

HB5047



95TH GENERAL ASSEMBLY

State of Illinois

2007 and 2008

HB5047

by Rep. Mike Boland

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. Provides that individuals who are volunteer emergency workers qualify for grants and benefits under the Act if they meet the income requirements. Effective immediately.

LRB095 18001 BDD 44084 b

FISCAL NOTE ACT
MAY APPLY

HOUSING
AFFORDABILITY
IMPACT NOTE ACT
MAY APPLY

A BILL FOR

1 AN ACT concerning volunteer emergency workers.

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:

10 (1) who is 65 years or older or any individual who will
11 become 65 years old during the calendar year in which a
12 claim is filed, and any surviving spouse of such a
13 claimant, who at the time of death received or was entitled
14 to receive a grant pursuant to this Section, which
15 surviving spouse will become 65 years of age within the 24
16 months immediately following the death of such claimant and
17 which surviving spouse but for his or her age is otherwise
18 qualified to receive a grant pursuant to this Section; 7
19 ~~and any~~

20 (2) who is a disabled person; or

21 (3) who is a volunteer emergency worker, as defined in
22 Section 3 of the Volunteer Emergency Worker Job Protection
23 Act; and

1 whose annual household income is less than the income
2 eligibility limitation, as defined in subsection (a-5) and
3 whose household is liable for payment of property taxes accrued
4 or has paid rent constituting property taxes accrued and is
5 domiciled in this State at the time he or she files his or her
6 claim is entitled to claim a grant under this Act. With respect
7 to claims filed by individuals who will become 65 years old
8 during the calendar year in which a claim is filed, the amount
9 of any grant to which that household is entitled shall be an
10 amount equal to 1/12 of the amount to which the claimant would
11 otherwise be entitled as provided in this Section, multiplied
12 by the number of months in which the claimant was 65 in the
13 calendar year in which the claim is filed.

14 (a-5) Income eligibility limitation. For purposes of this
15 Section, "income eligibility limitation" means an amount:

16 (i) for grant years before the 1998 grant year, less
17 than \$14,000;

18 (ii) for the 1998 and 1999 grant year, less than
19 \$16,000;

20 (iii) for grant years 2000 through 2007:

21 (A) less than \$21,218 for a household containing
22 one person;

23 (B) less than \$28,480 for a household containing 2
24 persons; or

25 (C) less than \$35,740 for a household containing 3
26 or more persons; or

1 (iv) for grant years 2008 and thereafter:

2 (A) less than \$22,218 for a household containing
3 one person;

4 (B) less than \$29,480 for a household containing 2
5 persons; or

6 (C) less than \$36,740 for a household containing 3
7 or more persons.

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

19 (c) Public aid recipients. If household income in one or
20 more months during a year includes cash assistance in excess of
21 \$55 per month from the Department of Healthcare and Family
22 Services or the Department of Human Services (acting as
23 successor to the Department of Public Aid under the Department
24 of Human Services Act) which was determined under regulations
25 of that Department on a measure of need that included an
26 allowance for actual rent or property taxes paid by the

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

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

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

1 the case of rent constituting property taxes accrued, shall
2 prorate each month's rent payments to the residence actually
3 occupied during that month.

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

1 eligibility limitation, as defined in subsection (a-5). In
2 addition, each eligible person must (1) obtain an
3 identification card from the Department, (2) at the time the
4 card is obtained, sign a statement assigning to the State of
5 Illinois benefits which may be otherwise claimed under any
6 private insurance plans, and (3) present the identification
7 card to the dispensing pharmacist.

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

22 Whenever a generic equivalent for a covered prescription
23 drug is available, the Department shall reimburse only for the
24 reasonable costs of the generic equivalent, less the co-pay
25 established in this Section, unless (i) the covered
26 prescription drug contains one or more ingredients defined as a

1 narrow therapeutic index drug at 21 CFR 320.33, (ii) the
2 prescriber indicates on the face of the prescription "brand
3 medically necessary", and (iii) the prescriber specifies that a
4 substitution is not permitted. When issuing an oral
5 prescription for covered prescription medication described in
6 item (i) of this paragraph, the prescriber shall stipulate
7 "brand medically necessary" and that a substitution is not
8 permitted. If the covered prescription drug and its authorizing
9 prescription do not meet the criteria listed above, the
10 beneficiary may purchase the non-generic equivalent of the
11 covered prescription drug by paying the difference between the
12 generic cost and the non-generic cost plus the beneficiary
13 co-pay.

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

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

25 In the event that 2 or more persons are eligible for any
26 benefit under this Act, and are members of the same household,

1 (1) each such person shall be entitled to participate in the
2 pharmaceutical assistance program, provided that he or she
3 meets all other requirements imposed by this subsection and (2)
4 each participating household member contributes the fee
5 required for that person by the preceding paragraph for the
6 purpose of obtaining an identification card.

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

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

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

1 (1) be (i) 65 years of age or older or (ii) disabled or
2 (iii) a volunteer emergency worker; and

3 (2) be domiciled in this State; and

4 (3) enroll with a qualified Medicare Part D
5 Prescription Drug Plan if eligible and apply for all
6 available subsidies under Medicare Part D; and

7 (4) have a maximum household income of (i) less than
8 \$21,218 for a household containing one person, (ii) less
9 than \$28,480 for a household containing 2 persons, or (iii)
10 less than \$35,740 for a household containing 3 or more
11 persons. If any income eligibility limit set forth in items
12 (i) through (iii) is less than 200% of the Federal Poverty
13 Level for any year, the income eligibility limit for that
14 year for households of that size shall be income equal to
15 or less than 200% of the Federal Poverty Level.

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

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

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

10 Beneficiaries under the program established under this
11 subsection shall be divided into the following 5 eligibility
12 groups:

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

16 (i) disabled and under age 65; or

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

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

23 (iv) volunteer emergency workers.

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

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

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

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

20 (E) On and after January 1, 2007, Eligibility Group 5
21 shall consist of beneficiaries who are otherwise described
22 in Eligibility Groups 2 and 3 who have a diagnosis of HIV
23 or AIDS.

24 The program established under this subsection shall cover
25 the cost of covered prescription drugs in excess of the
26 beneficiary cost-sharing amounts set forth in this paragraph

1 that are not covered by Medicare. In 2006, beneficiaries shall
2 pay a co-payment of \$2 for each prescription of a generic drug
3 and \$5 for each prescription of a brand-name drug. In future
4 years, beneficiaries shall pay co-payments equal to the
5 co-payments required under Medicare Part D for "other
6 low-income subsidy eligible individuals" pursuant to 42 CFR
7 423.782(b). For individuals in Eligibility Groups 1, 2, 3, and
8 4, once the program established under this subsection and
9 Medicare combined have paid \$1,750 in a year for covered
10 prescription drugs, the beneficiary shall pay 20% of the cost
11 of each prescription in addition to the co-payments set forth
12 in this paragraph. For individuals in Eligibility Group 5, once
13 the program established under this subsection and Medicare
14 combined have paid \$1,750 in a year for covered prescription
15 drugs, the beneficiary shall pay 20% of the cost of each
16 prescription in addition to the co-payments set forth in this
17 paragraph unless the drug is included in the formulary of the
18 Illinois AIDS Drug Assistance Program operated by the Illinois
19 Department of Public Health. If the drug is included in the
20 formulary of the Illinois AIDS Drug Assistance Program,
21 individuals in Eligibility Group 5 shall continue to pay the
22 co-payments set forth in this paragraph after the program
23 established under this subsection and Medicare combined have
24 paid \$1,750 in a year for covered prescription drugs.

25 For beneficiaries eligible for Medicare Part D coverage,
26 the program established under this subsection shall pay 100% of

1 the premiums charged by a qualified Medicare Part D
2 Prescription Drug Plan for Medicare Part D basic prescription
3 drug coverage, not including any late enrollment penalties.
4 Qualified Medicare Part D Prescription Drug Plans may be
5 limited by the Department of Healthcare and Family Services to
6 those plans that sign a coordination agreement with the
7 Department.

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

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

1 list within any of the classes of drugs described in items
2 (1) through (10) of this paragraph. The specific drugs or
3 therapeutic classes of covered prescription drugs shall be
4 indicated by rule.

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

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

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

16 For Eligibility Group 5, for individuals otherwise
17 described in Eligibility Group 2, "covered prescription
18 drug" means: (1) those drugs covered for Eligibility Group
19 2 that are also covered by the Medicare Part D Prescription
20 Drug Plan in which the beneficiary is enrolled; and (2)
21 those drugs included in the formulary of the Illinois AIDS
22 Drug Assistance Program operated by the Illinois
23 Department of Public Health that are also covered by the
24 Medicare Part D Prescription Drug Plan in which the
25 beneficiary is enrolled. For Eligibility Group 5, for
26 individuals otherwise described in Eligibility Group 3,

1 "covered prescription drug" means those drugs covered by
2 the Medicare Part D Prescription Drug Plan in which the
3 beneficiary is enrolled.

4 An individual in Eligibility Group 1, 2, 3, 4, or 5 may opt
5 to receive a \$25 monthly payment in lieu of the direct coverage
6 described in this subsection.

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

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

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

26 The Department of Healthcare and Family Services or the

1 Department on Aging, as appropriate, may adopt rules regarding
2 applications, counting of income, proof of Medicare status,
3 mandatory generic policies, and pharmacy reimbursement rates
4 and any other rules necessary for the cost-efficient operation
5 of the program established under this subsection.

6 (Source: P.A. 94-86, eff. 1-1-06; 94-909, eff. 6-23-06; 95-208,
7 eff. 8-16-07; 95-644, eff. 10-12-07; revised 10-25-07.)

8 Section 99. Effective date. This Act takes effect upon
9 becoming law.