



## 94TH GENERAL ASSEMBLY

### State of Illinois

2005 and 2006

HB4195

Introduced 11/4/2005, by Rep. Rosemary Mulligan - Carolyn H. Krause - Elizabeth Coulson - Patricia R. Bellock

#### SYNOPSIS AS INTRODUCED:

215 ILCS 106/65 new

Amends the Children's Health Insurance Program Act. Creates the Children's Health Insurance Task Force. Sets forth membership in the Task Force. Requires the Task Force to gather information and make recommendations relating to access to quality, affordable health insurance for children in Illinois. Requires the Task Force to conduct public hearings at locations throughout the State at least every other month during the first year after the appointment of a majority of its voting members and as determined by a majority of its voting members in each year thereafter. Requires the Task Force to submit an annual report to the General Assembly. Provides that the Task Force is abolished and the Section is repealed on January 1, 2012. Effective immediately.

LRB094 15130 LJB 50303 b

FISCAL NOTE ACT  
MAY APPLY

A BILL FOR

1 AN ACT concerning insurance.

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

4 Section 5. The Children's Health Insurance Program Act is  
5 amended by adding Section 65 as follows:

6 (215 ILCS 106/65 new)

7 Sec. 65. Children's Health Insurance Task Force.

8 (a) To ensure proper oversight of programs that have been  
9 created to provide access to quality, affordable health care  
10 for children residing in Illinois, there is hereby established  
11 the bipartisan Children's Health Insurance Task Force.

12 (b) The Task Force shall consist of 12 voting members, as  
13 follows: 3 members of the Senate appointed by the President of  
14 the Senate, 3 members of the Senate appointed by the Senate  
15 Minority Leader, 3 members of the House of Representatives  
16 appointed by the Speaker of the House of Representatives, and 3  
17 members of the House of Representatives appointed by the House  
18 Minority Leader. All actions of the Task Force require the  
19 affirmative vote of at least 7 voting members.

20 Voting members appointed to the Task Force shall elect from  
21 among themselves 2 co-chairs, with the co-chairs representing  
22 different political parties.

23 Members appointed by the legislative leaders shall be  
24 appointed for the duration of the Task Force. In the event of a  
25 vacancy, the appointment to fill the vacancy shall be made by  
26 the same legislative leader who made the original appointment.

27 The following persons shall serve as ex officio, non-voting  
28 members of the Task Force: The Director of the Department of  
29 Healthcare and Family Services, the Secretary of the Department  
30 of Human Services, and the Director of the Division of  
31 Insurance of the Department of Financial and Professional  
32 Regulation.

1       The Task Force shall begin to conduct business upon the  
2 appointment of a majority of the voting members. Members shall  
3 serve without compensation, but may be reimbursed for their  
4 expenses associated with official duties of the Task Force from  
5 appropriations for that purpose.

6       (c) The Task Force shall gather information and make  
7 recommendations relating to access to quality, affordable  
8 health insurance for children in Illinois. The Task Force shall  
9 examine the cost effectiveness of current programs and assess  
10 whether programs are meeting goals established for the  
11 programs.

12       (d) The Task Force shall conduct public hearings in  
13 locations throughout the State at least every other month  
14 during the first year after the appointment of a majority of  
15 its voting members, and as determined by a majority of its  
16 voting members in each year thereafter.

17       Comment and testimony at public hearings is to be sought  
18 from those served by State programs providing health insurance  
19 to children, employers located in Illinois, health care finance  
20 experts, and advocates for those receiving or in need of health  
21 insurance.

22       (e) The Task Force shall serve as an official forum for  
23 discussions concerning the implementation and oversight of  
24 current health insurance programs, including discussion on  
25 administrative rules needed to administer the programs.

26       (f) The Task Force shall submit an annual report to the  
27 General Assembly, with the first report due on December 31,  
28 2006, and every December 31 thereafter.

29       (g) The Task Force is abolished and this Section is  
30 repealed on January 1, 2012.

31       Section 99. Effective date. This Act takes effect upon  
32 becoming law.