

96TH GENERAL ASSEMBLY State of Illinois 2009 and 2010 HB6296

Introduced 2/11/2010, by Rep. Patricia R. Bellock

SYNOPSIS AS INTRODUCED:

215 ILCS 106/20 215 ILCS 170/20

Amends the Children's Health Insurance Program Act and the Covering ALL KIDS Health Insurance Act in the provisions concerning eligibility to add the requirement that a person must be a child whose household assets do not exceed an amount equal to 400% of the federal poverty guidelines for a family of one, excluding (i) the value of the residence in which the child lives and (ii) the value of a vehicle used by the household for transportation purposes. Effective January 1, 2011.

LRB096 18710 RPM 34094 b

1 AN ACT concerning insurance.

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

- Section 5. The Children's Health Insurance Program Act is amended by changing Section 20 as follows:
- 6 (215 ILCS 106/20)

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- 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 assistance:
- 15 (2) is a child whose annual household income, as
 16 determined by the Department, is above 133% of the federal
 17 poverty level and at or below 200% of the federal poverty
 18 level;
 - (3) is a resident of the State of Illinois; and
- 20 (4) is a child who is either a United States citizen or 21 included in one of the following categories of 22 non-citizens:
- 23 (A) unmarried dependent children of either a

1	United States Veteran honorably discharged or a person
2	on active military duty;
3	(B) refugees under Section 207 of the Immigration
4	and Nationality Act;
5	(C) asylees under Section 208 of the Immigration
6	and Nationality Act;
7	(D) persons for whom deportation has been withheld
8	under Section 243(h) of the Immigration and
9	Nationality Act;
10	(E) persons granted conditional entry under
11	Section 203(a)(7) of the Immigration and Nationality
12	Act as in effect prior to April 1, 1980;
13	(F) persons lawfully admitted for permanent
14	residence under the Immigration and Nationality Act;
15	and
16	(G) parolees, for at least one year, under Section
17	212(d)(5) of the Immigration and Nationality Act; and \div
18	(5) is a child whose household assets do not exceed an
19	amount equal to 400% of the federal poverty guidelines for
20	a family of one, excluding (i) the value of the residence
21	in which the child lives and (ii) the value of a vehicle
22	used by the household for transportation purposes.
23	Those children who are in the categories set forth in
24	subdivisions (4)(F) and (4)(G) of this subsection $\underline{\text{(a)}}$, who
25	enter the United States on or after August 22, 1996, shall not
26	be eligible for 5 years beginning on the date the child entered

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1 the United States.

- (b) A child who is determined to be eliqible for assistance may remain eligible for 12 months, provided the child maintains his or her residence in the State, has not yet attained 19 years of age, and is not excluded pursuant to subsection (c). A child who has been determined to be eligible for assistance must reapply or otherwise establish eligibility at least annually. An eligible child shall be required, as determined by the Department by rule, to report promptly those changes in income and other circumstances that affect eligibility. The eligibility of a child may be redetermined based on the information reported or may be terminated based on the failure failure to report accurately. A child's report or responsible relative or caretaker may also be held liable to the Department for any payments made by the Department on such child's behalf that were inappropriate. An applicant shall be provided with notice of these obligations.
 - (c) A child shall not be eligible for coverage under this
 Program if:
 - (1) the premium required pursuant to Section 30 of this Act has not been 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 had been paid. If the required monthly premium is not paid, the child shall be ineligible for re-enrollment for a minimum period of 3 months.

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1	Re-enrollment shall be completed prior to the next covered
2	medical visit and the first month's required premium shall
3	be paid in advance of the next covered medical visit. The
4	Department shall promulgate rules regarding grace periods,
5	notice requirements, and hearing procedures pursuant to
5	this subsection;

- (2) the child is an inmate of a public institution or a patient in an institution for mental diseases; or
- 9 (3) the child is a member of a family that is eligible 10 for health benefits covered under the State of Illinois 11 health benefits plan on the basis of a member's employment 12 with a public agency.
- 13 (Source: P.A. 92-597, eff. 6-28-02; 93-63, eff. 6-30-03.)
- Section 10. The Covering ALL KIDS Health Insurance Act is amended by changing Section 20 as follows:
- 16 (215 ILCS 170/20)
- 17 (Section scheduled to be repealed on July 1, 2011)
- 18 Sec. 20. Eligibility.
- 19 (a) To be eligible for the Program, a person must be a 20 child:
- 21 (1) who is a resident of the State of Illinois; and
- 22 (2) who is ineligible for medical assistance under the
 23 Illinois Public Aid Code or benefits under the Children's
 24 Health Insurance Program Act; and

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

(4) whose household assets do not exceed an amount equal to 400% of the federal poverty guidelines for a family of one, excluding (i) the value of the residence in which the child lives and (ii) the value of a vehicle used by the household for transportation purposes.

An entity that provides health insurance coverage (as defined in Section 2 of the Comprehensive Health Insurance Plan

- 1 Act) to Illinois residents shall provide health insurance data
- 2 match to the Department of Healthcare and Family Services for
- 3 the purpose of determining eligibility for the Program under
- 4 this Act.
- 5 The Department of Healthcare and Family Services, in
- 6 collaboration with the Department of Financial and
- 7 Professional Regulation, Division 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
- 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
- insurance coverage is available upon reemployment of a child's
- 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
- premiums have been paid; if the required monthly premium is
- not paid, the child is ineligible for re-enrollment for a
- minimum period of 3 months; re-enrollment shall be
- 13 completed before the next covered medical visit, and the
- first month's required premium shall be paid in advance of
- 15 the next covered medical visit; or
- 16 (2) the child is an inmate of a public institution or
- an institution for mental diseases.
- 18 (f) The Department shall adopt eligibility rules,
- 19 including, but not limited to: rules regarding annual renewals
- 20 of eligibility for the Program; rules providing for
- 21 re-enrollment, grace periods, notice requirements, and hearing
- 22 procedures under subdivision (e) (1) of this Section; and rules
- 23 regarding what constitutes availability and affordability of
- 24 private or employer-sponsored health insurance, with
- 25 consideration of such factors as the percentage of income
- 26 needed to purchase children or family health insurance, the

- 1 availability of employer subsidies, and other relevant
- 2 factors.
- 3 (Source: P.A. 94-693, eff. 7-1-06.)
- 4 Section 99. Effective date. This Act takes effect January
- 5 1, 2011.