



Sen. Carole Pankau

Filed: 3/29/2011

09700SB1527sam001

LRB097 06978 KTG 53160 a

1 AMENDMENT TO SENATE BILL 1527

2 AMENDMENT NO. _____. Amend Senate Bill 1527 by replacing
3 everything after the enacting clause with the following:

4 "Section 10. The Children's Health Insurance Program Act is
5 amended by changing Sections 20 and 40 as follows:

6 (215 ILCS 106/20)

7 Sec. 20. Eligibility.

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

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

15 (2) is a child whose annual household income, as
16 determined by the Department, is above 133% of the federal

1 poverty level and at or below 200% of the federal poverty
2 level;

3 (2.5) is a child whose household assets do not exceed
4 \$10,000, excluding (i) the value of the residence in which
5 the child lives and (ii) the value of a vehicle used by the
6 household for transportation purposes; for purposes of
7 this paragraph (2.5), "vehicle" does not include a
8 recreational vehicle as defined in the Campground
9 Licensing and Recreational Area Act;

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

11 (4) is a child who is either a United States citizen or
12 included in one of the following categories of
13 non-citizens:

14 (A) unmarried dependent children of either a
15 United States Veteran honorably discharged or a person
16 on active military duty;

17 (B) refugees under Section 207 of the Immigration
18 and Nationality Act;

19 (C) asylees under Section 208 of the Immigration
20 and Nationality Act;

21 (D) persons for whom deportation has been withheld
22 under Section 243(h) of the Immigration and
23 Nationality Act;

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

1 (F) persons lawfully admitted for permanent
2 residence under the Immigration and Nationality Act;
3 and

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

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

11 (b) A child who is determined to be eligible for assistance
12 may remain eligible for 12 months, provided the child maintains
13 his or her residence in the State, has not yet attained 19
14 years of age, and is not excluded pursuant to subsection (c). A
15 child who has been determined to be eligible for assistance
16 must reapply or otherwise establish eligibility at least
17 annually. An eligible child shall be required, ~~as determined by~~
18 ~~the Department by rule,~~ to report ~~promptly~~ those changes in
19 income and other circumstances that affect eligibility within
20 30 days after the occurrence of the change. The eligibility of
21 a child may be redetermined based on the information reported
22 or may be terminated based on the failure to report or failure
23 to report accurately. A child's responsible relative or
24 caretaker may also be held liable to the Department for any
25 payments made by the Department on such child's behalf that
26 were inappropriate. An applicant shall be provided with notice

1 of these obligations.

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

4 (1) the premium required pursuant to Section 30 of this
5 Act has not been paid. If the required premiums are not
6 paid the liability of the Program shall be limited to
7 benefits incurred under the Program for the time period for
8 which premiums had been paid. Re-enrollment shall be
9 completed prior to the next covered medical visit and the
10 first month's required premium shall be paid in advance of
11 the next covered medical visit. The Department shall
12 promulgate rules regarding grace periods, notice
13 requirements, and hearing procedures pursuant to this
14 subsection;

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

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

21 (d) The Department shall seek a waiver of federal
22 requirements under the Patient Protection and Affordable Care
23 Act in order to allow the Department to immediately implement
24 the changes made to this Section by this amendatory Act of the
25 97th General Assembly. Upon federal waiver approval, the
26 Department shall promulgate rules necessary to implement the

1 changes made to this Section by this amendatory Act of the 97th
2 General Assembly.

3 (Source: P.A. 96-1272, eff. 1-1-11.)

4 (215 ILCS 106/40)

5 Sec. 40. Waivers.

6 (a) The Department shall request any necessary waivers of
7 federal requirements in order to allow receipt of federal
8 funding for:

9 (1) the coverage of families with eligible children
10 under this Act; and

11 (2) the coverage of children who would otherwise be
12 eligible under this Act, but who have health insurance.

13 (b) The failure of the responsible federal agency to
14 approve a waiver for children who would otherwise be eligible
15 under this Act but who have health insurance shall not prevent
16 the implementation of any Section of this Act provided that
17 there are sufficient appropriated funds.

18 (c) Eligibility of a person under an approved waiver due to
19 the relationship with a child pursuant to Article V of the
20 Illinois Public Aid Code or this Act shall be limited to such a
21 person whose countable income is determined by the Department
22 to be at or below such income eligibility standard as the
23 Department by rule shall establish. The income level
24 established by the Department shall not be below 90% of the
25 federal poverty level. Such persons who are determined to be

1 eligible must reapply, or otherwise establish eligibility, at
2 least annually. An eligible person shall be required,~~as~~
3 ~~determined by the Department by rule,~~ to report promptly those
4 changes in income and other circumstances that affect
5 eligibility to the Department within 30 days after the
6 occurrence of the change. The eligibility of a person may be
7 redetermined based on the information reported or may be
8 terminated based on the failure to report or failure to report
9 accurately. A person may also be held liable to the Department
10 for any payments made by the Department on such person's behalf
11 that were inappropriate. An applicant shall be provided with
12 notice of these obligations.

13 (d) The Department shall promulgate rules necessary to
14 implement the changes made to this Section by this amendatory
15 Act of the 97th General Assembly.

16 (Source: P.A. 96-328, eff. 8-11-09.)

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

19 (215 ILCS 170/20)

20 (Section scheduled to be repealed on July 1, 2016)

21 Sec. 20. Eligibility.

22 (a) To be eligible for the Program, a person must be a
23 child:

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

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

4 (3) either (i) who has been without health insurance
5 coverage for 12 months, (ii) whose parent has lost
6 employment that made available affordable dependent health
7 insurance coverage, until such time as affordable
8 employer-sponsored dependent health insurance coverage is
9 again available for the child as set forth by the
10 Department in rules, (iii) who is a newborn whose
11 responsible relative does not have available affordable
12 private or employer-sponsored health insurance, or (iv)
13 who, within one year of applying for coverage under this
14 Act, lost medical benefits under the Illinois Public Aid
15 Code or the Children's Health Insurance Program Act; ~~and~~

16 (3.5) whose household income, as determined by the
17 Department, is at or below 300% of the federal poverty
18 level. This item (3.5) is effective July 1, 2011; and -

19 (4) whose household assets do not exceed \$10,000,
20 excluding (i) the value of the residence in which the child
21 lives and (ii) the value of a vehicle used by the household
22 for transportation purposes; for purposes of this
23 paragraph (4), "vehicle" does not include a recreational
24 vehicle as defined in the Campground Licensing and
25 Recreational Area Act.

26 An entity that provides health insurance coverage (as

1 defined in Section 2 of the Comprehensive Health Insurance Plan
2 Act) to Illinois residents shall provide health insurance data
3 match to the Department of Healthcare and Family Services as
4 provided by and subject to Section 5.5 of the Illinois
5 Insurance Code.

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

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

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

25 (d) A child who is determined to be eligible for the
26 Program shall remain eligible for 12 months, provided that the

1 child maintains his or her residence in this State, has not yet
2 attained 19 years of age, and is not excluded under subsection
3 (e).

4 (e) A child is not eligible for coverage under the Program
5 if:

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

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

16 (f) The Department may adopt rules, including, but not
17 limited to: rules regarding annual renewals of eligibility for
18 the Program in conformance with Section 7 of this Act; rules
19 providing for re-enrollment, grace periods, notice
20 requirements, and hearing procedures under subdivision (e)(1)
21 of this Section; and rules regarding what constitutes
22 availability and affordability of private or
23 employer-sponsored health insurance, with consideration of
24 such factors as the percentage of income needed to purchase
25 children or family health insurance, the availability of
26 employer subsidies, and other relevant factors.

1 (g) Each child enrolled in the Program as of July 1, 2011
2 whose family income, as established by the Department, exceeds
3 300% of the federal poverty level may remain enrolled in the
4 Program for 12 additional months commencing July 1, 2011.
5 Continued enrollment pursuant to this subsection shall be
6 available only if the child continues to meet all eligibility
7 criteria established under the Program as of the effective date
8 of this amendatory Act of the 96th General Assembly without a
9 break in coverage. Nothing contained in this subsection shall
10 prevent a child from qualifying for any other health benefits
11 program operated by the Department.

12 (d) The Department shall seek a waiver of federal
13 requirements under the Patient Protection and Affordable Care
14 Act in order to allow the Department to immediately implement
15 the changes made to this Section by this amendatory Act of the
16 97th General Assembly. Upon federal waiver approval, the
17 Department shall promulgate rules necessary to implement the
18 changes made to this Section by this amendatory Act of the 97th
19 General Assembly.

20 (Source: P.A. 96-1272, eff. 1-1-11; 96-1501, eff. 1-25-11.)

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