

FIRST REGULAR SESSION

SENATE BILL NO. 432

100TH GENERAL ASSEMBLY

INTRODUCED BY SENATOR SIFTON.

Read 1st time February 25, 2019, and ordered printed.

ADRIANE D. CROUSE, Secretary.

1933S.011

AN ACT

To repeal section 208.146, RSMo, and to enact in lieu thereof one new section relating to the ticket to work health assurance program.

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

Section A. Section 208.146, RSMo, is repealed and one new section
2 enacted in lieu thereof, to be known as section 208.146, to read as follows:

208.146. 1. The program established under this section shall be known
2 as the "Ticket to Work Health Assurance Program". Subject to appropriations
3 and in accordance with the federal Ticket to Work and Work Incentives
4 Improvement Act of 1999 (TWWIIA), Public Law 106-170, the medical assistance
5 provided for in section 208.151 may be paid for a person who is employed and
6 who:

7 (1) Except for earnings, meets the definition of disabled under the
8 Supplemental Security Income Program or meets the definition of an employed
9 individual with a medically improved disability under TWWIIA;

10 (2) Has earned income, as defined in subsection 2 of this section;

11 (3) Meets the asset limits in subsection 3 of this section; **and**

12 (4) Has [net] income, as defined in subsection 3 of this section, that does
13 not exceed [the limit for permanent and totally disabled individuals to receive
14 nonspenddown MO HealthNet under subdivision (24) of subsection 1 of section
15 208.151; and

16 (5) Has a gross income of] two hundred fifty percent [or less] of the
17 federal poverty level, excluding any earned income of the worker with a disability
18 between two hundred fifty and three hundred percent of the federal poverty
19 level. [For purposes of this subdivision, "gross income" includes all income of the

EXPLANATION—Matter enclosed in bold-faced brackets [thus] in this bill is not enacted and is intended to be omitted in the law.

20 person and the person's spouse that would be considered in determining MO
21 HealthNet eligibility for permanent and totally disabled individuals under
22 subdivision (24) of subsection 1 of section 208.151. Individuals with gross
23 incomes in excess of one hundred percent of the federal poverty level shall pay a
24 premium for participation in accordance with subsection 4 of this section.]

25 2. For income to be considered earned income for purposes of this section,
26 the department of social services shall document that Medicare and Social
27 Security taxes are withheld from such income. Self-employed persons shall
28 provide proof of payment of Medicare and Social Security taxes for income to be
29 considered earned.

30 3. (1) For purposes of determining eligibility under this section, the
31 available asset limit and the definition of available assets shall be the same as
32 those used to determine MO HealthNet eligibility for permanent and totally
33 disabled individuals under subdivision (24) of subsection 1 of section 208.151
34 except for:

35 (a) Medical savings accounts limited to deposits of earned income and
36 earnings on such income while a participant in the program created under this
37 section with a value not to exceed five thousand dollars per year; [and]

38 (b) Independent living accounts limited to deposits of earned income and
39 earnings on such income while a participant in the program created under this
40 section with a value not to exceed five thousand dollars per year. For purposes
41 of this section, an "independent living account" means an account established and
42 maintained to provide savings for transportation, housing, home modification, and
43 personal care services and assistive devices associated with such person's
44 disability; **and**

45 (c) **Retirement accounts, including but not limited to, individual**
46 **accounts, 401(k) plans, 403(b) plans, Keogh plans, and pension plans;**
47 **provided, that income from such accounts be calculated as income**
48 **under subdivision (4) of subsection 1 of this section.**

49 (2) To determine [net] income, the following shall be disregarded:

50 (a) [All earned income of the disabled worker;

51 (b)] The first [sixty-five dollars and one-half] **fifty thousand dollars** of
52 [the remaining] earned income of [a nondisabled spouse's earned income] **the**
53 **person's spouse;**

54 [(c)] (b) A twenty dollar standard deduction;

55 [(d)] (c) Health insurance premiums;

56 [(e)] (d) A seventy-five dollar a month standard deduction for the
57 disabled worker's dental and optical insurance when the total dental and optical
58 insurance premiums are less than seventy-five dollars;

59 [(f)] (e) All Supplemental Security Income payments, and the first fifty
60 dollars of SSDI payments;

61 [(g)] (f) A standard deduction for impairment-related employment
62 expenses equal to one-half of the disabled worker's earned income.

63 4. Any person whose [gross] income exceeds one hundred percent of the
64 federal poverty level shall pay a premium for participation in the medical
65 assistance provided in this section. Such premium shall be:

66 (1) For a person whose [gross] income is more than one hundred percent
67 but less than one hundred fifty percent of the federal poverty level, four percent
68 of income at one hundred percent of the federal poverty level;

69 (2) For a person whose [gross] income equals or exceeds one hundred fifty
70 percent but is less than two hundred percent of the federal poverty level, four
71 percent of income at one hundred fifty percent of the federal poverty level;

72 (3) For a person whose [gross] income equals or exceeds two hundred
73 percent but less than two hundred fifty percent of the federal poverty level, five
74 percent of income at two hundred percent of the federal poverty level;

75 (4) For a person whose [gross] income equals or exceeds two hundred fifty
76 percent up to and including three hundred percent of the federal poverty level,
77 six percent of income at two hundred fifty percent of the federal poverty level.

78 5. Recipients of services through this program shall report any change in
79 income or household size within ten days of the occurrence of such change. An
80 increase in premiums resulting from a reported change in income or household
81 size shall be effective with the next premium invoice that is mailed to a person
82 after due process requirements have been met. A decrease in premiums shall be
83 effective the first day of the month immediately following the month in which the
84 change is reported.

85 6. If an eligible person's employer offers employer-sponsored health
86 insurance and the department of social services determines that it is more cost
87 effective, such person shall participate in the employer-sponsored insurance. The
88 department shall pay such person's portion of the premiums, co-payments, and
89 any other costs associated with participation in the employer-sponsored health
90 insurance. **If the department elects to pay such person's employer-**
91 **sponsored insurance costs under this subsection, then the medical**

92 assistance provided under this section shall be provided to an eligible
93 person as a secondary or supplemental policy for only personal care
94 assistance services, as defined in section 208.900, and related costs and
95 nonemergency medical transportation to any employer-sponsored
96 benefits which may be available to such person.

97 7. The department shall provide to the general assembly an
98 annual report of the number of participants in the program, as well as
99 describe the outreach and education efforts to increase awareness and
100 enrollment in the program.

101 8. The department shall submit such state plan amendments and
102 waivers to the Centers for Medicare and Medicaid Services of the
103 federal Department of Health and Human Services as the department
104 determines are necessary to implement the provisions of this section.

105 [7.] 9. The provisions of this section shall expire August 28, [2019] 2022.

✓

Bill

Copy