



Rep. Robert F. Flider

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LRB095 14693 DRJ 50557 a

1 AMENDMENT TO HOUSE BILL 4634

2 AMENDMENT NO. \_\_\_\_\_. Amend House Bill 4634, AS AMENDED, by  
3 replacing everything after the enacting clause with the  
4 following:

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

7 (305 ILCS 5/5-2) (from Ch. 23, par. 5-2)

8 Sec. 5-2. Classes of Persons Eligible. Medical assistance  
9 under this Article shall be available to any of the following  
10 classes of persons in respect to whom a plan for coverage has  
11 been submitted to the Governor by the Illinois Department and  
12 approved by him:

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

15 2. Persons otherwise eligible for basic maintenance  
16 under Articles III and IV but who fail to qualify

1           thereunder on the basis of need, and who have insufficient  
2           income and resources to meet the costs of necessary medical  
3           care, including but not limited to the following:

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

8                           (i) their income, as determined by the  
9                           Illinois Department in accordance with any federal  
10                           requirements, is equal to or less than 70% in  
11                           fiscal year 2001, equal to or less than 85% in  
12                           fiscal year 2002 and until a date to be determined  
13                           by the Department by rule, and equal to or less  
14                           than 100% beginning on the date determined by the  
15                           Department by rule, of the nonfarm income official  
16                           poverty line, as defined by the federal Office of  
17                           Management and Budget and revised annually in  
18                           accordance with Section 673(2) of the Omnibus  
19                           Budget Reconciliation Act of 1981, applicable to  
20                           families of the same size; or

21                           (ii) their income, after the deduction of  
22                           costs incurred for medical care and for other types  
23                           of remedial care, is equal to or less than 70% in  
24                           fiscal year 2001, equal to or less than 85% in  
25                           fiscal year 2002 and until a date to be determined  
26                           by the Department by rule, and equal to or less

1           than 100% beginning on the date determined by the  
2           Department by rule, of the nonfarm income official  
3           poverty line, as defined in item (i) of this  
4           subparagraph (a).

5           (b) All persons who would be determined eligible  
6           for such basic maintenance under Article IV by  
7           disregarding the maximum earned income permitted by  
8           federal law.

9           3. Persons who would otherwise qualify for Aid to the  
10          Medically Indigent under Article VII.

11          4. Persons not eligible under any of the preceding  
12          paragraphs who fall sick, are injured, or die, not having  
13          sufficient money, property or other resources to meet the  
14          costs of necessary medical care or funeral and burial  
15          expenses.

16          5.(a) Women during pregnancy, after the fact of  
17          pregnancy has been determined by medical diagnosis, and  
18          during the 60-day period beginning on the last day of the  
19          pregnancy, together with their infants and children born  
20          after September 30, 1983, whose income and resources are  
21          insufficient to meet the costs of necessary medical care to  
22          the maximum extent possible under Title XIX of the Federal  
23          Social Security Act.

24          (b) The Illinois Department and the Governor shall  
25          provide a plan for coverage of the persons eligible under  
26          paragraph 5(a) by April 1, 1990. Such plan shall provide

1        ambulatory prenatal care to pregnant women during a  
2        presumptive eligibility period and establish an income  
3        eligibility standard that is equal to 133% of the nonfarm  
4        income official poverty line, as defined by the federal  
5        Office of Management and Budget and revised annually in  
6        accordance with Section 673(2) of the Omnibus Budget  
7        Reconciliation Act of 1981, applicable to families of the  
8        same size, provided that costs incurred for medical care  
9        are not taken into account in determining such income  
10       eligibility.

11        (c)    The Illinois Department may conduct a  
12        demonstration in at least one county that will provide  
13        medical assistance to pregnant women, together with their  
14        infants and children up to one year of age, where the  
15        income eligibility standard is set up to 185% of the  
16        nonfarm income official poverty line, as defined by the  
17        federal Office of Management and Budget. The Illinois  
18        Department shall seek and obtain necessary authorization  
19        provided under federal law to implement such a  
20        demonstration. Such demonstration may establish resource  
21        standards that are not more restrictive than those  
22        established under Article IV of this Code.

23        6. Persons under the age of 18 who fail to qualify as  
24        dependent under Article IV and who have insufficient income  
25        and resources to meet the costs of necessary medical care  
26        to the maximum extent permitted under Title XIX of the

1 Federal Social Security Act.

2 7. Persons who are under 21 years of age and would  
3 qualify as disabled as defined under the Federal  
4 Supplemental Security Income Program, provided medical  
5 service for such persons would be eligible for Federal  
6 Financial Participation, and provided the Illinois  
7 Department determines that:

8 (a) the person requires a level of care provided by  
9 a hospital, skilled nursing facility, or intermediate  
10 care facility, as determined by a physician licensed to  
11 practice medicine in all its branches;

12 (b) it is appropriate to provide such care outside  
13 of an institution, as determined by a physician  
14 licensed to practice medicine in all its branches;

15 (c) the estimated amount which would be expended  
16 for care outside the institution is not greater than  
17 the estimated amount which would be expended in an  
18 institution.

19 8. Persons who become ineligible for basic maintenance  
20 assistance under Article IV of this Code in programs  
21 administered by the Illinois Department due to employment  
22 earnings and persons in assistance units comprised of  
23 adults and children who become ineligible for basic  
24 maintenance assistance under Article VI of this Code due to  
25 employment earnings. The plan for coverage for this class  
26 of persons shall:

1 (a) extend the medical assistance coverage for up  
2 to 12 months following termination of basic  
3 maintenance assistance; and

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

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

10 (ii) such coverage shall include all services  
11 covered while the person was eligible for basic  
12 maintenance assistance;

13 (iii) no premium shall be charged for such  
14 coverage; and

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

22 9. Persons with acquired immunodeficiency syndrome  
23 (AIDS) or with AIDS-related conditions with respect to whom  
24 there has been a determination that but for home or  
25 community-based services such individuals would require  
26 the level of care provided in an inpatient hospital,

1 skilled nursing facility or intermediate care facility the  
2 cost of which is reimbursed under this Article. Assistance  
3 shall be provided to such persons to the maximum extent  
4 permitted under Title XIX of the Federal Social Security  
5 Act.

6 10. Participants in the long-term care insurance  
7 partnership program established under the Illinois  
8 Long-Term Care Partnership Program Act ~~Partnership for~~  
9 ~~Long-Term Care Act~~ who meet the qualifications for  
10 protection of resources described in Section 15 ~~25~~ of that  
11 Act.

12 11. Persons with disabilities who are employed and  
13 eligible for Medicaid, pursuant to Section  
14 1902(a)(10)(A)(ii)(xv) of the Social Security Act, as  
15 provided by the Illinois Department by rule. In  
16 establishing eligibility standards under this paragraph  
17 11, the Department shall, subject to federal approval:

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

20 (b) exempt retirement accounts that the person  
21 cannot access without penalty before the age of 59 1/2,  
22 and medical savings accounts established pursuant to  
23 26 U.S.C. 220;

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

1 (d) continue to apply subparagraphs (b) and (c) in  
2 determining the eligibility of the person under this  
3 Article even if the person loses eligibility under this  
4 paragraph 11.

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

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

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

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



1 coverage under this paragraph 12 within 30 days after the  
2 effective date of this amendatory Act of the 92nd General  
3 Assembly.

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

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

1 of Homeland Security, eligibility under this paragraph 14  
2 may be extended until a final decision is rendered on the  
3 appeal. The Department may adopt rules governing the  
4 implementation of this paragraph 14.

5 15. Subject to appropriation, uninsured persons who  
6 are not otherwise eligible under this Section who have been  
7 certified and referred by the Department of Public Health  
8 as having been screened and found to need diagnostic  
9 evaluation or treatment, or both diagnostic evaluation and  
10 treatment, for prostate or testicular cancer. For the  
11 purposes of this paragraph 15, uninsured persons are those  
12 who do not have creditable coverage, as defined under the  
13 Health Insurance Portability and Accountability Act, or  
14 have otherwise exhausted any insurance benefits they may  
15 have had, for prostate or testicular cancer diagnostic  
16 evaluation or treatment, or both diagnostic evaluation and  
17 treatment. To be eligible, a person must furnish a Social  
18 Security number. A person's assets are exempt from  
19 consideration in determining eligibility under this  
20 paragraph 15. Such persons shall be eligible for medical  
21 assistance under this paragraph 15 for so long as they need  
22 treatment for the cancer. A person shall be considered to  
23 need treatment if, in the opinion of the person's treating  
24 physician, the person requires therapy directed toward  
25 cure or palliation of prostate or testicular cancer,  
26 including recurrent metastatic cancer that is a known or

1       presumed complication of prostate or testicular cancer and  
2       complications resulting from the treatment modalities  
3       themselves. Persons who require only routine monitoring  
4       services are not considered to need treatment. "Medical  
5       assistance" under this paragraph 15 shall be identical to  
6       the benefits provided under the State's approved plan under  
7       Title XIX of the Social Security Act. Notwithstanding any  
8       other provision of law, the Department (i) does not have a  
9       claim against the estate of a deceased recipient of  
10       services under this paragraph 15 and (ii) does not have a  
11       lien against any homestead property or other legal or  
12       equitable real property interest owned by a recipient of  
13       services under this paragraph 15.

14       The Illinois Department and the Governor shall provide a  
15       plan for coverage of the persons eligible under paragraph 7 as  
16       soon as possible after July 1, 1984.

17       The eligibility of any such person for medical assistance  
18       under this Article is not affected by the payment of any grant  
19       under the Senior Citizens and Disabled Persons Property Tax  
20       Relief and Pharmaceutical Assistance Act or any distributions  
21       or items of income described under subparagraph (X) of  
22       paragraph (2) of subsection (a) of Section 203 of the Illinois  
23       Income Tax Act. The Department shall by rule establish the  
24       amounts of assets to be disregarded in determining eligibility  
25       for medical assistance, which shall at a minimum equal the  
26       amounts to be disregarded under the Federal Supplemental

1 Security Income Program. The amount of assets of a single  
2 person to be disregarded shall not be less than \$2,000, and the  
3 amount of assets of a married couple to be disregarded shall  
4 not be less than \$3,000.

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

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

16 Notwithstanding any other rulemaking authority that may  
17 exist, neither the Governor nor any agency or agency head under  
18 the jurisdiction of the Governor has any authority to make or  
19 promulgate rules to implement or enforce the provisions of this  
20 amendatory Act of the 95th General Assembly. If, however, the  
21 Governor believes that rules are necessary to implement or  
22 enforce the provisions of this amendatory Act of the 95th  
23 General Assembly, the Governor may suggest rules to the General  
24 Assembly by filing them with the Clerk of the House and  
25 Secretary of the Senate and by requesting that the General  
26 Assembly authorize such rulemaking by law, enact those

1 suggested rules into law, or take any other appropriate action  
2 in the General Assembly's discretion. Nothing contained in this  
3 amendatory Act of the 95th General Assembly shall be  
4 interpreted to grant rulemaking authority under any other  
5 Illinois statute where such authority is not otherwise  
6 explicitly given. For the purposes of this amendatory Act of  
7 the 95th General Assembly, "rules" is given the meaning  
8 contained in Section 1-70 of the Illinois Administrative  
9 Procedure Act, and "agency" and "agency head" are given the  
10 meanings contained in Sections 1-20 and 1-25 of the Illinois  
11 Administrative Procedure Act to the extent that such  
12 definitions apply to agencies or agency heads under the  
13 jurisdiction of the Governor.

14 (Source: P.A. 94-629, eff. 1-1-06; 94-1043, eff. 7-24-06;  
15 95-546, eff. 8-29-07; revised 1-22-08.)".