

HOUSE BILL NO. 1962

99TH GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE BUTLER.

4204H.011

D. ADAM CRUMBLISS, Chief Clerk

AN ACT

To amend chapters 103 and 208, RSMo, by adding thereto seven new sections relating to the MO HealthNet program.

Be it enacted by the General Assembly of the state of Missouri, as follows:

Section A. Chapters 103 and 208, RSMo, are amended by adding thereto seven new sections, to be known as sections 103.077, 208.207, 208.1205, 208.1210, 208.1215, 208.1220, and 208.1300, to read as follows:

103.077. 1. In accordance with section 208.1300, beginning January first after the approval of all necessary waivers, the Missouri consolidated health care plan shall:

(1) Enroll all MO HealthNet participants nineteen years of age or older and under sixty-five years of age who are not enrolled in Medicare in the same state health insurance as state employees at the actuarially determined rate of total premium for such health care coverage; and

(2) Allow all individuals who are ineligible for MO HealthNet benefits who are nineteen years of age or older and under sixty-five years of age and who do not have access to other health insurance coverage through an employer or spouse's employer to purchase the same state health insurance as state employees for themselves or their dependents at the actuarially determined rate of total premium for such health care coverage.

2. The MO HealthNet division shall notify the revisor of statutes when the relevant waivers are approved.

208.207. 1. Beginning January 1, 2019, individuals nineteen years of age or older and under sixty-five years of age who are not otherwise eligible for MO HealthNet services under this chapter, who qualify for MO HealthNet services under 42 U.S.C. Section

EXPLANATION — Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

4 1396a(a)(10)(A)(i)(VIII) and as set forth in 42 CFR 435.119, and who have income at or
5 below one hundred thirty-three percent of the federal poverty level plus five percent of the
6 applicable family size as determined under 42 U.S.C. Section 1396a(e)(14) and as set forth
7 in 42 CFR 435.603 shall be eligible for medical assistance under MO HealthNet and shall
8 receive coverage for the health benefits service package.

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

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

20 4. (1) The department of social services shall discontinue eligibility for persons who
21 are eligible under subsection 1 of this section if:

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

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

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

36 5. The MO HealthNet oversight committee shall conduct research and investigate
37 any potential health-related savings and revenues associated with expanding eligibility to
38 persons under subsection 1 of this section. The committee shall investigate the federal
39 matching rate below which the state could not maintain the expanded eligibility to persons

40 under subsection 1 of this section. If the amount is determined to be greater than ninety
41 percent, the committee shall report its findings to the general assembly for its consideration
42 prior to any vote under paragraph (b) of subdivision (1) of subsection 4 of this section. In
43 conducting its research and investigation, the committee shall also determine the feasibility
44 of:

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

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

49 (3) Enrolling persons under subsection 1 of this section in private health benefit
50 plans.

208.1205. 1. The department of social services shall apply for and obtain a
2 Medicaid global waiver and any other necessary waivers or state plan amendments from
3 the Secretary of the United States Department of Health and Human Services including,
4 but not limited to, a waiver of the appropriate sections of Title XIX, 42 U.S.C. Section 1396,
5 et seq. The application for and the provisions of such waivers or state plan amendments
6 shall be implemented as follows:

7 (1) The federal waiver application process shall be reviewed by the joint committee
8 on public assistance established under section 208.952. Prior to the submission of the
9 waiver to the federal government, the department shall provide the joint committee with
10 the proposed waiver application. The waiver shall not be submitted to the federal
11 government until the provisions of this section have been followed;

12 (2) The joint committee shall review the waiver application and hold a public
13 hearing within thirty days of receipt of the application. The director of the department,
14 or the director of the division of MO HealthNet, shall testify on the proposed waiver
15 application; and

16 (3) Within thirty days of the public hearing, the joint committee shall, if necessary,
17 propose modifications to or other recommendations for the waiver application as
18 submitted.

19 2. The waiver application shall include provisions, to the fullest extent possible, that
20 maximize the flexibility of the state to design a patient-centered, sustainable, and cost-
21 effective approach to a market-based health care system that emphasizes competitive and
22 value-based purchasing. Such flexibility may include:

23 (1) Eligibility determinations which may include work requirements for certain
24 able-bodied adults;

25 **(2) Initiatives to promote healthy outcomes and reward personal responsibility,**
26 **including the use of co-payments, premiums, and health savings accounts; and**

27 **(3) Accountability and transparency measures designed to promote**
28 **interdepartmental cooperation and coordination while eliminating redundancies. Such**
29 **measures shall also promote the efficient and cost-effective delivery of health care services**
30 **in a patient-centered approach, including physical and mental health care services.**

31 **3. The waiver application may include provisions, to the fullest extent possible, that**
32 **propose or accept a federally capped block grant, adjusted for inflation, state gross**
33 **domestic product, state population growth, state Medicaid population growth, and other**
34 **economic and demographic factors, for the duration of the waiver.**

208.1210. 1. Until statutory changes are enacted through the legislative process, all
2 **applicable laws relating to MO HealthNet shall remain in effect. It may be necessary to**
3 **propose legislative changes in order to comply with the federal waiver submitted under**
4 **section 208.1205 if approved by the federal government. In order to effectuate additional**
5 **programmatic changes to the MO HealthNet program beyond those authorized by the**
6 **ninety-ninth general assembly, second regular session, and as authorized by the waiver, the**
7 **department of social services shall propose the additional statutory changes required.**
8 **Such changes cannot be effectuated until the necessary statutes have been enacted.**

9 **2. The joint committee on public assistance shall hold public meetings on such**
10 **proposed statutory changes to determine whether such proposals satisfy the goals**
11 **enumerated in section 208.1205 and would result in substantial new opportunities for the**
12 **MO HealthNet program on a cost-neutral basis.**

13 **3. Upon the enactment of legislation related to the waiver, the department shall**
14 **adopt rules and regulations to implement the provisions of the waiver. Any rule or portion**
15 **of a rule, as that term is defined in section 536.010, that is created under the authority**
16 **delegated in this section shall become effective only if it complies with and is subject to all**
17 **of the provisions of chapter 536 and, if applicable, section 536.028. This section and**
18 **chapter 536 are nonseverable, and if any of the powers vested with the general assembly**
19 **pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul**
20 **a rule are subsequently held unconstitutional, then the grant of rulemaking authority and**
21 **any rule proposed or adopted after August 28, 2018, shall be invalid and void.**

208.1215. After the approval by the federal government of the waiver submitted
2 **under section 208.1205, the joint committee on public assistance shall meet at least twice**
3 **each year. The joint committee shall have the authority to:**

4 **(1) Provide oversight on the Medicaid global waiver;**

5 (2) Communicate as necessary with the director of the department of social
6 services, the director of the MO HealthNet division, and any other divisions or departments
7 within the scope of the MO HealthNet program;

8 (3) Recommend the types of services for the MO HealthNet program offered by the
9 state;

10 (4) Issue, in accordance with section 21.400, subpoenas, subpoenas duces tecum,
11 and orders for the production of books, accounts, papers, records, and documents; and

12 (5) Recommend to the general assembly and the department any amendments to
13 the waiver and any corrective clarifying legislation that may be necessary.

208.1220. In the event that the global waiver or related waivers or state plan
2 amendments submitted under section 208.1205 are suspended or terminated for any
3 reason, or in the event that the global waiver or related waivers or state plan amendments
4 expire, the department of social services shall apply for an extension or renewal of the
5 global waiver or any new waivers that, at a minimum, ensure the continuation of the
6 waiver authorities in existence prior to the acceptance of the global waiver. The
7 department shall ensure that any such actions are conducted in accordance with applicable
8 federal statutes and regulations relating to Section 1115 demonstration waiver renewals,
9 extensions, or terminations. The department shall, to the fullest extent possible, ensure
10 that such waiver authorities are reinstated prior to any suspension, termination, or
11 expiration of the global waiver.

208.1300. 1. Beginning January first after the approval of all necessary waivers
2 under section 208.1205, all MO HealthNet participants nineteen years of age or older and
3 under sixty-five years of age who are not enrolled in Medicare shall be enrolled in the same
4 state health insurance as state employees through the Missouri consolidated health care
5 plan at the actuarially determined rate of total premium for such health care coverage.
6 The total premium cost for each participant shall be paid by the MO HealthNet program.
7 Any co-payments or costs associated with prescription drugs shall be paid by the
8 participant. The total premium amount to enroll a MO HealthNet participant shall be no
9 less than one thousand sixty dollars and shall not exceed three thousand five hundred
10 dollars annually. The total premium amount shall be evaluated and adjusted, as necessary,
11 biannually by the Missouri consolidated health care plan. Any increase to the total
12 premium cost shall be approved by the general assembly prior to being implemented.

13 2. Any individual who is ineligible for MO HealthNet benefits who is nineteen years
14 of age or older and under sixty-five years of age and who does not have access to other
15 health insurance coverage through an employer or spouse's employer may, at the
16 individual's own expense, purchase the same state health insurance as state employees for

17 **himself or herself and his or her dependents through the Missouri consolidated health care**
18 **plan at the actuarially determined rate of total premium for such health care coverage.**
19 **Documentation of eligibility for the purchase of state health insurance shall be required**
20 **prior to the purchase of any such insurance. The premium for such health care coverage**
21 **for such individual shall not exceed six percent of the individual's annual adjusted gross**
22 **income.**
23 **3. The MO HealthNet division shall notify the revisor of statutes when the relevant**
24 **waivers are approved.**

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