

## HB 2513 -- Health Insurance for Children

Sponsor: Baker (25)

This bill establishes the Covering All KIDS Health Insurance Program within the Department of Social Services to provide health insurance coverage for all uninsured children in the state. An eligible child will remain in the program for 12 months, but must reside in Missouri and cannot be older than 18 years of age. Eligible children will be subject to monthly premiums, co-payments, co-insurance, and deductibles. Untimely premium payments will result in loss of health insurance coverage for the child, and the child cannot attempt to re-enroll in the program for three months. A child who is an inmate in a public institution or mental health facility is not eligible for the program. The department will establish rules and procedures to administer the program that include allowing application agents to assist children in enrolling in the program for a technical assistance fee and providing grants to application agents or community-based organizations to educate the public about the program, subject to performance standards and outcome measures. The department must ensure adequate access to specialty physicians and allow a primary care provider to make the appropriate referrals to health care providers for children who require care from a specialist. Primary care providers will be responsible for coordinating the care of the child who receives a referral for a specialist.

The department must monitor the availability and retention of employer-sponsored dependent health insurance coverage and modify the time period eligibility requirements for the program if necessary to promote retention of private or employer-sponsored health insurance and timely access to health care services. However, eligibility requirements cannot be set at less than six months for the time period that a child has had no insurance coverage. The department must purchase and provide health care benefits for the eligible children that are identical to the benefits provided for children who are covered by the Missouri Children's Health Insurance Program (CHIP), except for non-emergency transportation. The department can offer alternatives to full enrollment to families and children such as:

- (1) Offering subsidies for families to help pay for the cost of their private or employer-sponsored health insurance if the subsidy is more cost-effective than providing coverage in the program;
- (2) Offering partial coverage to children who have a high-deductible private health insurance plan; and

(3) Offering a limited benefits package to children of families who have a private or employer-sponsored health benefit plan that does not cover vision or dental benefits.

The department must conduct a study that includes estimating the number of children with and without health insurance coverage and the number of children who are eligible for and the number enrolled in health insurance benefits through MO HealthNet, CHIP, or employer-sponsored dependent coverage. The study must also include surveying the reasons why some families opt not to enroll in employer-sponsored coverage and determining the comprehensiveness of the dependent coverage available and employee cost-sharing for the coverage. The study will measure health outcomes or other benefits of the children enrolled in the program and analyze the effects of the utilization of health care services for children. Preliminary study results must be presented to the Governor and General Assembly by July 1, 2010, and final results by July 1, 2012.

Beginning in 2009, the department must annually report to the General Assembly by September 1 for counties with a population of 100,000 or more, the number of:

- (1) Professionals serving in the primary care case management program;
- (2) Non-primary care providers accepting referrals; and
- (3) Individuals enrolled in the program.

Disease management programs implemented by the department must be developed using standards and guidelines set by relevant state, national, and specialty medical organizations. Performance measures must be based on evidence-based scientifically sound principles.

The department must request any necessary state plan amendments or federal waivers needed to receive federal funds for implementing the program.