# FIRST REGULAR SESSION HOUSE BILL NO. 219

## **100TH GENERAL ASSEMBLY**

## INTRODUCED BY REPRESENTATIVE WOOD.

0912H.01I

DANA RADEMAN MILLER, Chief Clerk

## AN ACT

To repeal section 208.146, RSMo, and to enact in lieu thereof one new section relating to health assurance programs.

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

Section A. Section 208.146, RSMo, is repealed and one new section enacted in lieu 2 thereof, to be known as section 208.146, to read as follows:

208.146. 1. The program established under this section shall be known as the "Ticket to Work Health Assurance Program". Subject to appropriations and in accordance with the federal Ticket to Work and Work Incentives Improvement Act of 1999 (TWWIIA), Public Law 106-170, the medical assistance provided for in section 208.151 may be paid for a person who is employed and who:

- 8 (1) Except for earnings, meets the definition of disabled under the Supplemental Security
  9 Income Program or meets the definition of an employed individual with a medically improved
  10 disability under TWWIIA;
- 11 12
- (2) Has earned income, as defined in subsection 2 of this section;
- (3) Meets the asset limits in subsection 3 of this section;
- (4) Has net income, as defined in subsection 3 of this section, that does not exceed the
  limit for permanent and totally disabled individuals to receive nonspenddown MO HealthNet
  under subdivision (24) of subsection 1 of section 208.151; and
- 16 (5) Has a gross income of two hundred fifty percent or less of the federal poverty level,
- 17 excluding any earned income of the worker with a disability between two hundred fifty and three
- 18 hundred percent of the federal poverty level. For purposes of this subdivision, "gross income"
- 19 includes all income of the person and the person's spouse that would be considered in

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.

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determining MO HealthNet eligibility for permanent and totally disabled individuals under
subdivision (24) of subsection 1 of section 208.151. Individuals with gross incomes in excess
of one hundred percent of the federal poverty level shall pay a premium for participation in
accordance with subsection 4 of this section.

24 2. For income to be considered earned income for purposes of this section, the 25 department of social services shall document that Medicare and Social Security taxes are 26 withheld from such income. Self-employed persons shall provide proof of payment of Medicare 27 and Social Security taxes for income to be considered earned.

3. (1) For purposes of determining eligibility under this section, the available asset limit
and the definition of available assets shall be the same as those used to determine MO HealthNet
eligibility for permanent and totally disabled individuals under subdivision (24) of subsection
1 of section 208.151 except for:

(a) Medical savings accounts limited to deposits of earned income and earnings on such
 income while a participant in the program created under this section with a value not to exceed
 five thousand dollars per year; and

35 (b) Independent living accounts limited to deposits of earned income and earnings on 36 such income while a participant in the program created under this section with a value not to 37 exceed five thousand dollars per year. For purposes of this section, an "independent living 38 account" means an account established and maintained to provide savings for transportation, 39 housing, home modification, and personal care services and assistive devices associated with 40 such person's disability.

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(2) To determine net income, the following shall be disregarded:

42 (a) All earned income of the disabled worker;

43 (b) The first sixty-five dollars and one-half of the remaining earned income of a 44 nondisabled spouse's earned income;

45 (c) A twenty dollar standard deduction;

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(d) Health insurance premiums;

47 (e) A seventy-five dollar a month standard deduction for the disabled worker's dental and
48 optical insurance when the total dental and optical insurance premiums are less than seventy-five
49 dollars;

50 (f) All Supplemental Security Income payments, and the first fifty dollars of SSDI 51 payments;

(g) A standard deduction for impairment-related employment expenses equal to one-half
 of the disabled worker's earned income.

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4. Any person whose gross income exceeds one hundred percent of the federal poverty
level shall pay a premium for participation in the medical assistance provided in this section.
Such premium shall be:

(1) For a person whose gross income is more than one hundred percent but less than one
hundred fifty percent of the federal poverty level, four percent of income at one hundred percent
of the federal poverty level;

60 (2) For a person whose gross income equals or exceeds one hundred fifty percent but is
61 less than two hundred percent of the federal poverty level, four percent of income at one hundred
62 fifty percent of the federal poverty level;

63 (3) For a person whose gross income equals or exceeds two hundred percent but less
64 than two hundred fifty percent of the federal poverty level, five percent of income at two hundred
65 percent of the federal poverty level;

66 (4) For a person whose gross income equals or exceeds two hundred fifty percent up to 67 and including three hundred percent of the federal poverty level, six percent of income at two 68 hundred fifty percent of the federal poverty level.

5. Recipients of services through this program shall report any change in income or household size within ten days of the occurrence of such change. An increase in premiums resulting from a reported change in income or household size shall be effective with the next premium invoice that is mailed to a person after due process requirements have been met. A decrease in premiums shall be effective the first day of the month immediately following the month in which the change is reported.

6. If an eligible person's employer offers employer-sponsored health insurance and the department of social services determines that it is more cost effective, such person shall participate in the employer-sponsored insurance. The department shall pay such person's portion of the premiums, co-payments, and any other costs associated with participation in the employer-sponsored health insurance.

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7. The provisions of this section shall expire August 28, [2019] 2025.

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