

HB 1439 -- UNIVERSAL HEALTH ASSURANCE PROGRAM

SPONSOR: Weber

This bill establishes the "Missouri Universal Health Assurance Program", which is a publicly financed, statewide program to provide comprehensive necessary health, mental health, and dental care services and preventive screenings for Missouri residents.

The Director of the Department of Health and Senior Services is required to divide the population of the state into six regional health planning and policy development districts with approximately equal population. An advisory council of nine members appointed by the Governor will be established for each district. The Advisory Councils will assist the Board of Governors of the Program in developing an annual comprehensive state health care plan and a transportation plan for indigent, elderly, and disabled clients to access necessary nonemergency health care services.

The Program will be administered by a 23 member Board of Governors, 14 of whom will be appointed by the Governor, with the advice and consent of the Senate. The Directors of the Departments of Social Services, Health and Senior Services, and Mental Health will be ex-officio members; and the Board will include minority, indigent, elderly, and disabled individuals as well as health professionals. The Board's responsibilities will include monitoring expenditures, adopting rules, employing staff, and studying methods for incorporating institutional and long-term care benefits into the Program. The Board is also required to submit an annual report to the Speaker of the House of Representatives, the President Pro Tem of the Senate, and the Governor on the Program's activities and recommendations for changes in insurance and health care laws to improve access to health care.

Prior to the implementation of the comprehensive plan, the Board is required to appoint advisory subcommittees of medical professionals and medical and health care ethics experts to conduct hearings to gather public comment. The comprehensive plan is required to seek the most cost-effective delivery of health care services.

The bill also creates the "Missouri Health Care Trust Fund" to be used to finance the Program including federal funds received as a result of any waiver of requirements granted by the federal government. Moneys in the Trust Fund are not subject to appropriation or allotment by the state or any political subdivision of the state. Various accounts are created within the Trust Fund for specific purposes.

Every person who is a resident of Missouri, regardless of pre-

existing conditions, will be eligible to receive benefits for covered services under the Program. Individuals who are not residents but are employed in Missouri and pay the health assurance premium will be eligible for benefits. The Board is required to request that the program be made available to federal employees and retirees while they are residents of Missouri. Certain health care services are excluded from coverage.

No participating provider can refuse to furnish services to an eligible person on the basis of race, color, income level, national origin, religion, sex, sexual orientation, or other nonmedical criteria.

The Program is required to pay the expenses of institutional providers of inpatient health care services, and each provider is required to negotiate an annual budget with the Program which will cover anticipated expenses. The Program will reimburse independent providers of health care services on a fee-for-service basis using the federal Medicare reimbursement fees as a guideline. Other insurers, employers, and plans may offer benefits that do not duplicate services offered by the Program.

To finance the Program, every Missouri resident is required to pay a health assurance tax based on the person's Missouri Adjusted Gross Income which will be collected by the Department of Revenue and deposited into the Trust Fund. If a federal universal health program is implemented, the tax must be decreased as specified in the bill.

No later than 30 days after the effective date of the bill, the Department of Social Services is required to apply to the United States Secretary of Health and Human Services for all health care program waivers that will allow the state to deposit federal funds into the Trust Fund. The Department is also required to identify other federal funding sources.

The program will become effective April 1 of the year following the award of a waiver by the United States Department of Health and Human Services. Notice of the receipt of the waiver must be given to the Missouri Revisor of Statutes.