

SB1282



104TH GENERAL ASSEMBLY

State of Illinois

2025 and 2026

SB1282

Introduced 1/28/2025, by Sen. Donald P. DeWitte

SYNOPSIS AS INTRODUCED:

320 ILCS 25/4

from Ch. 67 1/2, par. 404

Amends the Senior Citizens and Persons with Disabilities Property Tax Relief Act. In a provision setting forth the specified household income eligibility limits used to determine eligibility for reduced vehicle registration fees and free transit services, provides that the Department on Aging shall (rather than may) adopt rules such that on January 1, 2026, and thereafter, the specified household income eligibility limits shall be changed to reflect the annual cost of living adjustment in Social Security and Supplemental Security Income benefits.

LRB104 05810 KTG 15841 b

A BILL FOR

1 AN ACT concerning aging.

2 **Be it enacted by the People of the State of Illinois,**
3 **represented in the General Assembly:**

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
17 qualified to receive a grant pursuant to this Section, and any
18 person with a disability whose annual household income is less
19 than the income eligibility limitation, as defined in
20 subsection (a-5) and whose household is liable for payment of
21 property taxes accrued or has paid rent constituting property
22 taxes accrued and is domiciled in this State at the time he or
23 she files his or her claim is entitled to claim a grant under

1 this Act. With respect to claims filed by individuals who will
2 become 65 years old during the calendar year in which a claim
3 is filed, the amount of any grant to which that household is
4 entitled shall be an amount equal to 1/12 of the amount to
5 which the claimant would otherwise be entitled as provided in
6 this Section, multiplied by the number of months in which the
7 claimant was 65 in the calendar year in which the claim is
8 filed.

9 (a-5) Income eligibility limitation. For purposes of this
10 Section, "income eligibility limitation" means an amount for
11 grant years 2008 through 2019:

12 (1) less than \$22,218 for a household containing one
13 person;

14 (2) less than \$29,480 for a household containing 2
15 persons; or

16 (3) less than \$36,740 for a household containing 3 or
17 more persons.

18 For grant years 2020 and thereafter:

19 (1) less than \$33,562 for a household containing one
20 person;

21 (2) less than \$44,533 for a household containing 2
22 persons; or

23 (3) less than \$55,500 for a household containing 3 or
24 more persons.

25 For 2009 claim year applications submitted during calendar
26 year 2010, a household must have annual household income of

1 less than \$27,610 for a household containing one person; less
2 than \$36,635 for a household containing 2 persons; or less
3 than \$45,657 for a household containing 3 or more persons.

4 The Department on Aging shall ~~may~~ adopt rules such that on
5 January 1, 2026 ~~2011~~, and thereafter, the foregoing household
6 income eligibility limits shall ~~may~~ be changed to reflect the
7 annual cost of living adjustment in Social Security and
8 Supplemental Security Income benefits that are applicable to
9 the year for which those benefits are being reported as income
10 on an application.

11 If a person files as a surviving spouse, then only his or
12 her income shall be counted in determining his or her
13 household income.

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

25 (c) Public aid recipients. If household income in one or
26 more months during a year includes cash assistance in excess

1 of \$55 per month from the Department of Healthcare and Family
2 Services or the Department of Human Services (acting as
3 successor to the Department of Public Aid under the Department
4 of Human Services Act) which was determined under regulations
5 of that Department on a measure of need that included an
6 allowance for actual rent or property taxes paid by the
7 recipient of that assistance, the amount of grant to which
8 that household is entitled, except as otherwise provided in
9 subsection (a), shall be the product of (1) the maximum amount
10 computed as specified in subsection (b) of this Section and
11 (2) the ratio of the number of months in which household income
12 did not include such cash assistance over \$55 to the number
13 twelve. If household income did not include such cash
14 assistance over \$55 for any months during the year, the amount
15 of the grant to which the household is entitled shall be the
16 maximum amount computed as specified in subsection (b) of this
17 Section. For purposes of this paragraph (c), "cash assistance"
18 does not include any amount received under the federal
19 Supplemental Security Income (SSI) program.

20 (d) Joint ownership. If title to the residence is held
21 jointly by the claimant with a person who is not a member of
22 his or her household, the amount of property taxes accrued
23 used in computing the amount of grant to which he or she is
24 entitled shall be the same percentage of property taxes
25 accrued as is the percentage of ownership held by the claimant
26 in the residence.

1 (e) More than one residence. If a claimant has occupied
2 more than one residence in the taxable year, he or she may
3 claim only one residence for any part of a month. In the case
4 of property taxes accrued, he or she shall prorate 1/12 of the
5 total property taxes accrued on his or her residence to each
6 month that he or she owned and occupied that residence; and, in
7 the case of rent constituting property taxes accrued, shall
8 prorate each month's rent payments to the residence actually
9 occupied during that month.

10 (f) (Blank).

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

1 necessary to pursue any actions authorized by subsection (d)
2 of Section 9 of this Act with respect to acts which took place
3 prior to July 1, 2012.

4 To become a beneficiary under the program established
5 under this subsection, a person must:

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

8 (2) be domiciled in this State; and

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

12 (4) for the 2006 and 2007 claim years, have a maximum
13 household income of (i) less than \$21,218 for a household
14 containing one person, (ii) less than \$28,480 for a
15 household containing 2 persons, or (iii) less than \$35,740
16 for a household containing 3 or more persons; and

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

22 (6) for 2009 claim year applications submitted during
23 calendar year 2010, have annual household income of less
24 than (i) \$27,610 for a household containing one person;
25 (ii) less than \$36,635 for a household containing 2
26 persons; or (iii) less than \$45,657 for a household

1 containing 3 or more persons; and

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

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

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

25 Beneficiaries under the program established under this
26 subsection shall be divided into the following 4 eligibility

1 groups:

2 (A) Eligibility Group 1 shall consist of beneficiaries
3 who are not eligible for Medicare Part D coverage and who
4 are:

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

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

8 (iii) age 65 or older, with incomes at or below
9 200% of the Federal Poverty Level and not eligible for
10 federally funded means-tested benefits due to
11 immigration status.

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

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

19 If the State applies and receives federal approval for
20 a waiver under Title XIX of the Social Security Act,
21 persons in Eligibility Group 3 shall continue to receive
22 benefits through the approved waiver, and Eligibility
23 Group 3 may be expanded to include persons with
24 disabilities who are under age 65 with incomes under 200%
25 of the Federal Poverty Level who are not eligible for
26 Medicare and who are not barred from receiving federally

1 funded means-tested benefits due to immigration status.

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

5 The program established under this subsection shall cover
6 the cost of covered prescription drugs in excess of the
7 beneficiary cost-sharing amounts set forth in this paragraph
8 that are not covered by Medicare. The Department of Healthcare
9 and Family Services may establish by emergency rule changes in
10 cost-sharing necessary to conform the cost of the program to
11 the amounts appropriated for State fiscal year 2012 and future
12 fiscal years except that the 24-month limitation on the
13 adoption of emergency rules and the provisions of Sections
14 5-115 and 5-125 of the Illinois Administrative Procedure Act
15 shall not apply to rules adopted under this subsection (g).
16 The adoption of emergency rules authorized by this subsection
17 (g) shall be deemed to be necessary for the public interest,
18 safety, and welfare.

19 For purposes of the program established under this
20 subsection, the term "covered prescription drug" has the
21 following meanings:

22 For Eligibility Group 1, "covered prescription drug"
23 means: (1) any cardiovascular agent or drug; (2) any
24 insulin or other prescription drug used in the treatment
25 of diabetes, including syringe and needles used to
26 administer the insulin; (3) any prescription drug used in

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

16 For Eligibility Group 2, "covered prescription drug"
17 means those drugs covered by the Medicare Part D
18 Prescription Drug Plan in which the beneficiary is
19 enrolled.

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

23 For Eligibility Group 4, "covered prescription drug"
24 means those drugs covered by the Medicare Part D
25 Prescription Drug Plan in which the beneficiary is
26 enrolled.

1 Any person otherwise eligible for pharmaceutical
2 assistance under this subsection whose covered drugs are
3 covered by any public program is ineligible for assistance
4 under this subsection to the extent that the cost of those
5 drugs is covered by the other program.

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

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

20 The Department of Healthcare and Family Services or the
21 Department on Aging, as appropriate, may adopt rules regarding
22 applications, counting of income, proof of Medicare status,
23 mandatory generic policies, and pharmacy reimbursement rates
24 and any other rules necessary for the cost-efficient operation
25 of the program established under this subsection.

26 (h) A qualified individual is not entitled to duplicate

1 benefits in a coverage period as a result of the changes made
2 by this amendatory Act of the 96th General Assembly.

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