

HB5879



97TH GENERAL ASSEMBLY

State of Illinois

2011 and 2012

HB5879

Introduced 2/16/2012, by Rep. Lisa M. Dugan

SYNOPSIS AS INTRODUCED:

320 ILCS 25/4

from Ch. 67 1/2, par. 404

Amends the Senior Citizens and Disabled Persons Property Tax Relief and Pharmaceutical Assistance Act. Makes a technical change in a Section concerning the amount of the grant.

LRB097 20466 KTG 65991 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 Disabled Persons
5 Property Tax Relief and Pharmaceutical Assistance Act is
6 amended by changing 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 ~~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 disabled person whose annual household income is less than the
19 income eligibility limitation, as defined in subsection (a-5)
20 and whose household is liable for payment of property taxes
21 accrued or has paid rent constituting property taxes accrued
22 and is domiciled in this State at the time he or she files his
23 or her claim is entitled to claim a grant under this Act. With

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

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

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

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

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

17 For 2009 claim year applications submitted during calendar
18 year 2010, a household must have annual household income of
19 less than \$27,610 for a household containing one person; less
20 than \$36,635 for a household containing 2 persons; or less than
21 \$45,657 for a household containing 3 or more persons.

22 The Department on Aging may adopt rules such that on
23 January 1, 2011, and thereafter, the foregoing household income
24 eligibility limits may be changed to reflect the annual cost of
25 living adjustment in Social Security and Supplemental Security
26 Income benefits that are applicable to the year for which those

1 benefits are being reported as income on an application.

2 If a person files as a surviving spouse, then only his or
3 her income shall be counted in determining his or her household
4 income.

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

16 (c) Public aid recipients. If household income in one or
17 more months during a year includes cash assistance in excess of
18 \$55 per month from the Department of Healthcare and Family
19 Services or the Department of Human Services (acting as
20 successor to the Department of Public Aid under the Department
21 of Human Services Act) which was determined under regulations
22 of that Department on a measure of need that included an
23 allowance for actual rent or property taxes paid by the
24 recipient of that assistance, the amount of grant to which that
25 household is entitled, except as otherwise provided in
26 subsection (a), shall be the product of (1) the maximum amount

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

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

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

1 (f) (Blank).

2 (g) Effective January 1, 2006, there is hereby established
3 a program of pharmaceutical assistance to the aged and
4 disabled, entitled the Illinois Seniors and Disabled Drug
5 Coverage Program, which shall be administered by the Department
6 of Healthcare and Family Services and the Department on Aging
7 in accordance with this subsection, to consist of coverage of
8 specified prescription drugs on behalf of beneficiaries of the
9 program as set forth in this subsection.

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

12 (1) be (i) 65 years of age or older or (ii) disabled;

13 and

14 (2) be domiciled in this State; and

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

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

23 (5) for the 2008 claim year, have a maximum household
24 income of (i) less than \$22,218 for a household containing
25 one person, (ii) \$29,480 for a household containing 2
26 persons, or (iii) \$36,740 for a household containing 3 or

1 more persons; and

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

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

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

23 To the extent permitted by federal law, the Department may
24 act as an authorized representative of a beneficiary in order
25 to enroll the beneficiary in a Medicare Part D Prescription
26 Drug Plan if the beneficiary has failed to choose a plan and,

1 where possible, to enroll beneficiaries in the low-income
2 subsidy program under Medicare Part D or assist them in
3 enrolling in that program.

4 Beneficiaries under the program established under this
5 subsection shall be divided into the following 4 eligibility
6 groups:

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

10 (i) disabled and under age 65; or

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

13 (iii) age 65 or older, with incomes at or below
14 200% of the Federal Poverty Level and not eligible for
15 federally funded means-tested benefits due to
16 immigration status.

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

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

24 If the State applies and receives federal approval for
25 a waiver under Title XIX of the Social Security Act,
26 persons in Eligibility Group 3 shall continue to receive

1 benefits through the approved waiver, and Eligibility
2 Group 3 may be expanded to include disabled persons under
3 age 65 with incomes under 200% of the Federal Poverty Level
4 who are not eligible for Medicare and who are not barred
5 from receiving federally funded means-tested benefits due
6 to immigration status.

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

10 The program established under this subsection shall cover
11 the cost of covered prescription drugs in excess of the
12 beneficiary cost-sharing amounts set forth in this paragraph
13 that are not covered by Medicare. The Department of Healthcare
14 and Family Services may establish by emergency rule changes in
15 cost-sharing necessary to conform the cost of the program to
16 the amounts appropriated for State fiscal year 2012 and future
17 fiscal years except that the 24-month limitation on the
18 adoption of emergency rules and the provisions of Sections
19 5-115 and 5-125 of the Illinois Administrative Procedure Act
20 shall not apply to rules adopted under this subsection (g). The
21 adoption of emergency rules authorized by this subsection (g)
22 shall be deemed to be necessary for the public interest,
23 safety, and welfare.

24 For purposes of the program established under this
25 subsection, the term "covered prescription drug" has the
26 following meanings:

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

21 For Eligibility Group 2, "covered prescription drug"
22 means those drugs covered by the Medicare Part D
23 Prescription Drug Plan in which the beneficiary is
24 enrolled.

25 For Eligibility Group 3, "covered prescription drug"
26 means those drugs covered by the Medical Assistance Program

1 under Article V of the Illinois Public Aid Code.

2 For Eligibility Group 4, "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 Any person otherwise eligible for pharmaceutical
7 assistance under this subsection whose covered drugs are
8 covered by any public program is ineligible for assistance
9 under this subsection to the extent that the cost of those
10 drugs is covered by the other program.

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

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

25 The Department of Healthcare and Family Services or the
26 Department on Aging, as appropriate, may adopt rules regarding

1 applications, counting of income, proof of Medicare status,
2 mandatory generic policies, and pharmacy reimbursement rates
3 and any other rules necessary for the cost-efficient operation
4 of the program established under this subsection.

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

8 (Source: P.A. 96-804, eff. 1-1-10; 97-74, eff. 6-30-11; 97-333,
9 eff. 8-12-11.)