

SECOND REGULAR SESSION

HOUSE BILL NO. 2062

100TH GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE MITTEN.

4565H.011

DANA RADEMAN MILLER, Chief Clerk

AN ACT

To amend chapter 208, RSMo, by adding thereto one new section relating to MO HealthNet services.

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

Section A. Chapter 208, RSMo, is amended by adding thereto one new section, to be known as section 208.207, to read as follows:

208.207. 1. Beginning January 1, 2021, individuals nineteen years of age or older and under sixty-five years of age who qualify for MO HealthNet services under section 42 U.S.C. 1396a(a)(10)(A)(i)(VIII) and as set forth in 42 CFR 435.119 and who have income at or below one hundred thirty-three percent of the federal poverty level plus five percent of the applicable family size as determined under 42 U.S.C. Section 1396a(e)(14) and as set forth in 42 CFR 435.603 shall be eligible for medical assistance under MO HealthNet and shall receive coverage for the health benefits service package.

2. For purposes of this section, "health benefits service package" means benefits covered by the MO HealthNet program as determined by the department of social services to meet the benchmark or benchmark-equivalent coverage requirement under 42 U.S.C. Section 1396a(k)(1) and any implementing regulations.

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

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 commercial comparable rates shall only apply for services provided to individuals
18 qualifying under this section.

19 4. (1) The department of social services shall discontinue eligibility for persons who
20 are eligible under subsection 1 of this section if:

21 (a) The federal medical assistance percentage established under 42 U.S.C. Section
22 1396d(y) or 1396d(z) is less than ninety percent as specified for year 2022 and each year
23 thereafter or an amount determined by the MO HealthNet oversight committee to be
24 necessary to maintain state budget solvency, whichever is lower; or

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

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

35 5. The MO HealthNet oversight committee shall conduct research and investigate
36 any potential health-related savings and revenues associated with expanding eligibility to
37 persons under subsection 1 of this section. The committee shall investigate the federal
38 matching rate below which the state could not maintain the expanded eligibility to persons
39 under subsection 1 of this section. If the amount is determined to be greater than ninety
40 percent, the committee shall report its findings to the general assembly for consideration
41 prior to any vote under paragraph (b) of subdivision (1) of subsection 4 of this section. In
42 conducting its research and investigation, the committee shall also determine the feasibility
43 of:

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

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

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

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