



Sen. Graciela Guzmán

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1 AMENDMENT TO SENATE BILL 1847

2 AMENDMENT NO. \_\_\_\_\_. Amend Senate Bill 1847 by replacing  
3 everything after the enacting clause with the following:

4 "Section 5. The Illinois Public Aid Code is amended by  
5 changing Section 5-2 as follows:

6 (305 ILCS 5/5-2) (from Ch. 23, par. 5-2)

7 Sec. 5-2. Classes of persons eligible. Medical assistance  
8 under this Article shall be available to any of the following  
9 classes of persons in respect to whom a plan for coverage has  
10 been submitted to the Governor by the Illinois Department and  
11 approved by him. If changes made in this Section 5-2 require  
12 federal approval, they shall not take effect until such  
13 approval has been received:

14 1. Recipients of basic maintenance grants under  
15 Articles III and IV.

16 2. Beginning January 1, 2014, persons otherwise

1 eligible for basic maintenance under Article III,  
2 excluding any eligibility requirements that are  
3 inconsistent with any federal law or federal regulation,  
4 as interpreted by the U.S. Department of Health and Human  
5 Services, but who fail to qualify thereunder on the basis  
6 of need, and who have insufficient income and resources to  
7 meet the costs of necessary medical care, including, but  
8 not limited to, the following:

9 (a) All persons otherwise eligible for basic  
10 maintenance under Article III but who fail to qualify  
11 under that Article on the basis of need and who meet  
12 either of the following requirements:

13 (i) their income, as determined by the  
14 Illinois Department in accordance with any federal  
15 requirements, is equal to or less than 100% of the  
16 federal poverty level; or

17 (ii) their income, after the deduction of  
18 costs incurred for medical care and for other  
19 types of remedial care, is equal to or less than  
20 100% of the federal poverty level.

21 (b) (Blank).

22 3. (Blank).

23 4. Persons not eligible under any of the preceding  
24 paragraphs who fall sick, are injured, or die, not having  
25 sufficient money, property or other resources to meet the  
26 costs of necessary medical care or funeral and burial

1 expenses.

2 5.(a) Beginning January 1, 2020, individuals during  
3 pregnancy and during the 12-month period beginning on the  
4 last day of the pregnancy, together with their infants,  
5 whose income is at or below 200% of the federal poverty  
6 level. Until September 30, 2019, or sooner if the  
7 maintenance of effort requirements under the Patient  
8 Protection and Affordable Care Act are eliminated or may  
9 be waived before then, individuals during pregnancy and  
10 during the 12-month period beginning on the last day of  
11 the pregnancy, whose countable monthly income, after the  
12 deduction of costs incurred for medical care and for other  
13 types of remedial care as specified in administrative  
14 rule, is equal to or less than the Medical Assistance-No  
15 Grant(C) (MANG(C)) Income Standard in effect on April 1,  
16 2013 as set forth in administrative rule.

17 (b) The plan for coverage shall provide ambulatory  
18 prenatal care to pregnant individuals during a presumptive  
19 eligibility period and establish an income eligibility  
20 standard that is equal to 200% of the federal poverty  
21 level, provided that costs incurred for medical care are  
22 not taken into account in determining such income  
23 eligibility.

24 (c) The Illinois Department may conduct a  
25 demonstration in at least one county that will provide  
26 medical assistance to pregnant individuals together with

1 their infants and children up to one year of age, where the  
2 income eligibility standard is set up to 185% of the  
3 nonfarm income official poverty line, as defined by the  
4 federal Office of Management and Budget. The Illinois  
5 Department shall seek and obtain necessary authorization  
6 provided under federal law to implement such a  
7 demonstration. Such demonstration may establish resource  
8 standards that are not more restrictive than those  
9 established under Article IV of this Code.

10 6. (a) Subject to federal approval, children younger  
11 than age 19 when countable income is at or below 313% of  
12 the federal poverty level, as determined by the Department  
13 and in accordance with all applicable federal  
14 requirements. The Department is authorized to adopt  
15 emergency rules to implement the changes made to this  
16 paragraph by Public Act 102-43. Until September 30, 2019,  
17 or sooner if the maintenance of effort requirements under  
18 the Patient Protection and Affordable Care Act are  
19 eliminated or may be waived before then, children younger  
20 than age 19 whose countable monthly income, after the  
21 deduction of costs incurred for medical care and for other  
22 types of remedial care as specified in administrative  
23 rule, is equal to or less than the Medical Assistance-No  
24 Grant(C) (MANG(C)) Income Standard in effect on April 1,  
25 2013 as set forth in administrative rule.

26 (b) Children and youth who are under temporary custody

1 or guardianship of the Department of Children and Family  
2 Services or who receive financial assistance in support of  
3 an adoption or guardianship placement from the Department  
4 of Children and Family Services.

5 7. (Blank).

6 8. As required under federal law, persons who are  
7 eligible for Transitional Medical Assistance as a result  
8 of an increase in earnings or child or spousal support  
9 received. The plan for coverage for this class of persons  
10 shall:

11 (a) extend the medical assistance coverage to the  
12 extent required by federal law; and

13 (b) offer persons who have initially received 6  
14 months of the coverage provided in paragraph (a)  
15 above, the option of receiving an additional 6 months  
16 of coverage, subject to the following:

17 (i) such coverage shall be pursuant to  
18 provisions of the federal Social Security Act;

19 (ii) such coverage shall include all services  
20 covered under Illinois' State Medicaid Plan;

21 (iii) no premium shall be charged for such  
22 coverage; and

23 (iv) such coverage shall be suspended in the  
24 event of a person's failure without good cause to  
25 file in a timely fashion reports required for this  
26 coverage under the Social Security Act and

1 coverage shall be reinstated upon the filing of  
2 such reports if the person remains otherwise  
3 eligible.

4 9. Persons with acquired immunodeficiency syndrome  
5 (AIDS) or with AIDS-related conditions with respect to  
6 whom there has been a determination that but for home or  
7 community-based services such individuals would require  
8 the level of care provided in an inpatient hospital,  
9 skilled nursing facility or intermediate care facility the  
10 cost of which is reimbursed under this Article. Assistance  
11 shall be provided to such persons to the maximum extent  
12 permitted under Title XIX of the Federal Social Security  
13 Act.

14 10. Participants in the long-term care insurance  
15 partnership program established under the Illinois  
16 Long-Term Care Partnership Program Act who meet the  
17 qualifications for protection of resources described in  
18 Section 15 of that Act.

19 11. Persons with disabilities who are employed and  
20 eligible for Medicaid, pursuant to Section  
21 1902(a)(10)(A)(ii)(xv) of the Social Security Act, and,  
22 subject to federal approval, persons with a medically  
23 improved disability who are employed and eligible for  
24 Medicaid pursuant to Section 1902(a)(10)(A)(ii)(xvi) of  
25 the Social Security Act, as provided by the Illinois  
26 Department by rule. In establishing eligibility standards

1 under this paragraph 11, the Department shall, subject to  
2 federal approval:

3 (a) set the income eligibility standard at not  
4 lower than 450% ~~350%~~ of the federal poverty level;

5 (b) exempt retirement accounts that the person  
6 cannot access without penalty before the age of 59  
7 1/2, and medical savings accounts established pursuant  
8 to 26 U.S.C. 220;

9 (c) allow non-exempt assets up to \$25,000 as to  
10 those assets accumulated during periods of eligibility  
11 under this paragraph 11; and

12 (d) continue to apply subparagraphs (b) and (c) in  
13 determining the eligibility of the person under this  
14 Article even if the person loses eligibility under  
15 this paragraph 11.

16 12. Subject to federal approval, persons who are  
17 eligible for medical assistance coverage under applicable  
18 provisions of the federal Social Security Act and the  
19 federal Breast and Cervical Cancer Prevention and  
20 Treatment Act of 2000. Those eligible persons are defined  
21 to include, but not be limited to, the following persons:

22 (1) persons who have been screened for breast or  
23 cervical cancer under the U.S. Centers for Disease  
24 Control and Prevention Breast and Cervical Cancer  
25 Program established under Title XV of the federal  
26 Public Health Service Act in accordance with the

1 requirements of Section 1504 of that Act as  
2 administered by the Illinois Department of Public  
3 Health; and

4 (2) persons whose screenings under the above  
5 program were funded in whole or in part by funds  
6 appropriated to the Illinois Department of Public  
7 Health for breast or cervical cancer screening.

8 "Medical assistance" under this paragraph 12 shall be  
9 identical to the benefits provided under the State's  
10 approved plan under Title XIX of the Social Security Act.  
11 The Department must request federal approval of the  
12 coverage under this paragraph 12 within 30 days after July  
13 3, 2001 (the effective date of Public Act 92-47).

14 In addition to the persons who are eligible for  
15 medical assistance pursuant to subparagraphs (1) and (2)  
16 of this paragraph 12, and to be paid from funds  
17 appropriated to the Department for its medical programs,  
18 any uninsured person as defined by the Department in rules  
19 residing in Illinois who is younger than 65 years of age,  
20 who has been screened for breast and cervical cancer in  
21 accordance with standards and procedures adopted by the  
22 Department of Public Health for screening, and who is  
23 referred to the Department by the Department of Public  
24 Health as being in need of treatment for breast or  
25 cervical cancer is eligible for medical assistance  
26 benefits that are consistent with the benefits provided to

1 those persons described in subparagraphs (1) and (2).  
2 Medical assistance coverage for the persons who are  
3 eligible under the preceding sentence is not dependent on  
4 federal approval, but federal moneys may be used to pay  
5 for services provided under that coverage upon federal  
6 approval.

7 13. Subject to appropriation and to federal approval,  
8 persons living with HIV/AIDS who are not otherwise  
9 eligible under this Article and who qualify for services  
10 covered under Section 5-5.04 as provided by the Illinois  
11 Department by rule.

12 14. Subject to the availability of funds for this  
13 purpose, the Department may provide coverage under this  
14 Article to persons who

15 (a) reside in Illinois;

16 (b) are not eligible under any of the preceding  
17 paragraphs of this Section;

18 (c) meet the income guidelines of paragraph 2(a)  
19 of this Section; and

20 (d) meet one of the following conditions:

21 (i) have filed an application for asylum  
22 status under 8 U.S.C. 1158 that is pending with  
23 the appropriate federal agency or have a pending  
24 appeal of such an application before a court of  
25 competent jurisdiction and are represented either  
26 by counsel or by an advocate accredited by the

1 appropriate federal agency and employed by a  
2 not-for-profit organization in regard to that  
3 application or appeal;

4 (ii) are receiving services through a  
5 federally funded torture treatment center;

6 (iii) have filed a pending application for T  
7 nonimmigrant status pursuant to 8 U.S.C.  
8 1101(a)(15)(T);

9 (iv) have filed a pending application for U  
10 nonimmigrant status pursuant to 8 U.S.C.  
11 1101(a)(15)(U); or

12 (v) have filed as a derivative family member  
13 or are included in the application for item (i),  
14 (iii), or (iv) as provided by Department rule.

15 Medical coverage under this paragraph 14 may be  
16 provided for up to 24 continuous months from the initial  
17 eligibility date so long as an individual continues to  
18 satisfy the criteria of this paragraph 14. If an  
19 individual has an application or appeal pending regarding  
20 an application for asylum, T nonimmigrant status, or U  
21 nonimmigrant status before the appropriate federal agency  
22 for such applications or appeals, eligibility under this  
23 paragraph 14 may be extended until a final decision is  
24 rendered with respect to the application or appeal, except  
25 that an individual who is approved for a U visa continues  
26 to qualify for medical coverage under this paragraph 14 as

1 long as the individual meets all other eligibility  
2 criteria. The Department shall adopt rules governing the  
3 implementation of this paragraph 14.

4 15. Family Care Eligibility.

5 (a) On and after July 1, 2012, a parent or other  
6 caretaker relative who is 19 years of age or older when  
7 countable income is at or below 133% of the federal  
8 poverty level. A person may not spend down to become  
9 eligible under this paragraph 15.

10 (b) Eligibility shall be reviewed annually.

11 (c) (Blank).

12 (d) (Blank).

13 (e) (Blank).

14 (f) (Blank).

15 (g) (Blank).

16 (h) (Blank).

17 (i) Following termination of an individual's  
18 coverage under this paragraph 15, the individual must  
19 be determined eligible before the person can be  
20 re-enrolled.

21 16. Subject to appropriation, uninsured persons who  
22 are not otherwise eligible under this Section who have  
23 been certified and referred by the Department of Public  
24 Health as having been screened and found to need  
25 diagnostic evaluation or treatment, or both diagnostic  
26 evaluation and treatment, for prostate or testicular

1 cancer. For the purposes of this paragraph 16, uninsured  
2 persons are those who do not have creditable coverage, as  
3 defined under the Health Insurance Portability and  
4 Accountability Act, or have otherwise exhausted any  
5 insurance benefits they may have had, for prostate or  
6 testicular cancer diagnostic evaluation or treatment, or  
7 both diagnostic evaluation and treatment. To be eligible,  
8 a person must furnish a Social Security number. A person's  
9 assets are exempt from consideration in determining  
10 eligibility under this paragraph 16. Such persons shall be  
11 eligible for medical assistance under this paragraph 16  
12 for so long as they need treatment for the cancer. A person  
13 shall be considered to need treatment if, in the opinion  
14 of the person's treating physician, the person requires  
15 therapy directed toward cure or palliation of prostate or  
16 testicular cancer, including recurrent metastatic cancer  
17 that is a known or presumed complication of prostate or  
18 testicular cancer and complications resulting from the  
19 treatment modalities themselves. Persons who require only  
20 routine monitoring services are not considered to need  
21 treatment. "Medical assistance" under this paragraph 16  
22 shall be identical to the benefits provided under the  
23 State's approved plan under Title XIX of the Social  
24 Security Act. Notwithstanding any other provision of law,  
25 the Department (i) does not have a claim against the  
26 estate of a deceased recipient of services under this

1 paragraph 16 and (ii) does not have a lien against any  
2 homestead property or other legal or equitable real  
3 property interest owned by a recipient of services under  
4 this paragraph 16.

5 17. Persons who, pursuant to a waiver approved by the  
6 Secretary of the U.S. Department of Health and Human  
7 Services, are eligible for medical assistance under Title  
8 XIX or XXI of the federal Social Security Act.  
9 Notwithstanding any other provision of this Code and  
10 consistent with the terms of the approved waiver, the  
11 Illinois Department, may by rule:

12 (a) Limit the geographic areas in which the waiver  
13 program operates.

14 (b) Determine the scope, quantity, duration, and  
15 quality, and the rate and method of reimbursement, of  
16 the medical services to be provided, which may differ  
17 from those for other classes of persons eligible for  
18 assistance under this Article.

19 (c) Restrict the persons' freedom in choice of  
20 providers.

21 18. Beginning January 1, 2014, persons aged 19 or  
22 older, but younger than 65, who are not otherwise eligible  
23 for medical assistance under this Section 5-2, who qualify  
24 for medical assistance pursuant to 42 U.S.C.  
25 1396a(a)(10)(A)(i)(VIII) and applicable federal  
26 regulations, and who have income at or below 133% of the

1 federal poverty level plus 5% for the applicable family  
2 size as determined pursuant to 42 U.S.C. 1396a(e)(14) and  
3 applicable federal regulations. Persons eligible for  
4 medical assistance under this paragraph 18 shall receive  
5 coverage for the Health Benefits Service Package as that  
6 term is defined in subsection (m) of Section 5-1.1 of this  
7 Code. If Illinois' federal medical assistance percentage  
8 (FMAP) is reduced below 90% for persons eligible for  
9 medical assistance under this paragraph 18, eligibility  
10 under this paragraph 18 shall cease no later than the end  
11 of the third month following the month in which the  
12 reduction in FMAP takes effect.

13 19. Beginning January 1, 2014, as required under 42  
14 U.S.C. 1396a(a)(10)(A)(i)(IX), persons older than age 18  
15 and younger than age 26 who are not otherwise eligible for  
16 medical assistance under paragraphs (1) through (17) of  
17 this Section who (i) were in foster care under the  
18 responsibility of the State on the date of attaining age  
19 18 or on the date of attaining age 21 when a court has  
20 continued wardship for good cause as provided in Section  
21 2-31 of the Juvenile Court Act of 1987 and (ii) received  
22 medical assistance under the Illinois Title XIX State Plan  
23 or waiver of such plan while in foster care.

24 20. (Blank).

25 21. Persons who are not otherwise eligible for medical  
26 assistance under this Section who may qualify for medical

1 assistance pursuant to 42 U.S.C.  
2 1396a(a)(10)(A)(ii)(XXIII) and 42 U.S.C. 1396(ss) for the  
3 duration of any federal or State declared emergency due to  
4 COVID-19. Medical assistance to persons eligible for  
5 medical assistance solely pursuant to this paragraph 21  
6 shall be limited to any in vitro diagnostic product (and  
7 the administration of such product) described in 42 U.S.C.  
8 1396d(a)(3)(B) on or after March 18, 2020, any visit  
9 described in 42 U.S.C. 1396o(a)(2)(G), or any other  
10 medical assistance that may be federally authorized for  
11 this class of persons. The Department may also cover  
12 treatment of COVID-19 for this class of persons, or any  
13 similar category of uninsured individuals, to the extent  
14 authorized under a federally approved 1115 Waiver or other  
15 federal authority. Notwithstanding the provisions of  
16 Section 1-11 of this Code, due to the nature of the  
17 COVID-19 public health emergency, the Department may cover  
18 and provide the medical assistance described in this  
19 paragraph 21 to noncitizens who would otherwise meet the  
20 eligibility requirements for the class of persons  
21 described in this paragraph 21 for the duration of the  
22 State emergency period.

23 In implementing the provisions of Public Act 96-20, the  
24 Department is authorized to adopt only those rules necessary,  
25 including emergency rules. Nothing in Public Act 96-20 permits  
26 the Department to adopt rules or issue a decision that expands

1 eligibility for the FamilyCare Program to a person whose  
2 income exceeds 185% of the Federal Poverty Level as determined  
3 from time to time by the U.S. Department of Health and Human  
4 Services, unless the Department is provided with express  
5 statutory authority.

6 The eligibility of any such person for medical assistance  
7 under this Article is not affected by the payment of any grant  
8 under the Senior Citizens and Persons with Disabilities  
9 Property Tax Relief Act or any distributions or items of  
10 income described under subparagraph (X) of paragraph (2) of  
11 subsection (a) of Section 203 of the Illinois Income Tax Act.

12 The Department shall by rule establish the amounts of  
13 assets to be disregarded in determining eligibility for  
14 medical assistance, which shall at a minimum equal the amounts  
15 to be disregarded under the Federal Supplemental Security  
16 Income Program. The amount of assets of a single person to be  
17 disregarded shall not be less than \$2,000, and the amount of  
18 assets of a married couple to be disregarded shall not be less  
19 than \$3,000.

20 To the extent permitted under federal law, any person  
21 found guilty of a second violation of Article VIIIA shall be  
22 ineligible for medical assistance under this Article, as  
23 provided in Section 8A-8.

24 The eligibility of any person for medical assistance under  
25 this Article shall not be affected by the receipt by the person  
26 of donations or benefits from fundraisers held for the person

1 in cases of serious illness, as long as neither the person nor  
2 members of the person's family have actual control over the  
3 donations or benefits or the disbursement of the donations or  
4 benefits.

5 Notwithstanding any other provision of this Code, if the  
6 United States Supreme Court holds Title II, Subtitle A,  
7 Section 2001(a) of Public Law 111-148 to be unconstitutional,  
8 or if a holding of Public Law 111-148 makes Medicaid  
9 eligibility allowed under Section 2001(a) inoperable, the  
10 State or a unit of local government shall be prohibited from  
11 enrolling individuals in the Medical Assistance Program as the  
12 result of federal approval of a State Medicaid waiver on or  
13 after June 14, 2012 (the effective date of Public Act 97-687),  
14 and any individuals enrolled in the Medical Assistance Program  
15 pursuant to eligibility permitted as a result of such a State  
16 Medicaid waiver shall become immediately ineligible.

17 Notwithstanding any other provision of this Code, if an  
18 Act of Congress that becomes a Public Law eliminates Section  
19 2001(a) of Public Law 111-148, the State or a unit of local  
20 government shall be prohibited from enrolling individuals in  
21 the Medical Assistance Program as the result of federal  
22 approval of a State Medicaid waiver on or after June 14, 2012  
23 (the effective date of Public Act 97-687), and any individuals  
24 enrolled in the Medical Assistance Program pursuant to  
25 eligibility permitted as a result of such a State Medicaid  
26 waiver shall become immediately ineligible.

1           Effective October 1, 2013, the determination of  
2 eligibility of persons who qualify under paragraphs 5, 6, 8,  
3 15, 17, and 18 of this Section shall comply with the  
4 requirements of 42 U.S.C. 1396a(e)(14) and applicable federal  
5 regulations.

6           The Department of Healthcare and Family Services, the  
7 Department of Human Services, and the Illinois health  
8 insurance marketplace shall work cooperatively to assist  
9 persons who would otherwise lose health benefits as a result  
10 of changes made under Public Act 98-104 to transition to other  
11 health insurance coverage.

12           (Source: P.A. 104-9, eff. 1-1-26.)"