

HB3462



103RD GENERAL ASSEMBLY

State of Illinois

2023 and 2024

HB3462

Introduced 2/17/2023, by Rep. Tim Ozinga

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. Changes the income eligibility levels for programs that use the income limits in the Act for eligibility determinations.

LRB103 29840 KTG 56248 b

A BILL FOR

1 AN ACT concerning eligibility for certain benefits.

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:

11 (1) for applications that are based on the
12 applicant's household income in an amount for grant years
13 2008 through 2019:

14 (A) ~~(1)~~ less than \$22,218 for a household
15 containing one person;

16 (B) ~~(2)~~ less than \$29,480 for a household
17 containing 2 persons; or

18 (C) ~~(3)~~ less than \$36,740 for a household
19 containing 3 or more persons.

20 (2) for applications that are based on the applicant's
21 household income in years 2020 through 2023: ~~For grant~~
22 ~~years 2020 and thereafter:~~

23 (A) ~~(1)~~ less than \$33,562 for a household
24 containing one person;

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

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

3 (3) for applications that are based on the applicant's
4 household income in years 2024 and thereafter:

5 (A) less than \$43,562 for a household containing
6 one person;

7 (B) less than \$54,533 for a household containing 2
8 persons; or

9 (C) less than \$65,500 for a household containing 3
10 or more persons.

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

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

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

26 (b) Limitation. Except as otherwise provided in

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

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

1 of the grant to which the household is entitled shall be the
2 maximum amount computed as specified in subsection (b) of this
3 Section. For purposes of this paragraph (c), "cash assistance"
4 does not include any amount received under the federal
5 Supplemental Security Income (SSI) program.

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

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

22 (f) (Blank).

23 (g) Effective January 1, 2006, there is hereby established
24 a program of pharmaceutical assistance to the aged and to
25 persons with disabilities, entitled the Illinois Seniors and
26 Disabled Drug Coverage Program, which shall be administered by

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

16 To become a beneficiary under the program established
17 under this subsection, a person must:

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

20 (2) be domiciled in this State; and

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

24 (4) for the 2006 and 2007 claim years, have a maximum
25 household income of (i) less than \$21,218 for a household
26 containing one person, (ii) less than \$28,480 for a

1 household containing 2 persons, or (iii) less than \$35,740
2 for a household containing 3 or more persons; and

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

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

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

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

1 Section as of December 31, 2005, shall not lose eligibility in
2 future years due only to the fact that they have not reached
3 the age of 65.

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

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

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

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

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

20 (iii) age 65 or older, with incomes at or below
21 200% of the Federal Poverty Level and not eligible for
22 federally funded means-tested benefits due to
23 immigration status.

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

26 (C) Eligibility Group 3 shall consist of beneficiaries

1 age 65 or older, with incomes at or below 200% of the
2 Federal Poverty Level, who are not barred from receiving
3 federally funded means-tested benefits due to immigration
4 status and are not eligible for Medicare Part D coverage.

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

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

17 The program established under this subsection shall cover
18 the cost of covered prescription drugs in excess of the
19 beneficiary cost-sharing amounts set forth in this paragraph
20 that are not covered by Medicare. The Department of Healthcare
21 and Family Services may establish by emergency rule changes in
22 cost-sharing necessary to conform the cost of the program to
23 the amounts appropriated for State fiscal year 2012 and future
24 fiscal years except that the 24-month limitation on the
25 adoption of emergency rules and the provisions of Sections
26 5-115 and 5-125 of the Illinois Administrative Procedure Act

1 shall not apply to rules adopted under this subsection (g).
2 The adoption of emergency rules authorized by this subsection
3 (g) shall be deemed to be necessary for the public interest,
4 safety, and welfare.

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

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

1 covered prescription drugs shall be indicated by rule.

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

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

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

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

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

23 For a pharmacy to be reimbursed under the program
24 established under this subsection, it must comply with rules
25 adopted by the Department of Healthcare and Family Services
26 regarding coordination of benefits with Medicare Part D

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

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

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

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