

Rep. Bill Mitchell

Filed: 2/16/2011

09700HB1409ham001 LRB097 06852 RPM 50685 a 1 AMENDMENT TO HOUSE BILL 1409 2 AMENDMENT NO. . Amend House Bill 1409 by replacing 3 everything after the enacting clause with the following: "Section 5. The Covering ALL KIDS Health Insurance Act is 4 5 amended by changing Section 20 as follows: 6 (215 ILCS 170/20) 7 (Section scheduled to be repealed on July 1, 2016) Sec. 20. Eligibility. 8 (a) To be eligible for the Program, a person must be a 9 10 child: (1) who is a resident of the State of Illinois; 11 (2) who is ineligible for medical assistance under the 12 Illinois Public Aid Code or benefits under the Children's 13 Health Insurance Program Act; 14 (3) either (i) who has been without health insurance 15 coverage for 12 months, (ii) whose parent has lost 16

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employment that made available affordable dependent health insurance coverage, until such time as affordable employer-sponsored dependent health insurance coverage is again available for the child as set forth by the Department in rules, (iii) who is a newborn whose responsible relative does not have available affordable private or employer-sponsored health insurance, or (iv) who, within one year of applying for coverage under this Act, lost medical benefits under the Illinois Public Aid Code or the Children's Health Insurance Program Act; and

(3.5) whose household income, as determined by the Department, is at or below 300% of the federal poverty level. This item (3.5) is effective July 1, 2011.

An entity that provides health insurance coverage (as defined in Section 2 of the Comprehensive Health Insurance Plan Act) to Illinois residents shall provide health insurance data match to the Department of Healthcare and Family Services as provided by and subject to Section 5.5 of the Illinois Insurance Code.

The Department of Healthcare and Family Services, in collaboration with the Department of Insurance, shall adopt rules governing the exchange of information under this Section. The rules shall be consistent with all laws relating to the confidentiality or privacy of personal information or medical records, including provisions under the Federal Health Insurance Portability and Accountability Act (HIPAA).

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- (b) The Department shall monitor the availability and retention of employer-sponsored dependent health insurance coverage and shall modify the period described in subdivision (a)(3) if necessary to promote retention of private or employer-sponsored health insurance and timely access to healthcare services, but at no time shall the period described in subdivision (a)(3) be less than 6 months.
 - The Department, at its discretion, may take into account the affordability of dependent health insurance when determining whether employer-sponsored dependent insurance coverage is available upon reemployment of a child's parent as provided in subdivision (a) (3).
 - (d) A child who is determined to be eligible for the Program shall remain eligible for 12 months, provided that the child maintains his or her residence in this State, has not yet attained 19 years of age, and is not excluded under subsection (e).
- 18 (e) A child is not eligible for coverage under the Program if: 19
 - (1) the premium required under Section 40 has not been timely paid; if the required premiums are not paid, the liability of the Program shall be limited to benefits incurred under the Program for the time period for which premiums have been paid; re-enrollment shall be completed before the next covered medical visit, and the first month's required premium shall be paid in advance of the

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1 next covered medical visit; or

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

(3) the child is an undocumented immigrant.

- (f) The Department may adopt rules, including, but not limited to: rules regarding annual renewals of eligibility for the Program in conformance with Section 7 of this Act; rules re-enrollment, grace for periods, requirements, and hearing procedures under subdivision (e) (1) of this Section; and rules regarding what constitutes affordability availability and of private oremployer-sponsored health insurance, with consideration of such factors as the percentage of income needed to purchase children or family health insurance, the availability of employer subsidies, and other relevant factors.
- (g) Each child enrolled in the Program as of July 1, 2011 whose family income, as established by the Department, exceeds 300% of the federal poverty level may remain enrolled in the Program for 12 additional months commencing July 1, 2011. Continued enrollment pursuant to this subsection shall be available only if the child continues to meet all eligibility criteria established under the Program as of the effective date of this amendatory Act of the 96th General Assembly without a break in coverage. Nothing contained in this subsection shall prevent a child from qualifying for any other health benefits program operated by the Department.

1 (Source: P.A. 96-1272, eff. 1-1-11; 96-1501, eff. 1-25-11.)".