HB 1969 -- MO HEALTHNET COVERAGE

SPONSOR: Barnes

This bill changes the laws regarding MO HealthNet eligibility and benefits.

Beginning July 1, 2015, the bill:

(1) Specifies that any person deemed eligible due to a diagnosis of breast or cervical cancer will no longer be eligible for MO HealthNet benefits unless the individual does not have access to employer-sponsored health insurance coverage or subsidized insurance coverage through an exchange at any point after diagnosis and the individual's income is between 100% and 200% of the federal poverty level (FPL) as converted to the modified adjusted gross income (MAGI) equivalent net income standard;

(2) Requires pregnant women whose income is between 133% and 185% of the FPL as converted to the MAGI equivalent net income standard to be eligible for MO HealthNet in the form of a premium subsidy as established by Department of Social Services rule in order to enroll in a health insurance plan offered by a health care exchange. The women must be directed to choose an exchange plan and must be eligible for a premium subsidy equal to the amount of the percentage of income required for premium payments or coinsurance by federal rule;

(3) Limits, beginning October 1, 2020, the eligibility of infants under one year of age to those infants whose family income does not exceed 185% of the FPL as converted to the MAGI equivalent net income standard. Infants under one year of age born to women covered under the provisions in (2) with a family income between 133% and 185% of the FPL as converted to the MAGI equivalent net income standard must only be eligible if, in addition to the other requirements, the infant's parents do not have access to health insurance coverage for the child through a health insurance plan in a health care exchange and the parents are not eligible for a premium subsidy for the child or family through the exchange because the parents have been determined to have access to affordable health insurance as defined by the exchange; and

(4) Limits the eligibility of Blind Pension Fund recipients and Ticket to Work Health Assurance Program participants to those individuals with income up to and including 133% of the FPL as converted to the MAGI equivalent net income standard. Any individual receiving blind pension benefits with income greater than 133% of the FPL as converted to the MAGI equivalent net income standard must only be eligible for those MO HealthNet benefits they

would otherwise be eligible to receive, including personal care assistance services, that are not available under a qualified health plan as defined in 42 U.S.C. Section 18021(a)(1).

These eligibility changes are prohibited from occurring unless and until there are federal health insurance premium tax credits available to persons through the purchase of a health insurance plan in a health care exchange, whether federally facilitated, state-based, or operated on a partnership basis. The Director of the Department of Revenue must certify to the Director of the Department of Social Services that health insurance premium tax credits are available, and the Director of the Department of Social Services must notify the Revisor of Statutes.

The Department of Social Services must obtain an agreement with the federal Social Security Administration under Section 1634 of the federal Social Security Act and, beginning July 1, 2015, Medicaid eligibility for individuals who are aged, blind, or disabled must be determined based on the provisions of that section.

Beginning October 1, 2020, a child eligible for the current Children's Health Insurance Program (CHIP) must only remain eligible if, in addition to other requirements, his or her parents do not have access to health insurance coverage for the child through their employment or through a health insurance plan in a health care exchange because the parents are not eligible for a premium subsidy for the child or family through the exchange. This change cannot go into effect unless and until federal health insurance premium tax credits are available for children and family coverage to purchase a health insurance plan from a health care exchange and the credits are available for six months prior to the discontinuation of CHIP eligibility. The department must inform participants of the possibility of insurance coverage via the purchase of a subsidized health insurance plan available through a health care exchange six months before CHIP coverage is discontinued.

Beginning July 1, 2015, the provisions regarding the Uninsured Women's Health Program will no longer be in effect. The change in eligibility cannot take place unless and until, for a six-month period preceding the discontinuance of benefits, there are federal health insurance premium tax credits available for children and family coverage through the purchase a health insurance plan in a health care exchange and notice has been provided to the Revisor of Statutes. The department must inform participants of the possibility of insurance coverage via the purchase of a subsidized health insurance plan through a health care exchange six months before coverage is discontinued.