



Adopted in House Comm. on Jan 25, 2006

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1 AMENDMENT TO HOUSE BILL 4302

2 AMENDMENT NO. _____. Amend House Bill 4302 by replacing
3 everything after the enacting clause with the following:

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

1 general public regarding new developments or procedures
2 concerning prevention and treatment of AIDS.

3 (3) (Blank).

4 (4) Establish alternative blood test services that are not
5 operated by a blood bank, plasma center or hospital. The
6 Department shall prescribe by rule minimum criteria, standards
7 and procedures for the establishment and operation of such
8 services, which shall include, but not be limited to
9 requirements for the provision of information, counseling and
10 referral services that ensure appropriate counseling and
11 referral for persons whose blood is tested and shows evidence
12 of exposure to the human immunodeficiency virus (HIV) or other
13 identified causative agent of acquired immunodeficiency
14 syndrome (AIDS).

15 (5) Establish regional and community service networks of
16 public and private service providers or health care
17 professionals who may be involved in AIDS research, prevention
18 and treatment.

19 (6) Provide grants to individuals, organizations or
20 facilities to support the following:

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

22 (B) Interdisciplinary workshops for professionals
23 involved in research and treatment.

24 (C) Establishment and operation of a statewide
25 hotline.

26 (D) Establishment and operation of alternative testing
27 services.

28 (E) Research into detection, prevention, and
29 treatment.

30 (F) Supplementation of other public and private
31 resources.

32 (G) Implementation by long-term care facilities of
33 Department standards and procedures for the care and
34 treatment of persons with AIDS and the development of

1 adequate numbers and types of placements for those persons.

2 (7) (Blank).

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

6 (9) Develop and implement, in consultation with the
7 Long-Term Care Facility Advisory Board, standards and
8 procedures for long-term care facilities that provide care and
9 treatment of persons with AIDS, including appropriate
10 infection control procedures. The Department shall work
11 cooperatively with organizations representing those facilities
12 to develop adequate numbers and types of placements for persons
13 with AIDS and shall advise those facilities on proper
14 implementation of its standards and procedures.

15 (10) The Department shall create and administer a training
16 program for State employees who have a need for understanding
17 matters relating to AIDS in order to deal with or advise the
18 public. The training shall include information on the cause and
19 effects of AIDS, the means of detecting it and preventing its
20 transmission, the availability of related counseling and
21 referral, and other matters that may be appropriate. The
22 training may also be made available to employees of local
23 governments, public service agencies, and private agencies
24 that contract with the State; in those cases the Department may
25 charge a reasonable fee to recover the cost of the training.

26 (11) Approve tests or testing procedures used in
27 determining exposure to HIV or any other identified causative
28 agent of AIDS.

29 (12) Provide prescription drug benefits counseling for
30 persons with HIV or AIDS.

31 (Source: P.A. 91-239, eff. 1-1-00; 92-84, eff. 7-1-02; 92-790,
32 eff. 8-6-02.)

33 Section 10. The Senior Citizens and Disabled Persons

1 Property Tax Relief and Pharmaceutical Assistance Act is
2 amended by changing Section 4 as follows:

3 (320 ILCS 25/4) (from Ch. 67 1/2, par. 404)

4 Sec. 4. Amount of Grant.

5 (a) In general. Any individual 65 years or older or any
6 individual who will become 65 years old during the calendar
7 year in which a claim is filed, and any surviving spouse of
8 such a claimant, who at the time of death received or was
9 entitled to receive a grant pursuant to this Section, which
10 surviving spouse will become 65 years of age within the 24
11 months immediately following the death of such claimant and
12 which surviving spouse but for his or her age is otherwise
13 qualified to receive a grant pursuant to this Section, and any
14 disabled person whose annual household income is less than
15 \$14,000 for grant years before the 1998 grant year, less than
16 \$16,000 for the 1998 and 1999 grant years, and less than (i)
17 \$21,218 for a household containing one person, (ii) \$28,480 for
18 a household containing 2 persons, or (iii) \$35,740 for a
19 household containing 3 or more persons for the 2000 grant year
20 and thereafter 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
24 this Act. With respect to claims filed by individuals who will
25 become 65 years old during the calendar year in which a claim
26 is filed, the amount of any grant to which that household is
27 entitled shall be an amount equal to 1/12 of the amount to
28 which the claimant would otherwise be entitled as provided in
29 this Section, multiplied by the number of months in which the
30 claimant was 65 in the calendar year in which the claim is
31 filed.

32 (b) Limitation. Except as otherwise provided in
33 subsections (a) and (f) of this Section, the maximum amount of

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

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

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

1 shall be the same percentage of property taxes accrued as is
2 the percentage of ownership held by the claimant in the
3 residence.

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

13 (f) There is hereby established a program of pharmaceutical
14 assistance to the aged and disabled which shall be administered
15 by the Department in accordance with this Act, to consist of
16 payments to authorized pharmacies, on behalf of beneficiaries
17 of the program, for the reasonable costs of covered
18 prescription drugs. Each beneficiary who pays \$5 for an
19 identification card shall pay no additional prescription
20 costs. Each beneficiary who pays \$25 for an identification card
21 shall pay \$3 per prescription. In addition, after a beneficiary
22 receives \$2,000 in benefits during a State fiscal year, that
23 beneficiary shall also be charged 20% of the cost of each
24 prescription for which payments are made by the program during
25 the remainder of the fiscal year. To become a beneficiary under
26 this program a person must: (1) be (i) 65 years of age or
27 older, or (ii) the surviving spouse of such a claimant, who at
28 the time of death received or was entitled to receive benefits
29 pursuant to this subsection, which surviving spouse will become
30 65 years of age within the 24 months immediately following the
31 death of such claimant and which surviving spouse but for his
32 or her age is otherwise qualified to receive benefits pursuant
33 to this subsection, or (iii) disabled, and (2) be domiciled in
34 this State at the time he or she files his or her claim, and (3)

1 have a maximum household income of less than \$14,000 for grant
2 years before the 1998 grant year, less than \$16,000 for the
3 1998 and 1999 grant years, and less than (i) \$21,218 for a
4 household containing one person, (ii) \$28,480 for a household
5 containing 2 persons, or (iii) \$35,740 for a household
6 containing 3 more persons for the 2000 grant year and
7 thereafter. In addition, each eligible person must (1) obtain
8 an identification card from the Department, (2) at the time the
9 card is obtained, sign a statement assigning to the State of
10 Illinois benefits which may be otherwise claimed under any
11 private insurance plans, and (3) present the identification
12 card to the dispensing pharmacist.

13 The Department may adopt rules specifying participation
14 requirements for the pharmaceutical assistance program,
15 including copayment amounts, identification card fees,
16 expenditure limits, and the benefit threshold after which a 20%
17 charge is imposed on the cost of each prescription, to be in
18 effect on and after July 1, 2004. Notwithstanding any other
19 provision of this paragraph, however, the Department may not
20 increase the identification card fee above the amount in effect
21 on May 1, 2003 without the express consent of the General
22 Assembly. To the extent practicable, those requirements shall
23 be commensurate with the requirements provided in rules adopted
24 by the Department of Healthcare and Family Services ~~Public Aid~~
25 to implement the pharmacy assistance program under Section
26 5-5.12a of the Illinois Public Aid Code.

27 Whenever a generic equivalent for a covered prescription
28 drug is available, the Department shall reimburse only for the
29 reasonable costs of the generic equivalent, less the co-pay
30 established in this Section, unless (i) the covered
31 prescription drug contains one or more ingredients defined as a
32 narrow therapeutic index drug at 21 CFR 320.33, (ii) the
33 prescriber indicates on the face of the prescription "brand
34 medically necessary", and (iii) the prescriber specifies that a

1 substitution is not permitted. When issuing an oral
2 prescription for covered prescription medication described in
3 item (i) of this paragraph, the prescriber shall stipulate
4 "brand medically necessary" and that a substitution is not
5 permitted. If the covered prescription drug and its authorizing
6 prescription do not meet the criteria listed above, the
7 beneficiary may purchase the non-generic equivalent of the
8 covered prescription drug by paying the difference between the
9 generic cost and the non-generic cost plus the beneficiary
10 co-pay.

11 Any person otherwise eligible for pharmaceutical
12 assistance under this Act whose covered drugs are covered by
13 any public program for assistance in purchasing any covered
14 prescription drugs shall be ineligible for assistance under
15 this Act to the extent such costs are covered by such other
16 plan.

17 The fee to be charged by the Department for the
18 identification card shall be equal to \$5 per coverage year for
19 persons below the official poverty line as defined by the
20 United States Department of Health and Human Services and \$25
21 per coverage year for all other persons.

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

30 The provisions of this subsection (f), other than this
31 paragraph, are inoperative after December 31, 2005.
32 Beneficiaries who received benefits under the program
33 established by this subsection (f) are not entitled, at the
34 termination of the program, to any refund of the identification

1 card fee paid under this subsection.

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. The program under this
10 subsection replaces and supersedes the program established
11 under subsection (f), which shall end at midnight on December
12 31, 2005.

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

15 (1) be (i) 65 years of age or older or (ii) disabled;
16 and

17 (2) be domiciled in this State; and

18 (3) enroll with a qualified Medicare Part D
19 Prescription Drug Plan if eligible and apply for all
20 available subsidies under Medicare Part D; and

21 (4) have a maximum household income of (i) less than
22 \$21,218 for a household containing one person, (ii) less
23 than \$28,480 for a household containing 2 persons, or (iii)
24 less than \$35,740 for a household containing 3 or more
25 persons. If any income eligibility limit set forth in items
26 (i) through (iii) is less than 200% of the Federal Poverty
27 Level for any year, the income eligibility limit for that
28 year for households of that size shall be income equal to
29 or less than 200% of the Federal Poverty Level.

30 All individuals enrolled as of December 31, 2005, in the
31 pharmaceutical assistance program operated pursuant to
32 subsection (f) of this Section and all individuals enrolled as
33 of December 31, 2005, in the SeniorCare Medicaid waiver program
34 operated pursuant to Section 5-5.12a of the Illinois Public Aid

1 Code shall be automatically enrolled in the program established
2 by this subsection for the first year of operation without the
3 need for further application, except that they must apply for
4 Medicare Part D and the Low Income Subsidy under Medicare Part
5 D. A person enrolled in the pharmaceutical assistance program
6 operated pursuant to subsection (f) of this Section as of
7 December 31, 2005, shall not lose eligibility in future years
8 due only to the fact that they have not reached the age of 65.

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

16 Beneficiaries under the program established under this
17 subsection shall be divided into the following 5 ~~4~~ eligibility
18 groups:

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

22 (i) disabled and under age 65; or

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

25 (iii) age 65 or older, with incomes at or below
26 200% of the Federal Poverty Level and not eligible for
27 federally funded means-tested benefits due to
28 immigration status.

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

32 (C) Eligibility Group 3 shall consist of beneficiaries
33 age 65 or older, with incomes at or below 200% of the
34 Federal Poverty Level, who are not barred from receiving

1 federally funded means-tested benefits due to immigration
2 status and are eligible for Medicare Part D coverage.

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

8 If the State applies and receives federal approval for
9 a waiver under Title XIX of the Social Security Act,
10 persons in Eligibility Group 4 shall continue to receive
11 benefits through the approved waiver, and Eligibility
12 Group 4 may be expanded to include disabled persons under
13 age 65 with incomes under 200% of the Federal Poverty Level
14 who are not eligible for Medicare and who are not barred
15 from receiving federally funded means-tested benefits due
16 to immigration status.

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

21 The program established under this subsection shall cover
22 the cost of covered prescription drugs in excess of the
23 beneficiary cost-sharing amounts set forth in this paragraph
24 that are not covered by Medicare. In 2006, beneficiaries shall
25 pay a co-payment of \$2 for each prescription of a generic drug
26 and \$5 for each prescription of a brand-name drug. In future
27 years, beneficiaries shall pay co-payments equal to the
28 co-payments required under Medicare Part D for "other
29 low-income subsidy eligible individuals" pursuant to 42 CFR
30 423.782(b). For individuals in Eligibility Groups 1, 2, 3, and
31 4, once ~~once~~ the program established under this subsection and
32 Medicare combined have paid \$1,750 in a year for covered
33 prescription drugs, the beneficiary shall pay 20% of the cost
34 of each prescription in addition to the co-payments set forth

1 in this paragraph. For individuals in Eligibility Group 5, once
2 the program established under this subsection and Medicare
3 combined have paid \$1,750 in a year for covered prescription
4 drugs, the beneficiary shall pay 20% of the cost of each
5 prescription in addition to the co-payments set forth in this
6 paragraph unless the drug is included in the formulary of the
7 Illinois AIDS Drug Assistance Program operated by the Illinois
8 Department of Public Health. If the drug is included in the
9 formulary of the Illinois AIDS Drug Assistance Program,
10 individuals in Eligibility Group 5 shall continue to pay the
11 co-payments set forth in this paragraph after the program
12 established under this subsection and Medicare combined have
13 paid \$1,750 in a year for covered prescription drugs.

14 For beneficiaries eligible for Medicare Part D coverage,
15 the program established under this subsection shall pay 100% of
16 the premiums charged by a qualified Medicare Part D
17 Prescription Drug Plan for Medicare Part D basic prescription
18 drug coverage, not including any late enrollment penalties.
19 Qualified Medicare Part D Prescription Drug Plans may be
20 limited by the Department of Healthcare and Family Services to
21 those plans that sign a coordination agreement with the
22 Department.

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

26 For Eligibility Group 1, "covered prescription drug"
27 means: (1) any cardiovascular agent or drug; (2) any
28 insulin or other prescription drug used in the treatment of
29 diabetes, including syringe and needles used to administer
30 the insulin; (3) any prescription drug used in the
31 treatment of arthritis; (4) any prescription drug used in
32 the treatment of cancer; (5) any prescription drug used in
33 the treatment of Alzheimer's disease; (6) any prescription
34 drug used in the treatment of Parkinson's disease; (7) any

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

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

16 For Eligibility Group 3, "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 4, "covered prescription drug"
21 means those drugs covered by the Medical Assistance Program
22 under Article V of the Illinois Public Aid Code.

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

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

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 (Source: P.A. 93-130, eff. 7-10-03; 94-86, eff. 1-1-06; revised
27 12-15-05.)

28 Section 99. Effective date. This Act takes effect upon
29 becoming law."