9 person who has a child eligible under this Act and who is  
10 eligible under a waiver of federal requirements pursuant to an  
11 application made pursuant to subdivision (a)(1) of Section 40  
12 of this Act or who is a child who:

13 (1) is a child who is not eligible for medical  
14 assistance;

15 (2) is a child whose annual household income, as  
16 determined by the Department, is above 133% of the federal  
17 poverty level and at or below 200% of the federal poverty  
18 level;

19 (3) is a resident of the State of Illinois; and

20 (4) is a child who is either a United States citizen or  
21 included in one of the following categories of  
22 non-citizens:

23 (A) unmarried dependent children of either a

1 United States Veteran honorably discharged or a person  
2 on active military duty;

3 (B) refugees under Section 207 of the Immigration  
4 and Nationality Act;

5 (C) asylees under Section 208 of the Immigration  
6 and Nationality Act;

7 (D) persons for whom deportation has been withheld  
8 under Section 243(h) of the Immigration and  
9 Nationality Act;

10 (E) persons granted conditional entry under  
11 Section 203(a)(7) of the Immigration and Nationality  
12 Act as in effect prior to April 1, 1980;

13 (F) persons lawfully admitted for permanent  
14 residence under the Immigration and Nationality Act;  
15 and

16 (G) parolees, for at least one year, under Section  
17 212(d)(5) of the Immigration and Nationality Act.

18 Those children who are in the categories set forth in  
19 subdivisions (4)(F) and (4)(G) of this subsection, who enter  
20 the United States on or after August 22, 1996, shall not be  
21 eligible for 5 years beginning on the date the child entered  
22 the United States.

23 (b) A child who is determined to be eligible for assistance  
24 may remain eligible for 12 months, provided the child maintains  
25 his or her residence in the State, has not yet attained 19  
26 years of age, and is not excluded pursuant to subsection (c). A

1 child who has been determined to be eligible for assistance  
2 must reapply or otherwise establish eligibility at least  
3 annually. An eligible child shall be required, as determined by  
4 the Department by rule, to report promptly those changes in  
5 income and other circumstances that affect eligibility. The  
6 eligibility of a child may be redetermined based on the  
7 information reported or may be terminated based on the failure  
8 to report or failure to report accurately. A child's  
9 responsible relative or caretaker may also be held liable to  
10 the Department for any payments made by the Department on such  
11 child's behalf that were inappropriate. An applicant shall be  
12 provided with notice of these obligations.

13 (c) A child shall not be eligible for coverage under this  
14 Program if:

15 (1) the premium required pursuant to Section 30 of this  
16 Act has not been paid. If the required premiums are not  
17 paid the liability of the Program shall be limited to  
18 benefits incurred under the Program for the time period for  
19 which premiums had been paid. ~~If the required monthly~~  
20 ~~premium is not paid, the child shall be ineligible for~~  
21 ~~re-enrollment for a minimum period of 3 months.~~  
22 Re-enrollment shall be completed prior to the next covered  
23 medical visit and the first month's required premium shall  
24 be paid in advance of the next covered medical visit. The  
25 Department shall promulgate rules regarding grace periods,  
26 notice requirements, and hearing procedures pursuant to

1           this subsection;

2           (2) the child is an inmate of a public institution or a  
3           patient in an institution for mental diseases; or

4           (3) the child is a member of a family that is eligible  
5           for health benefits covered under the State of Illinois  
6           health benefits plan on the basis of a member's employment  
7           with a public agency.

8           (Source: P.A. 92-597, eff. 6-28-02; 93-63, eff. 6-30-03.)

9           Section 10. The Covering ALL KIDS Health Insurance Act is  
10          amended by changing Section 20 as follows:

11          (215 ILCS 170/20)

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

13          Sec. 20. Eligibility.

14          (a) To be eligible for the Program, a person must be a  
15          child:

16                 (1) who is a resident of the State of Illinois; and

17                 (2) who is ineligible for medical assistance under the  
18                 Illinois Public Aid Code or benefits under the Children's  
19                 Health Insurance Program Act; and

20                 (3) either (i) who has been without health insurance  
21                 coverage for a period set forth by the Department in rules,  
22                 but not less than 6 months during the first month of  
23                 operation of the Program, 7 months during the second month  
24                 of operation, 8 months during the third month of operation,

1 9 months during the fourth month of operation, 10 months  
2 during the fifth month of operation, 11 months during the  
3 sixth month of operation, and 12 months thereafter, (ii)  
4 whose parent has lost employment that made available  
5 affordable dependent health insurance coverage, until such  
6 time as affordable employer-sponsored dependent health  
7 insurance coverage is again available for the child as set  
8 forth by the Department in rules, (iii) who is a newborn  
9 whose responsible relative does not have available  
10 affordable private or employer-sponsored health insurance,  
11 or (iv) who, within one year of applying for coverage under  
12 this Act, lost medical benefits under the Illinois Public  
13 Aid Code or the Children's Health Insurance Program Act.

14 An entity that provides health insurance coverage (as  
15 defined in Section 2 of the Comprehensive Health Insurance Plan  
16 Act) to Illinois residents shall provide health insurance data  
17 match to the Department of Healthcare and Family Services for  
18 the purpose of determining eligibility for the Program under  
19 this Act.

20 The Department of Healthcare and Family Services, in  
21 collaboration with the Department of Financial and  
22 Professional Regulation, Division of Insurance, shall adopt  
23 rules governing the exchange of information under this Section.  
24 The rules shall be consistent with all laws relating to the  
25 confidentiality or privacy of personal information or medical  
26 records, including provisions under the Federal Health

1 Insurance Portability and Accountability Act (HIPAA).

2 (b) The Department shall monitor the availability and  
3 retention of employer-sponsored dependent health insurance  
4 coverage and shall modify the period described in subdivision  
5 (a) (3) if necessary to promote retention of private or  
6 employer-sponsored health insurance and timely access to  
7 healthcare services, but at no time shall the period described  
8 in subdivision (a) (3) be less than 6 months.

9 (c) The Department, at its discretion, may take into  
10 account the affordability of dependent health insurance when  
11 determining whether employer-sponsored dependent health  
12 insurance coverage is available upon reemployment of a child's  
13 parent as provided in subdivision (a) (3).

14 (d) A child who is determined to be eligible for the  
15 Program shall remain eligible for 12 months, provided that the  
16 child maintains his or her residence in this State, has not yet  
17 attained 19 years of age, and is not excluded under subsection  
18 (e).

19 (e) A child is not eligible for coverage under the Program  
20 if:

21 (1) the premium required under Section 40 has not been  
22 timely paid; if the required premiums are not paid, the  
23 liability of the Program shall be limited to benefits  
24 incurred under the Program for the time period for which  
25 premiums have been paid; ~~if the required monthly premium is~~  
26 ~~not paid, the child is ineligible for re enrollment for a~~

1 ~~minimum period of 3 months;~~ re-enrollment shall be  
2 completed before the next covered medical visit, and the  
3 first month's required premium shall be paid in advance of  
4 the next covered medical visit; or

5 (2) the child is an inmate of a public institution or  
6 an institution for mental diseases.

7 (f) The Department shall adopt eligibility rules,  
8 including, but not limited to: rules regarding annual renewals  
9 of eligibility for the Program; rules providing for  
10 re-enrollment, grace periods, notice requirements, and hearing  
11 procedures under subdivision (e) (1) of this Section; and rules  
12 regarding what constitutes availability and affordability of  
13 private or employer-sponsored health insurance, with  
14 consideration of such factors as the percentage of income  
15 needed to purchase children or family health insurance, the  
16 availability of employer subsidies, and other relevant  
17 factors.

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