

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 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):

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

15 (2) Conduct a public information campaign for physicians,
16 hospitals, health facilities, public health departments, law
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
24 professionals, community service organizations, and the
25 general public regarding new developments or procedures
26 concerning prevention and treatment of AIDS.

27 (3) (Blank).

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

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:

13 (A) Information, referral, and treatment services.

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

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

18 (D) Establishment and operation of alternative testing
19 services.

20 (E) Research into detection, prevention, and
21 treatment.

22 (F) Supplementation of other public and private
23 resources.

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

28 (7) (Blank).

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

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

1 cooperatively with organizations representing those facilities
2 to develop adequate numbers and types of placements for persons
3 with AIDS and shall advise those facilities on proper
4 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
7 matters relating to AIDS in order to deal with or advise the
8 public. The training shall include information on the cause and
9 effects of AIDS, the means of detecting it and preventing its
10 transmission, the availability of related counseling and
11 referral, and other matters that may be appropriate. The
12 training may also be made available to employees of local
13 governments, public service agencies, and private agencies
14 that contract with the State; in those cases the Department may
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 (12) Provide prescription drug benefits counseling for
20 persons with HIV or AIDS.

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:

26 (320 ILCS 25/4) (from Ch. 67 1/2, par. 404)

27 Sec. 4. Amount of Grant.

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

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
7 a household containing 2 persons, or (iii) \$35,740 for a
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
14 become 65 years old during the calendar year in which a claim
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
18 this Section, multiplied by the number of months in which the
19 claimant was 65 in the calendar year in which the claim is
20 filed.

21 (b) Limitation. Except as otherwise provided in
22 subsections (a) and (f) of this Section, the maximum amount of
23 grant which a claimant is entitled to claim is the amount by
24 which the property taxes accrued which were paid or payable
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
29 exceed (i) \$700 less 4.5% of household income for that year for
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.

32 (c) Public aid recipients. If household income in one or
33 more months during a year includes cash assistance in excess of
34 \$55 per month from the Department of Healthcare and Family
35 Services ~~Public Aid~~ or the Department of Human Services (acting
36 as successor to the Department of Public Aid under the

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
7 computed as specified in subsection (b) of this Section and (2)
8 the ratio of the number of months in which household income did
9 not include such cash assistance over \$55 to the number twelve.
10 If household income did not include such cash assistance over
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
14 purposes of this paragraph (c), "cash assistance" does not
15 include any amount received under the federal Supplemental
16 Security Income (SSI) program.

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

24 (e) More than one residence. If a claimant has occupied
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.

33 (f) There is hereby established a program of pharmaceutical
34 assistance to the aged and disabled which shall be administered
35 by the Department in accordance with this Act, to consist of
36 payments to authorized pharmacies, on behalf of beneficiaries

1 of the program, for the reasonable costs of covered
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
9 the remainder of the fiscal year. To become a beneficiary under
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
18 this State at the time he or she files his or her claim, and (3)
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
21 1998 and 1999 grant years, and less than (i) \$21,218 for a
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
25 thereafter. In addition, each eligible person must (1) obtain
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,
33 including copayment amounts, identification card fees,
34 expenditure limits, and the benefit threshold after which a 20%
35 charge is imposed on the cost of each prescription, to be in
36 effect on and after July 1, 2004. Notwithstanding any other

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

9 Whenever a generic equivalent for a covered prescription
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
13 prescription drug contains one or more ingredients defined as a
14 narrow therapeutic index drug at 21 CFR 320.33, (ii) the
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
18 prescription for covered prescription medication described in
19 item (i) of this paragraph, the prescriber shall stipulate
20 "brand medically necessary" and that a substitution is not
21 permitted. If the covered prescription drug and its authorizing
22 prescription do not meet the criteria listed above, the
23 beneficiary may purchase the non-generic equivalent of the
24 covered prescription drug by paying the difference between the
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
31 this Act to the extent such costs are covered by such other
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
3 benefit under this Act, and are members of the same household,
4 (1) each such person shall be entitled to participate in the
5 pharmaceutical assistance program, provided that he or she
6 meets all other requirements imposed by this subsection and (2)
7 each participating household member contributes the fee
8 required for that person by the preceding paragraph for the
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
14 termination of the program, to any refund of the identification
15 card fee paid under this subsection.

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

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

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

30 and

31 (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

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

8 All individuals enrolled as of December 31, 2005, in the
9 pharmaceutical assistance program operated pursuant to
10 subsection (f) of this Section and all individuals enrolled as
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
14 by this subsection for the first year of operation without the
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
18 operated pursuant to subsection (f) of this Section as of
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.

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

28 Beneficiaries under the program established under this
29 subsection shall be divided into the following 5 ~~4~~ eligibility
30 groups:

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

34 (i) disabled and under age 65; or

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

1 (iii) age 65 or older, with incomes at or below
2 200% of the Federal Poverty Level and not eligible for
3 federally funded means-tested benefits due to
4 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.

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

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

1 years, beneficiaries shall pay co-payments equal to the
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
7 prescription drugs, the beneficiary shall pay 20% of the cost
8 of each prescription in addition to the co-payments set forth
9 in this paragraph. For individuals in Eligibility Group 5, once
10 the program established under this subsection and Medicare
11 combined have paid \$1,750 in a year for covered prescription
12 drugs, the beneficiary shall pay 20% of the cost of each
13 prescription in addition to the co-payments set forth in this
14 paragraph unless the drug is included in the formulary of the
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,
18 individuals in Eligibility Group 5 shall continue to pay the
19 co-payments set forth in this paragraph after the program
20 established under this subsection and Medicare combined have
21 paid \$1,750 in a year for covered prescription drugs.

22 For beneficiaries eligible for Medicare Part D coverage,
23 the program established under this subsection shall pay 100% of
24 the premiums charged by a qualified Medicare Part D
25 Prescription Drug Plan for Medicare Part D basic prescription
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.

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

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

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

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

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

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

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

1 enrolled.

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
18 regarding coordination of benefits with Medicare Part D
19 Prescription Drug Plans. A pharmacy may not charge a
20 Medicare-enrolled beneficiary of the program established under
21 this subsection more for a covered prescription drug than the
22 appropriate Medicare cost-sharing less any payment from or on
23 behalf of the Department of Healthcare and Family Services.

24 The Department of Healthcare and Family Services or the
25 Department on Aging, as appropriate, may adopt rules regarding
26 applications, counting of income, proof of Medicare status,
27 mandatory generic policies, and pharmacy reimbursement rates
28 and any other rules necessary for the cost-efficient operation
29 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.