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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 Department of Public Health Powers and 5 Duties Law of the Civil Administrative Code of Illinois is 6 amended by changing Section 2310-315 as follows:

7 (20 ILCS 2310/2310-315) (was 20 ILCS 2310/55.41)

8 Sec. 2310-315. Prevention and treatment of AIDS. To perform 9 the following in relation to the prevention and treatment of 10 acquired immunodeficiency syndrome (AIDS):

(1) Establish a State AIDS Control Unit within the Department as a separate administrative subdivision, to coordinate all State programs and services relating to the prevention, treatment, and amelioration of AIDS.

15 (2) Conduct a public information campaign for physicians, hospitals, health facilities, public health departments, law 16 17 enforcement personnel, public employees, laboratories, and the 18 general public on acquired immunodeficiency syndrome (AIDS) 19 and promote necessary measures to reduce the incidence of AIDS 20 and the mortality from AIDS. This program shall include, but 21 not be limited to, the establishment of a statewide hotline and 22 a State AIDS information clearinghouse that will provide 23 periodic reports and releases to public officials, health professionals, community service organizations, and the 24 25 public regarding new developments or procedures general 26 concerning prevention and treatment of AIDS.

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(3) (Blank).

(4) Establish alternative blood test services that are not
operated by a blood bank, plasma center or hospital. The
Department shall prescribe by rule minimum criteria, standards
and procedures for the establishment and operation of such
services, which shall include, but not be limited to

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1 requirements for the provision of information, counseling and 2 referral services that ensure appropriate counseling and 3 referral for persons whose blood is tested and shows evidence 4 of exposure to the human immunodeficiency virus (HIV) or other 5 identified causative agent of acquired immunodeficiency 6 syndrome (AIDS).

7 (5) Establish regional and community service networks of
8 public and private service providers or health care
9 professionals who may be involved in AIDS research, prevention
10 and treatment.

11 (6) Provide grants to individuals, organizations or 12 facilities to support the following:

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(A) Information, referral, and treatment services.

14 (B) Interdisciplinary workshops for professionals15 involved in research and treatment.

16 (C) Establishment and operation of a statewide 17 hotline.

18 (D) Establishment and operation of alternative testing19 services.

20 (E) Research into detection, prevention, and21 treatment.

(F) Supplementation of other public and privateresources.

(G) Implementation by long-term care facilities of
Department standards and procedures for the care and
treatment of persons with AIDS and the development of
adequate numbers and types of placements for those persons.
(7) (Blank).

(8) Accept any gift, donation, bequest, or grant of funds
from private or public agencies, including federal funds that
may be provided for AIDS control efforts.

32 (9) Develop and implement, in consultation with the Care Facility Advisory Board, 33 Long-Term standards and 34 procedures for long-term care facilities that provide care and 35 treatment of persons with AIDS, including appropriate infection control procedures. 36 The Department shall work HB4302 Engrossed - 3 - LRB094 15774 DRJ 50989 b

cooperatively with organizations representing those facilities
 to develop adequate numbers and types of placements for persons
 with AIDS and shall advise those facilities on proper
 implementation of its standards and procedures.

5 (10) The Department shall create and administer a training 6 program for State employees who have a need for understanding matters relating to AIDS in order to deal with or advise the 7 public. The training shall include information on the cause and 8 9 effects of AIDS, the means of detecting it and preventing its transmission, the availability of related counseling and 10 11 referral, and other matters that may be appropriate. The 12 training may also be made available to employees of local governments, public service agencies, and private agencies 13 that contract with the State; in those cases the Department may 14 15 charge a reasonable fee to recover the cost of the training.

16 (11) Approve tests or testing procedures used in 17 determining exposure to HIV or any other identified causative 18 agent of AIDS.

19 <u>(12) Provide prescription drug benefits counseling for</u> 20 <u>persons with HIV or AIDS.</u> 21 (Source: P.A. 91-239, eff. 1-1-00; 92-84, eff. 7-1-02; 92-790, 22 eff. 8-6-02.)

23 Section 10. The Senior Citizens and Disabled Persons 24 Property Tax Relief and Pharmaceutical Assistance Act is 25 amended by changing Section 4 as follows:

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

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Sec. 4. Amount of Grant.

(a) In general. Any individual 65 years or older or any
individual who will become 65 years old during the calendar
year in which a claim is filed, and any surviving spouse of
such a claimant, who at the time of death received or was
entitled to receive a grant pursuant to this Section, which
surviving spouse will become 65 years of age within the 24
months immediately following the death of such claimant and

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1 which surviving spouse but for his or her age is otherwise 2 qualified to receive a grant pursuant to this Section, and any 3 disabled person whose annual household income is less than 4 \$14,000 for grant years before the 1998 grant year, less than 5 \$16,000 for the 1998 and 1999 grant years, and less than (i) 6 \$21,218 for a household containing one person, (ii) \$28,480 for a household containing 2 persons, or (iii) \$35,740 for a 7 8 household containing 3 or more persons for the 2000 grant year 9 and thereafter and whose household is liable for payment of 10 property taxes accrued or has paid rent constituting property 11 taxes accrued and is domiciled in this State at the time he or 12 she files his or her claim is entitled to claim a grant under 13 this Act. With respect to claims filed by individuals who will become 65 years old during the calendar year in which a claim 14 15 is filed, the amount of any grant to which that household is 16 entitled shall be an amount equal to 1/12 of the amount to 17 which the claimant would otherwise be entitled as provided in this Section, multiplied by the number of months in which the 18 19 claimant was 65 in the calendar year in which the claim is 20 filed.

Limitation. Except otherwise 21 (b) as provided in subsections (a) and (f) of this Section, the maximum amount of 22 23 grant which a claimant is entitled to claim is the amount by which the property taxes accrued which were paid or payable 24 25 during the last preceding tax year or rent constituting 26 property taxes accrued upon the claimant's residence for the 27 last preceding taxable year exceeds 3 1/2% of the claimant's 28 household income for that year but in no event is the grant to exceed (i) \$700 less 4.5% of household income for that year for 29 30 those with a household income of \$14,000 or less or (ii) \$70 if 31 household income for that year is more than \$14,000.

(c) Public aid recipients. If household income in one or
 more months during a year includes cash assistance in excess of
 \$55 per month from the Department of <u>Healthcare and Family</u>
 <u>Services Public Aid</u> or the Department of Human Services (acting
 as successor to the Department of Public Aid under the

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

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

(e) More than one residence. If a claimant has occupied 24 25 more than one residence in the taxable year, he or she may 26 claim only one residence for any part of a month. In the case 27 of property taxes accrued, he or she shall prorate 1/12 of the 28 total property taxes accrued on his or her residence to each 29 month that he or she owned and occupied that residence; and, in 30 the case of rent constituting property taxes accrued, shall 31 prorate each month's rent payments to the residence actually 32 occupied during that month.

(f) There is hereby established a program of pharmaceutical assistance to the aged and disabled which shall be administered by the Department in accordance with this Act, to consist of payments to authorized pharmacies, on behalf of beneficiaries HB4302 Engrossed - 6 - LRB094 15774 DRJ 50989 b

1 the program, for the reasonable costs of covered of 2 prescription drugs. Each beneficiary who pays \$5 for an 3 identification card shall pay no additional prescription 4 costs. Each beneficiary who pays \$25 for an identification card 5 shall pay \$3 per prescription. In addition, after a beneficiary 6 receives \$2,000 in benefits during a State fiscal year, that 7 beneficiary shall also be charged 20% of the cost of each 8 prescription for which payments are made by the program during the remainder of the fiscal year. To become a beneficiary under 9 10 this program a person must: (1) be (i) 65 years of age or 11 older, or (ii) the surviving spouse of such a claimant, who at 12 the time of death received or was entitled to receive benefits 13 pursuant to this subsection, which surviving spouse will become 14 65 years of age within the 24 months immediately following the 15 death of such claimant and which surviving spouse but for his 16 or her age is otherwise qualified to receive benefits pursuant 17 to this subsection, or (iii) disabled, and (2) be domiciled in this State at the time he or she files his or her claim, and (3) 18 19 have a maximum household income of less than \$14,000 for grant 20 years before the 1998 grant year, less than \$16,000 for the 1998 and 1999 grant years, and less than (i) \$21,218 for a 21 22 household containing one person, (ii) \$28,480 for a household 23 containing 2 persons, or (iii) \$35,740 for a household 24 containing 3 more persons for the 2000 grant year and thereafter. In addition, each eligible person must (1) obtain 25 26 an identification card from the Department, (2) at the time the 27 card is obtained, sign a statement assigning to the State of 28 Illinois benefits which may be otherwise claimed under any 29 private insurance plans, and (3) present the identification 30 card to the dispensing pharmacist.

31 The Department may adopt rules specifying participation 32 requirements for the pharmaceutical assistance program, amounts, identification card 33 including copayment fees, expenditure limits, and the benefit threshold after which a 20% 34 35 charge is imposed on the cost of each prescription, to be in effect on and after July 1, 2004. Notwithstanding any other 36

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1 provision of this paragraph, however, the Department may not 2 increase the identification card fee above the amount in effect on May 1, 2003 without the express consent of the General 3 Assembly. To the extent practicable, those requirements shall 4 5 be commensurate with the requirements provided in rules adopted by the Department of <u>Healthcare and Family Services</u> Public Aid 6 to implement the pharmacy assistance program under Section 7 8 5-5.12a of the Illinois Public Aid Code.

Whenever a generic equivalent for a covered prescription 9 10 drug is available, the Department shall reimburse only for the 11 reasonable costs of the generic equivalent, less the co-pay 12 established in this Section, unless (i) the covered prescription drug contains one or more ingredients defined as a 13 narrow therapeutic index drug at 21 CFR 320.33, (ii) the 14 15 prescriber indicates on the face of the prescription "brand 16 medically necessary", and (iii) the prescriber specifies that a 17 substitution is not permitted. When issuing an oral prescription for covered prescription medication described in 18 19 item (i) of this paragraph, the prescriber shall stipulate 20 "brand medically necessary" and that a substitution is not permitted. If the covered prescription drug and its authorizing 21 22 prescription do not meet the criteria listed above, the 23 beneficiary may purchase the non-generic equivalent of the covered prescription drug by paying the difference between the 24 25 generic cost and the non-generic cost plus the beneficiary 26 co-pay.

27 Any person otherwise eligible for pharmaceutical 28 assistance under this Act whose covered drugs are covered by 29 any public program for assistance in purchasing any covered 30 prescription drugs shall be ineligible for assistance under this Act to the extent such costs are covered by such other 31 32 plan.

33 The fee to be charged by the Department for the 34 identification card shall be equal to \$5 per coverage year for 35 persons below the official poverty line as defined by the 36 United States Department of Health and Human Services and \$25

1 per coverage year for all other persons.

2 In the event that 2 or more persons are eligible for any benefit under this Act, and are members of the same household, 3 (1) each such person shall be entitled to participate in the 4 5 pharmaceutical assistance program, provided that he or she 6 meets all other requirements imposed by this subsection and (2) each participating household member contributes the fee 7 required for that person by the preceding paragraph for the 8 9 purpose of obtaining an identification card.

10 The provisions of this subsection (f), other than this 11 paragraph, are inoperative after December 31, 2005. 12 Beneficiaries who received benefits under the program 13 established by this subsection (f) are not entitled, at the termination of the program, to any refund of the identification 14 card fee paid under this subsection. 15

16 (g) Effective January 1, 2006, there is hereby established 17 a program of pharmaceutical assistance to the aged and disabled, entitled the Illinois Seniors and Disabled Drug 18 19 Coverage Program, which shall be administered by the Department 20 of Healthcare and Family Services and the Department on Aging in accordance with this subsection, to consist of coverage of 21 specified prescription drugs on behalf of beneficiaries of the 22 23 program as set forth in this subsection. The program under this subsection replaces and supersedes the program established 24 under subsection (f), which shall end at midnight on December 25 31, 2005. 26

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

29 (1) be (i) 65 years of age or older or (ii) disabled;
30 and

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(2) be domiciled in this State; and

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

35 (4) have a maximum household income of (i) less than
 36 \$21,218 for a household containing one person, (ii) less

than \$28,480 for a household containing 2 persons, or (iii) less than \$35,740 for a household containing 3 or more persons. If any income eligibility limit set forth in items (i) through (iii) is less than 200% of the Federal Poverty Level for any year, the income eligibility limit for that year for households of that size shall be income equal to or less than 200% of the Federal Poverty Level.

All individuals enrolled as of December 31, 2005, in the 8 pharmaceutical assistance program operated pursuant 9 to subsection (f) of this Section and all individuals enrolled as 10 11 of December 31, 2005, in the SeniorCare Medicaid waiver program 12 operated pursuant to Section 5-5.12a of the Illinois Public Aid 13 Code shall be automatically enrolled in the program established by this subsection for the first year of operation without the 14 15 need for further application, except that they must apply for 16 Medicare Part D and the Low Income Subsidy under Medicare Part 17 D. A person enrolled in the pharmaceutical assistance program operated pursuant to subsection (f) of this Section as of 18 19 December 31, 2005, shall not lose eligibility in future years 20 due only to the fact that they have not reached the age of 65.

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

Beneficiaries under the program established under this subsection shall be divided into the following <u>5</u> 4 eligibility groups:

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

34 (i) disabled and under age 65; or

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

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

5 (B) Eligibility Group 2 shall consist of beneficiaries 6 otherwise described in Eligibility Group 1 but who are 7 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 eligible for Medicare Part D coverage.

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

If the State applies and receives federal approval for 18 a waiver under Title XIX of the Social Security Act, 19 20 persons in Eligibility Group 4 shall continue to receive benefits through the approved waiver, and Eligibility 21 Group 4 may be expanded to include disabled persons under 22 age 65 with incomes under 200% of the Federal Poverty Level 23 who are not eligible for Medicare and who are not barred 24 25 from receiving federally funded means-tested benefits due 26 to immigration status.

27 (E) On and after January 1, 2007, Eligibility Group 5
 28 shall consist of beneficiaries who are otherwise described
 29 in Eligibility Group 1 but are eligible for Medicare Part D
 30 and have a diagnosis of HIV or AIDS.

31 The program established under this subsection shall cover 32 the cost of covered prescription drugs in excess of the 33 beneficiary cost-sharing amounts set forth in this paragraph 34 that are not covered by Medicare. In 2006, beneficiaries shall 35 pay a co-payment of \$2 for each prescription of a generic drug 36 and \$5 for each prescription of a brand-name drug. In future HB4302 Engrossed - 11 - LRB094 15774 DRJ 50989 b

years, beneficiaries shall pay co-payments equal to the 1 2 co-payments required under Medicare Part D for "other 3 low-income subsidy eligible individuals" pursuant to 42 CFR 4 423.782(b). For individuals in Eligibility Groups 1, 2, 3, and 5 4, once Once the program established under this subsection and 6 Medicare combined have paid \$1,750 in a year for covered prescription drugs, the beneficiary shall pay 20% of the cost 7 8 of each prescription in addition to the co-payments set forth 9 in this paragraph. For individuals in Eligibility Group 5, once the program established under this subsection and Medicare 10 combined have paid \$1,750 in a year for covered prescription 11 drugs, the beneficiary shall pay 20% of the cost of each 12 13 prescription in addition to the co-payments set forth in this paragraph unless the drug is included in the formulary of the 14 15 Illinois AIDS Drug Assistance Program operated by the Illinois 16 Department of Public Health. If the drug is included in the 17 formulary of the Illinois AIDS Drug Assistance Program, individuals in Eligibility Group 5 shall continue to pay the 18 co-payments set forth in this paragraph after the program 19 20 established under this subsection and Medicare combined have paid \$1,750 in a year for covered prescription drugs. 21

22 For beneficiaries eligible for Medicare Part D coverage, 23 the program established under this subsection shall pay 100% of 24 charged by a qualified Medicare Part the premiums D Prescription Drug Plan for Medicare Part D basic prescription 25 26 drug coverage, not including any late enrollment penalties. 27 Qualified Medicare Part D Prescription Drug Plans may be 28 limited by the Department of Healthcare and Family Services to 29 those plans that sign a coordination agreement with the 30 Department.

Notwithstanding Section 3.15, for purposes of the program established under this subsection, the term "covered prescription drug" has the following meanings:

For Eligibility Group 1, "covered prescription drug" means: (1) any cardiovascular agent or drug; (2) any insulin or other prescription drug used in the treatment of

1 diabetes, including syringe and needles used to administer 2 any prescription drug used insulin; (3) in the the treatment of arthritis; (4) any prescription drug used in 3 the treatment of cancer; (5) any prescription drug used in 4 5 the treatment of Alzheimer's disease; (6) any prescription drug used in the treatment of Parkinson's disease; (7) any 6 prescription drug used in the treatment of glaucoma; (8) 7 any prescription drug used in the treatment of lung disease 8 9 and smoking-related illnesses; (9) any prescription drug 10 used in the treatment of osteoporosis; and (10) any 11 prescription drug used in the treatment of multiple sclerosis. The Department may add additional therapeutic 12 classes by rule. The Department may adopt a preferred drug 13 list within any of the classes of drugs described in items 14 (1) through (10) of this paragraph. The specific drugs or 15 16 therapeutic classes of covered prescription drugs shall be 17 indicated by rule.

For Eligibility Group 2, "covered prescription drug" means those drugs covered for Eligibility Group 1 that are also covered by the Medicare Part D Prescription Drug Plan in which the beneficiary is enrolled.

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

For Eligibility Group 4, "covered prescription drug" means those drugs covered by the Medical Assistance Program under Article V of the Illinois Public Aid Code.

For Eligibility Group 5, "covered prescription drug" 29 means: (1) those drugs covered for Eligibility Group 1 that 30 31 are also covered by the Medicare Part D Prescription Drug Plan in which the beneficiary is enrolled; and (2) those 32 drugs included in the formulary of the Illinois AIDS Drug 33 Assistance Program operated by the Illinois Department of 34 35 Public Health that are also covered by the Medicare Part D Prescription Drug Plan in which the beneficiary is 36

1 <u>enrolled</u>.

2 An individual in Eligibility Group 3 or 4 may opt to 3 receive a \$25 monthly payment in lieu of the direct coverage 4 described in this subsection.

5 Any person otherwise eligible for pharmaceutical 6 assistance under this subsection whose covered drugs are 7 covered by any public program is ineligible for assistance 8 under this subsection to the extent that the cost of those 9 drugs is covered by the other program.

10 The Department of Healthcare and Family Services shall 11 establish by rule the methods by which it will provide for the 12 coverage called for in this subsection. Those methods may 13 include direct reimbursement to pharmacies or the payment of a 14 capitated amount to Medicare Part D Prescription Drug Plans.

15 For a pharmacy to be reimbursed under the program 16 established under this subsection, it must comply with rules 17 adopted by the Department of Healthcare and Family Services regarding coordination of benefits with Medicare Part D 18 19 Prescription Drug Plans. A pharmacy may not charge а Medicare-enrolled beneficiary of the program established under 20 this subsection more for a covered prescription drug than the 21 22 appropriate Medicare cost-sharing less any payment from or on 23 behalf of the Department of Healthcare and Family Services.

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

30 (Source: P.A. 93-130, eff. 7-10-03; 94-86, eff. 1-1-06; revised 31 12-15-05.)

32 Section 99. Effective date. This Act takes effect upon 33 becoming law.