

SECOND REGULAR SESSION

HOUSE BILL NO. 1969

97TH GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE BARNES.

6188H.011

D. ADAM CRUMBLISS, Chief Clerk

AN ACT

To repeal sections 208.151, 208.631, and 208.659, RSMo, and to enact in lieu thereof four new sections relating to MO HealthNet coverage.

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

Section A. Sections 208.151, 208.631, and 208.659, RSMo, are repealed and four new sections enacted in lieu thereof, to be known as sections 208.151, 208.191, 208.631, and 208.659, to read as follows:

208.151. 1. Medical assistance on behalf of needy persons shall be known as "MO HealthNet". For the purpose of paying MO HealthNet benefits and to comply with Title XIX, Public Law 89-97, 1965 amendments to the federal Social Security Act (42 U.S.C. Section 301, et seq.) as amended, the following needy persons shall be eligible to receive MO HealthNet benefits to the extent and in the manner hereinafter provided, **unless otherwise provided in subsection 2 of this section:**

(1) All participants receiving state supplemental payments for the aged, blind and disabled;

(2) All participants receiving aid to families with dependent children benefits, including all persons under nineteen years of age who would be classified as dependent children except for the requirements of subdivision (1) of subsection 1 of section 208.040. Participants eligible under this subdivision who are participating in drug court, as defined in section 478.001, shall have their eligibility automatically extended sixty days from the time their dependent child is removed from the custody of the participant, subject to approval of the Centers for Medicare and Medicaid Services;

(3) All participants receiving blind pension benefits;

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 (4) All persons who would be determined to be eligible for old age assistance benefits,
18 permanent and total disability benefits, or aid to the blind benefits under the eligibility standards
19 in effect December 31, 1973, or less restrictive standards as established by rule of the family
20 support division, who are sixty-five years of age or over and are patients in state institutions for
21 mental diseases or tuberculosis;

22 (5) All persons under the age of twenty-one years who would be eligible for aid to
23 families with dependent children except for the requirements of subdivision (2) of subsection 1
24 of section 208.040, and who are residing in an intermediate care facility, or receiving active
25 treatment as inpatients in psychiatric facilities or programs, as defined in 42 U.S.C. 1396d, as
26 amended;

27 (6) All persons under the age of twenty-one years who would be eligible for aid to
28 families with dependent children benefits except for the requirement of deprivation of parental
29 support as provided for in subdivision (2) of subsection 1 of section 208.040;

30 (7) All persons eligible to receive nursing care benefits;

31 (8) All participants receiving family foster home or nonprofit private child-care
32 institution care, subsidized adoption benefits and parental school care wherein state funds are
33 used as partial or full payment for such care;

34 (9) All persons who were participants receiving old age assistance benefits, aid to the
35 permanently and totally disabled, or aid to the blind benefits on December 31, 1973, and who
36 continue to meet the eligibility requirements, except income, for these assistance categories, but
37 who are no longer receiving such benefits because of the implementation of Title XVI of the
38 federal Social Security Act, as amended;

39 (10) Pregnant women who meet the requirements for aid to families with dependent
40 children, except for the existence of a dependent child in the home;

41 (11) Pregnant women who meet the requirements for aid to families with dependent
42 children, except for the existence of a dependent child who is deprived of parental support as
43 provided for in subdivision (2) of subsection 1 of section 208.040;

44 (12) Pregnant women or infants under one year of age, or both, whose family income
45 does not exceed an income eligibility standard equal to one hundred eighty-five percent of the
46 federal poverty level as established and amended by the federal Department of Health and
47 Human Services, or its successor agency;

48 (13) Children who have attained one year of age but have not attained six years of age
49 who are eligible for medical assistance under 6401 of P.L. 101-239 (Omnibus Budget
50 Reconciliation Act of 1989). The family support division shall use an income eligibility standard
51 equal to one hundred thirty-three percent of the federal poverty level established by the
52 Department of Health and Human Services, or its successor agency;

53 (14) Children who have attained six years of age but have not attained nineteen years of
54 age. For children who have attained six years of age but have not attained nineteen years of age,
55 the family support division shall use an income assessment methodology which provides for
56 eligibility when family income is equal to or less than equal to one hundred percent of the federal
57 poverty level established by the Department of Health and Human Services, or its successor
58 agency. As necessary to provide MO HealthNet coverage under this subdivision, the department
59 of social services may revise the state MO HealthNet plan to extend coverage under 42 U.S.C.
60 1396a (a)(10)(A)(i)(III) to children who have attained six years of age but have not attained
61 nineteen years of age as permitted by paragraph (2) of subsection (n) of 42 U.S.C. 1396d using
62 a more liberal income assessment methodology as authorized by paragraph (2) of subsection (r)
63 of 42 U.S.C. 1396a;

64 (15) The family support division shall not establish a resource eligibility standard in
65 assessing eligibility for persons under subdivision (12), (13) or (14) of this subsection. The MO
66 HealthNet division shall define the amount and scope of benefits which are available to
67 individuals eligible under each of the subdivisions (12), (13), and (14) of this subsection, in
68 accordance with the requirements of federal law and regulations promulgated thereunder;

69 (16) Notwithstanding any other provisions of law to the contrary, ambulatory prenatal
70 care shall be made available to pregnant women during a period of presumptive eligibility
71 pursuant to 42 U.S.C. Section 1396r-1, as amended;

72 (17) A child born to a woman eligible for and receiving MO HealthNet benefits under
73 this section on the date of the child's birth shall be deemed to have applied for MO HealthNet
74 benefits and to have been found eligible for such assistance under such plan on the date of such
75 birth and to remain eligible for such assistance for a period of time determined in accordance
76 with applicable federal and state law and regulations so long as the child is a member of the
77 woman's household and either the woman remains eligible for such assistance or for children
78 born on or after January 1, 1991, the woman would remain eligible for such assistance if she
79 were still pregnant. Upon notification of such child's birth, the family support division shall
80 assign a MO HealthNet eligibility identification number to the child so that claims may be
81 submitted and paid under such child's identification number;

82 (18) Pregnant women and children eligible for MO HealthNet benefits pursuant to
83 subdivision (12), (13) or (14) of this subsection shall not as a condition of eligibility for MO
84 HealthNet benefits be required to apply for aid to families with dependent children. The family
85 support division shall utilize an application for eligibility for such persons which eliminates
86 information requirements other than those necessary to apply for MO HealthNet benefits. The
87 division shall provide such application forms to applicants whose preliminary income
88 information indicates that they are ineligible for aid to families with dependent children.

89 Applicants for MO HealthNet benefits under subdivision (12), (13) or (14) of this subsection
90 shall be informed of the aid to families with dependent children program and that they are
91 entitled to apply for such benefits. Any forms utilized by the family support division for
92 assessing eligibility under this chapter shall be as simple as practicable;

93 (19) Subject to appropriations necessary to recruit and train such staff, the family support
94 division shall provide one or more full-time, permanent eligibility specialists to process
95 applications for MO HealthNet benefits at the site of a health care provider, if the health care
96 provider requests the placement of such eligibility specialists and reimburses the division for the
97 expenses including but not limited to salaries, benefits, travel, training, telephone, supplies, and
98 equipment of such eligibility specialists. The division may provide a health care provider with
99 a part-time or temporary eligibility specialist at the site of a health care provider if the health care
100 provider requests the placement of such an eligibility specialist and reimburses the division for
101 the expenses, including but not limited to the salary, benefits, travel, training, telephone,
102 supplies, and equipment, of such an eligibility specialist. The division may seek to employ such
103 eligibility specialists who are otherwise qualified for such positions and who are current or
104 former welfare participants. The division may consider training such current or former welfare
105 participants as eligibility specialists for this program;

106 (20) Pregnant women who are eligible for, have applied for and have received MO
107 HealthNet benefits under subdivision (2), (10), (11) or (12) of this subsection shall continue to
108 be considered eligible for all pregnancy-related and postpartum MO HealthNet benefits provided
109 under section 208.152 until the end of the sixty-day period beginning on the last day of their
110 pregnancy;

111 (21) Case management services for pregnant women and young children at risk shall be
112 a covered service. To the greatest extent possible, and in compliance with federal law and
113 regulations, the department of health and senior services shall provide case management services
114 to pregnant women by contract or agreement with the department of social services through local
115 health departments organized under the provisions of chapter 192 or chapter 205 or a city health
116 department operated under a city charter or a combined city-county health department or other
117 department of health and senior services designees. To the greatest extent possible the
118 department of social services and the department of health and senior services shall mutually
119 coordinate all services for pregnant women and children with the crippled children's program,
120 the prevention of intellectual disability and developmental disability program and the prenatal
121 care program administered by the department of health and senior services. The department of
122 social services shall by regulation establish the methodology for reimbursement for case
123 management services provided by the department of health and senior services. For purposes
124 of this section, the term "case management" shall mean those activities of local public health

125 personnel to identify prospective MO HealthNet-eligible high-risk mothers and enroll them in
126 the state's MO HealthNet program, refer them to local physicians or local health departments
127 who provide prenatal care under physician protocol and who participate in the MO HealthNet
128 program for prenatal care and to ensure that said high-risk mothers receive support from all
129 private and public programs for which they are eligible and shall not include involvement in any
130 MO HealthNet prepaid, case-managed programs;

131 (22) By January 1, 1988, the department of social services and the department of health
132 and senior services shall study all significant aspects of presumptive eligibility for pregnant
133 women and submit a joint report on the subject, including projected costs and the time needed
134 for implementation, to the general assembly. The department of social services, at the direction
135 of the general assembly, may implement presumptive eligibility by regulation promulgated
136 pursuant to chapter 207;

137 (23) All participants who would be eligible for aid to families with dependent children
138 benefits except for the requirements of paragraph (d) of subdivision (1) of section 208.150;

139 (24) (a) All persons who would be determined to be eligible for old age assistance
140 benefits under the eligibility standards in effect December 31, 1973, as authorized by 42 U.S.C.
141 Section 1396a(f), or less restrictive methodologies as contained in the MO HealthNet state plan
142 as of January 1, 2005; except that, on or after July 1, 2005, less restrictive income
143 methodologies, as authorized in 42 U.S.C. Section 1396a(r)(2), may be used to change the
144 income limit if authorized by annual appropriation;

145 (b) All persons who would be determined to be eligible for aid to the blind benefits
146 under the eligibility standards in effect December 31, 1973, as authorized by 42 U.S.C. Section
147 1396a(f), or less restrictive methodologies as contained in the MO HealthNet state plan as of
148 January 1, 2005, except that less restrictive income methodologies, as authorized in 42 U.S.C.
149 Section 1396a(r)(2), shall be used to raise the income limit to one hundred percent of the federal
150 poverty level;

151 (c) All persons who would be determined to be eligible for permanent and total disability
152 benefits under the eligibility standards in effect December 31, 1973, as authorized by 42 U.S.C.
153 1396a(f); or less restrictive methodologies as contained in the MO HealthNet state plan as of
154 January 1, 2005; except that, on or after July 1, 2005, less restrictive income methodologies, as
155 authorized in 42 U.S.C. Section 1396a(r)(2), may be used to change the income limit if
156 authorized by annual appropriations. Eligibility standards for permanent and total disability
157 benefits shall not be limited by age;

158 (25) Persons who have been diagnosed with breast or cervical cancer and who are
159 eligible for coverage pursuant to 42 U.S.C. 1396a (a)(10)(A)(ii)(XVIII). Such persons shall be
160 eligible during a period of presumptive eligibility in accordance with 42 U.S.C. 1396r-1;

161 (26) Effective August 28, 2013, persons who are in foster care under the responsibility
162 of the state of Missouri on the date such persons attain the age of eighteen years, or at any time
163 during the thirty-day period preceding their eighteenth birthday, without regard to income or
164 assets, if such persons:

165 (a) Are under twenty-six years of age;

166 (b) Are not eligible for coverage under another mandatory coverage group; and

167 (c) Were covered by Medicaid while they were in foster care.

168 2. **Beginning July 1, 2015, eligibility for MO HealthNet benefits shall be amended**
169 **as follows:**

170 (1) **Persons eligible under subdivision (25) of subsection 1 of this section shall no**
171 **longer be eligible for MO HealthNet benefits as provided in this section, except for those**
172 **persons who do not have access to employer-sponsored health insurance coverage or**
173 **subsidized insurance coverage through an exchange at any point after diagnosis, whose**
174 **income is between one hundred percent and two hundred percent of the federal poverty**
175 **level as converted to the MAGI equivalent net income standard;**

176 (2) **Pregnant women who are eligible under subdivision (12) of subsection 1 of this**
177 **section, with income between one hundred thirty-three and one hundred eighty-five**
178 **percent of the federal poverty level as converted to the MAGI equivalent net income**
179 **standard shall be eligible for MO HealthNet in the form of a premium subsidy as**
180 **established by rule of the department in order to enroll in a plan offered by a health care**
181 **exchange, whether federally facilitated, state based, or operated on a partnership basis.**
182 **Such pregnant women shall be directed to choose an exchange plan and shall be eligible**
183 **for a premium subsidy equal to the amount of the percentage of income required for**
184 **premium payments or coinsurance of the pregnant women by federal rule;**

185 (3) **Beginning October 1, 2020, coverage for infants under one year of age who are**
186 **eligible under subdivision (12) of subsection 1 of this section shall be limited to those**
187 **infants whose family income does not exceed one hundred eighty-five percent of the federal**
188 **poverty level as converted to the MAGI equivalent net income standard. Infants under one**
189 **year of age born to women who were covered under subdivision (2) of this subsection with**
190 **family income between one hundred thirty-three and one hundred eighty-five percent of**
191 **the federal poverty level as converted to the MAGI equivalent net income standard shall**
192 **only be eligible if, in addition to the other requirements, their parents do not have access**
193 **to health insurance coverage for the child through a health insurance plan in a health care**
194 **exchange, whether federally facilitated, state based, or operated on a partnership basis and**
195 **the parents are not eligible for a premium subsidy for the child or family through such**

196 exchange because the parents have been determined to have access to affordable health
197 insurance as defined by the exchange;

198 (4) Persons eligible under subdivision (3) of subsection 1 of this section and section
199 208.146 with income up to and including one hundred thirty-three percent of the federal
200 poverty level as converted to the MAGI equivalent net income standard shall be eligible
201 for MO HealthNet benefits. Persons eligible under subdivision (3) of subsection 1 of this
202 section with income greater than one hundred thirty-three percent of the federal poverty
203 level as converted to the MAGI equivalent net income standard shall only be eligible for
204 those MO HealthNet benefits they would otherwise be entitled to receive including personal
205 care assistance services as defined in section 208.900 that are not available under a
206 qualified health plan as the term is defined in 42 U.S.C. Section 18021(a)(1);

207 (5) The changes in eligibility under subdivisions (1) to (4) of this subsection shall
208 not take place unless and until there are health insurance premium tax credits under
209 Section 36B of the Internal Revenue Code of 1986, as amended, available to persons
210 through the purchase of a health insurance plan in a health care exchange, whether
211 federally facilitated, state based, or operated on a partnership basis. The director of the
212 department of revenue shall certify to the director of the department of social services that
213 health insurance premium tax credits are available and the director of the department of
214 social services shall notify the revisor of statutes.

215 3. Rules and regulations to implement this section shall be promulgated in accordance
216 with chapter 536. Any rule or portion of a rule, as that term is defined in section 536.010, that
217 is created under the authority delegated in this section shall become effective only if it complies
218 with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028.
219 This section and chapter 536 are nonseverable and if any of the powers vested with the general
220 assembly pursuant to chapter 536 to review, to delay the effective date or to disapprove and
221 annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and
222 any rule proposed or adopted after August 28, 2002, shall be invalid and void.

223 [3.] 4. After December 31, 1973, and before April 1, 1990, any family eligible for
224 assistance pursuant to 42 U.S.C. 601, et seq., as amended, in at least three of the last six months
225 immediately preceding the month in which such family became ineligible for such assistance
226 because of increased income from employment shall, while a member of such family is
227 employed, remain eligible for MO HealthNet benefits for four calendar months following the
228 month in which such family would otherwise be determined to be ineligible for such assistance
229 because of income and resource limitation. After April 1, 1990, any family receiving aid
230 pursuant to 42 U.S.C. 601, et seq., as amended, in at least three of the six months immediately
231 preceding the month in which such family becomes ineligible for such aid, because of hours of

232 employment or income from employment of the caretaker relative, shall remain eligible for MO
233 HealthNet benefits for six calendar months following the month of such ineligibility as long as
234 such family includes a child as provided in 42 U.S.C. 1396r-6. Each family which has received
235 such medical assistance during the entire six-month period described in this section and which
236 meets reporting requirements and income tests established by the division and continues to
237 include a child as provided in 42 U.S.C. 1396r-6 shall receive MO HealthNet benefits without
238 fee for an additional six months. The MO HealthNet division may provide by rule and as
239 authorized by annual appropriation the scope of MO HealthNet coverage to be granted to such
240 families.

241 [4.] 5. When any individual has been determined to be eligible for MO HealthNet
242 benefits, such medical assistance will be made available to him or her for care and services
243 furnished in or after the third month before the month in which he made application for such
244 assistance if such individual was, or upon application would have been, eligible for such
245 assistance at the time such care and services were furnished; provided, further, that such medical
246 expenses remain unpaid.

247 [5.] 6. The department of social services may apply to the federal Department of Health
248 and Human Services for a MO HealthNet waiver amendment to the Section 1115 demonstration
249 waiver or for any additional MO HealthNet waivers necessary not to exceed one million dollars
250 in additional costs to the state, unless subject to appropriation or directed by statute, but in no
251 event shall such waiver applications or amendments seek to waive the services of a rural health
252 clinic or a federally qualified health center as defined in 42 U.S.C. 1396d(l)(1) and (2) or the
253 payment requirements for such clinics and centers as provided in 42 U.S.C. 1396a(a)(15) and
254 1396a(bb) unless such waiver application is approved by the oversight committee created in
255 section 208.955. A request for such a waiver so submitted shall only become effective by
256 executive order not sooner than ninety days after the final adjournment of the session of the
257 general assembly to which it is submitted, unless it is disapproved within sixty days of its
258 submission to a regular session by a senate or house resolution adopted by a majority vote of the
259 respective elected members thereof, unless the request for such a waiver is made subject to
260 appropriation or directed by statute.

261 [6.] 7. Notwithstanding any other provision of law to the contrary, in any given fiscal
262 year, any persons made eligible for MO HealthNet benefits under subdivisions (1) to (22) of
263 subsection 1 of this section shall only be eligible if annual appropriations are made for such
264 eligibility. This subsection shall not apply to classes of individuals listed in 42 U.S.C. Section
265 1396a(a)(10)(A)(i).

**208.191. The department of social services shall obtain an agreement with the
2 Social Security Administration under Section 1634 of the federal Social Security Act, 42**

3 **U.S.C. Section 1383c, as amended, and beginning July 1, 2015, Medicaid eligibility for**
4 **individuals who are aged, blind, or disabled shall be determined based on the provisions**
5 **of that section.**

208.631. 1. Notwithstanding any other provision of law to the contrary, the MO
2 HealthNet division shall establish a program to pay for health care for uninsured children.
3 Coverage pursuant to sections 208.631 to 208.659 is subject to appropriation. The provisions
4 of sections 208.631 to 208.569, health care for uninsured children, shall be void and of no effect
5 if there are no funds of the United States appropriated by Congress to be provided to the state
6 on the basis of a state plan approved by the federal government under the federal Social Security
7 Act. If funds are appropriated by the United States Congress, the department of social services
8 is authorized to manage the state children's health insurance program (SCHIP) allotment in order
9 to ensure that the state receives maximum federal financial participation. Children in households
10 with incomes up to one hundred fifty percent of the federal poverty level may meet all Title XIX
11 program guidelines as required by the Centers for Medicare and Medicaid Services. Children
12 in households with incomes of one hundred fifty percent to three hundred percent of the federal
13 poverty level shall continue to be eligible as they were and receive services as they did on June
14 30, 2007, unless changed by the Missouri general assembly.

15 2. For the purposes of sections 208.631 to 208.659, "children" are persons up to nineteen
16 years of age. "Uninsured children" are persons up to nineteen years of age who are emancipated
17 and do not have access to affordable employer-subsidized health care insurance or other health
18 care coverage or persons whose parent or guardian have not had access to affordable
19 employer-subsidized health care insurance or other health care coverage for their children for six
20 months prior to application, are residents of the state of Missouri, and have parents or guardians
21 who meet the requirements in section 208.636. A child who is eligible for MO HealthNet
22 benefits as authorized in section 208.151 is not uninsured for the purposes of sections 208.631
23 to 208.659.

24 **3. Beginning October 1, 2020, a child eligible under sections 208.631 to 208.658**
25 **shall only remain eligible if, in addition to the other requirements, his or her parents do not**
26 **have access to health insurance coverage for the child through their employment or**
27 **through a health insurance plan in a health care exchange, whether federally facilitated,**
28 **state based, or operated on a partnership basis because the parents are not eligible for a**
29 **premium subsidy for the child or family through such exchange. This subsection shall not**
30 **go into effect unless and until, for a six-month period preceding the additional**
31 **requirements, there are health insurance premium tax credits available for children and**
32 **family coverage under Section 36B of the Internal Revenue Code of 1986, as amended,**
33 **available to persons through the purchase of a health insurance plan in a health care**

34 **exchange, whether federally facilitated, state based, or operated on a partnership basis and**
35 **notice has been provided to the revisor of statutes.**

36 **4. The department of social services shall inform participants six months prior to**
37 **coverage being discontinued under subsection 3 of this section as to the possibility of**
38 **insurance coverage through the purchase of a subsidized health insurance plan available**
39 **through a health care exchange.**

208.659. 1. The MO HealthNet division shall revise the eligibility requirements for the
2 uninsured women's health program, as established in 13 CSR Section 70-4.090, to include
3 women who are at least eighteen years of age and with a net family income of at or below one
4 hundred eighty-five percent of the federal poverty level. In order to be eligible for such program,
5 the applicant shall not have assets in excess of two hundred [and] fifty thousand dollars, nor shall
6 the applicant have access to employer-sponsored health insurance. Such change in eligibility
7 requirements shall not result in any change in services provided under the program.

8 **2. Beginning July 1, 2015, the provisions of subsection 1 of this section shall no**
9 **longer be in effect. Such change in eligibility shall not take place unless and until, for a six-**
10 **month period preceding the discontinuance of benefits under this subsection there are**
11 **health insurance premium tax credits available for children and family coverage under**
12 **Section 36B of the Internal Revenue Code of 1986, as amended, available to persons**
13 **through the purchase of a health insurance plan in a health care exchange, whether**
14 **federally facilitated, state based, or operated on a partnership basis and notice has been**
15 **provided to the revisor of statutes.**

16 **3. The department of social services shall inform participants six months prior to**
17 **coverage being discontinued under subsection 2 of this section as to the possibility of**
18 **insurance coverage through the purchase of a subsidized health insurance plan available**
19 **through a health care exchange.**

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