

SB2175



94TH GENERAL ASSEMBLY

State of Illinois

2005 and 2006

SB2175

Introduced 1/4/2006, by Sen. Chris Lauzen

SYNOPSIS AS INTRODUCED:

215 ILCS 170/20

Amends the Covering ALL KIDS Health Insurance Act. Provides that to be eligible for the Covering ALL KIDS Health Insurance Program, a child must be a citizen of the United States. Effective July 1, 2006.

LRB094 15698 LJB 50907 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 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7 (Section scheduled to be repealed on July 1, 2011)

8 (This Section may contain text from a Public Act with a
9 delayed effective date)

10 Sec. 20. Eligibility.

11 (a) To be eligible for the Program, a person must be a
12 child:

13 (1) who is a citizen of the United States and a
14 resident of the State of Illinois; and

15 (2) who is ineligible for medical assistance under the
16 Illinois Public Aid Code or benefits under the Children's
17 Health Insurance Program Act; and

18 (3) either (i) who has been without health insurance
19 coverage for a period set forth by the Department in rules,
20 but not less than 6 months during the first month of
21 operation of the Program, 7 months during the second month
22 of operation, 8 months during the third month of operation,
23 9 months during the fourth month of operation, 10 months
24 during the fifth month of operation, 11 months during the
25 sixth month of operation, and 12 months thereafter, (ii)
26 whose parent has lost employment that made available
27 affordable dependent health insurance coverage, until such
28 time as affordable employer-sponsored dependent health
29 insurance coverage is again available for the child as set
30 forth by the Department in rules, (iii) who is a newborn
31 whose responsible relative does not have available
32 affordable private or employer-sponsored health insurance,

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

4 An entity that provides health insurance coverage (as
5 defined in Section 2 of the Comprehensive Health Insurance Plan
6 Act) to Illinois residents shall provide health insurance data
7 match to the Department of Healthcare and Family Services for
8 the purpose of determining eligibility for the Program under
9 this Act.

10 The Department of Healthcare and Family Services, in
11 collaboration with the Department of Financial and
12 Professional Regulation, Division of Insurance, shall adopt
13 rules governing the exchange of information under this Section.
14 The rules shall be consistent with all laws relating to the
15 confidentiality or privacy of personal information or medical
16 records, including provisions under the Federal Health
17 Insurance Portability and Accountability Act (HIPAA).

18 (b) The Department shall monitor the availability and
19 retention of employer-sponsored dependent health insurance
20 coverage and shall modify the period described in subdivision
21 (a) (3) if necessary to promote retention of private or
22 employer-sponsored health insurance and timely access to
23 healthcare services, but at no time shall the period described
24 in subdivision (a) (3) be less than 6 months.

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

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

35 (e) A child is not eligible for coverage under the Program
36 if:

1 (1) the premium required under Section 40 has not been
2 timely paid; if the required premiums are not paid, the
3 liability of the Program shall be limited to benefits
4 incurred under the Program for the time period for which
5 premiums have been paid; if the required monthly premium is
6 not paid, the child is ineligible for re-enrollment for a
7 minimum period of 3 months; re-enrollment shall be
8 completed before the next covered medical visit, and the
9 first month's required premium shall be paid in advance of
10 the next covered medical visit; or

11 (2) the child is an inmate of a public institution or
12 an institution for mental diseases.

13 (f) The Department shall adopt eligibility rules,
14 including, but not limited to: rules regarding annual renewals
15 of eligibility for the Program; rules providing for
16 re-enrollment, grace periods, notice requirements, and hearing
17 procedures under subdivision (e) (1) of this Section; and rules
18 regarding what constitutes availability and affordability of
19 private or employer-sponsored health insurance, with
20 consideration of such factors as the percentage of income
21 needed to purchase children or family health insurance, the
22 availability of employer subsidies, and other relevant
23 factors.

24 (Source: P.A. 94-693, eff. 7-1-06.)

25 Section 99. Effective date. This Act takes effect July 1,
26 2006.