

Senate Bill 368

By: Senator Rhett of the 33rd

A BILL TO BE ENTITLED
AN ACT

To amend Article 7 of Chapter 4 of Title 49 of the Official Code of Georgia Annotated, relating to medical assistance generally, so as to provide for a program of premium assistance to enable eligible individuals to obtain health care coverage; to provide for definitions; to require personal responsibility premiums from eligible individuals; to provide for a compliance pool; to provide for any necessary state plan amendments or federal waivers; to provide for termination of the program under certain circumstances; to provide for the Legislative Oversight Committee for Health Care Premium Assistance; to provide for related matters; to provide for an effective date; to repeal conflicting laws; and for other purposes.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

SECTION 1.

Article 7 of Chapter 4 of Title 49 of the Official Code of Georgia Annotated, relating to medical assistance generally, is amended by adding a new Code section to read as follows:
"49-4-158.

(a) As used in this Code section, the term:

(1) 'Eligible individual' means an individual who:

(A) Is between 19 and 65 years of age;

(B) Has an income that is equal to or less than 138 percent of the federal poverty level, including individuals who would not be eligible for Medicaid in this state;

(C) Has been authenticated to be a United States citizen or documented qualified alien according to the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Pub. L. No. 104-193, as existing on January 1, 2016; and

(D) Has not been determined to be more effectively covered through other public assistance programs for health care needs, such as for individuals who are medically frail or other individuals with exceptional medical needs for whom coverage through the exchange is determined to be impractical or overly complex or would undermine continuity or effectiveness of care.

(2) 'Exchange' shall have the same meaning as in Code Section 33-23-201.

(3) 'Health care coverage' means health care benefits provided through a qualified health plan.

(4) 'Program' means the program established pursuant to this Code section to provide premium assistance to eligible individuals to obtain health care coverage.

(5) 'Qualified health plan' means a health benefit plan offered on the exchange and recognized by the department.

(b)(1) The department shall create and administer a program to provide premium assistance to enable eligible individuals to enroll in a qualified health plan through an exchange. The department is authorized to pay premiums and supplemental cost-sharing subsidies directly to providers of qualified health plans for enrolled eligible individuals.

(2) Eligible individuals who enroll in a qualified health plan pursuant to the program shall be required to pay a personal responsibility premium as a condition of receiving premium assistance.

(c)(1) An eligible individual who enrolls in a qualified health plan pursuant to the program shall be required to contribute not more than 5 percent of his or her annual income as a personal responsibility premium. The department shall establish a sliding scale for personal responsibility premiums based on income and ability to pay.

(2) An eligible individual whose income is more than 100 percent but less than 138 percent of the federal poverty level who fails or ceases to pay the personal responsibility premiums shall be disenrolled from the program for a time to be determined by the department, and all premium assistance for such individual shall be terminated; provided, however, that an eligible individual, regardless of income level, shall be subject to recovery of uncollected personal responsibility premiums by the department.

(3) The department shall work with health care providers, qualified health plan providers, and other state agencies as necessary to create processes that reduce the amount of uncollected personal responsibility premiums and reduce the administrative cost of collecting such premiums. To this end, a minimum of 0.25 percent of payments to qualified health plan providers shall be withheld for the purpose of establishing a personal responsibility premium compliance pool beginning October 1, 2018. The distribution of funds to qualified health plan providers from the compliance pool shall be based on the qualified health plan providers' success in collecting personal responsibility premiums. The department shall develop the methodology for distribution of such funds.

(d) The department shall submit any Medicaid state plan amendments and apply for any federal waivers necessary to implement the program in a manner consistent with this Code section. Implementation of the program is conditioned upon the receipt of necessary

federal approvals. If the department does not receive the necessary federal approvals, the program shall not be implemented.

(e) The department shall terminate the program within 120 days after a reduction in any of the following federal medical assistance percentages:

(1) One hundred percent in 2017;

(2) Ninety-five percent in 2018;

(3) Ninety-four percent in 2019;

(4) Ninety-three percent in 2020; and

(5) Ninety percent in 2021 or any year after 2021.

(f)(1) Health care coverage shall be achieved through a qualified health plan at the silver level, as provided in 42 U.S.C. Sections 18022 and 18071, as they exist on January 1, 2017, that restricts cost sharing to amounts that do not exceed Medicaid cost-sharing limitations.

(2) All participating carriers in the exchange shall offer health care coverage conforming to the requirements of this Code section.

(3) To assure price competitive choices among health care coverage options, the department shall assure that at least two qualified health plans are offered in each county in this state.

(g) An eligible individual enrolled in the program shall affirmatively acknowledge that the program is:

(1) Not a perpetual federal or state right or a guaranteed entitlement;

(2) Subject to cancellation upon appropriate notice; and

(3) Not an entitlement program.

(h)(1) The department shall develop a model and seek approval from the Centers for Medicare and Medicaid Services to allow a limited number of enrollees to participate in a pilot project testing the viability of a health savings account or a medical savings account.

(2) The pilot project shall be implemented during calendar year 2017.

(i)(1) There is created the Legislative Oversight Committee for Health Care Premium Assistance which shall be composed of eight persons: three members of the House of Representatives appointed by the Speaker of the House of Representatives, three members of the Senate appointed by the Senate Committee on Assignments or such person or entity as established by Senate rule, and one member of the House of Representatives and one member of the Senate appointed by the Governor. The members of such oversight committee shall be selected within ten days after the convening of the General Assembly in each odd-numbered year and shall serve until their successors are appointed.

(2) The Speaker of the House of Representatives shall appoint one member of such oversight committee to serve as chairperson and the Senate Committee on Assignments or such person or entity as established by Senate rule shall appoint one member of such oversight committee to serve as vice chairperson during each even-numbered year. The Senate Committee on Assignments or such person or entity as established by Senate rule shall appoint one member of such oversight committee to serve as chairperson and the Speaker of the House of Representatives shall appoint one member of such oversight committee to serve as vice chairperson during each odd-numbered year. Such oversight committee shall meet at least once each year and, upon the call of the chairperson, at such additional times as deemed necessary by the chairperson.

(3) The oversight committee shall periodically inquire into and review the implementation and operation of the program as well as periodically review and evaluate the success with which the department is accomplishing its statutory duties and functions as pursuant to this Code section. The oversight committee may conduct any independent audit or investigation of the program it deems necessary.

(4) The department shall cooperate with such oversight committee and provide such information or reports as requested by the oversight committee for the performance of its functions.

(5) The members of such oversight committee shall receive the allowances authorized for legislative members of legislative committees. The funds necessary to pay such allowances shall come from funds appropriated to the House of Representatives and the Senate."

SECTION 2.

This Act shall become effective upon its approval by the Governor or upon its becoming law without such approval.

SECTION 3.

All laws and parts of laws in conflict with this Act are repealed.