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AN ACT concerning State government.

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

Section 1. Short title. This Act may be cited as the
Veterans' Health Insurance Program Act of 2008.

Section 3. Legislative intent. The General Assembly finds 6 7 that those who have served their country honorably in military 8 service and who are residing in this State deserve access to 9 affordable, comprehensive health insurance. Many veterans are 10 uninsured and unable to afford healthcare. This lack of healthcare, including preventative care, often exacerbates 11 health conditions. The effects of lack of insurance negatively 12 impact those residents of the State who are insured because the 13 14 cost of paying for care to the uninsured is often shifted to those who have insurance in the form of higher health insurance 15 16 premiums. It is, therefore, the intent of this legislation to 17 provide access to affordable health insurance for veterans residing in Illinois who are unable to afford such coverage. 18 19 However, the State has only a limited amount of resources, and 20 the General Assembly therefore declares that while it intends 21 to cover as many such veterans as possible, the State may not 22 be able to cover every eligible person who qualifies for this Program as a matter of entitlement due to limited funding. 23

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Section 5. Definitions. The following words have the
 following meanings:

3 "Department" means the Department of Healthcare and Family4 Services, or any successor agency.

5 "Director" means the Director of Healthcare and Family6 Services, or any successor agency.

7 "Medical assistance" means health care benefits provided8 under Article V of the Illinois Public Aid Code.

"Program" means the Veterans' Health Insurance Program.

10 "Resident" means an individual who has an Illinois 11 residence, as provided in Section 5-3 of the Illinois Public 12 Aid Code.

"Veteran" means any person who has served in a branch of the United States military for greater than 180 consecutive days after initial training.

16 "Veterans' Affairs" or "VA" means the United States
17 Department of Veterans' Affairs.

18 Section 10. Operation of the Program.

(a) The Veterans' Health Insurance Program is created. This Program is not an entitlement. Enrollment is based on the availability of funds, and enrollment may be capped based on funds appropriated for the Program. As soon as practical after the effective date of this Act, coverage for this Program shall begin. The Program shall be administered by the Department of SB0782 Enrolled - 3 - LRB095 05439 RCE 25529 b

Healthcare and Family Services in collaboration with the 1 2 Department of Veterans' Affairs. The Department shall have the 3 same powers and authority to administer the Program as are provided to the Department in connection with the Department's 4 5 administration of the Illinois Public Aid Code. The Department shall coordinate the Program with other health programs 6 operated by the Department and other State and federal 7 8 agencies.

9 (b) The Department shall operate the Program in a manner so 10 that the estimated cost of the Program during the fiscal year 11 will not exceed the total appropriation for the Program. The 12 Department may take any appropriate action to limit spending or 13 enrollment into the Program, including, but not limited to, ceasing to 14 accept or process applications, reviewing 15 eligibility more frequently than annually, adjusting 16 cost-sharing, or reducing the income threshold for eligibility 17 as necessary to control expenditures for the Program.

18 Section 15. Eligibility.

19 (a) To be eligible for the Program, a person must:

20 (1) be a veteran who is not on active duty and who has
21 not been dishonorably discharged from service;

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(2) be a resident of the State of Illinois;

23 (3) be at least 19 years of age and no older than 64
24 years of age;

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(4) be uninsured, as defined by the Department by rule,

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for a period of time established by the Department by rule, which shall be no less than 6 months;

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(5) not be eligible for medical assistance under the Illinois Public Aid Code;

5 (6) not be eligible for medical benefits through the 6 Veterans Health Administration; and

7 (7) have a household income no greater than the sum of 8 (i) an amount equal to 25% of the federal poverty level 9 plus (ii) an amount equal to the Veterans Administration means test income threshold at the initiation of the 10 11 Program; depending on the availability of funds, this level 12 may be increased to an amount equal to the sum of (iii) an amount equal to 50% of the federal poverty level plus (iv) 13 14 an amount equal to the Veterans Administration means test 15 income threshold. This means test income threshold is 16 subject to alteration by the Department as set forth in subsection (b) of Section 10. 17

(b) A veteran who is determined eligible for the Program shall remain eligible for 12 months, provided the veteran remains a resident of the State and is not excluded under subsection (c) of this Section and provided the Department has not limited the enrollment period as set forth in subsection (b) of Section 10.

24 (c) A veteran is not eligible for coverage under the 25 Program if:

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(1) the premium required under Section 35 of this Act

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has not been timely paid; if the required premiums are not paid, the liability of the Program shall be limited to benefits incurred under the Program for the time period for which premiums have been paid and for grace periods as established under subsection (d); if the required monthly premium is not paid, the veteran is ineligible for re-enrollment for a minimum period of 3 months; or

8 (2) the veteran is a resident of a nursing facility or 9 an inmate of a public institution, as defined by 42 CFR 10 435.1009.

(d) The Department shall adopt rules for the Program, including, but not limited to, rules relating to eligibility, re-enrollment, grace periods, notice requirements, hearing procedures, cost-sharing, covered services, and provider requirements.

Section 20. Notice of decisions to terminate eligibility. Whenever the Department decides to either deny or terminate eligibility under this Act, the veteran shall have a right to notice and a hearing, as provided by the Department by rule.

20 Section 25. Illinois Department of Veterans' Affairs. The 21 Department shall coordinate with the Illinois Department of 22 Veterans' Affairs and the Veterans Assistance Commissions to 23 allow State Veterans' Affairs service officers and the Veterans 24 Assistance Commissions to assist veterans to apply for the SB0782 Enrolled - 6 - LRB095 05439 RCE 25529 b

Program. All applicants must be reviewed for Veterans Health
 Administration eligibility or other existing health benefits
 prior to consideration for the Program.

4 Section 30. Health care benefits.

5 (a) For veterans eligible and enrolled, the Department 6 shall purchase or provide health care benefits for eligible 7 veterans that are identical to the benefits provided to adults 8 under the State's approved plan under Title XIX of the Social 9 Security Act, except for nursing facility services and 10 non-emergency transportation.

11 (b) Providers shall be subject to approval by the 12 Department to provide health care under the Illinois Public Aid 13 Code and shall be reimbursed at the same rates as providers 14 reimbursed under the State's approved plan under Title XIX of 15 the Social Security Act.

16 (c) As an alternative to the benefits set forth in 17 subsection (a) of this Section, and when cost-effective, the 18 Department may offer veterans subsidies toward the cost of 19 privately sponsored health insurance, including 20 employer-sponsored health insurance.

21 Section 35. Cost-sharing. The Department, by rule, shall 22 set forth requirements concerning co-payments and monthly 23 premiums for health care services. This cost-sharing shall be 24 based on household income, as defined by the Department by SB0782 Enrolled - 7 - LRB095 05439 RCE 25529 b 1 rule, and is subject to alteration by the Department as set 2 forth in subsection (b) of Section 10.

3 Section 40. Charge upon claims and causes of action; right 4 of subrogation; recoveries. Sections 11-22, 11-22a, 11-22b, 5 and 11-22c of the Illinois Public Aid Code apply to health 6 benefits provided to veterans under this Act, as provided in 7 those Sections.

8 Section 45. Reporting. The Department shall prepare an annual report for submission to the General Assembly. The 9 10 report shall be due to the General Assembly by January 1 of 11 each year beginning in 2009. This report shall include 12 information regarding implementation of the Program, including 13 the number of veterans enrolled and any available information 14 regarding other benefits derived from the Program, including 15 screening for and acquisition of other veterans' benefits through the Veterans' Service Officers and the Veterans' 16 17 Assistance Commissions. This report may also include 18 recommendations regarding improvements that may be made to the Program and regarding the extension of the repeal date set 19 20 forth in Section 85 of this Act.

21 Section 50. Emergency rulemaking. The Department may adopt 22 rules necessary to establish and implement this Act through the 23 use of emergency rulemaking in accordance with Section 5-45 of SB0782 Enrolled - 8 - LRB095 05439 RCE 25529 b

the Illinois Administrative Procedure Act. For the purposes of that Act, the General Assembly finds that the adoption of rules to implement this Act is deemed an emergency and necessary for the public interest, safety, and welfare.

5 Section 85. Repeal. This Act is repealed on January 1, 6 2012.

Section 90. The Illinois Public Aid Code is amended by
changing Sections 11-22, 11-22a, 11-22b, and 11-22c as follows:

9 (305 ILCS 5/11-22) (from Ch. 23, par. 11-22)

10 Sec. 11-22. Charge upon claims and causes of action for 11 injuries. The Illinois Department shall have a charge upon all claims, demands and causes of action for injuries to an 12 13 applicant for or recipient of (i) financial aid under Articles 14 III, IV, and V, (ii) health care benefits provided under the Covering ALL KIDS Health Insurance Act, or (iii) health care 15 16 benefits provided under the Veterans' Health Insurance Program Act or the Veterans' Health Insurance Program Act of 2008 for 17 18 the total amount of medical assistance provided the recipient 19 from the time of injury to the date of recovery upon such 20 claim, demand or cause of action. In addition, if the applicant or recipient was employable, as defined by the Department, at 21 22 the time of the injury, the Department shall also have a charge upon any such claims, demands and causes of action for the 23

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total amount of aid provided to the recipient 1 and his 2 including all cash dependents, assistance and medical assistance only to the extent includable in the claimant's 3 action, from the time of injury to the date of recovery upon 4 5 such claim, demand or cause of action. Any definition of 6 "employable" adopted by the Department shall apply only to persons above the age of compulsory school attendance. 7

8 If the injured person was employable at the time of the 9 injury and is provided aid under Articles III, IV, or V and any 10 dependent or member of his family is provided aid under Article 11 VI, or vice versa, both the Illinois Department and the local 12 governmental unit shall have a charge upon such claims, demands 13 and causes of action for the aid provided to the injured person and any dependent member of his family, including all cash 14 15 assistance, medical assistance and food stamps, from the time 16 of the injury to the date of recovery.

17 "Recipient", as used herein, means (i) in the case of financial aid provided under this Code, the grantee of record 18 and any persons whose needs are included in the financial aid 19 20 provided to the grantee of record or otherwise met by grants under the appropriate Article of this Code for which such 21 22 person is eligible, (ii) in the case of health care benefits 23 provided under the Covering ALL KIDS Health Insurance Act, the 24 child to whom those benefits are provided, and (iii) in the case of health care benefits provided under the Veterans' 25 26 Health Insurance Program Act or the Veterans' Health Insurance SB0782 Enrolled - 10 - LRB095 05439 RCE 25529 b

1 <u>Program Act of 2008</u>, the veteran to whom benefits are provided.

2 In each case, the notice shall be served by certified mail 3 or registered mail, upon the party or parties against whom the applicant or recipient has a claim, demand or cause of action. 4 5 The notice shall claim the charge and describe the interest the 6 Illinois Department, the local governmental unit, or the 7 county, has in the claim, demand, or cause of action. The 8 charge shall attach to any verdict or judgment entered and to 9 any money or property which may be recovered on account of such 10 claim, demand, cause of action or suit from and after the time of the service of the notice. 11

12 On petition filed by the Illinois Department, or by the 13 local governmental unit or county if either is claiming a charge, or by the recipient, or by the defendant, the court, on 14 15 written notice to all interested parties, may adjudicate the 16 rights of the parties and enforce the charge. The court may 17 approve the settlement of any claim, demand or cause of action either before or after a verdict, and nothing in this Section 18 19 shall be construed as requiring the actual trial or final adjudication of any claim, demand or cause of action upon which 20 21 the Illinois Department, the local governmental unit or county 22 has charge. The court may determine what portion of the 23 recovery shall be paid to the injured person and what portion 24 shall be paid to the Illinois Department, the local governmental unit or county having a charge against the 25 26 recovery. In making this determination, the court shall conduct SB0782 Enrolled - 11 - LRB095 05439 RCE 25529 b

1 an evidentiary hearing and shall consider competent evidence
2 pertaining to the following matters:

(1) the amount of the charge sought to be enforced 3 against the recovery when expressed as a percentage of the 4 5 gross amount of the recovery; the amount of the charge 6 sought to be enforced against the recovery when expressed 7 as a percentage of the amount obtained by subtracting from 8 the gross amount of the recovery the total attorney's fees 9 and other costs incurred by the recipient incident to the 10 recovery; and whether the Department, unit of local 11 government or county seeking to enforce the charge against 12 the recovery should as a matter of fairness and equity bear 13 its proportionate share of the fees and costs incurred to 14 generate the recovery from which the charge is sought to be 15 satisfied;

16 (2) the amount, if any, of the attorney's fees and 17 other costs incurred by the recipient incident to the 18 recovery and paid by the recipient up to the time of 19 recovery, and the amount of such fees and costs remaining 20 unpaid at the time of recovery;

(3) the total hospital, doctor and other medical expenses incurred for care and treatment of the injury to the date of recovery therefor, the portion of such expenses theretofore paid by the recipient, by insurance provided by the recipient, and by the Department, unit of local government and county seeking to enforce a charge against 1 2

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the recovery, and the amount of such previously incurred expenses which remain unpaid at the time of recovery and by whom such incurred, unpaid expenses are to be paid;

whether the recovery represents 4 (4) less than 5 substantially full recompense for the injury and the 6 hospital, doctor and other medical expenses incurred to the 7 date of recovery for the care and treatment of the injury, 8 so that reduction of the charge sought to be enforced 9 against the recovery would not likely result in a double 10 recovery or unjust enrichment to the recipient;

11 (5) the age of the recipient and of persons dependent 12 for support upon the recipient, the nature and permanency of the recipient's injuries as they affect not only the 13 14 future employability and education of the recipient but 15 also the reasonably necessary and foreseeable future 16 material, maintenance, medical, rehabilitative and 17 training needs of the recipient, the cost of such reasonably necessary and foreseeable future needs, and the 18 19 resources available to meet such needs and pay such costs;

(6) the realistic ability of the recipient to repay in
whole or in part the charge sought to be enforced against
the recovery when judged in light of the factors enumerated
above.

The burden of producing evidence sufficient to support the exercise by the court of its discretion to reduce the amount of a proven charge sought to be enforced against the recovery SB0782 Enrolled - 13 - LRB095 05439 RCE 25529 b

1 shall rest with the party seeking such reduction.

2 The court may reduce and apportion the Illinois 3 Department's lien proportionate to the recovery of the claimant. The court may consider the nature and extent of the 4 5 injury, economic and noneconomic loss, settlement offers, 6 comparative negligence as it applies to the case at hand, 7 hospital costs, physician costs, and all other appropriate 8 costs. The Illinois Department shall pay its pro rata share of 9 the attorney fees based on the Illinois Department's lien as it 10 compares to the total settlement agreed upon. This Section 11 shall not affect the priority of an attorney's lien under the 12 Attorneys Lien Act. The charges of the Illinois Department 13 described in this Section, however, shall take priority over all other liens and charges existing under the laws of the 14 15 State of Illinois with the exception of the attorney's lien 16 under said statute.

Whenever the Department or any unit of local government has a statutory charge under this Section against a recovery for damages incurred by a recipient because of its advancement of any assistance, such charge shall not be satisfied out of any recovery until the attorney's claim for fees is satisfied, irrespective of whether or not an action based on recipient's claim has been filed in court.

This Section shall be inapplicable to any claim, demand or cause of action arising under (a) the Workers' Compensation Act or the predecessor Workers' Compensation Act of June 28, 1913, SB0782 Enrolled - 14 - LRB095 05439 RCE 25529 b

(b) the Workers' Occupational Diseases Act or the predecessor
 Workers' Occupational Diseases Act of March 16, 1936; and (c)
 the Wrongful Death Act.

4 (Source: P.A. 94-693, eff. 7-1-06; 94-816, eff. 5-30-06.)

5 (305 ILCS 5/11-22a) (from Ch. 23, par. 11-22a)

6 Sec. 11-22a. Right of Subrogation. To the extent of the 7 amount of (i) medical assistance provided by the Department to 8 or on behalf of a recipient under Article V or VI, (ii) health 9 care benefits provided for a child under the Covering ALL KIDS 10 Health Insurance Act, or (iii) health care benefits provided to 11 a veteran under the Veterans' Health Insurance Program Act or 12 the Veterans' Health Insurance Program Act of 2008, the 13 Department shall be subrogated to any right of recovery such 14 recipient may have under the terms of any private or public 15 health care coverage or casualty coverage, including coverage 16 under the "Workers' Compensation Act", approved July 9, 1951, as amended, or the "Workers' Occupational Diseases Act", 17 18 approved July 9, 1951, as amended, without the necessity of assignment of claim or other authorization to secure the right 19 20 of recovery to the Department. To enforce its subrogation 21 right, the Department may (i) intervene or join in an action or 22 proceeding brought by the recipient, his or her guardian, 23 personal representative, estate, dependents, or survivors 24 against any person or public or private entity that may be 25 liable; (ii) institute and prosecute legal proceedings against

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any person or public or private entity that may be liable for 1 2 the cost of such services; or (iii) institute and prosecute 3 legal proceedings, to the extent necessary to reimburse the Illinois Department for its costs, against any noncustodial 4 5 parent who (A) is required by court or administrative order to provide insurance or other coverage of the cost of health care 6 7 services for a child eligible for medical assistance under this 8 Code and (B) has received payment from a third party for the 9 costs of those services but has not used the payments to 10 reimburse either the other parent or the quardian of the child 11 or the provider of the services.

12 (Source: P.A. 94-693, eff. 7-1-06; 94-816, eff. 5-30-06.)

13 (305 ILCS 5/11-22b) (from Ch. 23, par. 11-22b)

14 Sec. 11-22b. Recoveries.

15 (a) As used in this Section:

16 (1) "Carrier" means any insurer, including any private company, corporation, mutual association, trust fund, 17 18 reciprocal or interinsurance exchange authorized under the 19 laws of this State to insure persons against liability or injuries caused to another and any insurer providing 20 21 benefits under a policy of bodily injury liability 22 insurance covering liability arising out of the ownership, maintenance or use of a motor vehicle which provides 23 24 uninsured motorist endorsement or coverage.

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(2) "Beneficiary" means any person or their dependents

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who has received benefits or will be provided benefits 1 2 under this Code, under the Covering ALL KIDS Health 3 Insurance Act, or under the Veterans' Health Insurance Program Act or the Veterans' Health Insurance Program Act 4 5 of 2008 because of an injury for which another person may includes such beneficiary's quardian, 6 be liable. It 7 conservator or other personal representative, his estate 8 or survivors.

9 (b) (1) When benefits are provided or will be provided to a 10 beneficiary under this Code, under the Covering ALL KIDS Health 11 Insurance Act, or under the Veterans' Health Insurance Program 12 Act or the Veterans' Health Insurance Program Act of 2008 because of an injury for which another person is liable, or for 13 which a carrier is liable in accordance with the provisions of 14 15 any policy of insurance issued pursuant to the Illinois 16 Insurance Code, the Illinois Department shall have a right to 17 recover from such person or carrier the reasonable value of benefits so provided. The Attorney General may, to enforce such 18 19 right, institute and prosecute legal proceedings against the 20 third person or carrier who may be liable for the injury in an 21 appropriate court, either in the name of the Illinois 22 Department or in the name of the injured person, his guardian, 23 personal representative, estate, or survivors.

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(2) The Department may:

(A) compromise or settle and release any such claim for
 benefits provided under this Code, or

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1 (B) waive any such claims for benefits provided under 2 this Code, in whole or in part, for the convenience of the 3 Department or if the Department determines that collection 4 would result in undue hardship upon the person who suffered 5 the injury or, in a wrongful death action, upon the heirs 6 of the deceased.

7 (3) No action taken on behalf of the Department pursuant to 8 this Section or any judgment rendered in such action shall be a 9 bar to any action upon the claim or cause of action of the 10 beneficiary, his guardian, conservator, personal 11 representative, estate, dependents or survivors against the 12 third person who may be liable for the injury, or shall operate to deny to the beneficiary the recovery for that portion of any 13 14 damages not covered hereunder.

15 (c) (1) When an action is brought by the Department pursuant 16 to subsection (b), it shall be commenced within the period 17 prescribed by Article XIII of the Code of Civil Procedure.

However, the Department may not commence the action prior to 5 months before the end of the applicable period prescribed by Article XIII of the Code of Civil Procedure. Thirty days prior to commencing an action, the Department shall notify the beneficiary of the Department's intent to commence such an action.

(2) The death of the beneficiary does not abate any rightof action established by subsection (b).

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(3) When an action or claim is brought by persons entitled

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to bring such actions or assert such claims against a third 1 2 person who may be liable for causing the death of а 3 beneficiary, any settlement, judgment or award obtained is subject to the Department's claim for reimbursement of the 4 5 benefits provided to the beneficiary under this Code, under the 6 Covering ALL KIDS Health Insurance Act, or under the Veterans' Health Insurance Program Act or the Veterans' Health Insurance 7 8 Program Act of 2008.

9 (4) When the action or claim is brought by the beneficiary 10 alone and the beneficiary incurs a personal liability to pay 11 attorney's fees and costs of litigation, the Department's claim 12 for reimbursement of the benefits provided to the beneficiary 13 shall be the full amount of benefits paid on behalf of the 14 beneficiary under this Code, under the Covering ALL KIDS Health 15 Insurance Act, or under the Veterans' Health Insurance Program 16 Act or the Veterans' Health Insurance Program Act of 2008 less 17 a pro rata share which represents the Department's reasonable share of attorney's fees paid by the beneficiary and that 18 19 portion of the cost of litigation expenses determined by 20 multiplying by the ratio of the full amount of the expenditures of the full amount of the judgment, award or settlement. 21

(d) (1) If either the beneficiary or the Department brings an action or claim against such third party or carrier, the beneficiary or the Department shall within 30 days of filing the action give to the other written notice by personal service or registered mail of the action or claim and of the name of SB0782 Enrolled - 19 - LRB095 05439 RCE 25529 b

1 the court in which the action or claim is brought. Proof of 2 such notice shall be filed in such action or claim. If an 3 action or claim is brought by either the Department or the 4 beneficiary, the other may, at any time before trial on the 5 facts, become a party to such action or claim or shall 6 consolidate his action or claim with the other if brought 7 independently.

8 (2) If an action or claim is brought by the Department pursuant to subsection 9 (b)(1), written notice to the 10 beneficiary, guardian, personal representative, estate or 11 survivor given pursuant to this Section shall advise him of his 12 right to intervene in the proceeding, his right to obtain a 13 private attorney of his choice and the Department's right to 14 recover the reasonable value of the benefits provided.

(e) In the event of judgment or award in a suit or claimagainst such third person or carrier:

17 (1) If the action or claim is prosecuted by the beneficiary alone, the court shall first order paid from 18 19 any judgment or award the reasonable litigation expenses 20 incurred in preparation and prosecution of such action or 21 claim, together with reasonable attorney's fees, when an 22 attorney has been retained. After payment of such expenses 23 and attorney's fees the court shall, on the application of the Department, allow as a first lien against the amount of 24 25 such judgment or award the amount of the Department's expenditures for the benefit of the beneficiary under this 26

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1 Code, under the Covering ALL KIDS Health Insurance Act, or 2 under the Veterans' Health Insurance Program Act <u>or the</u> 3 <u>Veterans' Health Insurance Program Act of 2008</u>, as provided 4 in subsection (c) (4).

(2) If the action or claim is prosecuted both by the 5 6 beneficiary and the Department, the court shall first order 7 paid from any judgment or award the reasonable litigation 8 expenses incurred in preparation and prosecution of such 9 action or claim, together with reasonable attorney's fees 10 for plaintiffs attorneys based solely on the services 11 rendered for the benefit of the beneficiary. After payment 12 of such expenses and attorney's fees, the court shall apply out of the balance of such judgment or award an amount 13 14 sufficient to reimburse the Department the full amount of 15 benefits paid on behalf of the beneficiary under this Code, 16 under the Covering ALL KIDS Health Insurance Act, or under 17 the Veterans' Health Insurance Program Act or the Veterans' Health Insurance Program Act of 2008. 18

19 (f) The court shall, upon further application at any time 20 before the judgment or award is satisfied, allow as a further lien the amount of any expenditures of the Department in 21 22 payment of additional benefits arising out of the same cause of 23 action or claim provided on behalf of the beneficiary under 24 this Code, under the Covering ALL KIDS Health Insurance Act, or 25 under the Veterans' Health Insurance Program Act or the 26 Veterans' Health Insurance Program Act of 2008, when such SB0782 Enrolled - 21 - LRB095 05439 RCE 25529 b

1 benefits were provided or became payable subsequent to the 2 original order.

3 (g) No judgment, award, or settlement in any action or 4 claim by a beneficiary to recover damages for injuries, when 5 the Department has an interest, shall be satisfied without 6 first giving the Department notice and a reasonable opportunity 7 to perfect and satisfy its lien.

8 When the Department has perfected a lien upon a (h) 9 judgment or award in favor of a beneficiary against any third 10 party for an injury for which the beneficiary has received benefits under this Code, under the Covering ALL KIDS Health 11 12 Insurance Act, or under the Veterans' Health Insurance Program 13 Act or the Veterans' Health Insurance Program Act of 2008, the 14 Department shall be entitled to a writ of execution as lien 15 claimant to enforce payment of said lien against such third 16 party with interest and other accruing costs as in the case of 17 other executions. In the event the amount of such judgment or award so recovered has been paid to the beneficiary, the 18 Department shall be entitled to a writ of execution against 19 20 such beneficiary to the extent of the Department's lien, with interest and other accruing costs as in the case of other 21 22 executions.

(i) Except as otherwise provided in this Section, notwithstanding any other provision of law, the entire amount of any settlement of the injured beneficiary's action or claim, with or without suit, is subject to the Department's claim for SB0782 Enrolled - 22 - LRB095 05439 RCE 25529 b

1 reimbursement of the benefits provided and any lien filed 2 pursuant thereto to the same extent and subject to the same 3 limitations as in Section 11-22 of this Code.

4 (Source: P.A. 94-693, eff. 7-1-06; 94-816, eff. 5-30-06.)

5 (305 ILCS 5/11-22c) (from Ch. 23, par. 11-22c)

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Sec. 11-22c. <u>Recovery of back wages.</u>

7 (a) As used in this Section, "recipient" means any person
8 receiving financial assistance under Article IV or Article VI
9 of this Code, receiving health care benefits under the Covering
10 ALL KIDS Health Insurance Act, or receiving health care
11 benefits under the Veterans' Health Insurance Program Act or
12 the Veterans' Health Insurance Program Act of 2008.

13 (b) If a recipient maintains any suit, charge or other 14 court or administrative action against an employer seeking back 15 pay for a period during which the recipient received financial assistance under Article IV or Article VI of this Code, health 16 care benefits under the Covering ALL KIDS Health Insurance Act, 17 or health care benefits under the Veterans' Health Insurance 18 Program Act or the Veterans' Health Insurance Program Act of 19 20 2008, the recipient shall report such fact to the Department. 21 To the extent of the amount of assistance provided to or on 22 behalf of the recipient under Article IV or Article VI, health 23 care benefits provided under the Covering ALL KIDS Health 24 Insurance Act, or health care benefits provided under the 25 Veterans' Health Insurance Program Act or the Veterans' Health SB0782 Enrolled - 23 - LRB095 05439 RCE 25529 b

1	Insurance Program Act of 2008, the Department may by
2	intervention or otherwise without the necessity of assignment
3	of claim, attach a lien on the recovery of back wages equal to
4	the amount of assistance provided by the Department to the
5	recipient under Article IV or Article VI, under the Covering
6	ALL KIDS Health Insurance Act, or under the Veterans' Health
7	Insurance Program Act or the Veterans' Health Insurance Program
8	<u>Act of 2008</u> .
9	(Source: P.A. 94-693, eff. 7-1-06; 94-816, eff. 5-30-06.)

Section 97. Severability. The provisions of this Act are severable under Section 1.31 of the Statute on Statutes.

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