

HB4642



98TH GENERAL ASSEMBLY

State of Illinois

2013 and 2014

HB4642

by Rep. Adam Brown

SYNOPSIS AS INTRODUCED:

215 ILCS 170/20

Amends the Covering ALL KIDS Health Insurance Act. Provides that a child is not eligible for coverage under the Covering ALL KIDS Health Insurance Program if he or she is an undocumented immigrant.

LRB098 18862 RPM 54008 b

FISCAL NOTE ACT
MAY APPLY

A BILL FOR

1 AN ACT concerning regulation.

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

4 Section 5. The Covering ALL KIDS Health Insurance Act is
5 amended by changing Section 20 as follows:

6 (215 ILCS 170/20)

7 (Section scheduled to be repealed on July 1, 2016)

8 Sec. 20. Eligibility.

9 (a) To be eligible for the Program, a person must be a
10 child:

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

12 (2) who is ineligible for medical assistance under the
13 Illinois Public Aid Code or benefits under the Children's
14 Health Insurance Program Act;

15 (3) either (i) who has been without health insurance
16 coverage for 12 months, (ii) whose parent has lost
17 employment that made available affordable dependent health
18 insurance coverage, until such time as affordable
19 employer-sponsored dependent health insurance coverage is
20 again available for the child as set forth by the
21 Department in rules, (iii) who is a newborn whose
22 responsible relative does not have available affordable
23 private or employer-sponsored health insurance, or (iv)

1 who, within one year of applying for coverage under this
2 Act, lost medical benefits under the Illinois Public Aid
3 Code or the Children's Health Insurance Program Act; and

4 (3.5) whose household income, as determined by the
5 Department, is at or below 300% of the federal poverty
6 level. This item (3.5) is effective July 1, 2011.

7 An entity that provides health insurance coverage (as
8 defined in Section 2 of the Comprehensive Health Insurance Plan
9 Act) to Illinois residents shall provide health insurance data
10 match to the Department of Healthcare and Family Services as
11 provided by and subject to Section 5.5 of the Illinois
12 Insurance Code. The Department of Healthcare and Family
13 Services may impose an administrative penalty as provided under
14 Section 12-4.45 of the Illinois Public Aid Code on entities
15 that have established a pattern of failure to provide the
16 information required under this Section.

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

24 (b) The Department shall monitor the availability and
25 retention of employer-sponsored dependent health insurance
26 coverage and shall modify the period described in subdivision

1 (a) (3) if necessary to promote retention of private or
2 employer-sponsored health insurance and timely access to
3 healthcare services, but at no time shall the period described
4 in subdivision (a) (3) be less than 6 months.

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

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

15 (e) A child is not eligible for coverage under the Program
16 if:

17 (1) the premium required under Section 40 has not been
18 timely paid; if the required premiums are not paid, the
19 liability of the Program shall be limited to benefits
20 incurred under the Program for the time period for which
21 premiums have been paid; re-enrollment shall be completed
22 before the next covered medical visit, and the first
23 month's required premium shall be paid in advance of the
24 next covered medical visit; ~~or~~

25 (2) the child is an inmate of a public institution or
26 an institution for mental diseases; or.

1 (3) the child is an undocumented immigrant.

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

13 (g) Each child enrolled in the Program as of July 1, 2011
14 whose family income, as established by the Department, exceeds
15 300% of the federal poverty level may remain enrolled in the
16 Program for 12 additional months commencing July 1, 2011.
17 Continued enrollment pursuant to this subsection shall be
18 available only if the child continues to meet all eligibility
19 criteria established under the Program as of the effective date
20 of this amendatory Act of the 96th General Assembly without a
21 break in coverage. Nothing contained in this subsection shall
22 prevent a child from qualifying for any other health benefits
23 program operated by the Department.

24 (Source: P.A. 98-130, eff. 8-2-13.)