

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 Hospital Uninsured Patient Discount Act is  
5 amended by changing Sections 5, 10, and 15 as follows:

6 (210 ILCS 89/5)

7 Sec. 5. Definitions. As used in this Act:

8 "Community health center" means a federally qualified  
9 health center as defined in Section 1905(1)(2)(B) of the  
10 federal Social Security Act or a federally qualified health  
11 center look-alike.

12 "Cost to charge ratio" means the ratio of a hospital's  
13 costs to its charges taken from its most recently filed  
14 Medicare cost report (CMS 2552-96 Worksheet C, Part I, PPS  
15 Inpatient Ratios).

16 "Critical Access Hospital" means a hospital that is  
17 designated as such under the federal Medicare Rural Hospital  
18 Flexibility Program.

19 "Family income" means the sum of a family's annual  
20 earnings and cash benefits from all sources before taxes, less  
21 payments made for child support.

22 "Federal poverty income guidelines" means the poverty  
23 guidelines updated periodically in the Federal Register by the

1 United States Department of Health and Human Services under  
2 authority of 42 U.S.C. 9902(2).

3 "Financial assistance" means a discount provided to a  
4 patient under the terms and conditions a hospital offers to  
5 qualified patients or as required by law.

6 "Free and charitable clinic" means a 501(c)(3) tax-exempt  
7 health care organization providing health services to  
8 low-income uninsured or underinsured individuals that is  
9 recognized by either the Illinois Association of Free and  
10 Charitable Clinics or the National Association of Free and  
11 Charitable Clinics.

12 "Guaranteed income program" means a publicly or privately  
13 funded program that provides one-time or recurring  
14 unconditional cash transfers or payments, or gifts to  
15 individuals or households, for a defined number of months or  
16 years for the purposes of reducing poverty, promoting economic  
17 mobility, or increasing the financial stability of Illinois  
18 residents.

19 "Health care services" means any medically necessary  
20 inpatient or outpatient hospital service, including  
21 pharmaceuticals or supplies provided by a hospital to a  
22 patient.

23 "Hospital" means any facility or institution required to  
24 be licensed pursuant to the Hospital Licensing Act or operated  
25 under the University of Illinois Hospital Act.

26 "Illinois resident" means any person who lives in Illinois

1 and who intends to remain living in Illinois indefinitely.  
2 Relocation to Illinois for the sole purpose of receiving  
3 health care benefits does not satisfy the residency  
4 requirement under this Act.

5 "Medically necessary" means any inpatient or outpatient  
6 hospital service, including pharmaceuticals or supplies  
7 provided by a hospital to a patient, covered under Title XVIII  
8 of the federal Social Security Act for beneficiaries with the  
9 same clinical presentation as the uninsured patient. A  
10 "medically necessary" service does not include any of the  
11 following:

12 (1) Non-medical services such as social and vocational  
13 services.

14 (2) Elective cosmetic surgery, but not plastic surgery  
15 designed to correct disfigurement caused by injury,  
16 illness, or congenital defect or deformity.

17 "Rural hospital" means a hospital that is located outside  
18 a metropolitan statistical area.

19 "Uninsured discount" means a hospital's charges multiplied  
20 by the uninsured discount factor.

21 "Uninsured discount factor" means 1.0 less the product of  
22 a hospital's cost to charge ratio multiplied by 1.35.

23 "Uninsured patient" means an Illinois resident who is a  
24 patient of a hospital and is not covered under a policy of  
25 health insurance and is not a beneficiary under a public or  
26 private health insurance, health benefit, or other health

1 coverage program, including high deductible health insurance  
2 plans, workers' compensation, accident liability insurance, or  
3 other third party liability.

4 (Source: P.A. 102-581, eff. 1-1-22.)

5 (210 ILCS 89/10)

6 Sec. 10. Uninsured patient discounts.

7 (a) Eligibility.

8 (1) A hospital, other than a rural hospital or  
9 Critical Access Hospital, shall provide a discount from  
10 its charges to any uninsured patient who applies for a  
11 discount and has family income of not more than 600% of the  
12 federal poverty income guidelines for all medically  
13 necessary health care services exceeding \$150 in any one  
14 inpatient admission or outpatient encounter.

15 (2) A hospital, other than a rural hospital or  
16 Critical Access Hospital, shall provide a charitable  
17 discount of 100% of its charges for all medically  
18 necessary health care services exceeding \$150 in any one  
19 inpatient admission or outpatient encounter to any  
20 uninsured patient who applies for a discount and has  
21 family income of not more than 200% of the federal poverty  
22 income guidelines.

23 (3) A rural hospital or Critical Access Hospital shall  
24 provide a discount from its charges to any uninsured  
25 patient who applies for a discount and has annual family

1 income of not more than 300% of the federal poverty income  
2 guidelines for all medically necessary health care  
3 services exceeding \$300 in any one inpatient admission or  
4 outpatient encounter.

5 (4) A rural hospital or Critical Access Hospital shall  
6 provide a charitable discount of 100% of its charges for  
7 all medically necessary health care services exceeding  
8 \$300 in any one inpatient admission or outpatient  
9 encounter to any uninsured patient who applies for a  
10 discount and has family income of not more than 125% of the  
11 federal poverty income guidelines.

12 (5) In determining eligibility under this Act, a  
13 hospital subject to this Act shall exclude from  
14 consideration any unconditional cash transfers, payments,  
15 or gifts received under a guaranteed income program if:

16 (A) such cash transfers, payments, or gifts are  
17 excluded from consideration for determining  
18 eligibility under public health insurance programs  
19 administered by the State in which the State has the  
20 authority to waive guaranteed income; and

21 (B) the guaranteed income program is a program for  
22 a defined number of months or years designed to reduce  
23 poverty, promote social mobility, or increase  
24 financial stability for program participants and if  
25 there is an explicit plan to collect data.

26 This paragraph is inoperative on and after July 1,

1           2026.

2           (b) Discount. For all health care services exceeding \$300  
3           in any one inpatient admission or outpatient encounter, a  
4           hospital shall not collect from an uninsured patient, deemed  
5           eligible under subsection (a), more than its charges less the  
6           amount of the uninsured discount.

7           (c) Maximum Collectible Amount.

8           (1) The maximum amount that may be collected in a  
9           12-month period for health care services provided by the  
10           hospital from a patient determined by that hospital to be  
11           eligible under subsection (a) is 20% of the patient's  
12           family income, and is subject to the patient's continued  
13           eligibility under this Act.

14           (2) The 12-month period to which the maximum amount  
15           applies shall begin on the first date, after the effective  
16           date of this Act, an uninsured patient receives health  
17           care services that are determined to be eligible for the  
18           uninsured discount at that hospital.

19           (3) To be eligible to have this maximum amount applied  
20           to subsequent charges, the uninsured patient shall inform  
21           the hospital in subsequent inpatient admissions or  
22           outpatient encounters that the patient has previously  
23           received health care services from that hospital and was  
24           determined to be entitled to the uninsured discount. The  
25           availability of the maximum collectible amount shall be  
26           included in the hospital's financial assistance

1 information provided to uninsured patients.

2 (4) Hospitals may adopt policies to exclude an  
3 uninsured patient from the application of subdivision  
4 (c)(1) when the patient owns assets having a value in  
5 excess of 600% of the federal poverty level for hospitals  
6 in a metropolitan statistical area or owns assets having a  
7 value in excess of 300% of the federal poverty level for  
8 Critical Access Hospitals or hospitals outside a  
9 metropolitan statistical area, not counting the following  
10 assets: the uninsured patient's primary residence;  
11 personal property exempt from judgment under Section  
12 12-1001 of the Code of Civil Procedure; or any amounts  
13 held in a pension or retirement plan, provided, however,  
14 that distributions and payments from pension or retirement  
15 plans may be included as income for the purposes of this  
16 Act.

17 (d) Each hospital bill, invoice, or other summary of  
18 charges to an uninsured patient shall include with it, or on  
19 it, a prominent statement that an uninsured patient who meets  
20 certain income requirements may qualify for an uninsured  
21 discount and information regarding how an uninsured patient  
22 may apply for consideration under the hospital's financial  
23 assistance policy. The hospital's financial assistance  
24 application shall include language that directs the uninsured  
25 patient to contact the hospital's financial counseling  
26 department with questions or concerns, along with contact

1 information for the financial counseling department, and shall  
2 state: "Complaints or concerns with the uninsured patient  
3 discount application process or hospital financial assistance  
4 process may be reported to the Health Care Bureau of the  
5 Illinois Attorney General.". A website, phone number, or both  
6 provided by the Attorney General shall be included with this  
7 statement.

8 (Source: P.A. 102-581, eff. 1-1-22.)

9 (210 ILCS 89/15)

10 Sec. 15. Patient responsibility.

11 (a) Hospitals may make the availability of a discount and  
12 the maximum collectible amount under this Act contingent upon  
13 the uninsured patient first applying for coverage under public  
14 health insurance programs, such as Medicare, Medicaid,  
15 AllKids, the State Children's Health Insurance Program, the  
16 Health Benefits for Immigrants program, or any other program,  
17 if there is a reasonable basis to believe that the uninsured  
18 patient may be eligible for such program.

19 (b) Hospitals shall permit an uninsured patient to apply  
20 for a discount within 90 days of the date of discharge or date  
21 of service.

22 Hospitals shall offer uninsured patients who receive  
23 community-based primary care provided by a community health  
24 center or a free and charitable clinic, are referred by such an  
25 entity to the hospital, and seek access to nonemergency



1 hospital-based health care services with an opportunity to be  
2 screened for and assistance with applying for public health  
3 insurance programs if there is a reasonable basis to believe  
4 that the uninsured patient may be eligible for a public health  
5 insurance program. An uninsured patient who receives  
6 community-based primary care provided by a community health  
7 center or free and charitable clinic and is referred by such an  
8 entity to the hospital for whom there is not a reasonable basis  
9 to believe that the uninsured patient may be eligible for a  
10 public health insurance program shall be given the opportunity  
11 to apply for hospital financial assistance when hospital  
12 services are scheduled.

13 (1) Income verification. Hospitals may require an  
14 uninsured patient who is requesting an uninsured discount  
15 to provide documentation of family income. Acceptable  
16 family income documentation shall include any one of the  
17 following:

18 (A) a copy of the most recent tax return;

19 (B) a copy of the most recent W-2 form and 1099  
20 forms;

21 (C) copies of the 2 most recent pay stubs;

22 (D) written income verification from an employer  
23 if paid in cash; or

24 (E) one other reasonable form of third party  
25 income verification deemed acceptable to the hospital.

26 (2) Asset verification. Hospitals may require an

1 uninsured patient who is requesting an uninsured discount  
2 to certify the existence or absence of assets owned by the  
3 patient and to provide documentation of the value of such  
4 assets, except for those assets referenced in paragraph  
5 (4) of subsection (c) of Section 10. Acceptable  
6 documentation may include statements from financial  
7 institutions or some other third party verification of an  
8 asset's value. If no third party verification exists, then  
9 the patient shall certify as to the estimated value of the  
10 asset.

11 (3) Illinois resident verification. Hospitals may  
12 require an uninsured patient who is requesting an  
13 uninsured discount to verify Illinois residency.  
14 Acceptable verification of Illinois residency shall  
15 include any one of the following:

16 (A) any of the documents listed in paragraph (1);

17 (B) a valid state-issued identification card;

18 (C) a recent residential utility bill;

19 (D) a lease agreement;

20 (E) a vehicle registration card;

21 (F) a voter registration card;

22 (G) mail addressed to the uninsured patient at an  
23 Illinois address from a government or other credible  
24 source;

25 (H) a statement from a family member of the  
26 uninsured patient who resides at the same address and

1           presents verification of residency;

2                   (I) a letter from a homeless shelter, transitional  
3           house or other similar facility verifying that the  
4           uninsured patient resides at the facility; or

5                   (J) a temporary visitor's drivers license.

6           (c) Hospital obligations toward an individual uninsured  
7           patient under this Act shall cease if that patient  
8           unreasonably fails or refuses to provide the hospital with  
9           information or documentation requested under subsection (b) or  
10          to apply for coverage under public programs when requested  
11          under subsection (a) within 30 days of the hospital's request.

12          (d) In order for a hospital to determine the 12 month  
13          maximum amount that can be collected from a patient deemed  
14          eligible under Section 10, an uninsured patient shall inform  
15          the hospital in subsequent inpatient admissions or outpatient  
16          encounters that the patient has previously received health  
17          care services from that hospital and was determined to be  
18          entitled to the uninsured discount.

19          (e) Hospitals may require patients to certify that all of  
20          the information provided in the application is true. The  
21          application may state that if any of the information is  
22          untrue, any discount granted to the patient is forfeited and  
23          the patient is responsible for payment of the hospital's full  
24          charges.

25          (f) Hospitals shall ask for an applicant's race,  
26          ethnicity, sex, and preferred language on the financial

1 assistance application. However, the questions shall be  
2 clearly marked as optional responses for the patient and shall  
3 note that responses or nonresponses by the patient will not  
4 have any impact on the outcome of the application.

5 (Source: P.A. 102-581, eff. 1-1-22.)

6 Section 10. The Illinois Public Aid Code is amended by  
7 changing Section 1-7 as follows:

8 (305 ILCS 5/1-7) (from Ch. 23, par. 1-7)

9 Sec. 1-7. (a) For purposes of determining eligibility for  
10 assistance under this Code, the Illinois Department, County  
11 Departments, and local governmental units shall exclude from  
12 consideration restitution payments, including all income and  
13 resources derived therefrom, made to persons of Japanese or  
14 Aleutian ancestry pursuant to the federal Civil Liberties Act  
15 of 1988 and the Aleutian and Pribilof Island Restitution Act,  
16 P.L. 100-383.

17 (b) For purposes of any program or form of assistance  
18 where a person's income or assets are considered in  
19 determining eligibility or level of assistance, whether under  
20 this Code or another authority, neither the State of Illinois  
21 nor any entity or person administering a program wholly or  
22 partially financed by the State of Illinois or any of its  
23 political subdivisions shall include restitution payments,  
24 including all income and resources derived therefrom, made

1 pursuant to the federal Civil Liberties Act of 1988 and the  
2 Aleutian and Pribilof Island Restitution Act, P.L. 100-383, in  
3 the calculation of income or assets for determining  
4 eligibility or level of assistance.

5 (c) For purposes of determining eligibility for or the  
6 amount of assistance under this Code, except for the  
7 determination of eligibility for payments or programs under  
8 the TANF employment, education, and training programs and the  
9 Food Stamp Employment and Training Program, the Illinois  
10 Department, County Departments, and local governmental units  
11 shall exclude from consideration any financial assistance  
12 received under any student aid program administered by an  
13 agency of this State or the federal government, by a person who  
14 is enrolled as a full-time or part-time student of any public  
15 or private university, college, or community college in this  
16 State.

17 (d) For purposes of determining eligibility for or the  
18 amount of assistance under this Code, except for the  
19 determination of eligibility for payments or programs under  
20 the TANF employment, education, and training programs and the  
21 SNAP Employment and Training Program, the Illinois Department,  
22 County Departments, and local governmental units shall exclude  
23 from consideration, for a period of 36 months, any financial  
24 assistance, including wages, that is provided to a person who  
25 is enrolled in a demonstration project that is not funded with  
26 general revenue funds and that is intended as a bridge to

1 self-sufficiency by offering (i) intensive workforce support  
2 and training and (ii) support services for new and expectant  
3 parents that are intended to foster multi-generational healthy  
4 families as described in Section 12-4.51.

5 (e)(1) Notwithstanding any other provision of this Code,  
6 and to the maximum extent permitted by federal law, for  
7 purposes of determining eligibility and the amount of  
8 assistance under this Code, the Illinois Department and local  
9 governmental units shall exclude from consideration, ~~for a~~  
10 ~~period of no more than 60 months,~~ any financial assistance,  
11 including ~~wages,~~ cash transfers, or gifts, that is provided to  
12 a person through a guaranteed income program. As used in this  
13 subsection, "guaranteed income program" means a publicly or  
14 privately funded program that provides one-time or recurring  
15 unconditional cash transfers or payments, or gifts to  
16 individuals or households, for a defined number of months or  
17 years for the purposes of reducing poverty, promoting economic  
18 mobility, or increasing the financial stability of Illinois  
19 residents. ~~who is enrolled in a program or research project~~  
20 ~~that is not funded with general revenue funds and that is~~  
21 ~~intended to investigate the impacts of policies or programs~~  
22 ~~designed to reduce poverty, promote social mobility, or~~  
23 ~~increase financial stability for Illinois residents if there~~  
24 ~~is an explicit plan to collect data and evaluate the program or~~  
25 ~~initiative that is developed prior to participants in the~~  
26 ~~study being enrolled in the program and if a research team has~~

1 ~~been identified to oversee the evaluation.~~

2 (2) The Department shall choose State options and seek all  
3 necessary federal approvals or waivers to implement this  
4 subsection.

5 (Source: P.A. 100-806, eff. 1-1-19; 101-415, eff. 8-16-19.)

6 Section 99. Effective date. This Act takes effect upon  
7 becoming law.