

## HB 1851 -- Missouri Universal Health Assurance Program

Sponsor: Bland

This bill establishes the Missouri Universal Health Assurance Program. The program is a publicly financed, statewide insurance program that will provide comprehensive and necessary health care services for Missouri residents.

The Director of the Department of Health and Senior Services is required to divide the population of the state into six regional health planning and policy development districts. An advisory council of 13 members will be established for each district. The advisory councils will assist the board of governors of the program in creating an annual comprehensive state health care plan as well as developing a transportation plan for indigent, elderly, and disabled clients.

The program will be administered by a 23-member board of governors, of whom 14 members will be appointed by the Governor, with the advice and consent of the Senate. The directors of the departments of Social Services, Health and Senior Services, and Mental Health will be ex-officio members; and the board will include minority and disabled individuals. The board will be responsible for monitoring expenditures, adopting rules, employing staff, and studying methods for incorporating institutional and long-term care benefits into the program. The board is also required to submit an annual report to the Speaker of the House of Representatives, the President Pro Tem of the Senate, and the Governor with recommendations for changes in health insurance and health care laws.

Prior to the implementation of the comprehensive plan, the board is required to appoint advisory subcommittees of health care researchers and ethics experts and conduct public hearings. The comprehensive plan is required to seek and secure the delivery of the most cost-effective health care services.

The bill also establishes the Missouri Health Care Trust Fund which will be used to finance the program. Revenues held in the fund are not subject to appropriation or allotment by the state or any political subdivision of the state. Various accounts are created within the fund for specific purposes.

Every person who is a resident of Missouri, regardless of pre-existing conditions, will be eligible to receive benefits for covered services. Persons who are not residents but are employed in Missouri will be eligible for benefits if a health premium surcharge is paid. The board is required to request that the program be made available to federal employees and retirees while

they are residents of Missouri. Certain health care services are excluded from coverage.

The program is required to pay the expenses of institutional providers of health care, and each provider is required to negotiate an annual budget with the program which will cover anticipated expenses. The program will reimburse independent providers of health care on a fee-for-service basis. Other insurers and employers may offer benefits that do not duplicate those offered by the program.

To finance the program, every Missouri resident is required to pay a health premium surcharge which will be collected by the Department of Revenue and deposited into the Missouri Health Care Trust Fund. The surcharge, in addition to the state income tax, will be imposed on a resident's adjusted gross income.

No later than 30 days after the effective date of the bill, the Department of Social Services is required to apply to the United States Secretary of Health and Human Services for all health care program waivers that would enable the state to deposit federal funds into the Missouri Health Care Trust Fund. The department is also required to identify other federal funding sources.

Specific sections of the bill will become effective April 1 of the year following the award of a waiver by the United States Department of Health and Human Services. Notice of the receipt of the waiver must be given to the Revisor of Statutes.

The bill contains a referendum clause.