



Sen. Dave Syverson

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1 AMENDMENT TO SENATE BILL 3707

2 AMENDMENT NO. \_\_\_\_\_. Amend Senate Bill 3707, AS AMENDED,  
3 with reference to page and line numbers of Senate Amendment No.  
4 1 as follows:

5 on page 8, by inserting immediately below line 24 the  
6 following:

7 "Section 10. The Children's Health Insurance Program Act is  
8 amended by changing Section 20 as follows:

9 (215 ILCS 106/20)

10 Sec. 20. Eligibility.

11 (a) To be eligible for this Program, a person must be a  
12 person who has a child eligible under this Act and who is  
13 eligible under a waiver of federal requirements pursuant to an  
14 application made pursuant to subdivision (a)(1) of Section 40  
15 of this Act or who is a child who:

1           (1) is a child who is not eligible for medical  
2 assistance;

3           (2) is a child whose annual household income, as  
4 determined by the Department, is above 133% of the federal  
5 poverty level and at or below 200% of the federal poverty  
6 level;

7           (3) is a resident of the State of Illinois; and

8           (4) is a child who is either a United States citizen or  
9 included in one of the following categories of  
10 non-citizens:

11           (A) unmarried dependent children of either a  
12 United States Veteran honorably discharged or a person  
13 on active military duty;

14           (B) refugees under Section 207 of the Immigration  
15 and Nationality Act;

16           (C) asylees under Section 208 of the Immigration  
17 and Nationality Act;

18           (D) persons for whom deportation has been withheld  
19 under Section 243(h) of the Immigration and  
20 Nationality Act;

21           (E) persons granted conditional entry under  
22 Section 203(a)(7) of the Immigration and Nationality  
23 Act as in effect prior to April 1, 1980;

24           (F) persons lawfully admitted for permanent  
25 residence under the Immigration and Nationality Act;  
26 and

1 (G) parolees, for at least one year, under Section  
2 212(d) (5) of the Immigration and Nationality Act.

3 Those children who are in the categories set forth in  
4 subdivisions (4) (F) and (4) (G) of this subsection, who enter  
5 the United States on or after August 22, 1996, shall not be  
6 eligible for 5 years beginning on the date the child entered  
7 the United States.

8 (b) A child who is determined to be eligible for assistance  
9 may remain eligible for 12 months, provided the child maintains  
10 his or her residence in the State, has not yet attained 19  
11 years of age, and is not excluded pursuant to subsection (c). A  
12 child who has been determined to be eligible for assistance  
13 must reapply or otherwise establish eligibility at least  
14 annually. An eligible child shall be required, as determined by  
15 the Department by rule, to report promptly those changes in  
16 income and other circumstances that affect eligibility. The  
17 eligibility of a child may be redetermined based on the  
18 information reported or may be terminated based on the failure  
19 to report or failure to report accurately. A child's  
20 responsible relative or caretaker may also be held liable to  
21 the Department for any payments made by the Department on such  
22 child's behalf that were inappropriate. An applicant shall be  
23 provided with notice of these obligations.

24 (c) A child shall not be eligible for coverage under this  
25 Program if:

26 (1) the premium required pursuant to Section 30 of this

1 Act has not been paid. If the required premiums are not  
2 paid the liability of the Program shall be limited to  
3 benefits incurred under the Program for the time period for  
4 which premiums had been paid. If the required monthly  
5 premium is not paid, the child shall be ineligible for  
6 re-enrollment for a minimum period of 3 months.  
7 Re-enrollment shall be completed prior to the next covered  
8 medical visit and the first month's required premium shall  
9 be paid in advance of the next covered medical visit. The  
10 Department shall promulgate rules regarding grace periods,  
11 notice requirements, and hearing procedures pursuant to  
12 this subsection;

13 (2) the child is an inmate of a public institution or a  
14 patient in an institution for mental diseases; or

15 (3) the child is a member of a family that is eligible  
16 for health benefits covered under the State of Illinois  
17 health benefits plan on the basis of a member's employment  
18 with a public agency.

19 (d) The Department may not expand eligibility for the  
20 Program before July 1, 2013.

21 (Source: P.A. 92-597, eff. 6-28-02; 93-63, eff. 6-30-03.)

22 Section 15. The Covering ALL KIDS Health Insurance Act is  
23 amended by changing Section 20 as follows:

24 (215 ILCS 170/20)

1 (Section scheduled to be repealed on July 1, 2011)

2 Sec. 20. Eligibility.

3 (a) To be eligible for the Program, a person must be a  
4 child:

5 (1) who is a resident of the State of Illinois; and

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

9 (3) either (i) who has been without health insurance  
10 coverage for a period set forth by the Department in rules,  
11 but not less than 6 months during the first month of  
12 operation of the Program, 7 months during the second month  
13 of operation, 8 months during the third month of operation,  
14 9 months during the fourth month of operation, 10 months  
15 during the fifth month of operation, 11 months during the  
16 sixth month of operation, and 12 months thereafter, (ii)  
17 whose parent has lost employment that made available  
18 affordable dependent health insurance coverage, until such  
19 time as affordable employer-sponsored dependent health  
20 insurance coverage is again available for the child as set  
21 forth by the Department in rules, (iii) who is a newborn  
22 whose responsible relative does not have available  
23 affordable private or employer-sponsored health insurance,  
24 or (iv) who, within one year of applying for coverage under  
25 this Act, lost medical benefits under the Illinois Public  
26 Aid Code or the Children's Health Insurance Program Act.

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

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

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

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

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

6 (e) A child is not eligible for coverage under the Program  
7 if:

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

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

20 (e-5) The Department may not expand eligibility for the  
21 Program before July 1, 2013.

22 (f) The Department shall adopt eligibility rules,  
23 including, but not limited to: rules regarding annual renewals  
24 of eligibility for the Program; rules providing for  
25 re-enrollment, grace periods, notice requirements, and hearing  
26 procedures under subdivision (e) (1) of this Section; and rules

1 regarding what constitutes availability and affordability of  
2 private or employer-sponsored health insurance, with  
3 consideration of such factors as the percentage of income  
4 needed to purchase children or family health insurance, the  
5 availability of employer subsidies, and other relevant  
6 factors.

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

8 on page 8, line 25, by replacing "Section 10." with "Section  
9 20."; and

10 on page 9, by replacing line 1 with the following:

11 "changing Section 5-16 and by adding Section 5-1.05 as follows:

12 (305 ILCS 5/5-1.05 new)

13 Sec. 5-1.05. No expansion of eligibility or new programs.  
14 The Department of Healthcare and Family Services may not expand  
15 eligibility for medical assistance under this Article,  
16 including eligibility for FamilyCare under paragraph (15) of  
17 Section 5-2, before July 1, 2013, nor may the Department create  
18 any new program of medical assistance under this Article before  
19 that date."