

HB0064



102ND GENERAL ASSEMBLY

State of Illinois

2021 and 2022

HB0064

Introduced 1/14/2021, by Rep. Mary E. Flowers

SYNOPSIS AS INTRODUCED:

305 ILCS 5/5-2

from Ch. 23, par. 5-2

Amends the Medical Assistance Article of the Illinois Public Aid Code. Extends medical assistance coverage to all women of childbearing age regardless of income level.

LRB102 03799 KTG 13812 b

FISCAL NOTE ACT
MAY APPLY

A BILL FOR

1 AN ACT concerning public aid.

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

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

6 (305 ILCS 5/5-2) (from Ch. 23, par. 5-2)

7 Sec. 5-2. Classes of persons eligible. Medical assistance
8 under this Article shall be available to any of the following
9 classes of persons in respect to whom a plan for coverage has
10 been submitted to the Governor by the Illinois Department and
11 approved by him. If changes made in this Section 5-2 require
12 federal approval, they shall not take effect until such
13 approval has been received:

14 1. Recipients of basic maintenance grants under
15 Articles III and IV.

16 2. Beginning January 1, 2014, persons otherwise
17 eligible for basic maintenance under Article III,
18 excluding any eligibility requirements that are
19 inconsistent with any federal law or federal regulation,
20 as interpreted by the U.S. Department of Health and Human
21 Services, but who fail to qualify thereunder on the basis
22 of need, and who have insufficient income and resources to
23 meet the costs of necessary medical care, including, but

1 not limited to, the following:

2 (a) All persons otherwise eligible for basic
3 maintenance under Article III but who fail to qualify
4 under that Article on the basis of need and who meet
5 either of the following requirements:

6 (i) their income, as determined by the
7 Illinois Department in accordance with any federal
8 requirements, is equal to or less than 100% of the
9 federal poverty level; or

10 (ii) their income, after the deduction of
11 costs incurred for medical care and for other
12 types of remedial care, is equal to or less than
13 100% of the federal poverty level.

14 (b) (Blank).

15 3. (Blank).

16 4. Persons not eligible under any of the preceding
17 paragraphs who fall sick, are injured, or die, not having
18 sufficient money, property or other resources to meet the
19 costs of necessary medical care or funeral and burial
20 expenses.

21 5.(a) Beginning January 1, 2020, women during
22 pregnancy and during the 12-month period beginning on the
23 last day of the pregnancy, together with their infants,
24 whose income is at or below 200% of the federal poverty
25 level. Until September 30, 2019, or sooner if the
26 maintenance of effort requirements under the Patient

1 Protection and Affordable Care Act are eliminated or may
2 be waived before then, women during pregnancy and during
3 the 12-month period beginning on the last day of the
4 pregnancy, whose countable monthly income, after the
5 deduction of costs incurred for medical care and for other
6 types of remedial care as specified in administrative
7 rule, is equal to or less than the Medical Assistance-No
8 Grant(C) (MANG(C)) Income Standard in effect on April 1,
9 2013 as set forth in administrative rule.

10 (b) The plan for coverage shall provide ambulatory
11 prenatal care to pregnant women during a presumptive
12 eligibility period and establish an income eligibility
13 standard that is equal to 200% of the federal poverty
14 level, provided that costs incurred for medical care are
15 not taken into account in determining such income
16 eligibility.

17 (c) The Illinois Department may conduct a
18 demonstration in at least one county that will provide
19 medical assistance to pregnant women, together with their
20 infants and children up to one year of age, where the
21 income eligibility standard is set up to 185% of the
22 nonfarm income official poverty line, as defined by the
23 federal Office of Management and Budget. The Illinois
24 Department shall seek and obtain necessary authorization
25 provided under federal law to implement such a
26 demonstration. Such demonstration may establish resource

1 standards that are not more restrictive than those
2 established under Article IV of this Code.

3 6. (a) Children younger than age 19 when countable
4 income is at or below 133% of the federal poverty level.
5 Until September 30, 2019, or sooner if the maintenance of
6 effort requirements under the Patient Protection and
7 Affordable Care Act are eliminated or may be waived before
8 then, children younger than age 19 whose countable monthly
9 income, after the deduction of costs incurred for medical
10 care and for other types of remedial care as specified in
11 administrative rule, is equal to or less than the Medical
12 Assistance-No Grant (C) (MANG(C)) Income Standard in effect
13 on April 1, 2013 as set forth in administrative rule.

14 (b) Children and youth who are under temporary custody
15 or guardianship of the Department of Children and Family
16 Services or who receive financial assistance in support of
17 an adoption or guardianship placement from the Department
18 of Children and Family Services.

19 7. (Blank).

20 8. As required under federal law, persons who are
21 eligible for Transitional Medical Assistance as a result
22 of an increase in earnings or child or spousal support
23 received. The plan for coverage for this class of persons
24 shall:

25 (a) extend the medical assistance coverage to the
26 extent required by federal law; and

1 (b) offer persons who have initially received 6
2 months of the coverage provided in paragraph (a)
3 above, the option of receiving an additional 6 months
4 of coverage, subject to the following:

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

7 (ii) such coverage shall include all services
8 covered under Illinois' State Medicaid Plan;

9 (iii) no premium shall be charged for such
10 coverage; and

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

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

1 Act.

2 10. Participants in the long-term care insurance
3 partnership program established under the Illinois
4 Long-Term Care Partnership Program Act who meet the
5 qualifications for protection of resources described in
6 Section 15 of that Act.

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

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

19 (b) exempt retirement accounts that the person
20 cannot access without penalty before the age of 59
21 1/2, and medical savings accounts established pursuant
22 to 26 U.S.C. 220;

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

26 (d) continue to apply subparagraphs (b) and (c) in

1 determining the eligibility of the person under this
2 Article even if the person loses eligibility under
3 this paragraph 11.

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

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

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

22 "Medical assistance" under this paragraph 12 shall be
23 identical to the benefits provided under the State's
24 approved plan under Title XIX of the Social Security Act.
25 The Department must request federal approval of the
26 coverage under this paragraph 12 within 30 days after July

1 3, 2001 (the effective date of Public Act 92-47) ~~this~~
2 ~~amendatory Act of the 92nd General Assembly.~~

3 In addition to the persons who are eligible for
4 medical assistance pursuant to subparagraphs (1) and (2)
5 of this paragraph 12, and to be paid from funds
6 appropriated to the Department for its medical programs,
7 any uninsured person as defined by the Department in rules
8 residing in Illinois who is younger than 65 years of age,
9 who has been screened for breast and cervical cancer in
10 accordance with standards and procedures adopted by the
11 Department of Public Health for screening, and who is
12 referred to the Department by the Department of Public
13 Health as being in need of treatment for breast or
14 cervical cancer is eligible for medical assistance
15 benefits that are consistent with the benefits provided to
16 those persons described in subparagraphs (1) and (2).
17 Medical assistance coverage for the persons who are
18 eligible under the preceding sentence is not dependent on
19 federal approval, but federal moneys may be used to pay
20 for services provided under that coverage upon federal
21 approval.

22 13. Subject to appropriation and to federal approval,
23 persons living with HIV/AIDS who are not otherwise
24 eligible under this Article and who qualify for services
25 covered under Section 5-5.04 as provided by the Illinois
26 Department by rule.

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

24 15. Family Care Eligibility.

25 (a) On and after July 1, 2012, a parent or other
26 caretaker relative who is 19 years of age or older when

1 countable income is at or below 133% of the federal
2 poverty level. A person may not spend down to become
3 eligible under this paragraph 15.

4 (b) Eligibility shall be reviewed annually.

5 (c) (Blank).

6 (d) (Blank).

7 (e) (Blank).

8 (f) (Blank).

9 (g) (Blank).

10 (h) (Blank).

11 (i) Following termination of an individual's
12 coverage under this paragraph 15, the individual must
13 be determined eligible before the person can be
14 re-enrolled.

15 16. Subject to appropriation, uninsured persons who
16 are not otherwise eligible under this Section who have
17 been certified and referred by the Department of Public
18 Health as having been screened and found to need
19 diagnostic evaluation or treatment, or both diagnostic
20 evaluation and treatment, for prostate or testicular
21 cancer. For the purposes of this paragraph 16, uninsured
22 persons are those who do not have creditable coverage, as
23 defined under the Health Insurance Portability and
24 Accountability Act, or have otherwise exhausted any
25 insurance benefits they may have had, for prostate or
26 testicular cancer diagnostic evaluation or treatment, or

1 both diagnostic evaluation and treatment. To be eligible,
2 a person must furnish a Social Security number. A person's
3 assets are exempt from consideration in determining
4 eligibility under this paragraph 16. Such persons shall be
5 eligible for medical assistance under this paragraph 16
6 for so long as they need treatment for the cancer. A person
7 shall be considered to need treatment if, in the opinion
8 of the person's treating physician, the person requires
9 therapy directed toward cure or palliation of prostate or
10 testicular cancer, including recurrent metastatic cancer
11 that is a known or presumed complication of prostate or
12 testicular cancer and complications resulting from the
13 treatment modalities themselves. Persons who require only
14 routine monitoring services are not considered to need
15 treatment. "Medical assistance" under this paragraph 16
16 shall be identical to the benefits provided under the
17 State's approved plan under Title XIX of the Social
18 Security Act. Notwithstanding any other provision of law,
19 the Department (i) does not have a claim against the
20 estate of a deceased recipient of services under this
21 paragraph 16 and (ii) does not have a lien against any
22 homestead property or other legal or equitable real
23 property interest owned by a recipient of services under
24 this paragraph 16.

25 17. Persons who, pursuant to a waiver approved by the
26 Secretary of the U.S. Department of Health and Human

1 Services, are eligible for medical assistance under Title
2 XIX or XXI of the federal Social Security Act.
3 Notwithstanding any other provision of this Code and
4 consistent with the terms of the approved waiver, the
5 Illinois Department, may by rule:

6 (a) Limit the geographic areas in which the waiver
7 program operates.

8 (b) Determine the scope, quantity, duration, and
9 quality, and the rate and method of reimbursement, of
10 the medical services to be provided, which may differ
11 from those for other classes of persons eligible for
12 assistance under this Article.

13 (c) Restrict the persons' freedom in choice of
14 providers.

15 18. Beginning January 1, 2014, persons aged 19 or
16 older, but younger than 65, who are not otherwise eligible
17 for medical assistance under this Section 5-2, who qualify
18 for medical assistance pursuant to 42 U.S.C.
19 1396a(a)(10)(A)(i)(VIII) and applicable federal
20 regulations, and who have income at or below 133% of the
21 federal poverty level plus 5% for the applicable family
22 size as determined pursuant to 42 U.S.C. 1396a(e)(14) and
23 applicable federal regulations. Persons eligible for
24 medical assistance under this paragraph 18 shall receive
25 coverage for the Health Benefits Service Package as that
26 term is defined in subsection (m) of Section 5-1.1 of this

1 Code. If Illinois' federal medical assistance percentage
2 (FMAP) is reduced below 90% for persons eligible for
3 medical assistance under this paragraph 18, eligibility
4 under this paragraph 18 shall cease no later than the end
5 of the third month following the month in which the
6 reduction in FMAP takes effect.

7 19. Beginning January 1, 2014, as required under 42
8 U.S.C. 1396a(a)(10)(A)(i)(IX), persons older than age 18
9 and younger than age 26 who are not otherwise eligible for
10 medical assistance under paragraphs (1) through (17) of
11 this Section who (i) were in foster care under the
12 responsibility of the State on the date of attaining age
13 18 or on the date of attaining age 21 when a court has
14 continued wardship for good cause as provided in Section
15 2-31 of the Juvenile Court Act of 1987 and (ii) received
16 medical assistance under the Illinois Title XIX State Plan
17 or waiver of such plan while in foster care.

18 20. Beginning January 1, 2018, persons who are
19 foreign-born victims of human trafficking, torture, or
20 other serious crimes as defined in Section 2-19 of this
21 Code and their derivative family members if such persons:
22 (i) reside in Illinois; (ii) are not eligible under any of
23 the preceding paragraphs; (iii) meet the income guidelines
24 of subparagraph (a) of paragraph 2; and (iv) meet the
25 nonfinancial eligibility requirements of Sections 16-2,
26 16-3, and 16-5 of this Code. The Department may extend

1 medical assistance for persons who are foreign-born
2 victims of human trafficking, torture, or other serious
3 crimes whose medical assistance would be terminated
4 pursuant to subsection (b) of Section 16-5 if the
5 Department determines that the person, during the year of
6 initial eligibility (1) experienced a health crisis, (2)
7 has been unable, after reasonable attempts, to obtain
8 necessary information from a third party, or (3) has other
9 extenuating circumstances that prevented the person from
10 completing his or her application for status. The
11 Department may adopt any rules necessary to implement the
12 provisions of this paragraph.

13 21. Persons who are not otherwise eligible for medical
14 assistance under this Section who may qualify for medical
15 assistance pursuant to 42 U.S.C.
16 1396a(a)(10)(A)(ii)(XXIII) and 42 U.S.C. 1396(ss) for the
17 duration of any federal or State declared emergency due to
18 COVID-19. Medical assistance to persons eligible for
19 medical assistance solely pursuant to this paragraph 21
20 shall be limited to any in vitro diagnostic product (and
21 the administration of such product) described in 42 U.S.C.
22 1396d(a)(3)(B) on or after March 18, 2020, any visit
23 described in 42 U.S.C. 1396o(a)(2)(G), or any other
24 medical assistance that may be federally authorized for
25 this class of persons. The Department may also cover
26 treatment of COVID-19 for this class of persons, or any

1 similar category of uninsured individuals, to the extent
2 authorized under a federally approved 1115 Waiver or other
3 federal authority. Notwithstanding the provisions of
4 Section 1-11 of this Code, due to the nature of the
5 COVID-19 public health emergency, the Department may cover
6 and provide the medical assistance described in this
7 paragraph 21 to noncitizens who would otherwise meet the
8 eligibility requirements for the class of persons
9 described in this paragraph 21 for the duration of the
10 State emergency period.

11 22. All women of childbearing age, regardless of
12 income level.

13 In implementing the provisions of Public Act 96-20, the
14 Department is authorized to adopt only those rules necessary,
15 including emergency rules. Nothing in Public Act 96-20 permits
16 the Department to adopt rules or issue a decision that expands
17 eligibility for the FamilyCare Program to a person whose
18 income exceeds 185% of the Federal Poverty Level as determined
19 from time to time by the U.S. Department of Health and Human
20 Services, unless the Department is provided with express
21 statutory authority.

22 The eligibility of any such person for medical assistance
23 under this Article is not affected by the payment of any grant
24 under the Senior Citizens and Persons with Disabilities
25 Property Tax Relief Act or any distributions or items of
26 income described under subparagraph (X) of paragraph (2) of

1 subsection (a) of Section 203 of the Illinois Income Tax Act.

2 The Department shall by rule establish the amounts of
3 assets to be disregarded in determining eligibility for
4 medical assistance, which shall at a minimum equal the amounts
5 to be disregarded under the Federal Supplemental Security
6 Income Program. The amount of assets of a single person to be
7 disregarded shall not be less than \$2,000, and the amount of
8 assets of a married couple to be disregarded shall not be less
9 than \$3,000.

10 To the extent permitted under federal law, any person
11 found guilty of a second violation of Article VIIIA shall be
12 ineligible for medical assistance under this Article, as
13 provided in Section 8A-8.

14 The eligibility of any person for medical assistance under
15 this Article shall not be affected by the receipt by the person
16 of donations or benefits from fundraisers held for the person
17 in cases of serious illness, as long as neither the person nor
18 members of the person's family have actual control over the
19 donations or benefits or the disbursement of the donations or
20 benefits.

21 Notwithstanding any other provision of this Code, if the
22 United States Supreme Court holds Title II, Subtitle A,
23 Section 2001(a) of Public Law 111-148 to be unconstitutional,
24 or if a holding of Public Law 111-148 makes Medicaid
25 eligibility allowed under Section 2001(a) inoperable, the
26 State or a unit of local government shall be prohibited from

1 enrolling individuals in the Medical Assistance Program as the
2 result of federal approval of a State Medicaid waiver on or
3 after June 14, 2012 (the effective date of Public Act 97-687)
4 ~~this amendatory Act of the 97th General Assembly~~, and any
5 individuals enrolled in the Medical Assistance Program
6 pursuant to eligibility permitted as a result of such a State
7 Medicaid waiver shall become immediately ineligible.

8 Notwithstanding any other provision of this Code, if an
9 Act of Congress that becomes a Public Law eliminates Section
10 2001(a) of Public Law 111-148, the State or a unit of local
11 government shall be prohibited from enrolling individuals in
12 the Medical Assistance Program as the result of federal
13 approval of a State Medicaid waiver on or after June 14, 2012
14 (the effective date of Public Act 97-687) ~~this amendatory Act~~
15 ~~of the 97th General Assembly~~, and any individuals enrolled in
16 the Medical Assistance Program pursuant to eligibility
17 permitted as a result of such a State Medicaid waiver shall
18 become immediately ineligible.

19 Effective October 1, 2013, the determination of
20 eligibility of persons who qualify under paragraphs 5, 6, 8,
21 15, 17, and 18 of this Section shall comply with the
22 requirements of 42 U.S.C. 1396a(e)(14) and applicable federal
23 regulations.

24 The Department of Healthcare and Family Services, the
25 Department of Human Services, and the Illinois health
26 insurance marketplace shall work cooperatively to assist

1 persons who would otherwise lose health benefits as a result
2 of changes made under Public Act 98-104 ~~this amendatory Act of~~
3 ~~the 98th General Assembly~~ to transition to other health
4 insurance coverage.

5 (Source: P.A. 101-10, eff. 6-5-19; 101-649, eff. 7-7-20;
6 revised 8-24-20.)