99TH GENERAL ASSEMBLY

State of Illinois

2015 and 2016

HB0880

by Rep. Michael J. Madigan

SYNOPSIS AS INTRODUCED:

215 ILCS 106/20

Amends the Children's Health Insurance Program Act. Makes a technical change in a Section concerning eligibility for the program.

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AN ACT concerning regulation.

2 Be it enacted by the People of the State of Illinois, 3 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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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 <u>and</u> 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 17 poverty level and at or below 200% of the federal poverty 18 level;

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(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:

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(A) unmarried dependent children of either a

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United States Veteran honorably discharged or a person
 on active military duty;

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

(C) asylees under Section 208 of the Immigration
 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;

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

16 (G) parolees, for at least one year, under Section
17 212(d)(5) of the Immigration and Nationality Act.

18 Those children who are in the categories set forth in 19 subdivisions (4)(F) and (4)(G) of this subsection, who enter 20 the United States on or after August 22, 1996, shall not be 21 eligible for 5 years beginning on the date the child entered 22 the United States.

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

13 (c) A child shall not be eligible for coverage under this 14 Program if:

15 (1) the premium required pursuant to Section 30 of this 16 Act has not been paid. If the required premiums are not 17 paid the liability of the Program shall be limited to benefits incurred under the Program for the time period for 18 19 which premiums had been paid. Re-enrollment shall be 20 completed prior to the next covered medical visit and the 21 first month's required premium shall be paid in advance of 22 the next covered medical visit. The Department shall 23 rules regarding promulgate grace periods, notice requirements, and hearing procedures pursuant to this 24 25 subsection:

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

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