

SECOND REGULAR SESSION

HOUSE BILL NO. 3382

103RD GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE HRUZA.

7302H.011

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Section A. Section 208.146, RSMo, is repealed and one new section enacted in lieu thereof, to be known as section 208.146, to read as follows: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

(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;

(2) Has earned income, as defined in subsection 2 of this section;

(3) Meets the asset limits in subsection 3 of this section; and

(4) Has income, as determined in subsection 3 of this section, that does not exceed two hundred fifty percent of the federal poverty level, excluding any earned income of the worker with a disability between two hundred fifty and three hundred percent of the federal poverty level.

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

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.

17 withheld from such income. Self-employed persons shall provide proof of payment of
18 Medicare and Social Security taxes for income to be considered earned.

19 3. (1) For purposes of determining eligibility under this section, the available asset
20 limit and the definition of available assets shall be the same as those used to determine MO
21 HealthNet eligibility for permanent and totally disabled individuals under subdivision (24) of
22 subsection 1 of section 208.151 except for:

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

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

32 (c) Retirement accounts including, but not limited to, individual accounts, 401(k)
33 plans, 403(b) plans, Keogh plans, and pension plans, provided that income from such
34 accounts be calculated as income under subdivision (4) of subsection 1 of this section.

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

36 (a) The first fifty thousand dollars of earned income of the person's spouse;

37 (b) A twenty dollar standard deduction;

38 (c) Health insurance premiums;

39 (d) A seventy-five dollar a month standard deduction for the disabled worker's dental
40 and optical insurance when the total dental and optical insurance premiums are less than
41 seventy-five dollars;

42 (e) All Supplemental Security Income payments, and the first fifty dollars of SSDI
43 payments; and

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

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

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

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

55 (3) For a person whose income equals or exceeds two hundred percent but less than
56 two hundred fifty percent of the federal poverty level, five percent of income at two hundred
57 percent of the federal poverty level;

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

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

67 6. If an eligible person's employer offers employer-sponsored health insurance and
68 the department of social services determines that it is more cost effective, such person shall
69 participate in the employer-sponsored insurance. The department shall pay such person's
70 portion of the premiums, co-payments, and any other costs associated with participation in the
71 employer-sponsored health insurance. If the department elects to pay such person's
72 employer-sponsored insurance costs under this subsection, the medical assistance provided
73 under this section shall be provided to an eligible person as a secondary or supplemental
74 policy for only personal care assistance services, as defined in section 208.900, and related
75 costs and nonemergency medical transportation to any employer-sponsored benefits that may
76 be available to such person.

77 7. The department of social services shall provide to the general assembly an annual
78 report that identifies the number of participants in the program and describes the outreach and
79 education efforts to increase awareness and enrollment in the program.

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

84 9. The provisions of this section shall expire August 28, ~~2025~~ **2032**.

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