



Rep. Rick Ryan

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LRB104 15504 KTG 35786 a

1 AMENDMENT TO HOUSE BILL 4157

2 AMENDMENT NO. \_\_\_\_\_. Amend House Bill 4157 by replacing  
3 everything after the enacting clause with the following:

4 "Section 5. The Senior Citizens and Persons with  
5 Disabilities Property Tax Relief Act is amended by changing  
6 Section 4 as follows:

7 (320 ILCS 25/4) (from Ch. 67 1/2, par. 404)

8 Sec. 4. Amount of Grant.

9 (a) In general. Any individual 65 years or older or any  
10 individual who will become 65 years old during the calendar  
11 year in which a claim is filed, and any surviving spouse of  
12 such a claimant, who at the time of death received or was  
13 entitled to receive a grant pursuant to this Section, which  
14 surviving spouse will become 65 years of age within the 24  
15 months immediately following the death of such claimant and  
16 which surviving spouse but for his or her age is otherwise

1 qualified to receive a grant pursuant to this Section, and any  
2 person with a disability whose annual household income is less  
3 than the income eligibility limitation, as defined in  
4 subsection (a-5) and whose household is liable for payment of  
5 property taxes accrued or has paid rent constituting property  
6 taxes accrued and is domiciled in this State at the time he or  
7 she files his or her claim is entitled to claim a grant under  
8 this Act. With respect to claims filed by individuals who will  
9 become 65 years old during the calendar year in which a claim  
10 is filed, the amount of any grant to which that household is  
11 entitled shall be an amount equal to 1/12 of the amount to  
12 which the claimant would otherwise be entitled as provided in  
13 this Section, multiplied by the number of months in which the  
14 claimant was 65 in the calendar year in which the claim is  
15 filed.

16 (a-5) Income eligibility limitation. For purposes of this  
17 Section, "income eligibility limitation" means an amount for  
18 grant years 2027 and thereafter ~~2008 through 2019~~:

19 (1) less than \$50,000 ~~\$22,218~~ for a household  
20 containing one person;

21 (2) less than \$66,344 ~~\$29,480~~ for a household  
22 containing 2 persons; or

23 (3) less than \$82,683 ~~\$36,740~~ for a household  
24 containing 3 or more persons.

25 ~~For grant years 2020 and thereafter:~~

26 ~~(1) less than \$33,562 for a household containing~~

1 ~~one person;~~

2 ~~(2) less than \$44,533 for a household containing 2~~

3 ~~persons; or~~

4 ~~(3) less than \$55,500 for a household containing 3~~

5 ~~or more persons.~~

6 ~~For 2009 claim year applications submitted during calendar~~  
7 ~~year 2010, a household must have annual household income of~~  
8 ~~less than \$27,610 for a household containing one person; less~~  
9 ~~than \$36,635 for a household containing 2 persons; or less~~  
10 ~~than \$45,657 for a household containing 3 or more persons.~~

11 The income eligibility limitation amounts listed above  
12 shall be increased annually by an amount equal to the  
13 percentage increase, if any, in the consumer price index-u  
14 during the preceding 12-month calendar year. As used in this  
15 subsection, "consumer price index-u" means the index published  
16 by the Bureau of Labor Statistics of the United States  
17 Department of Labor that measures the average change in prices  
18 of goods and services purchased by all urban consumers, United  
19 States city average, all items, 1982-84 = 100. The new amount  
20 resulting from each annual adjustment shall be determined by  
21 the Comptroller and provided by the Comptroller to the  
22 Department on Aging. The Department on Aging shall determine  
23 the dates upon which the new adjusted amounts take effect and  
24 shall publish the annually adjusted amounts. ~~may adopt rules~~  
25 ~~such that on January 1, 2011, and thereafter, the foregoing~~  
26 ~~household income eligibility limits may be changed to reflect~~

1 ~~the annual cost of living adjustment in Social Security and~~  
2 ~~Supplemental Security Income benefits that are applicable to~~  
3 ~~the year for which those benefits are being reported as income~~  
4 ~~on an application.~~

5 If a person files as a surviving spouse, then only his or  
6 her income shall be counted in determining his or her  
7 household income.

8 (b) Limitation. Except as otherwise provided in  
9 subsections (a) and (f) of this Section, the maximum amount of  
10 grant which a claimant is entitled to claim is the amount by  
11 which the property taxes accrued which were paid or payable  
12 during the last preceding tax year or rent constituting  
13 property taxes accrued upon the claimant's residence for the  
14 last preceding taxable year exceeds 3 1/2% of the claimant's  
15 household income for that year but in no event is the grant to  
16 exceed (i) \$700 less 4.5% of household income for that year for  
17 those with a household income of \$14,000 or less or (ii) \$70 if  
18 household income for that year is more than \$14,000.

19 (c) Public aid recipients. If household income in one or  
20 more months during a year includes cash assistance in excess  
21 of \$55 per month from the Department of Healthcare and Family  
22 Services or the Department of Human Services (acting as  
23 successor to the Department of Public Aid under the Department  
24 of Human Services Act) which was determined under regulations  
25 of that Department on a measure of need that included an  
26 allowance for actual rent or property taxes paid by the

1 recipient of that assistance, the amount of grant to which  
2 that household is entitled, except as otherwise provided in  
3 subsection (a), shall be the product of (1) the maximum amount  
4 computed as specified in subsection (b) of this Section and  
5 (2) the ratio of the number of months in which household income  
6 did not include such cash assistance over \$55 to the number  
7 twelve. If household income did not include such cash  
8 assistance over \$55 for any months during the year, the amount  
9 of the grant to which the household is entitled shall be the  
10 maximum amount computed as specified in subsection (b) of this  
11 Section. For purposes of this paragraph (c), "cash assistance"  
12 does not include any amount received under the federal  
13 Supplemental Security Income (SSI) program.

14 (d) Joint ownership. If title to the residence is held  
15 jointly by the claimant with a person who is not a member of  
16 his or her household, the amount of property taxes accrued  
17 used in computing the amount of grant to which he or she is  
18 entitled shall be the same percentage of property taxes  
19 accrued as is the percentage of ownership held by the claimant  
20 in the residence.

21 (e) More than one residence. If a claimant has occupied  
22 more than one residence in the taxable year, he or she may  
23 claim only one residence for any part of a month. In the case  
24 of property taxes accrued, he or she shall prorate 1/12 of the  
25 total property taxes accrued on his or her residence to each  
26 month that he or she owned and occupied that residence; and, in

1 the case of rent constituting property taxes accrued, shall  
2 prorate each month's rent payments to the residence actually  
3 occupied during that month.

4 (f) (Blank).

5 (g) Effective January 1, 2006, there is hereby established  
6 a program of pharmaceutical assistance to the aged and to  
7 persons with disabilities, entitled the Illinois Seniors and  
8 Disabled Drug Coverage Program, which shall be administered by  
9 the Department of Healthcare and Family Services and the  
10 Department on Aging in accordance with this subsection, to  
11 consist of coverage of specified prescription drugs on behalf  
12 of beneficiaries of the program as set forth in this  
13 subsection. Notwithstanding any provisions of this Act to the  
14 contrary, on and after July 1, 2012, pharmaceutical assistance  
15 under this Act shall no longer be provided, and on July 1, 2012  
16 the Illinois Senior Citizens and Disabled Persons  
17 Pharmaceutical Assistance Program shall terminate. The  
18 following provisions that concern the Illinois Senior Citizens  
19 and Disabled Persons Pharmaceutical Assistance Program shall  
20 continue to apply on and after July 1, 2012 to the extent  
21 necessary to pursue any actions authorized by subsection (d)  
22 of Section 9 of this Act with respect to acts which took place  
23 prior to July 1, 2012.

24 To become a beneficiary under the program established  
25 under this subsection, a person must:

26 (1) be (i) 65 years of age or older or (ii) a person

1 with a disability; and

2 (2) be domiciled in this State; and

3 (3) enroll with a qualified Medicare Part D  
4 Prescription Drug Plan if eligible and apply for all  
5 available subsidies under Medicare Part D; and

6 (4) for the 2006 and 2007 claim years, have a maximum  
7 household income of (i) less than \$21,218 for a household  
8 containing one person, (ii) less than \$28,480 for a  
9 household containing 2 persons, or (iii) less than \$35,740  
10 for a household containing 3 or more persons; and

11 (5) for the 2008 claim year, have a maximum household  
12 income of (i) less than \$22,218 for a household containing  
13 one person, (ii) \$29,480 for a household containing 2  
14 persons, or (iii) \$36,740 for a household containing 3 or  
15 more persons; and

16 (6) for 2009 claim year applications submitted during  
17 calendar year 2010, have annual household income of less  
18 than (i) \$27,610 for a household containing one person;  
19 (ii) less than \$36,635 for a household containing 2  
20 persons; or (iii) less than \$45,657 for a household  
21 containing 3 or more persons; and

22 (7) as of September 1, 2011, have a maximum household  
23 income at or below 200% of the federal poverty level.

24 All individuals enrolled as of December 31, 2005, in the  
25 pharmaceutical assistance program operated pursuant to  
26 subsection (f) of this Section and all individuals enrolled as

1 of December 31, 2005, in the SeniorCare Medicaid waiver  
2 program operated pursuant to Section 5-5.12a of the Illinois  
3 Public Aid Code shall be automatically enrolled in the program  
4 established by this subsection for the first year of operation  
5 without the need for further application, except that they  
6 must apply for Medicare Part D and the Low Income Subsidy under  
7 Medicare Part D. A person enrolled in the pharmaceutical  
8 assistance program operated pursuant to subsection (f) of this  
9 Section as of December 31, 2005, shall not lose eligibility in  
10 future years due only to the fact that they have not reached  
11 the age of 65.

12 To the extent permitted by federal law, the Department may  
13 act as an authorized representative of a beneficiary in order  
14 to enroll the beneficiary in a Medicare Part D Prescription  
15 Drug Plan if the beneficiary has failed to choose a plan and,  
16 where possible, to enroll beneficiaries in the low-income  
17 subsidy program under Medicare Part D or assist them in  
18 enrolling in that program.

19 Beneficiaries under the program established under this  
20 subsection shall be divided into the following 4 eligibility  
21 groups:

22 (A) Eligibility Group 1 shall consist of beneficiaries  
23 who are not eligible for Medicare Part D coverage and who  
24 are:

25 (i) a person with a disability and under age 65; or

26 (ii) age 65 or older, with incomes over 200% of the

1 Federal Poverty Level; or

2 (iii) age 65 or older, with incomes at or below  
3 200% of the Federal Poverty Level and not eligible for  
4 federally funded means-tested benefits due to  
5 immigration status.

6 (B) Eligibility Group 2 shall consist of beneficiaries  
7 who are eligible for Medicare Part D coverage.

8 (C) Eligibility Group 3 shall consist of beneficiaries  
9 age 65 or older, with incomes at or below 200% of the  
10 Federal Poverty Level, who are not barred from receiving  
11 federally funded means-tested benefits due to immigration  
12 status and are not eligible for Medicare Part D coverage.

13 If the State applies and receives federal approval for  
14 a waiver under Title XIX of the Social Security Act,  
15 persons in Eligibility Group 3 shall continue to receive  
16 benefits through the approved waiver, and Eligibility  
17 Group 3 may be expanded to include persons with  
18 disabilities who are under age 65 with incomes under 200%  
19 of the Federal Poverty Level who are not eligible for  
20 Medicare and who are not barred from receiving federally  
21 funded means-tested benefits due to immigration status.

22 (D) Eligibility Group 4 shall consist of beneficiaries  
23 who are otherwise described in Eligibility Group 2 who  
24 have a diagnosis of HIV or AIDS.

25 The program established under this subsection shall cover  
26 the cost of covered prescription drugs in excess of the

1 beneficiary cost-sharing amounts set forth in this paragraph  
2 that are not covered by Medicare. The Department of Healthcare  
3 and Family Services may establish by emergency rule changes in  
4 cost-sharing necessary to conform the cost of the program to  
5 the amounts appropriated for State fiscal year 2012 and future  
6 fiscal years except that the 24-month limitation on the  
7 adoption of emergency rules and the provisions of Sections  
8 5-115 and 5-125 of the Illinois Administrative Procedure Act  
9 shall not apply to rules adopted under this subsection (g).  
10 The adoption of emergency rules authorized by this subsection  
11 (g) shall be deemed to be necessary for the public interest,  
12 safety, and welfare.

13 For purposes of the program established under this  
14 subsection, the term "covered prescription drug" has the  
15 following meanings:

16 For Eligibility Group 1, "covered prescription drug"  
17 means: (1) any cardiovascular agent or drug; (2) any  
18 insulin or other prescription drug used in the treatment  
19 of diabetes, including syringe and needles used to  
20 administer the insulin; (3) any prescription drug used in  
21 the treatment of arthritis; (4) any prescription drug used  
22 in the treatment of cancer; (5) any prescription drug used  
23 in the treatment of Alzheimer's disease; (6) any  
24 prescription drug used in the treatment of Parkinson's  
25 disease; (7) any prescription drug used in the treatment  
26 of glaucoma; (8) any prescription drug used in the

1 treatment of lung disease and smoking-related illnesses;  
2 (9) any prescription drug used in the treatment of  
3 osteoporosis; and (10) any prescription drug used in the  
4 treatment of multiple sclerosis. The Department may add  
5 additional therapeutic classes by rule. The Department may  
6 adopt a preferred drug list within any of the classes of  
7 drugs described in items (1) through (10) of this  
8 paragraph. The specific drugs or therapeutic classes of  
9 covered prescription drugs shall be indicated by rule.

10 For Eligibility Group 2, "covered prescription drug"  
11 means those drugs covered by the Medicare Part D  
12 Prescription Drug Plan in which the beneficiary is  
13 enrolled.

14 For Eligibility Group 3, "covered prescription drug"  
15 means those drugs covered by the Medical Assistance  
16 Program under Article V of the Illinois Public Aid Code.

17 For Eligibility Group 4, "covered prescription drug"  
18 means those drugs covered by the Medicare Part D  
19 Prescription Drug Plan in which the beneficiary is  
20 enrolled.

21 Any person otherwise eligible for pharmaceutical  
22 assistance under this subsection whose covered drugs are  
23 covered by any public program is ineligible for assistance  
24 under this subsection to the extent that the cost of those  
25 drugs is covered by the other program.

26 The Department of Healthcare and Family Services shall

1 establish by rule the methods by which it will provide for the  
2 coverage called for in this subsection. Those methods may  
3 include direct reimbursement to pharmacies or the payment of a  
4 capitated amount to Medicare Part D Prescription Drug Plans.

5 For a pharmacy to be reimbursed under the program  
6 established under this subsection, it must comply with rules  
7 adopted by the Department of Healthcare and Family Services  
8 regarding coordination of benefits with Medicare Part D  
9 Prescription Drug Plans. A pharmacy may not charge a  
10 Medicare-enrolled beneficiary of the program established under  
11 this subsection more for a covered prescription drug than the  
12 appropriate Medicare cost-sharing less any payment from or on  
13 behalf of the Department of Healthcare and Family Services.

14 The Department of Healthcare and Family Services or the  
15 Department on Aging, as appropriate, may adopt rules regarding  
16 applications, counting of income, proof of Medicare status,  
17 mandatory generic policies, and pharmacy reimbursement rates  
18 and any other rules necessary for the cost-efficient operation  
19 of the program established under this subsection.

20 (h) A qualified individual is not entitled to duplicate  
21 benefits in a coverage period as a result of the changes made  
22 by this amendatory Act of the 96th General Assembly.

23 (Source: P.A. 101-10, eff. 6-5-19.)".