



**Filed: 2/28/2008**

09500SB0782ham001

LRB095 05439 DRJ 47193 a

1 AMENDMENT TO SENATE BILL 782

2 AMENDMENT NO. \_\_\_\_\_. Amend Senate Bill 782 by replacing  
3 everything after the enacting clause with the following:

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

6 Section 3. Legislative intent. The General Assembly finds  
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  
11 healthcare, including preventative care, often exacerbates  
12 health conditions. The effects of lack of insurance negatively  
13 impact those residents of the State who are insured because the  
14 cost of paying for care to the uninsured is often shifted to  
15 those who have insurance in the form of higher health insurance  
16 premiums. It is, therefore, the intent of this legislation to

1 provide access to affordable health insurance for veterans  
2 residing in Illinois who are unable to afford such coverage.  
3 However, the State has only a limited amount of resources, and  
4 the General Assembly therefore declares that while it intends  
5 to cover as many such veterans as possible, the State may not  
6 be able to cover every eligible person who qualifies for this  
7 Program as a matter of entitlement due to limited funding.

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

10 "Department" means the Department of Healthcare and Family  
11 Services, or any successor agency.

12 "Director" means the Director of Healthcare and Family  
13 Services, or any successor agency.

14 "Medical assistance" means health care benefits provided  
15 under Article V of the Illinois Public Aid Code.

16 "Program" means the Veterans' Health Insurance Program.

17 "Resident" means an individual who has an Illinois  
18 residence, as provided in Section 5-3 of the Illinois Public  
19 Aid Code.

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

23 "Veterans' Affairs" or "VA" means the United States  
24 Department of Veterans' Affairs.

1 Section 10. Operation of the Program.

2 (a) The Veterans' Health Insurance Program is created. This  
3 Program is not an entitlement. Enrollment is based on the  
4 availability of funds, and enrollment may be capped based on  
5 funds appropriated for the Program. As soon as practical after  
6 the effective date of this Act, coverage for this Program shall  
7 begin. The Program shall be administered by the Department of  
8 Healthcare and Family Services in collaboration with the  
9 Department of Veterans' Affairs. The Department shall have the  
10 same powers and authority to administer the Program as are  
11 provided to the Department in connection with the Department's  
12 administration of the Illinois Public Aid Code. The Department  
13 shall coordinate the Program with other health programs  
14 operated by the Department and other State and federal  
15 agencies.

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

25 Section 15. Eligibility.

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

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

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

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

7 (4) be uninsured, as defined by the Department by rule,  
8 for a period of time established by the Department by rule,  
9 which shall be no less than 6 months;

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

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

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

25 (b) A veteran who is determined eligible for the Program  
26 shall remain eligible for 12 months, provided the veteran

1 remains a resident of the State and is not excluded under  
2 subsection (c) of this Section and provided the Department has  
3 not limited the enrollment period as set forth in subsection  
4 (b) of Section 10.

5 (c) A veteran is not eligible for coverage under the  
6 Program if:

7 (1) the premium required under Section 35 of this Act  
8 has not been timely paid; if the required premiums are not  
9 paid, the liability of the Program shall be limited to  
10 benefits incurred under the Program for the time period for  
11 which premiums have been paid and for grace periods as  
12 established under subsection (d); if the required monthly  
13 premium is not paid, the veteran is ineligible for  
14 re-enrollment for a minimum period of 3 months; or

15 (2) the veteran is a resident of a nursing facility or  
16 an inmate of a public institution, as defined by 42 CFR  
17 435.1009.

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

23 Section 20. Notice of decisions to terminate eligibility.  
24 Whenever the Department decides to either deny or terminate  
25 eligibility under this Act, the veteran shall have a right to

1 notice and a hearing, as provided by the Department by rule.

2 Section 25. Illinois Department of Veterans' Affairs. The  
3 Department shall coordinate with the Illinois Department of  
4 Veterans' Affairs and the Veterans Assistance Commissions to  
5 allow State Veterans' Affairs service officers and the Veterans  
6 Assistance Commissions to assist veterans to apply for the  
7 Program. All applicants must be reviewed for Veterans Health  
8 Administration eligibility or other existing health benefits  
9 prior to consideration for the Program.

10 Section 30. Health care benefits.

11 (a) For veterans eligible and enrolled, the Department  
12 shall purchase or provide health care benefits for eligible  
13 veterans that are identical to the benefits provided to adults  
14 under the State's approved plan under Title XIX of the Social  
15 Security Act, except for nursing facility services and  
16 non-emergency transportation.

17 (b) Providers shall be subject to approval by the  
18 Department to provide health care under the Illinois Public Aid  
19 Code and shall be reimbursed at the same rates as providers  
20 reimbursed under the State's approved plan under Title XIX of  
21 the Social Security Act.

22 (c) As an alternative to the benefits set forth in  
23 subsection (a) of this Section, and when cost-effective, the  
24 Department may offer veterans subsidies toward the cost of

1 privately sponsored health insurance, including  
2 employer-sponsored health insurance.

3 Section 35. Cost-sharing. The Department, by rule, shall  
4 set forth requirements concerning co-payments and monthly  
5 premiums for health care services. This cost-sharing shall be  
6 based on household income, as defined by the Department by  
7 rule, and is subject to alteration by the Department as set  
8 forth in subsection (b) of Section 10.

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

14 Section 45. Reporting. The Department shall prepare an  
15 annual report for submission to the General Assembly. The  
16 report shall be due to the General Assembly by January 1 of  
17 each year beginning in 2009. This report shall include  
18 information regarding implementation of the Program, including  
19 the number of veterans enrolled and any available information  
20 regarding other benefits derived from the Program, including  
21 screening for and acquisition of other veterans' benefits  
22 through the Veterans' Service Officers and the Veterans'  
23 Assistance Commissions. This report may also include

1 recommendations regarding improvements that may be made to the  
2 Program and regarding the extension of the repeal date set  
3 forth in Section 85 of this Act.

4 Section 50. Emergency rulemaking. The Department may adopt  
5 rules necessary to establish and implement this Act through the  
6 use of emergency rulemaking in accordance with Section 5-45 of  
7 the Illinois Administrative Procedure Act. For the purposes of  
8 that Act, the General Assembly finds that the adoption of rules  
9 to implement this Act is deemed an emergency and necessary for  
10 the public interest, safety, and welfare.

11 Section 85. Repeal. This Act is repealed on January 1,  
12 2012.

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

15 (305 ILCS 5/11-22) (from Ch. 23, par. 11-22)

16 Sec. 11-22. Charge upon claims and causes of action for  
17 injuries. The Illinois Department shall have a charge upon all  
18 claims, demands and causes of action for injuries to an  
19 applicant for or recipient of (i) financial aid under Articles  
20 III, IV, and V, (ii) health care benefits provided under the  
21 Covering ALL KIDS Health Insurance Act, or (iii) health care  
22 benefits provided under the Veterans' Health Insurance Program



1 Act or the Veterans' Health Insurance Program Act of 2008 for  
2 the total amount of medical assistance provided the recipient  
3 from the time of injury to the date of recovery upon such  
4 claim, demand or cause of action. In addition, if the applicant  
5 or recipient was employable, as defined by the Department, at  
6 the time of the injury, the Department shall also have a charge  
7 upon any such claims, demands and causes of action for the  
8 total amount of aid provided to the recipient and his  
9 dependents, including all cash assistance and medical  
10 assistance only to the extent includable in the claimant's  
11 action, from the time of injury to the date of recovery upon  
12 such claim, demand or cause of action. Any definition of  
13 "employable" adopted by the Department shall apply only to  
14 persons above the age of compulsory school attendance.

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

24 "Recipient", as used herein, means (i) in the case of  
25 financial aid provided under this Code, the grantee of record  
26 and any persons whose needs are included in the financial aid

1 provided to the grantee of record or otherwise met by grants  
2 under the appropriate Article of this Code for which such  
3 person is eligible, (ii) in the case of health care benefits  
4 provided under the Covering ALL KIDS Health Insurance Act, the  
5 child to whom those benefits are provided, and (iii) in the  
6 case of health care benefits provided under the Veterans'  
7 Health Insurance Program Act or the Veterans' Health Insurance  
8 Program Act of 2008, the veteran to whom benefits are provided.

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

19 On petition filed by the Illinois Department, or by the  
20 local governmental unit or county if either is claiming a  
21 charge, or by the recipient, or by the defendant, the court, on  
22 written notice to all interested parties, may adjudicate the  
23 rights of the parties and enforce the charge. The court may  
24 approve the settlement of any claim, demand or cause of action  
25 either before or after a verdict, and nothing in this Section  
26 shall be construed as requiring the actual trial or final

1 adjudication of any claim, demand or cause of action upon which  
2 the Illinois Department, the local governmental unit or county  
3 has charge. The court may determine what portion of the  
4 recovery shall be paid to the injured person and what portion  
5 shall be paid to the Illinois Department, the local  
6 governmental unit or county having a charge against the  
7 recovery. In making this determination, the court shall conduct  
8 an evidentiary hearing and shall consider competent evidence  
9 pertaining to the following matters:

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

23 (2) the amount, if any, of the attorney's fees and  
24 other costs incurred by the recipient incident to the  
25 recovery and paid by the recipient up to the time of  
26 recovery, and the amount of such fees and costs remaining

1 unpaid at the time of recovery;

2 (3) the total hospital, doctor and other medical  
3 expenses incurred for care and treatment of the injury to  
4 the date of recovery therefor, the portion of such expenses  
5 theretofore paid by the recipient, by insurance provided by  
6 the recipient, and by the Department, unit of local  
7 government and county seeking to enforce a charge against  
8 the recovery, and the amount of such previously incurred  
9 expenses which remain unpaid at the time of recovery and by  
10 whom such incurred, unpaid expenses are to be paid;

11 (4) whether the recovery represents less than  
12 substantially full recompense for the injury and the  
13 hospital, doctor and other medical expenses incurred to the  
14 date of recovery for the care and treatment of the injury,  
15 so that reduction of the charge sought to be enforced  
16 against the recovery would not likely result in a double  
17 recovery or unjust enrichment to the recipient;

18 (5) the age of the recipient and of persons dependent  
19 for support upon the recipient, the nature and permanency  
20 of the recipient's injuries as they affect not only the  
21 future employability and education of the recipient but  
22 also the reasonably necessary and foreseeable future  
23 material, maintenance, medical, rehabilitative and  
24 training needs of the recipient, the cost of such  
25 reasonably necessary and foreseeable future needs, and the  
26 resources available to meet such needs and pay such costs;

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

5           The burden of producing evidence sufficient to support the  
6 exercise by the court of its discretion to reduce the amount of  
7 a proven charge sought to be enforced against the recovery  
8 shall rest with the party seeking such reduction.

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

24           Whenever the Department or any unit of local government has  
25 a statutory charge under this Section against a recovery for  
26 damages incurred by a recipient because of its advancement of

1 any assistance, such charge shall not be satisfied out of any  
2 recovery until the attorney's claim for fees is satisfied,  
3 irrespective of whether or not an action based on recipient's  
4 claim has been filed in court.

5 This Section shall be inapplicable to any claim, demand or  
6 cause of action arising under (a) the Workers' Compensation Act  
7 or the predecessor Workers' Compensation Act of June 28, 1913,  
8 (b) the Workers' Occupational Diseases Act or the predecessor  
9 Workers' Occupational Diseases Act of March 16, 1936; and (c)  
10 the Wrongful Death Act.

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

12 (305 ILCS 5/11-22a) (from Ch. 23, par. 11-22a)

13 Sec. 11-22a. Right of Subrogation. To the extent of the  
14 amount of (i) medical assistance provided by the Department to  
15 or on behalf of a recipient under Article V or VI, (ii) health  
16 care benefits provided for a child under the Covering ALL KIDS  
17 Health Insurance Act, or (iii) health care benefits provided to  
18 a veteran under the Veterans' Health Insurance Program Act or  
19 the Veterans' Health Insurance Program Act of 2008, the  
20 Department shall be subrogated to any right of recovery such  
21 recipient may have under the terms of any private or public  
22 health care coverage or casualty coverage, including coverage  
23 under the "Workers' Compensation Act", approved July 9, 1951,  
24 as amended, or the "Workers' Occupational Diseases Act",  
25 approved July 9, 1951, as amended, without the necessity of

1 assignment of claim or other authorization to secure the right  
2 of recovery to the Department. To enforce its subrogation  
3 right, the Department may (i) intervene or join in an action or  
4 proceeding brought by the recipient, his or her guardian,  
5 personal representative, estate, dependents, or survivors  
6 against any person or public or private entity that may be  
7 liable; (ii) institute and prosecute legal proceedings against  
8 any person or public or private entity that may be liable for  
9 the cost of such services; or (iii) institute and prosecute  
10 legal proceedings, to the extent necessary to reimburse the  
11 Illinois Department for its costs, against any noncustodial  
12 parent who (A) is required by court or administrative order to  
13 provide insurance or other coverage of the cost of health care  
14 services for a child eligible for medical assistance under this  
15 Code and (B) has received payment from a third party for the  
16 costs of those services but has not used the payments to  
17 reimburse either the other parent or the guardian of the child  
18 or the provider of the services.

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

20 (305 ILCS 5/11-22b) (from Ch. 23, par. 11-22b)

21 Sec. 11-22b. Recoveries.

22 (a) As used in this Section:

23 (1) "Carrier" means any insurer, including any private  
24 company, corporation, mutual association, trust fund,  
25 reciprocal or interinsurance exchange authorized under the

1 laws of this State to insure persons against liability or  
2 injuries caused to another and any insurer providing  
3 benefits under a policy of bodily injury liability  
4 insurance covering liability arising out of the ownership,  
5 maintenance or use of a motor vehicle which provides  
6 uninsured motorist endorsement or coverage.

7 (2) "Beneficiary" means any person or their dependents  
8 who has received benefits or will be provided benefits  
9 under this Code, under the Covering ALL KIDS Health  
10 Insurance Act, or under the Veterans' Health Insurance  
11 Program Act or the Veterans' Health Insurance Program Act  
12 of 2008 because of an injury for which another person may  
13 be liable. It includes such beneficiary's guardian,  
14 conservator or other personal representative, his estate  
15 or survivors.

16 (b) (1) When benefits are provided or will be provided to a  
17 beneficiary under this Code, under the Covering ALL KIDS Health  
18 Insurance Act, or under the Veterans' Health Insurance Program  
19 Act or the Veterans' Health Insurance Program Act of 2008  
20 because of an injury for which another person is liable, or for  
21 which a carrier is liable in accordance with the provisions of  
22 any policy of insurance issued pursuant to the Illinois  
23 Insurance Code, the Illinois Department shall have a right to  
24 recover from such person or carrier the reasonable value of  
25 benefits so provided. The Attorney General may, to enforce such  
26 right, institute and prosecute legal proceedings against the



1 third person or carrier who may be liable for the injury in an  
2 appropriate court, either in the name of the Illinois  
3 Department or in the name of the injured person, his guardian,  
4 personal representative, estate, or survivors.

5 (2) The Department may:

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

8 (B) waive any such claims for benefits provided under  
9 this Code, in whole or in part, for the convenience of the  
10 Department or if the Department determines that collection  
11 would result in undue hardship upon the person who suffered  
12 the injury or, in a wrongful death action, upon the heirs  
13 of the deceased.

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

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

25 However, the Department may not commence the action prior  
26 to 5 months before the end of the applicable period prescribed

1 by Article XIII of the Code of Civil Procedure. Thirty days  
2 prior to commencing an action, the Department shall notify the  
3 beneficiary of the Department's intent to commence such an  
4 action.

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

7 (3) When an action or claim is brought by persons entitled  
8 to bring such actions or assert such claims against a third  
9 person who may be liable for causing the death of a  
10 beneficiary, any settlement, judgment or award obtained is  
11 subject to the Department's claim for reimbursement of the  
12 benefits provided to the beneficiary under this Code, under the  
13 Covering ALL KIDS Health Insurance Act, or under the Veterans'  
14 Health Insurance Program Act or the Veterans' Health Insurance  
15 Program Act of 2008.

16 (4) When the action or claim is brought by the beneficiary  
17 alone and the beneficiary incurs a personal liability to pay  
18 attorney's fees and costs of litigation, the Department's claim  
19 for reimbursement of the benefits provided to the beneficiary  
20 shall be the full amount of benefits paid on behalf of the  
21 beneficiary under this Code, under the Covering ALL KIDS Health  
22 Insurance Act, or under the Veterans' Health Insurance Program  
23 Act or the Veterans' Health Insurance Program Act of 2008 less  
24 a pro rata share which represents the Department's reasonable  
25 share of attorney's fees paid by the beneficiary and that  
26 portion of the cost of litigation expenses determined by

1 multiplying by the ratio of the full amount of the expenditures  
2 of the full amount of the judgment, award or settlement.

3 (d) (1) If either the beneficiary or the Department brings  
4 an action or claim against such third party or carrier, the  
5 beneficiary or the Department shall within 30 days of filing  
6 the action give to the other written notice by personal service  
7 or registered mail of the action or claim and of the name of  
8 the court in which the action or claim is brought. Proof of  
9 such notice shall be filed in such action or claim. If an  
10 action or claim is brought by either the Department or the  
11 beneficiary, the other may, at any time before trial on the  
12 facts, become a party to such action or claim or shall  
13 consolidate his action or claim with the other if brought  
14 independently.

15 (2) If an action or claim is brought by the Department  
16 pursuant to subsection (b) (1), written notice to the  
17 beneficiary, guardian, personal representative, estate or  
18 survivor given pursuant to this Section shall advise him of his  
19 right to intervene in the proceeding, his right to obtain a  
20 private attorney of his choice and the Department's right to  
21 recover the reasonable value of the benefits provided.

22 (e) In the event of judgment or award in a suit or claim  
23 against such third person or carrier:

24 (1) If the action or claim is prosecuted by the  
25 beneficiary alone, the court shall first order paid from  
26 any judgment or award the reasonable litigation expenses

1 incurred in preparation and prosecution of such action or  
2 claim, together with reasonable attorney's fees, when an  
3 attorney has been retained. After payment of such expenses  
4 and attorney's fees the court shall, on the application of  
5 the Department, allow as a first lien against the amount of  
6 such judgment or award the amount of the Department's  
7 expenditures for the benefit of the beneficiary under this  
8 Code, under the Covering ALL KIDS Health Insurance Act, or  
9 under the Veterans' Health Insurance Program Act or the  
10 Veterans' Health Insurance Program Act of 2008, as provided  
11 in subsection (c) (4).

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

26 (f) The court shall, upon further application at any time

1 before the judgment or award is satisfied, allow as a further  
2 lien the amount of any expenditures of the Department in  
3 payment of additional benefits arising out of the same cause of  
4 action or claim provided on behalf of the beneficiary under  
5 this Code, under the Covering ALL KIDS Health Insurance Act, or  
6 under the Veterans' Health Insurance Program Act or the  
7 Veterans' Health Insurance Program Act of 2008, when such  
8 benefits were provided or became payable subsequent to the  
9 original order.

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

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

1 such beneficiary to the extent of the Department's lien, with  
2 interest and other accruing costs as in the case of other  
3 executions.

4 (i) Except as otherwise provided in this Section,  
5 notwithstanding any other provision of law, the entire amount  
6 of any settlement of the injured beneficiary's action or claim,  
7 with or without suit, is subject to the Department's claim for  
8 reimbursement of the benefits provided and any lien filed  
9 pursuant thereto to the same extent and subject to the same  
10 limitations as in Section 11-22 of this Code.

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

12 (305 ILCS 5/11-22c) (from Ch. 23, par. 11-22c)

13 Sec. 11-22c. Recovery of back wages.

14 (a) As used in this Section, "recipient" means any person  
15 receiving financial assistance under Article IV or Article VI  
16 of this Code, receiving health care benefits under the Covering  
17 ALL KIDS Health Insurance Act, or receiving health care  
18 benefits under the Veterans' Health Insurance Program Act or  
19 the Veterans' Health Insurance Program Act of 2008.

20 (b) If a recipient maintains any suit, charge or other  
21 court or administrative action against an employer seeking back  
22 pay for a period during which the recipient received financial  
23 assistance under Article IV or Article VI of this Code, health  
24 care benefits under the Covering ALL KIDS Health Insurance Act,  
25 or health care benefits under the Veterans' Health Insurance

1 Program Act or the Veterans' Health Insurance Program Act of  
2 2008, the recipient shall report such fact to the Department.  
3 To the extent of the amount of assistance provided to or on  
4 behalf of the recipient under Article IV or Article VI, health  
5 care benefits provided under the Covering ALL KIDS Health  
6 Insurance Act, or health care benefits provided under the  
7 Veterans' Health Insurance Program Act or the Veterans' Health  
8 Insurance Program Act of 2008, the Department may by  
9 intervention or otherwise without the necessity of assignment  
10 of claim, attach a lien on the recovery of back wages equal to  
11 the amount of assistance provided by the Department to the  
12 recipient under Article IV or Article VI, under the Covering  
13 ALL KIDS Health Insurance Act, or under the Veterans' Health  
14 Insurance Program Act or the Veterans' Health Insurance Program  
15 Act of 2008.

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

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

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