

# HB2465



## 99TH GENERAL ASSEMBLY

### State of Illinois

2015 and 2016

**HB2465**

Introduced 2/17/2015, by Rep. Adam Brown

#### SYNOPSIS AS INTRODUCED:

215 ILCS 170/20

Amends the Covering ALL KIDS Health Insurance Act. Provides that a child is not eligible for coverage under the Covering ALL KIDS Health Insurance Program if he or she is an undocumented immigrant.

LRB099 09334 MLM 29539 b

FISCAL NOTE ACT  
MAY APPLY

A BILL FOR

1 AN ACT concerning regulation.

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

4 Section 5. The Covering ALL KIDS Health Insurance Act is  
5 amended by changing Section 20 as follows:

6 (215 ILCS 170/20)

7 (Section scheduled to be repealed on July 1, 2016)

8 Sec. 20. Eligibility.

9 (a) To be eligible for the Program, a person must be a  
10 child:

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

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

15 (3) who (i) effective July 1, 2014, in accordance with  
16 42 CFR 457.805 (78 FR 42313, July 15, 2013) or any other  
17 federal requirement necessary to obtain federal financial  
18 participation for expenditures made under this Act, has  
19 been without health insurance coverage for 90 days; (ii) is  
20 a newborn whose responsible relative does not have  
21 available affordable private or employer-sponsored health  
22 insurance; or (iii) within one year of applying for  
23 coverage under this Act, lost medical benefits under the

1 Illinois Public Aid Code or the Children's Health Insurance  
2 Program Act; and

3 (3.5) whose household income, as determined, effective  
4 October 1, 2013, by the Department, is at or below 300% of  
5 the federal poverty level as determined in compliance with  
6 42 U.S.C. 1397bb(b) (1) (B) (v) and applicable federal  
7 regulations.

8 An entity that provides health insurance coverage (as  
9 defined in Section 2 of the Comprehensive Health Insurance Plan  
10 Act) to Illinois residents shall provide health insurance data  
11 match to the Department of Healthcare and Family Services as  
12 provided by and subject to Section 5.5 of the Illinois  
13 Insurance Code. The Department of Healthcare and Family  
14 Services may impose an administrative penalty as provided under  
15 Section 12-4.45 of the Illinois Public Aid Code on entities  
16 that have established a pattern of failure to provide the  
17 information required under this Section.

18 The Department of Healthcare and Family Services, in  
19 collaboration with the Department of Insurance, shall adopt  
20 rules governing the exchange of information under this Section.  
21 The rules shall be consistent with all laws relating to the  
22 confidentiality or privacy of personal information or medical  
23 records, including provisions under the Federal Health  
24 Insurance Portability and Accountability Act (HIPAA).

25 (b) The Department shall monitor the availability and  
26 retention of employer-sponsored dependent health insurance

1 coverage and shall modify the period described in subdivision  
2 (a) (3) if necessary to promote retention of private or  
3 employer-sponsored health insurance and timely access to  
4 healthcare services, but at no time shall the period described  
5 in subdivision (a) (3) be less than 6 months.

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

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

16 (e) A child is not eligible for coverage under the Program  
17 if:

18 (1) the premium required under Section 40 has not been  
19 timely paid; if the required premiums are not paid, the  
20 liability of the Program shall be limited to benefits  
21 incurred under the Program for the time period for which  
22 premiums have been paid; re-enrollment shall be completed  
23 before the next covered medical visit, and the first  
24 month's required premium shall be paid in advance of the  
25 next covered medical visit; ~~or~~

26 (2) the child is an inmate of a public institution or

1 an institution for mental diseases; or -

2 (3) the child is an undocumented immigrant.

3 (f) The Department may adopt rules, including, but not  
4 limited to: rules regarding annual renewals of eligibility for  
5 the Program in conformance with Section 7 of this Act; rules  
6 providing for re-enrollment, grace periods, notice  
7 requirements, and hearing procedures under subdivision (e) (1)  
8 of this Section; and rules regarding what constitutes  
9 availability and affordability of private or  
10 employer-sponsored health insurance, with consideration of  
11 such factors as the percentage of income needed to purchase  
12 children or family health insurance, the availability of  
13 employer subsidies, and other relevant factors.

14 (g) Each child enrolled in the Program as of July 1, 2011  
15 whose family income, as established by the Department, exceeds  
16 300% of the federal poverty level may remain enrolled in the  
17 Program for 12 additional months commencing July 1, 2011.  
18 Continued enrollment pursuant to this subsection shall be  
19 available only if the child continues to meet all eligibility  
20 criteria established under the Program as of the effective date  
21 of this amendatory Act of the 96th General Assembly without a  
22 break in coverage. Nothing contained in this subsection shall  
23 prevent a child from qualifying for any other health benefits  
24 program operated by the Department.

25 (Source: P.A. 98-130, eff. 8-2-13; 98-651, eff. 6-16-14.)