

SECOND REGULAR SESSION
SENATE COMMITTEE SUBSTITUTE FOR

SENATE BILL NO. 632

89TH GENERAL ASSEMBLY

Reported from the Committee on Public Health and Welfare, February 10, 1998, with recommendation that the Senate Committee Substitute do pass.

TERRY L. SPIELER, Secretary.

S2871.04C

AN ACT

To amend chapter 208, RSMo, by adding thereto one new section relating to providing health care for certain uninsured children.

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 208.183, to read as follows:

208.183. 1. Notwithstanding any other provision of law to the contrary, the department of social services shall establish a program to pay for health care for uninsured children. Coverage pursuant to this act is subject to appropriation.

2. For the purposes of this section, "children" are persons up to nineteen years of age. "Uninsured children" are persons up to nineteen years of age who have not had access to employer subsidized health care insurance or other health care coverage for six months prior to application, are residents of the state of Missouri, and have parents or guardians who meet the requirements in subsection 4 of this section. A child who is eligible for medical assistance as authorized in section 208.151, RSMo, is not uninsured for the purposes of this section.

3. The department is authorized to pay for health care for uninsured children whose parents or guardians have an available income up to three hundred percent of the federal poverty level.

4. Parents and guardians of uninsured children eligible for the program established in this section shall:

(1) Furnish to the department of social services the uninsured child's social security number or numbers, if the uninsured child has more than one such number;

(2) Cooperate with the department of social services in identifying and providing information to assist the state in pursuing any third party insurance carrier who may be liable to pay for health care; and

(3) Cooperate with the department of social services, division of child support enforcement in establishing paternity and in obtaining support payments, including medical support.

5. The department of social services shall implement policies establishing a program to pay for health care for uninsured children by rules promulgated pursuant to chapter 536, RSMo, either statewide or in certain geographic areas, subject to obtaining necessary federal approval and appropriation authority. The rules may provide for a health care services package that does not include all medical services covered by section 208.152.

6. "Available income" shall be determined by the department of social services by rule, which shall comply with federal laws and regulations relating to the state's eligibility to receive federal funds to implement the insurance program established in this section.

7. The department of social services shall commission a study on any negative impact this program may have on the number of children covered by private insurance as a result of expanding health care coverage to children with a gross family income above one hundred eighty-five percent of the federal poverty level. The department shall issue a report to the general assembly within forty-five days of the twelve month anniversary of the beginning of this program. If this study demonstrates that a measurable negative impact on the number of privately insured children is occurring, the department shall take one or more of the following measures targeted at eliminating the negative impact:

(1) Implementing copayments, sliding scale premiums or other cost sharing provisions;

(2) Adding an insurability test to preclude participation;

(3) Increasing the length of the required period of uninsured status prior to application;

(4) Limiting enrollment to an annual open enrollment period for children with gross family incomes above one hundred eighty-five percent of the federal poverty level; and

(5) Any other measures designed to efficiently respond to the measurable negative impact.