House _____ **Amendment NO.____**

Offered By

_____ _____

AMEND House Committee Substitute for Senate Committee Substitute for Senate Bill Nos. 688 & 854, Page 1, In the Title, Line 3, by deleting the words "the joint committee on"; and

Further amend said bill and page, Section A, Line 2, by inserting after all of said section and line the following:

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

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

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

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

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

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

(2) The department of social services shall inform persons eligible under subsection 1 of

Standing Action Taken_____ Date _____

Select Action Taken_____ Date _____

this section that their benefits may be reduced or eliminated if federal funding decreases or is eliminated.

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

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

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

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

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