

SENATE AMENDMENT NO. _____
TO
SENATE AMENDMENT NO. _____

Offered by _____ of _____

Amend SA# _____ SS/Senate Bill No. 1, Page 1, Section _____, Line 4,

2 by striking all of said line and inserting in lieu thereof
 3 the following: "facility, as defined in section 188.015, or
 4 any affiliate or associate thereof"; and

5 Further amend said bill and section, page 17, line 523,
 6 by inserting after all of said line the following:

7 "208.153. 1. Pursuant to and not inconsistent with
 8 the provisions of sections 208.151 and 208.152, the MO
 9 HealthNet division shall by rule and regulation define the
 10 reasonable costs, manner, extent, quantity, quality, charges
 11 and fees of MO HealthNet benefits herein provided. The
 12 benefits available under these sections shall not replace
 13 those provided under other federal or state law or under
 14 other contractual or legal entitlements of the persons
 15 receiving them, and all persons shall be required to apply
 16 for and utilize all benefits available to them and to pursue
 17 all causes of action to which they are entitled. Any person
 18 entitled to MO HealthNet benefits may obtain it from any
 19 provider of services with which an agreement is in effect
 20 under this section and which undertakes to provide the
 21 services, as authorized by the MO HealthNet division,
 22 provided, said provider shall not include any abortion

23 facility, as defined in section 188.015, or any affiliate or
24 associate thereof. At the discretion of the director of the
25 MO HealthNet division and with the approval of the governor,
26 the MO HealthNet division is authorized to provide medical
27 benefits for participants receiving public assistance by
28 expending funds for the payment of federal medical insurance
29 premiums, coinsurance and deductibles pursuant to the
30 provisions of Title XVIII B and XIX, Public Law 89-97, 1965
31 amendments to the federal Social Security Act (42 U.S.C.
32 301, et seq.), as amended.

33 2. MO HealthNet shall include benefit payments on
34 behalf of qualified Medicare beneficiaries as defined in 42
35 U.S.C. Section 1396d(p). The family support division shall
36 by rule and regulation establish which qualified Medicare
37 beneficiaries are eligible. The MO HealthNet division shall
38 define the premiums, deductible and coinsurance provided for
39 in 42 U.S.C. Section 1396d(p) to be provided on behalf of
40 the qualified Medicare beneficiaries.

41 3. MO HealthNet shall include benefit payments for
42 Medicare Part A cost sharing as defined in clause
43 (p) (3) (A) (i) of 42 U.S.C. 1396d on behalf of qualified
44 disabled and working individuals as defined in subsection
45 (s) of Section 42 U.S.C. 1396d as required by subsection (d)
46 of Section 6408 of P.L. 101-239 (Omnibus Budget
47 Reconciliation Act of 1989). The MO HealthNet division may
48 impose a premium for such benefit payments as authorized by
49 paragraph (d) (3) of Section 6408 of P.L. 101-239.

50 4. MO HealthNet shall include benefit payments for
51 Medicare Part B cost sharing described in 42 U.S.C. Section
52 1396(d) (p) (3) (A) (ii) for individuals described in subsection
53 2 of this section, but for the fact that their income
54 exceeds the income level established by the state under 42
55 U.S.C. Section 1396(d) (p) (2) but is less than one hundred

56 and ten percent beginning January 1, 1993, and less than one
57 hundred and twenty percent beginning January 1, 1995, of the
58 official poverty line for a family of the size involved.

59 5. For an individual eligible for MO HealthNet under
60 Title XIX of the Social Security Act, MO HealthNet shall
61 include payment of enrollee premiums in a group health plan
62 and all deductibles, coinsurance and other cost-sharing for
63 items and services otherwise covered under the state Title
64 XIX plan under Section 1906 of the federal Social Security
65 Act and regulations established under the authority of
66 Section 1906, as may be amended. Enrollment in a group
67 health plan must be cost effective, as established by the
68 Secretary of Health and Human Services, before enrollment in
69 the group health plan is required. If all members of a
70 family are not eligible for MO HealthNet and enrollment of
71 the Title XIX eligible members in a group health plan is not
72 possible unless all family members are enrolled, all
73 premiums for noneligible members shall be treated as payment
74 for MO HealthNet of eligible family members. Payment for
75 noneligible family members must be cost effective, taking
76 into account payment of all such premiums. Non-Title XIX
77 eligible family members shall pay all deductible,
78 coinsurance and other cost-sharing obligations. Each
79 individual as a condition of eligibility for MO HealthNet
80 benefits shall apply for enrollment in the group health plan.

81 6. Any Social Security cost-of-living increase at the
82 beginning of any year shall be disregarded until the federal
83 poverty level for such year is implemented.

84 7. If a MO HealthNet participant has paid the
85 requested spenddown in cash for any month and subsequently
86 pays an out-of-pocket valid medical expense for such month,
87 such expense shall be allowed as a deduction to future

88 required spenddown for up to three months from the date of
89 such expense."; and

90 Further amend the title and enacting clause
91 accordingly.".