



Rep. Rick Ryan

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LRB104 15504 RLC 36770 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 2008 through 2019:~~

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

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

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

25 For grant years 2020 through 2026 ~~and thereafter:~~

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

1 containing one person;

2 (B) ~~(2)~~ less than \$44,533 for a household  
3 containing 2 persons; or

4 (C) ~~(3)~~ less than \$55,500 for a household  
5 containing 3 or more persons.

6 For grant years 2027 and 2028, the income eligibility  
7 limitation amounts shall be increased by an amount equal to  
8 the percentage increase of the cost-of-living adjustment  
9 issued by the Social Security Administration. The Department  
10 on Aging shall determine the dates upon which the new adjusted  
11 amounts take effect and shall publish the adjusted amounts on  
12 its website.

13 ~~For 2009 claim year applications submitted during calendar~~  
14 ~~year 2010, a household must have annual household income of~~  
15 ~~less than \$27,610 for a household containing one person; less~~  
16 ~~than \$36,635 for a household containing 2 persons; or less~~  
17 ~~than \$45,657 for a household containing 3 or more persons.~~

18 ~~The Department on Aging may adopt rules such that on~~  
19 ~~January 1, 2011, and thereafter, the foregoing household~~  
20 ~~income eligibility limits may be changed to reflect the annual~~  
21 ~~cost of living adjustment in Social Security and Supplemental~~  
22 ~~Security Income benefits that are applicable to the year for~~  
23 ~~which those benefits are being reported as income on an~~  
24 ~~application.~~

25 If a person files as a surviving spouse, then only his or  
26 her income shall be counted in determining his or her

1 household income.

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

13 (c) Public aid recipients. If household income in one or  
14 more months during a year includes cash assistance in excess  
15 of \$55 per month from the Department of Healthcare and Family  
16 Services or the Department of Human Services (acting as  
17 successor to the Department of Public Aid under the Department  
18 of Human Services Act) which was determined under regulations  
19 of that Department on a measure of need that included an  
20 allowance for actual rent or property taxes paid by the  
21 recipient of that assistance, the amount of grant to which  
22 that household is entitled, except as otherwise provided in  
23 subsection (a), shall be the product of (1) the maximum amount  
24 computed as specified in subsection (b) of this Section and  
25 (2) the ratio of the number of months in which household income  
26 did not include such cash assistance over \$55 to the number

1 twelve. If household income did not include such cash  
2 assistance over \$55 for any months during the year, the amount  
3 of the grant to which the household is entitled shall be the  
4 maximum amount computed as specified in subsection (b) of this  
5 Section. For purposes of this paragraph (c), "cash assistance"  
6 does not include any amount received under the federal  
7 Supplemental Security Income (SSI) program.

8 (d) Joint ownership. If title to the residence is held  
9 jointly by the claimant with a person who is not a member of  
10 his or her household, the amount of property taxes accrued  
11 used in computing the amount of grant to which he or she is  
12 entitled shall be the same percentage of property taxes  
13 accrued as is the percentage of ownership held by the claimant  
14 in the residence.

15 (e) More than one residence. If a claimant has occupied  
16 more than one residence in the taxable year, he or she may  
17 claim only one residence for any part of a month. In the case  
18 of property taxes accrued, he or she shall prorate 1/12 of the  
19 total property taxes accrued on his or her residence to each  
20 month that he or she owned and occupied that residence; and, in  
21 the case of rent constituting property taxes accrued, shall  
22 prorate each month's rent payments to the residence actually  
23 occupied during that month.

24 (f) (Blank).

25 (g) Effective January 1, 2006, there is hereby established  
26 a program of pharmaceutical assistance to the aged and to

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

18 To become a beneficiary under the program established  
19 under this subsection, a person must:

20 (1) be (i) 65 years of age or older or (ii) a person  
21 with a disability; and

22 (2) be domiciled in this State; and

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

26 (4) for the 2006 and 2007 claim years, have a maximum

1 household income of (i) less than \$21,218 for a household  
2 containing one person, (ii) less than \$28,480 for a  
3 household containing 2 persons, or (iii) less than \$35,740  
4 for a household containing 3 or more persons; and

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

10 (6) for 2009 claim year applications submitted during  
11 calendar year 2010, have annual household income of less  
12 than (i) \$27,610 for a household containing one person;  
13 (ii) less than \$36,635 for a household containing 2  
14 persons; or (iii) less than \$45,657 for a household  
15 containing 3 or more persons; and

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

18 All individuals enrolled as of December 31, 2005, in the  
19 pharmaceutical assistance program operated pursuant to  
20 subsection (f) of this Section and all individuals enrolled as  
21 of December 31, 2005, in the SeniorCare Medicaid waiver  
22 program operated pursuant to Section 5-5.12a of the Illinois  
23 Public Aid Code shall be automatically enrolled in the program  
24 established by this subsection for the first year of operation  
25 without the need for further application, except that they  
26 must apply for Medicare Part D and the Low Income Subsidy under

1 Medicare Part D. A person enrolled in the pharmaceutical  
2 assistance program operated pursuant to subsection (f) of this  
3 Section as of December 31, 2005, shall not lose eligibility in  
4 future years due only to the fact that they have not reached  
5 the age of 65.

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

13 Beneficiaries under the program established under this  
14 subsection shall be divided into the following 4 eligibility  
15 groups:

16 (A) Eligibility Group 1 shall consist of beneficiaries  
17 who are not eligible for Medicare Part D coverage and who  
18 are:

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

20 (ii) age 65 or older, with incomes over 200% of the  
21 Federal Poverty Level; or

22 (iii) age 65 or older, with incomes at or below  
23 200% of the Federal Poverty Level and not eligible for  
24 federally funded means-tested benefits due to  
25 immigration status.

26 (B) Eligibility Group 2 shall consist of beneficiaries

1 who are eligible for Medicare Part D coverage.

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

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

16 (D) Eligibility Group 4 shall consist of beneficiaries  
17 who are otherwise described in Eligibility Group 2 who  
18 have a diagnosis of HIV or AIDS.

19 The program established under this subsection shall cover  
20 the cost of covered prescription drugs in excess of the  
21 beneficiary cost-sharing amounts set forth in this paragraph  
22 that are not covered by Medicare. The Department of Healthcare  
23 and Family Services may establish by emergency rule changes in  
24 cost-sharing necessary to conform the cost of the program to  
25 the amounts appropriated for State fiscal year 2012 and future  
26 fiscal years except that the 24-month limitation on the

1 adoption of emergency rules and the provisions of Sections  
2 5-115 and 5-125 of the Illinois Administrative Procedure Act  
3 shall not apply to rules adopted under this subsection (g).  
4 The adoption of emergency rules authorized by this subsection  
5 (g) shall be deemed to be necessary for the public interest,  
6 safety, and welfare.

7 For purposes of the program established under this  
8 subsection, the term "covered prescription drug" has the  
9 following meanings:

10 For Eligibility Group 1, "covered prescription drug"  
11 means: (1) any cardiovascular agent or drug; (2) any  
12 insulin or other prescription drug used in the treatment  
13 of diabetes, including syringe and needles used to  
14 administer the insulin; (3) any prescription drug used in  
15 the treatment of arthritis; (4) any prescription drug used  
16 in the treatment of cancer; (5) any prescription drug used  
17 in the treatment of Alzheimer's disease; (6) any  
18 prescription drug used in the treatment of Parkinson's  
19 disease; (7) any prescription drug used in the treatment  
20 of glaucoma; (8) any prescription drug used in the  
21 treatment of lung disease and smoking-related illnesses;  
22 (9) any prescription drug used in the treatment of  
23 osteoporosis; and (10) any prescription drug used in the  
24 treatment of multiple sclerosis. The Department may add  
25 additional therapeutic classes by rule. The Department may  
26 adopt a preferred drug list within any of the classes of

1 drugs described in items (1) through (10) of this  
2 paragraph. The specific drugs or therapeutic classes of  
3 covered prescription drugs shall be indicated by rule.

4 For Eligibility Group 2, "covered prescription drug"  
5 means those drugs covered by the Medicare Part D  
6 Prescription Drug Plan in which the beneficiary is  
7 enrolled.

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

11 For Eligibility Group 4, "covered prescription drug"  
12 means those drugs covered by the Medicare Part D  
13 Prescription Drug Plan in which the beneficiary is  
14 enrolled.

15 Any person otherwise eligible for pharmaceutical  
16 assistance under this subsection whose covered drugs are  
17 covered by any public program is ineligible for assistance  
18 under this subsection to the extent that the cost of those  
19 drugs is covered by the other program.

20 The Department of Healthcare and Family Services shall  
21 establish by rule the methods by which it will provide for the  
22 coverage called for in this subsection. Those methods may  
23 include direct reimbursement to pharmacies or the payment of a  
24 capitated amount to Medicare Part D Prescription Drug Plans.

25 For a pharmacy to be reimbursed under the program  
26 established under this subsection, it must comply with rules

1 adopted by the Department of Healthcare and Family Services  
2 regarding coordination of benefits with Medicare Part D  
3 Prescription Drug Plans. A pharmacy may not charge a  
4 Medicare-enrolled beneficiary of the program established under  
5 this subsection more for a covered prescription drug than the  
6 appropriate Medicare cost-sharing less any payment from or on  
7 behalf of the Department of Healthcare and Family Services.

8 The Department of Healthcare and Family Services or the  
9 Department on Aging, as appropriate, may adopt rules regarding  
10 applications, counting of income, proof of Medicare status,  
11 mandatory generic policies, and pharmacy reimbursement rates  
12 and any other rules necessary for the cost-efficient operation  
13 of the program established under this subsection.

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

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