- 1 AN ACT concerning children's health.
- 2 Be it enacted by the People of the State of Illinois,
- 3 represented in the General Assembly:
- 4 Section 5. The Children's Health Insurance Program Act
- 5 is amended by changing Section 20 as follows:
- 6 (215 ILCS 106/20)
- 7 (Section scheduled to be repealed on July 1, 2003)
- 8 Sec. 20. Eligibility.
- 9 (a) To be eligible for this Program, a person must be a
- 10 person who has a child eligible under this Act and who is
- 11 eligible under a waiver of federal requirements pursuant to
- an application made pursuant to subdivision (a)(1) of Section
- 13 40 of this Act or who is a child who is:
- 14 (1) $\pm s$ a child who is not eligible for medical
- 15 assistance;
- 16 (2) $\pm s$ a child whose annual household income, as
- determined by the Department, is above 133% of the
- federal poverty level and at or below 185% of the federal
- 19 poverty level;
- 20 (3) is a resident of the State of Illinois; and
- 21 (4) is a child who is either a United States
- 22 citizen or included in one of the following categories of
- 23 non-citizens:
- 24 (A) unmarried dependent children of either a
- United States Veteran honorably discharged or a
- 26 person on active military duty;
- 27 (B) refugees under Section 207 of the
- 28 Immigration and Nationality Act;
- 29 (C) asylees under Section 208 of the
- 30 Immigration and Nationality Act;
- 31 (D) persons for whom deportation has been

- withheld under Section 243(h) of the Immigration and Nationality Act;
- 3 (E) persons granted conditional entry under 4 Section 203(a)(7) of the Immigration and Nationality 5 Act as in effect prior to April 1, 1980;
- (F) persons lawfully admitted for permanent residence under the Immigration and Nationality Act; and
- 9 (G) parolees, for at least one year, under
 10 Section 212(d)(5) of the Immigration and Nationality
 11 Act.
- Those children who are in the categories set forth in subdivisions (4)(F) and (4)(G) of this subsection, who enter the United States on or after August 22, 1996, shall not be eligible for 5 years beginning on the date the child entered the United States.
- (b) A child who is determined to be eligible for 17 assistance may remain eligible for 12 months, provided the 18 child maintains his or her residence in the State, has not 19 yet attained 19 years of age, and is not excluded pursuant to 20 subsection (c). A child who has been determined to be 21 22 eligible for assistance must reapply or otherwise establish 23 eligibility at least annually. An eligible child shall be required, as determined by the Department by rule, to report 24 25 promptly those changes in income and other circumstances that affect eligibility. The eligibility of a child may be 26 redetermined based on the information reported or may be 27 terminated based on the failure to report or failure to 28 29 report accurately. A child's responsible relative 30 caretaker may also be held liable to the Department for any payments made by the Department on such child's behalf that 31 were inappropriate. An applicant shall be provided with 32 33 notice of these obligations.
- 34 (c) A child shall not be eligible for coverage under

1 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. Re-enrollment shall be completed prior to the next covered medical visit and the first month's required premium shall be paid in advance of the next covered medical visit. The Department shall promulgate rules regarding grace periods, notice requirements, and hearing procedures pursuant to this subsection;
 - (2) the child is an inmate of a public institution or a patient in an institution for mental diseases; or
- (3) the child is a member of a family that is eligible for health benefits covered under the State of Illinois health benefits plan on the basis of a member's employment with a public agency.
- 21 (Source: P.A. 92-597, eff. 6-28-02.)