

FIRST EXTRAORDINARY SESSION  
**HOUSE BILL NO. 6**

**99TH GENERAL ASSEMBLY**

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INTRODUCED BY REPRESENTATIVE MCCREERY.

2427H.011

D. ADAM CRUMBLISS, Chief Clerk

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**AN ACT**

To amend chapter 208, RSMo, by adding thereto one new section relating to MO HealthNet services.

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

Section A. Chapter 208, RSMo, is amended by adding thereto one new section, to be  
2 known as section 208.207, to read as follows:

**208.207. 1. Beginning January 1, 2018, individuals nineteen years of age or older  
2 and under sixty-five years of age who are not otherwise eligible for MO HealthNet services  
3 under this chapter, who qualify for MO HealthNet services under section 42 U.S.C.  
4 1396a(a)(10)(A)(i)(VIII) and as set forth in 42 CFR 435.119, and who have income at or  
5 below one hundred thirty-three percent of the federal poverty level plus five percent of the  
6 applicable family size as determined under 42 U.S.C. 1396a(e)(14) and as set forth in 42  
7 CFR 435.603 shall be eligible for medical assistance under MO HealthNet and shall receive  
8 coverage for the health benefits service package.**

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

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

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.

18 commercial comparable rates shall only apply for services provided to individuals  
19 qualifying under this section.

20 4. (1) The department of social services shall discontinue eligibility for persons who  
21 are eligible under subsection 1 of this section if:

22 (a) The federal medical assistance percentage established under 42 U.S.C. Section  
23 1396d(y) or 1396d(z) is less than ninety percent as specified for 2020 and each year  
24 thereafter or an amount determined by the MO HealthNet oversight committee to be  
25 necessary to maintain state budget solvency, whichever is lower; and

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

33 (2) The department of social services shall inform persons eligible under subsection  
34 1 of this section that their benefits may be reduced or eliminated if federal funding  
35 decreases or is eliminated.

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

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

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

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

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