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Sen. Heather A. Steans

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1 AMENDMENT TO HOUSE BILL 3462

2 AMENDMENT NO. ______. Amend House Bill 3462 by replacing
3 everything after the enacting clause with the following:

4 "Section 5. The Comprehensive Health Insurance Plan Act is
5 amended by changing Section 7 as follows:

6 (215 ILCS 105/7) (from Ch. 73, par. 1307)
7 Sec. 7. Eligibility.
8 a. Except as provided in subsection (e) of this Section or
9 in Section 15 of this Act, any person who is either a citizen
10 of the United States or an alien lawfully admitted for
11 permanent residence and who has been for a period of at least
12 180 days and continues to be a resident of this State shall be
13 eligible for Plan coverage under this Section if evidence is
14 provided of:
15 (1) A notice of rejection or refusal to issue
16 substantially similar individual health insurance coverage

for health reasons by a health insurance issuer; ~~or~~

(2) A refusal by a health insurance issuer to issue individual health insurance coverage except at a rate exceeding the applicable Plan rate for which the person is responsible; or ~~.~~

(3) The absence of available health insurance coverage for a person under 19 years of age.

A rejection or refusal by a group health plan or health insurance issuer offering only stop-loss or excess of loss insurance or contracts, agreements, or other arrangements for reinsurance coverage with respect to the applicant shall not be sufficient evidence under this subsection.

b. The board shall promulgate a list of medical or health conditions for which a person who is either a citizen of the United States or an alien lawfully admitted for permanent residence and a resident of this State would be eligible for Plan coverage without applying for health insurance coverage pursuant to subsection a. of this Section. Persons who can demonstrate the existence or history of any medical or health conditions on the list promulgated by the board shall not be required to provide the evidence specified in subsection a. of this Section. The list shall be effective on the first day of the operation of the Plan and may be amended from time to time as appropriate.

c. Family members of the same household who each are covered persons are eligible for optional family coverage under

the Plan.

d. For persons qualifying for coverage in accordance with Section 7 of this Act, the board shall, if it determines that such appropriations as are made pursuant to Section 12 of this Act are insufficient to allow the board to accept all of the eligible persons which it projects will apply for enrollment under the Plan, limit or close enrollment to ensure that the Plan is not over-subscribed and that it has sufficient resources to meet its obligations to existing enrollees. The board shall not limit or close enrollment for federally eligible individuals.

e. A person shall not be eligible for coverage under the Plan if:

(1) He or she has or obtains other coverage under a group health plan or health insurance coverage substantially similar to or better than a Plan policy as an insured or covered dependent or would be eligible to have that coverage if he or she elected to obtain it. Persons otherwise eligible for Plan coverage may, however, solely for the purpose of having coverage for a pre-existing condition, maintain other coverage only while satisfying any pre-existing condition waiting period under a Plan policy or a subsequent replacement policy of a Plan policy.

(1.1) His or her prior coverage under a group health plan or health insurance coverage, provided or arranged by an employer of more than 10 employees was discontinued for

1 any reason without the entire group or plan being
2 discontinued and not replaced, provided he or she remains
3 an employee, or dependent thereof, of the same employer.
4 (2) He or she is a recipient of or is approved to
5 receive medical assistance, except that a person may
6 continue to receive medical assistance through the medical
7 assistance no grant program, but only while satisfying the
8 requirements for a preexisting condition under Section 8,
9 subsection f. of this Act. Payment of premiums pursuant to
10 this Act shall be allocable to the person's spenddown for
11 purposes of the medical assistance no grant program, but
12 that person shall not be eligible for any Plan benefits
13 while that person remains eligible for medical assistance.
14 If the person continues to receive or be approved to
15 receive medical assistance through the medical assistance
16 no grant program at or after the time that requirements for
17 a preexisting condition are satisfied, the person shall not
18 be eligible for coverage under the Plan. In that
19 circumstance, coverage under the plan shall terminate as of
20 the expiration of the preexisting condition limitation
21 period. Under all other circumstances, coverage under the
22 Plan shall automatically terminate as of the effective date
23 of any medical assistance.
24 (3) Except as provided in Section 15, the person has
25 previously participated in the Plan and voluntarily
26 terminated Plan coverage, unless 12 months have elapsed

1 since the person's latest voluntary termination of
2 coverage.
3 (4) The person fails to pay the required premium under
4 the covered person's terms of enrollment and
5 participation, in which event the liability of the Plan
6 shall be limited to benefits incurred under the Plan for
7 the time period for which premiums had been paid and the
8 covered person remained eligible for Plan coverage.
9 (5) The Plan has paid a total of $5,000,000 in benefits
10 on behalf of the covered person.
11 (6) The person is a resident of a public institution.
12 (7) The person's premium is paid for or reimbursed
13 under any government sponsored program or by any government
14 agency or health care provider, except as an otherwise
15 qualifying full-time employee, or dependent of such
16 employee, of a government agency or health care provider
17 or, except when a person's premium is paid by the U.S.
18 Treasury Department pursuant to the federal Trade Act of
19 2002.
20 (8) The person has or later receives other benefits or
21 funds from any settlement, judgement, or award resulting
22 from any accident or injury, regardless of the date of the
23 accident or injury, or any other circumstances creating a
24 legal liability for damages due that person by a third
25 party, whether the settlement, judgment, or award is in the
26 form of a contract, agreement, or trust on behalf of a

1 minor or otherwise and whether the settlement, judgment, or
2 award is payable to the person, his or her dependent,
3 estate, personal representative, or guardian in a lump sum
4 or over time, so long as there continues to be benefits or
5 assets remaining from those sources in an amount in excess
6 of $300,000.

7 (9) Within the 5 years prior to the date a person's
8 Plan application is received by the Board, the person's
9 coverage under any health care benefit program as defined
10 in 18 U.S.C. 24, including any public or private plan or
11 contract under which any medical benefit, item, or service
12 is provided, was terminated as a result of any act or
13 practice that constitutes fraud under State or federal law
14 or as a result of an intentional misrepresentation of
15 material fact; or if that person knowingly and willfully
16 obtained or attempted to obtain, or fraudulently aided or
17 attempted to aid any other person in obtaining, any
18 coverage or benefits under the Plan to which that person
19 was not entitled.

20 f. The board or the administrator shall require
21 verification of residency and may require any additional
22 information or documentation, or statements under oath, when
23 necessary to determine residency upon initial application and
24 for the entire term of the policy.

25 g. Coverage shall cease (i) on the date a person is no
26 longer a resident of Illinois, (ii) on the date a person

1 requests coverage to end, (iii) upon the death of the covered
2 person, (iv) on the date State law requires cancellation of the
3 policy, or (v) at the Plan's option, 30 days after the Plan
4 makes any inquiry concerning a person's eligibility or place of
5 residence to which the person does not reply.

6 h. Except under the conditions set forth in subsection g of
7 this Section, the coverage of any person who ceases to meet the
8 eligibility requirements of this Section shall be terminated at
9 the end of the current policy period for which the necessary
10 premiums have been paid.

11 (Source: P.A. 95-547, eff. 8-29-07; 96-938, eff. 6-24-10.)

12 Section 99. Effective date. This Act takes effect upon
13 becoming law.".