

SECOND REGULAR SESSION  
[TRULY AGREED TO AND FINALLY PASSED]  
CONFERENCE COMMITTEE SUBSTITUTE FOR  
HOUSE SUBSTITUTE FOR  
SENATE SUBSTITUTE NO. 2 FOR  
SENATE COMMITTEE SUBSTITUTE FOR  
**SENATE BILL NO. 632**  
**89TH GENERAL ASSEMBLY**  
1998

S2871.23T

---

---

**AN ACT**

To amend chapter 208, RSMo, by adding thereto two new sections relating to providing health care coverage through Medicaid for certain uninsured children, with an expiration date for a certain section.

---

---

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

Section A. Chapter 208, RSMo, is amended by adding thereto two new sections, to be known as sections 208.185 and 208.187, to read as follows:

**208.185. 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 sections 208.185 and 208.187 is subject to appropriation. The provisions of this section shall be void and of no effect after July 1, 2002.**

**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, is not uninsured for the purposes of this section.**

**3. The department of social services is authorized to pay for coverage of health care services for uninsured children whose parents or guardians have an available income between zero percent and one hundred eighty-five percent, between one**

**hundred eighty-six percent and two hundred twenty-five percent, between two hundred twenty-six percent and two hundred fifty percent, between two hundred fifty-one percent and two hundred seventy-five percent and between two hundred seventy-six percent and three hundred percent of the federal poverty level, subject to appropriation.**

**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;**

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

**(4) Demonstrate upon request their child's participation in wellness programs including immunizations and a periodic physical examination. This subdivision shall not apply to any child whose parent or legal guardian objects in writing to such wellness programs including immunizations and an annual physical examination because of religious beliefs or medical contraindications; and**

**(5) Demonstrate annually that their total net worth does not exceed two hundred fifty thousand dollars in total value.**

**5. Parents and guardians of uninsured children with available incomes between one hundred eighty-six and two hundred twenty-five percent of the federal poverty level are responsible for a five-dollar copayment.**

**6. Parents and guardians of uninsured children with incomes between two hundred twenty-six and three hundred percent of the federal poverty level who do not have access to affordable employer-sponsored health care insurance or other affordable health care coverage may obtain coverage pursuant to this subsection. For the purposes of this section, "affordable employer-sponsored health care insurance or other affordable health care coverage" refers to health insurance requiring a monthly premium less than or equal to one hundred thirty-three percent of the monthly average premium required in the state's current Missouri consolidated health care plan. The parents and guardians of eligible uninsured children pursuant to this subsection are responsible for co-payments equal to the average co-payments required in the current Missouri consolidated health care plan rounded to the nearest dollar, and a monthly premium equal to the average premium required for the Missouri consolidated health care plan; provided that the total aggregate cost-sharing for a family covered by these**

sections shall not exceed five percent of such family's income for the years involved. No copayments or other cost sharing is permitted with respect to benefits for well-baby and well-child care including age appropriate immunizations. Cost-sharing provisions pursuant to this section shall not exceed the limits established by 42 U.S.C. Section 1397cc(e).

7. 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 includes all medical services covered by section 208.152, RSMo, except nonemergency transportation.

8. 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.

9. There shall be a thirty day waiting period after enrollment for uninsured children in families with an income of more than two hundred twenty-five percent of the federal poverty level before the child becomes eligible for insurance under the provisions of sections 208.185 to 208.187. If the parent or guardian with an income of more than two hundred twenty-five percent of the federal poverty level fails to meet the copayment or premium requirements, the child shall not be eligible for coverage under this act for six months after the department provides notice of such failure to the parent or guardian.

10. The department of social services shall commission a study on the impact of this program on providing a comprehensive array of community-based wrap around services for seriously emotionally disturbed children and children affected by substance abuse. 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 and yearly thereafter. This report shall include recommendations to the department on how to improve access to the provisions of community-based wrap around services pursuant to sections 208.185 and 208.187.

11. The department of social services shall prepare an annual report to the governor and the general assembly on the effect of this program. The report shall include, but is not limited to:

(1) The number of children participating in the program in each income category;

(2) The effect of the program on the number of children covered by private insurers;

- (3) The effect of the program on medical facilities, particularly emergency rooms;**
- (4) The overall effect of the program on the health care of Missouri residents;**
- (5) The overall cost of the program to the state of Missouri; and**
- (6) The methodology used to determine availability for the purpose of enrollment, as established by rule.**

**12. The department of social services shall establish an identification program to identify children not participating in the program though eligible for extended medical coverage. The department's efforts to identify these uninsured children shall include, but not be limited to:**

- (1) Working closely with hospitals and other medical facilities; and**
- (2) Establishing a statewide education and information program.**

**13. 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 and annually thereafter. 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 additional 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.**

**14. No funds used to pay for insurance or for services pursuant to this section may be expended to encourage, counsel or refer for abortion unless the abortion is done to save the life of the mother or if the unborn child is the result of rape or incest. No funds may be paid pursuant to this section to any person or organization that performs abortions or counsels or refers for abortion unless the abortion is done to save the life of the mother or if the unborn child is the result of rape or incest.**

**15. Any rule or portion of a rule, as that term is defined in section 536.010, RSMo,**

that is promulgated under the authority delegated in this chapter shall become effective only if the agency has fully complied with all of the requirements of chapter 536, RSMo, including but not limited to, section 536.028, RSMo, if applicable, after the effective date of this act. All rulemaking authority delegated prior to the effective date of this act is of no force and effect and repealed as of the effective date of this act, however, nothing in this section shall be interpreted to repeal or affect the validity of any rule adopted or promulgated prior to the effective date of this act. If the provisions of section 536.028, RSMo, apply, the provisions of this section are nonseverable and if any of the powers vested with the general assembly pursuant to section 536.028 to review, to delay the effective date, or to disapprove and annul a rule or portion of a rule are held unconstitutional or invalid, the purported grant of rulemaking authority and any rule so proposed and contained in the order of rulemaking shall be invalid and void, except that nothing in this act shall affect the validity of any rule adopted and promulgated prior to the effective date of this act.

208.187. Up to ten percent of any federal funds received pursuant to the provisions of Title XXI of the Social Security Act and up to ten percent of any state funds used to match those federal funds may be used for outreach through the division of medical services for children's health programs established through section 208.185. The division of medical services may contract with local public health agencies for purposes of this section. The provisions of this section shall be subject to appropriations.

✓

Copy