SECOND REGULAR SESSION

HOUSE BILL NO. 2613

100TH GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE LAVENDER.

DANA RADEMAN MILLER, Chief Clerk

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Section A. Section 208.146, RSMo, is repealed and one new section enacted in lieu 2 thereof, to be known as section 208.146, to read as follows:

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

- 6 (1) Except for earnings, meets the definition of disabled under the Supplemental Security
 7 Income Program or meets the definition of an employed individual with a medically improved
 8 disability under TWWIIA;
 - (2) Has earned income, as defined in subsection 2 of this section;
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- (3) Meets the asset limits in subsection 3 of this section;
- (4) Has [net] income, as defined in subsection 3 of this section, that does not exceed [the
 limit for permanent and totally disabled individuals to receive nonspenddown MO HealthNet
 under subdivision (24) of subsection 1 of section 208.151; and
- 15 under subdivision (24) of subsection 1 of section 208.151, and
- 14 (5) Has a gross income of] two hundred fifty percent [or less] of the federal poverty
- 15 level, excluding any earned income of the worker with a disability between two hundred fifty and
- 16 three hundred percent of the federal poverty level. [For purposes of this subdivision, "gross
- 17 income" includes all income of the person and the person's spouse that would be considered in

EXPLANATION — Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

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determining MO HealthNet eligibility for permanent and totally disabled individuals under 18 19 subdivision (24) of subsection 1 of section 208.151. Individuals with gross incomes in excess

20 of one hundred percent of the federal poverty level shall pay a premium for participation in

21 accordance with subsection 4 of this section.]

22 2. For income to be considered earned income for purposes of this section, the 23 department of social services shall document that Medicare and Social Security taxes are 24 withheld from such income. Self-employed persons shall provide proof of payment of Medicare 25 and Social Security taxes for income to be considered earned.

26 3. (1) For purposes of determining eligibility under this section, the available asset limit 27 and the definition of available assets shall be the same as those used to determine MO HealthNet 28 eligibility for permanent and totally disabled individuals under subdivision (24) of subsection 29 1 of section 208.151 except for:

30 (a) Medical savings accounts limited to deposits of earned income and earnings on such 31 income while a participant in the program created under this section with a value not to exceed five thousand dollars per year; [and] 32

33 (b) Independent living accounts limited to deposits of earned income and earnings on such income while a participant in the program created under this section with a value not to 34 35 exceed five thousand dollars per year. For purposes of this section, an "independent living 36 account" means an account established and maintained to provide savings for transportation, housing, home modification, and personal care services and assistive devices associated with 37 such person's disability; and 38

39 (c) Retirement accounts including, but not limited to, individual accounts, 401(k) 40 plans, 403(b) plans, Keogh plans, and pension plans; provided that income from such 41 accounts be calculated as income under subdivision (4) of subsection 1 of this section.

- (2) To determine [net] income, the following shall be disregarded:
- 43 (a) [All earned income of the disabled worker;
- 44 (b) The first [sixty-five dollars and one-half] fifty thousand dollars of [the remaining] 45 earned income of [a nondisabled spouse's earned income] the person's spouse;
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[(c)] (b) A twenty dollar standard deduction:

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

48 [(e)] (d) A seventy-five dollar a month standard deduction for the disabled worker's 49 dental and optical insurance when the total dental and optical insurance premiums are less than 50 seventy-five dollars;

51 [(f)] (e) All Supplemental Security Income payments, and the first fifty dollars of SSDI 52 payments;

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53 [(g)] (f) A standard deduction for impairment-related employment expenses equal to 54 one-half of the disabled worker's earned income.

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

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

61 (2) For a person whose [gross] income equals or exceeds one hundred fifty percent but 62 is less than two hundred percent of the federal poverty level, four percent of income at one 63 hundred fifty percent of the federal poverty level;

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

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

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

76 6. If an eligible person's employer offers employer-sponsored health insurance and the 77 department of social services determines that it is more cost effective, such person shall participate in the employer-sponsored insurance. The department shall pay such person's portion 78 79 of the premiums, co-payments, and any other costs associated with participation in the 80 employer-sponsored health insurance. If the department elects to pay such person's 81 employer-sponsored insurance costs under this subsection, then the medical assistance 82 provided under this section shall be provided to an eligible person as a secondary or 83 supplemental policy for only personal care assistance services, as defined in section 84 208.900, and related costs and nonemergency medical transportation to any employer-85 sponsored benefits that may be available to such person.

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

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- 89 8. The department shall submit such state plan amendments and waivers to the
- 90 Centers for Medicare and Medicaid Services of the federal Department of Health and
- 91 Human Services as the department determines are necessary to implement the provisions
- 92 of this section.
- 93 [7.] 9. The provisions of this section shall expire August 28, 2025.