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Be it enacted by the people of the state of Missouri: without

To utilize the Federal Expanded Medicaid Program, Chapter 208.RSMo, is amended by adding thereto one new section, to be known as section 208.207, to read as follows:

208.207. 1. Beginning January 1, 2021, 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 om 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).

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

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

(a) The federal medical assistance percentage established under 42 U.S.C. Section 1396d(y) or 1369d(z) is less than ninety percent as specified for 2020 each year thereafter or an amount determined by the MO HealthNet oversight committee to be necessary to maintain state budget solvency, whichever is lower; and

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

(2) The department of social services shall inform persons eligible under subsection 1 of this section that their benefits may be reduced or eliminated if federal funding decreases of is eliminate.

5. The MO HealthNet oversight committee shall conduct research and investigate any potential health-related savings and revenues associated with expanding eligibility to persons under subsection 1 of this section. The committee shall investigate the federal matching rate below which the state could not maintain the expanded eligibility to persons under subsection 1 of this section. If the amount is determined to be greater than ninety percent, the committee shall report its findings to the general assembly for its consideration prior to any vote under paragraph (b) of subdivision (1) of subsection 4 of

this section. In conducting its research and investigation, the committee shall also determine the feasibility of:

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

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

(3) Enrolling persons under subsection 1 of this section in private health benefit plans.

6. Birth control and family planning will be available to all MO women and male residents 13 years of age and over with proof of age and residence. Applications for birth control and family planning will not need permission from family, spouses or guardians (those under the age of 14 will need permission of guardians or parent). Confidentiality will be ensured at all levels. If insurance coverage would come from parent or guardian to cover procedure, on request by patient, this charge will go directly to the state to ensure privacy of applicant. Birth control and family planning covered by this bill will begin on April 1, 2021. There will be no cost for family planning services, including office visits and drugs/devices to the patient. The patient will not have to pay a co-payment for family planning services covered by other health insurance as the state will pick up these non-insurance covered expenses. The patient can go to any health provider who offers family planning services such as:

(a) An ob/gyn or gynecologist, a certified nurse-midwife, a nurse practitioner or other advanced practice nurse, a family planning clinic, your regular doctor or primary care provider or Planned Parenthood. The patient may see 'out of network' doctors as the state will be billed directly covering the costs.

(b) Services covered will include:

(1) Birth control pills, Patches (like the OrthoEvra Patch), Vaginal rings (like the NuvaRing), Injections (like the Depo shot), Implants (like Implanon), Intrauterine devices (IUDs – like Mirena or Paragard), Emergency birth control ("the morning-after pill"), Diaphragms, Condoms.

(2) Surgical sterilization for clients 21 years old and older (like vasectomies or tubal ligation, including the Essure procedure) or any future approved medical procedures will be included at the patient's choice.

(3) The state will make available to all schools and health care offices information for teens announcing the birth control plans provided by the state including long-term, reversible contraceptives.

7. If the Missouri State governing body refuses to appropriate the state's share of Medicaid Expansion, then the cost to the state for expanding medical coverage and birth control to all residents will be borne by the hospitals in the state of Missouri as follows:

(a) All hospitals in MO will be assessed a fee to pay for the expense of this expansion. The first year will be an estimate by the 'department of health and senior services'. Assessment will be made based on the most recent records of 'department of health and senior services' for a full year and adjustments for new assessments will begin on the first of April of each following year. Each hospital will pay a share equal to the percentage of patient days of each hospital of the total MO visits. If MO Assembly has not provided appropriations for this measure, then MO Hospitals will begin monthly payments on Jan 1, 2021. Hospitals will make monthly payments to the state of MO into a fund that will only be used for the full Federal Medicaid Expansion, Planned Parenthood and birth control for residents of Missouri.

(b) Missouri will accept the full federal program of Medicaid Expansion. No adjustments will be allotted for employment status of those receiving expansion benefits. If the funds generated by the hospitals will be used to pay for the cost to the state for Medicaid expansion, Missouri will make immediate application and if fees for implementation have not occurred from the hospitals on implementation, the state will borrow from reserve funds to expedite enrollment. These funds will be paid back upon receipt of funds beginning on April 1, 2021 unless the State of Missouri appropriates the necessary funds.

(c) Any savings to the state from Medicaid expansion that is not used for family planning and birth control will go toward the reduction of the levy on hospitals if this bill mandates.

8. If at any time funding for Planned Parenthood by the federal government is discontinued or if it has already been discontinued at the passage of this amendment, the hospital levy will be increased enough to replace the federal funding of Planned Parenthood to a level at least equal to that of 2015 adjusted for inflation. The state of MO will fund Planned Parenthood at a level at least equal to 2015 adjusted for inflation beginning on Jan 1, 2021, and if by the time this measure is accepted, the state of MO has stopped or reduced funding for Planned Parenthood, the state will begin funding Planned Parenthood again at a level equal to 2015 inflation-adjusted.

9. The 'MO HealthNet' oversight committee shall conduct research and investigation for any potential health related savings and revenues associated with expanding Medicaid eligibility and for extended free birth control resulting in fewer births and associated costs as well as savings from continuing 'Planned Parenthood'. Any savings will go to the reduction or elimination of hospital levy if that levy is necessary. Any additional savings will go to the mental health budget. The 'health and senior services' budget in future years will remain at least at the same percent of total MO budget as in 2015 with the excess not needed going to the mental health budget with *priorities* for communities with the highest percent of poverty.

10. No insurance company will be allowed to sell short-term limited-duration insurance (STLDI) plans in the state of Missouri. No insurance company will be allowed to utilize Pre-Existing Conditions to either prevent enrollment or increase prices for any health plan.

11. All subsections and all clauses of this statute, and the phrases, and the words within them, are severable. If any of the provisions within them are found by a court of competent jurisdiction to be unconstitutional or unconstitutionally enacted or invalid, the remainder of those provisions shall remain valid and the application of such provisions shall not be affected thereby.