

# SENATE AMENDMENT NO. \_\_\_\_\_

Offered by \_\_\_\_\_ of \_\_\_\_\_

Amend \_\_\_\_\_ House \_\_\_\_\_ Bill No. 1565, Page 1, Section title, Line 2-3,

by striking the words "public assistance" and inserting in lieu thereof the following: "the MO HealthNet program"; and

Further amend said bill, page 7, section 208.010, line 210, by inserting after all of said line the following:

"208.207. 1. Beginning January 1, 2017, individuals age nineteen to sixty-four, who are not otherwise eligible for MO HealthNet services under this chapter, who qualify for MO HealthNet services under section 42 U.S.C. 1396a(a)(10)(A)(i)(VIII) and as set forth in 42 CFR 435.119, and who have income at or below one hundred thirty-three percent of the federal poverty level plus five percent of the applicable family size as determined under 42 U.S.C. 1396a(e)(14) and as set forth in 42 CFR 435.603, shall be eligible for medical assistance under MO HealthNet and shall receive coverage for the health benefits service package.

2. For purposes of this section, "health benefits service package" shall mean, subject to federal approval, benefits covered by the MO HealthNet program as determined by the department of social services to meet the benchmark or benchmark-equivalent coverage requirement under 42 U.S.C. 1396a(k)(1).

1       3. The reimbursement rate to MO HealthNet providers for MO  
2 HealthNet services provided to individuals qualifying under the  
3 provisions of this section shall be comparable to commercial  
4 reimbursement payment levels with trend adjustment for comparable  
5 services. The rates shall be determined annually by the  
6 department of social services, and the department may develop  
7 such rates through a contracted actuary. The higher commercial  
8 comparable rates shall only apply for services provided to  
9 individuals qualifying under this section.

10       4. (1) The department of social services shall discontinue  
11 eligibility for persons who are eligible under subsection 1 of  
12 this section if:

13       (a) The federal medical assistance percentage established  
14 under 42 U.S.C. Section 1396d(y) or 1396d(z) is less than ninety  
15 percent as specified for 2020 and each year thereafter or an  
16 amount determined by the MO HealthNet oversight committee to be  
17 necessary to maintain state budget solvency, whichever is lower;  
18 and

19       (b) The general assembly votes to discontinue eligibility  
20 for persons who are eligible under subsection 1 of this section.  
21 Prior to any vote under this paragraph, the MO HealthNet  
22 oversight committee and the department of social services shall  
23 provide the general assembly with information on the current and  
24 projected expenses incurred due to expanding eligibility to  
25 persons under subsection 1 of this section in relation to health-  
26 related savings and revenues and health outcomes of individuals  
27 and families receiving benefits under subsection 1 of this  
28 section;

29       (2) The department of social services shall inform persons

1 eligible under subsection 1 of this section that their benefits  
2 may be reduced or eliminated if federal funding decreases or is  
3 eliminated.

4 5. The MO HealthNet oversight committee shall conduct  
5 research and investigate any potential health-related savings and  
6 revenues associated with expanding eligibility to persons under  
7 subsection 1 of this section. The committee shall investigate  
8 the federal matching rate below which the state could not  
9 maintain the expanded eligibility to persons under subsection 1  
10 of this section. If the amount is determined to be greater than  
11 ninety percent, the committee shall report its findings to the  
12 general assembly for its consideration prior to any vote under  
13 paragraph (b) of subdivision (1) of subsection 4 of this section.  
14 In conducting its research and investigation, the committee shall  
15 also determine the feasibility of:

16 (1) Implementing capped cost sharing for persons eligible  
17 under subsection 1 of this section which may be reduced based on  
18 healthy behaviors of participants;

19 (2) Expanding Medicaid coverage for certain health care  
20 services that are currently financed by the state; and

21 (3) Enrolling persons under subsection 1 of this section in  
22 private health benefit plans."; and

23 Further amend the title and enacting clause accordingly.