

House \_\_\_\_\_ Amendment NO. \_\_\_\_\_

Offered By \_\_\_\_\_

1 AMEND House Committee Substitute for Senate Bill No. 607, Page 2, Section 208.065, Line 31,  
2 by inserting after all of said section and line the following:

3  
4 "208.207. 1. Beginning January 1, 2017, individuals age nineteen to sixty-four, who are not  
5 otherwise eligible for MO HealthNet services under this chapter, who qualify for MO HealthNet  
6 services under section 42 U.S.C. 1396a(a)(10)(A)(i)(VIII) and as set forth in 42 CFR 435.119, and  
7 who have income at or below one hundred thirty-three percent of the federal poverty level plus five  
8 percent of the applicable family size as determined under 42 U.S.C. 1396a(e)(14) and as set forth in  
9 42 CFR 435.603, shall be eligible for medical assistance under MO HealthNet and shall receive  
10 coverage for the health benefits service package.

11 2. For purposes of this section, "health benefits service package" shall mean, subject to  
12 federal approval, benefits covered by the MO HealthNet program as determined by the department  
13 of social services to meet the benchmark or benchmark-equivalent coverage requirement under 42  
14 U.S.C. 1396a(k)(1).

15 3. The reimbursement rate to MO HealthNet providers for MO HealthNet services provided  
16 to individuals qualifying under the provisions of this section shall be comparable to commercial  
17 reimbursement payment levels with trend adjustment for comparable services. The rates shall be  
18 determined annually by the department of social services, and the department may develop such  
19 rates through a contracted actuary. The higher commercial comparable rates shall only apply for  
20 services provided to individuals qualifying under this section.

21 4. (1) The department of social services shall discontinue eligibility for persons who are  
22 eligible under subsection 1 of this section if:

23 (a) The federal medical assistance percentage established under 42 U.S.C. Section 1396d(y)  
24 or 1396d(z) is less than ninety percent as specified for 2020 and each year thereafter or an amount  
25 determined by the MO HealthNet oversight committee to be necessary to maintain state budget  
26 solvency, whichever is lower; and

27 (b) The general assembly votes to discontinue eligibility for persons who are eligible under  
28 subsection 1 of this section. Prior to any vote under this paragraph, the MO HealthNet oversight  
29 committee and the department of social services shall provide the general assembly with  
30 information on the current and projected expenses incurred due to expanding eligibility to persons  
31 under subsection 1 of this section in relation to health-related savings and revenues and health  
32 outcomes of individuals and families receiving benefits under subsection 1 of this section;

33 (2) The department of social services shall inform persons eligible under subsection 1 of  
34 this section that their benefits may be reduced or eliminated if federal funding decreases or is  
35 eliminated.

36 5. The MO HealthNet oversight committee shall conduct research and investigate any

Standing Action Taken \_\_\_\_\_ Date \_\_\_\_\_

Select Action Taken \_\_\_\_\_ Date \_\_\_\_\_

1 potential health-related savings and revenues associated with expanding eligibility to persons under  
2 subsection 1 of this section. The committee shall investigate the federal matching rate below which  
3 the state could not maintain the expanded eligibility to persons under subsection 1 of this section. If  
4 the amount is determined to be greater than ninety percent, the committee shall report its findings to  
5 the general assembly for its consideration prior to any vote under paragraph (b) of subdivision (1) of  
6 subsection 4 of this section. In conducting its research and investigation, the committee shall also  
7 determine the feasibility of:

8 (1) Implementing capped cost sharing for persons eligible under subsection 1 of this section,  
9 which may be reduced based on healthy behaviors of participants;

10 (2) Expanding Medicaid coverage for certain health care services that are currently financed  
11 by the state; and

12 (3) Enrolling persons under subsection 1 of this section in private health benefit plans."; and  
13

14 Further amend said bill by amending the title, enacting clause, and intersectional references  
15 accordingly.