## FIRST REGULAR SESSION

## **HOUSE BILL NO. 1438**

## 101ST GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE WALSH MOORE (93).

2794H.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 the ticket to work health assurance program.

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Section A. Section 208.146, RSMo, is repealed and one new section enacted in lieu thereof, to be known as section 208.146, to read as follows: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 2
- 3 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:
- 6 (1) Except for earnings, meets the definition of disabled under the Supplemental Security Income Program or meets the definition of an employed individual with a medically improved
- disability under TWWIIA; 8

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- (2) Has earned income, as defined in subsection 2 of this section;
- 10 (3) Meets the asset limits in subsection 3 of this section; and
- 11 (4) Has [net] income, as defined in subsection 3 of this section, that does not exceed [the
- 12 limit for permanent and totally disabled individuals to receive nonspenddown MO HealthNet
- 13 under subdivision (24) of subsection 1 of section 208.151; and
- 14 (5) Has a gross income of two hundred fifty percent [or less] of the federal poverty
- level, excluding any earned income of the worker with a disability between two hundred fifty and 15
- three hundred percent of the federal poverty level. [For purposes of this subdivision, "gross 16
- 17 income" 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. HB 1438 2

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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.]

- 2. For income to be considered earned income for purposes of this section, the department of social services shall document that Medicare and Social Security taxes are withheld from such income. Self-employed persons shall provide proof of payment of Medicare 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]
- (b) Independent living 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. For purposes of this section, an "independent living account" means an account established and maintained to provide savings for transportation, housing, home modification, and personal care services and assistive devices associated with such person's disability; and
- (c) Retirement accounts including, but not limited to, individual accounts, 401(k) plans, 403(b) plans, Keogh plans, and pension plans, provided that income from such accounts be calculated as income under subdivision (4) of subsection 1 of this section.
  - (2) To determine [net] income, the following shall be disregarded:
  - (a) [All earned income of the disabled worker;
- 44 (b) The first [sixty-five dollars and one-half] fifty thousand dollars of [the remaining]
  45 earned income of [a nondisabled spouse's earned income] the person's spouse;
  - (e) (b) A twenty dollar standard deduction;
- 47 [(d)] (c) Health insurance premiums;
- [(e)] (d) A seventy-five dollar a month standard deduction for the disabled worker's dental and optical insurance when the total dental and optical insurance premiums are less than seventy-five dollars;
- 51 [(f)] (e) All Supplemental Security Income payments, and the first fifty dollars of SSDI payments; and

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

- 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;
- (2) For a person whose [gross] income equals or exceeds one hundred fifty percent but is less than two hundred percent of the federal poverty level, four percent of income at one hundred fifty percent of the federal poverty level;
- (3) For a person whose [gross] income equals or exceeds two hundred percent but less than two hundred fifty percent of the federal poverty level, five percent of income at two hundred percent of the federal poverty level;
- (4) For a person whose [gross] income equals or exceeds two hundred fifty percent up to and including three hundred percent of the federal poverty level, six percent of income at two 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. If the department elects to pay such person's employer-sponsored insurance costs under this subsection, the medical assistance provided under this section shall be provided to an eligible person as a secondary or supplemental policy for only personal care assistance services, as defined in section 208.900, and related costs and nonemergency medical transportation to any employer-sponsored benefits that may be available to such person.
- 7. The department of social services shall provide to the general assembly an annual report that identifies the number of participants in the program and describes the outreach and education efforts to increase awareness and enrollment in the program.

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8. The department of social services shall submit such state plan amendments and waivers to the Centers for Medicare and Medicaid Services of the federal Department of Health and Human Services as the department determines are necessary to implement the provisions of this section.

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

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