

HB4060



104TH GENERAL ASSEMBLY

State of Illinois

2025 and 2026

HB4060

Introduced 5/20/2025, by Rep. Travis Weaver

SYNOPSIS AS INTRODUCED:

320 ILCS 25/4

from Ch. 67 1/2, par. 404

Amends the Senior Citizens and Persons with Disabilities Property Tax Relief Act. In provisions regarding income eligibility levels for programs that use the income limits in the Act for eligibility determinations, requires the Department on Aging to adopt rules such that beginning January 1, 2027, and every January 1 thereafter, the income eligibility limits shall be adjusted to extend eligibility to households having an annual household income that is at or below 400% of the federal poverty level for the applicable family size.

LRB104 13722 KTG 26427 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 Persons with
5 Disabilities Property Tax Relief Act is amended by changing
6 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 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 person with a disability whose annual household income is less
19 than the income eligibility limitation, as defined in
20 subsection (a-5) 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

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

9 (a-5) Income eligibility limitation. For purposes of this
10 Section, "income eligibility limitation" means an amount for
11 grant years 2008 through 2019:

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

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

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

18 For grant years 2020 and thereafter:

19 (1) less than \$33,562 for a household containing one
20 person;

21 (2) less than \$44,533 for a household containing 2
22 persons; or

23 (3) less than \$55,500 for a household containing 3 or
24 more persons.

25 The Department on Aging shall adopt rules such that
26 beginning January 1, 2027, and every January 1 thereafter, the

1 foregoing income eligibility limits shall be adjusted to
2 extend eligibility to households having an annual household
3 income that is at or below 400% of the federal poverty level
4 for the applicable family size.

5 ~~For 2009 claim year applications submitted during calendar~~
6 ~~year 2010, a household must have annual household income of~~
7 ~~less than \$27,610 for a household containing one person; less~~
8 ~~than \$36,635 for a household containing 2 persons; or less~~
9 ~~than \$45,657 for a household containing 3 or more persons.~~

10 The Department on Aging may adopt rules such that on
11 January 1, 2011, and thereafter, the foregoing household
12 income eligibility limits may be changed to reflect the annual
13 cost of living adjustment in Social Security and Supplemental
14 Security Income benefits that are applicable to the year for
15 which those benefits are being reported as income on an
16 application.

17 If a person files as a surviving spouse, then only his or
18 her income shall be counted in determining his or her
19 household income.

20 (b) Limitation. Except as otherwise provided in
21 subsections (a) and (f) of this Section, the maximum amount of
22 grant which a claimant is entitled to claim is the amount by
23 which the property taxes accrued which were paid or payable
24 during the last preceding tax year or rent constituting
25 property taxes accrued upon the claimant's residence for the
26 last preceding taxable year exceeds 3 1/2% of the claimant's

1 household income for that year but in no event is the grant to
2 exceed (i) \$700 less 4.5% of household income for that year for
3 those with a household income of \$14,000 or less or (ii) \$70 if
4 household income for that year is more than \$14,000.

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

26 (d) Joint ownership. If title to the residence is held

1 jointly by the claimant with a person who is not a member of
2 his or her household, the amount of property taxes accrued
3 used in computing the amount of grant to which he or she is
4 entitled shall be the same percentage of property taxes
5 accrued as is the percentage of ownership held by the claimant
6 in the residence.

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

16 (f) (Blank).

17 (g) Effective January 1, 2006, there is hereby established
18 a program of pharmaceutical assistance to the aged and to
19 persons with disabilities, entitled the Illinois Seniors and
20 Disabled Drug Coverage Program, which shall be administered by
21 the Department of Healthcare and Family Services and the
22 Department on Aging in accordance with this subsection, to
23 consist of coverage of specified prescription drugs on behalf
24 of beneficiaries of the program as set forth in this
25 subsection. Notwithstanding any provisions of this Act to the
26 contrary, on and after July 1, 2012, pharmaceutical assistance

1 under this Act shall no longer be provided, and on July 1, 2012
2 the Illinois Senior Citizens and Disabled Persons
3 Pharmaceutical Assistance Program shall terminate. The
4 following provisions that concern the Illinois Senior Citizens
5 and Disabled Persons Pharmaceutical Assistance Program shall
6 continue to apply on and after July 1, 2012 to the extent
7 necessary to pursue any actions authorized by subsection (d)
8 of Section 9 of this Act with respect to acts which took place
9 prior to July 1, 2012.

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

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

24 To the extent permitted by federal law, the Department may
25 act as an authorized representative of a beneficiary in order
26 to enroll the beneficiary in a Medicare Part D Prescription

1 Drug Plan if the beneficiary has failed to choose a plan and,
2 where possible, to enroll beneficiaries in the low-income
3 subsidy program under Medicare Part D or assist them in
4 enrolling in that program.

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

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

11 (i) a person with a disability and under age 65; or
12 (ii) age 65 or older, with incomes over 200% of the
13 Federal Poverty Level; or

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

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

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

25 If the State applies and receives federal approval for
26 a waiver under Title XIX of the Social Security Act,

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

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

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

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

1 following meanings:

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

22 For Eligibility Group 2, "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 3, "covered prescription drug"

1 means those drugs covered by the Medical Assistance
2 Program under Article V of the Illinois Public Aid Code.

3 For Eligibility Group 4, "covered prescription drug"
4 means those drugs covered by the Medicare Part D
5 Prescription Drug Plan in which the beneficiary is
6 enrolled.

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

9 (Source: P.A. 101-10, eff. 6-5-19.)