

House _____ Amendment NO. _____

Offered By _____

1 AMEND House Committee Substitute for Senate Substitute for Senate Committee Substitute for
2 Senate Bill No. 775, Page 1, Section 198.439, Line 1, by inserting after all of said section and line
3 the following:
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5 "208.207. 1. Beginning January 1, 2019, individuals nineteen years of age or older and
6 under sixty-five years of age who are not otherwise eligible for MO HealthNet services under this
7 chapter, who qualify for MO HealthNet services under 42 U.S.C. Section 1396a(a)(10)(A)(i)(VIII)
8 and as set forth in 42 CFR 435.119, and who have income at or below one hundred thirty-three
9 percent of the federal poverty level plus five percent of the applicable family size as determined
10 under 42 U.S.C. Section 1396a(e)(14) and as set forth in 42 CFR 435.603 shall be eligible for
11 medical assistance under MO HealthNet and shall receive coverage for the health benefits service
12 package.

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

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

23 4. (1) The department of social services shall discontinue eligibility for persons who are
24 eligible under subsection 1 of this section if:

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

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

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

Action Taken _____ Date _____

1 eliminated.

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

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

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

14 (3) Enrolling persons under subsection 1 of this section in private health benefit plans."; and
15

16 Further amend said bill, Page 9, Section 633.401, Line 97, by inserting after all of said section and
17 line the following:

18
19 "Section B. Section A of this act is hereby submitted to the qualified voters of this state for
20 approval or rejection at an election which is hereby ordered and which shall be held and conducted
21 on the Tuesday immediately following the first Monday in November, 2018, or at a special election
22 to be called by the governor for that purpose, under the applicable laws and constitutional
23 provisions of this state for the submission of referendum measures by the general assembly, and it
24 shall become effective when approved by a majority of the votes cast thereon at such election and
25 not otherwise."; and
26

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