



SPONSOR: Rep. Schooley & Sen. Blevins

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Schwartzkopf, Scott, B. Short, D. Short; Sens. Bushweller,  
Cloutier, Connor, Hall-Long, Peterson, Sorenson

HOUSE OF REPRESENTATIVES

145th GENERAL ASSEMBLY

HOUSE BILL NO. 139  
AS AMENDED BY  
HOUSE AMENDMENT NO. 1

AN ACT TO AMEND TITLE 16 OF THE DELAWARE CODE RELATING TO THE DELAWARE HEALTHY CHILDREN PROGRAM.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF DELAWARE:

Section 1. Amend Section 9909, Chapter 99, Title 16 of the Delaware Code by re-designating existing sections (j) through (p) as sections (k) through (q), and adding the following new section (j), which shall read as follows:

“(j) (1) The provision of health care insurance under CHIP shall be extended to eligible children under the age of nineteen (19) whose families have personal incomes above 200% of the Federal Poverty Level (FPL), as determined pursuant to 42 U.S.C. § 1397jj(c)(5).

(2) For an eligible child whose family income is greater than 200% of the FPL, the family may purchase a healthcare benefit package, determined by DHSS and subject to any necessary approval under federal law, that provides benefits identical to those provided to an eligible child covered under this section.

(3) To be eligible for coverage under CHIP where family income is greater than 200% of the FPL, a child over two (2) years of age must have been uninsured for a continuous period of not less than three (3) consecutive months immediately preceding enrollment in CHIP unless:

a. The child's parent is eligible to receive benefits pursuant to the State's unemployment compensation laws, as set forth in Title 19;

b. The child's parent was covered by a health insurance plan, a self-insurance plan or a self-funded plan and involuntarily lost coverage; or

c. A child is transferring from one government-subsidized health care program to another.

(4) DHSS shall have the authority to establish and adjust the levels of co-payments, premiums, and deductibles for children enrolled under this subsection for the purpose of ensuring that the State cost of the plan does not exceed funds specifically appropriated for purposes of this subsection.”

Section 2. This Act shall take effect on January 1, 2010. By December 1, 2009, the Secretary of Health and Social Services shall report to the Office of Management and Budget and the Controller General’s Office the co-payments, premiums, and deductibles to be charged under Section 1.