SECOND REGULAR SESSION

HOUSE JOINT RESOLUTION NO. 106

100TH GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE SMITH.

5152H.01I

DANA RADEMAN MILLER, Chief Clerk

JOINT RESOLUTION

Submitting to the qualified voters of Missouri an amendment to Article XIV of the Constitution of Missouri, by adding thereto five new sections relating to health care.

Be it resolved by the House of Representatives, the Senate concurring therein:

That at the next general election to be held in the state of Missouri, on Tuesday next

- 2 following the first Monday in November, 2020, or at a special election to be called by the
- 3 governor for that purpose, there is hereby submitted to the qualified voters of this state, for
- 4 adoption or rejection, the following amendment to Article XIV of the Constitution of the state
- 5 of Missouri:

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Section A. Article XIV, Constitution of Missouri, is amended by adding thereto five new sections, to be known as sections 2, 3, 4, 5, and 6, to read as follows:

Section 2. 1. As used in this section, the following terms shall mean:

- (1) "Health benefit plan", a policy, contract, certificate, or agreement entered into, offered, or issued by a health carrier to provide, deliver, arrange for, pay for, or reimburse any of the costs of health care services; except that, health benefit plan shall not include:
- 5 (a) Coverage only for accident insurance, including accidental death and 6 dismemberment insurance;
 - (b) Coverage only for disability income insurance;
 - (c) Coverage issued as a supplement to liability insurance;
- 9 (d) Liability insurance, including general liability insurance and automobile liability insurance;

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.

- (e) Workers' compensation or similar insurance;
- 12 **(f)** Automobile medical payment insurance;
- 13 (g) Credit-only insurance;

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- 14 (h) Coverage for on-site medical clinics;
 - (i) Other similar insurance coverage under which benefits for medical care are secondary or incidental to other insurance benefits;
- 17 **(j)** If provided under a separate policy, certificate, or contract of insurance, any of the following:
- 19 a. Limited scope dental or vision benefits; or
- b. Benefits for long-term care, nursing home care, home health care, community-based care, or any combination thereof;
- 22 (k) If provided under a separate policy, certificate, or contract of insurance, any 23 of the following:
 - a. Coverage only for a specified disease or illness; or
- 25 b. Hospital indemnity or other fixed indemnity insurance; or
- 26 (l) If offered as a separate policy, certificate, or contract of insurance, any of the following:
- a. Medicare supplemental coverage, as defined under Section 1882(g)(1) of the Social Security Act;
- b. Coverage supplemental to the coverage provided under Chapter 55 of Title 10,
 United States Code; or
 - c. Similar supplemental coverage provided to coverage under a group health plan;
 - (2) "Health care service", a service for the diagnosis, prevention, treatment, cure, or relief of a health condition, illness, injury, or disease, including, but not limited to, the provision of drugs or durable medical equipment;
 - (3) "Health carrier", an entity subject to the insurance laws and regulations of this state that contracts or offers to contract to provide, deliver, arrange for, pay for, or reimburse any of the costs of health care services, including a sickness and accident insurance company, a health maintenance organization, a nonprofit hospital and health service corporation, or any other entity providing a plan of health insurance, health benefits, or health services; except that such plan shall not include any coverage pursuant to a liability insurance policy, workers' compensation insurance policy, or medical payments insurance issued as a supplement to a liability policy.
- 2. No health benefit plan delivered, issued for delivery, continued, or renewed in this state shall impose a preexisting condition exclusion, as defined by law.

3. A health benefit plan delivered, issued for delivery, continued, or renewed in this state that offers coverage for a dependent child shall offer dependent coverage, which may be declined by the policyholder, until the dependent child attains the age of twenty-six. For purposes of this subsection, a health benefit plan shall also include a plan that provides dental or vision benefits.

Section 3. Notwithstanding any other provision of this constitution to the contrary, it is the clear and express intent of the people of Missouri that any medical assistance provided under Medicaid, also known as MO HealthNet, shall be subject to appropriations made by the general assembly for that purpose, and that no provision of this constitution shall convey any rights, expectations, or entitlements to medical assistance under Medicaid in the absence of such appropriations, in whole or in part.

Section 4. The state shall not provide payments, add-ons, or reimbursements to health care providers through Medicaid for medical assistance services provided to persons who do not reside in this state, as determined under 42 CFR 435.403, or any amendments or successor regulations thereto.

- Section 5. 1. Medicaid participants ages nineteen to sixty-four shall comply with the work and community engagement requirements under this section in order to remain eligible for Medicaid benefits, unless such participant is otherwise exempt from such requirements. Work and community engagement requirements shall include at least eighty hours each month of the following:
 - (1) Unsubsidized or subsidized private or public sector employment;
- (2) Education, including vocational educational training, job skills training directly related to employment, education directly related to employment for individuals who have not received a high school diploma or certificate of high school equivalency, or satisfactory attendance at a secondary school;
 - (3) Community service;

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- 12 (4) Job search and job readiness assistance;
- 13 **(5)** Provision of child care services to an individual who is participating in a community service program;
 - (6) Satisfaction of work requirements for participants of temporary assistance for needy families or the supplemental nutrition assistance program who are also Medicaid participants;
 - (7) Participation in a substance abuse treatment program; or
- 19 **(8)** Any combination thereof.
- 20 2. The work and community engagement requirements under this section shall not apply to a participant who is:

22 (1) Under the age of nineteen or over the age of sixty-four;

- 23 (2) Medically frail, including individuals:
 - (a) With disabling mental disorders;

- 25 (b) With serious and complex medical conditions;
 - (c) With a physical, intellectual, or developmental disability that significantly impairs their ability to perform one or more activities of daily living; or
 - (d) With a disability determination based on criteria under the Social Security Act, including a current determination by the department of social services that he or she is permanently or totally disabled;
 - (3) Pregnant or caring for a child under the age of one;
 - (4) A primary caregiver of a dependent child under the age of six or a dependent adult; provided, that not more than one participant may claim primary caregiver status in a household; or
 - (5) A participant who is also a participant of the temporary assistance for needy families program or the supplemental nutrition assistance program and who is exempt from the work requirements of either of those programs.
 - 3. In order that work and community engagement requirements shall not be impossible or unduly burdensome for participants, the department of social services may permit further exemptions from the work and community engagement requirements under this section in areas of high unemployment, limited economies or educational opportunities, or lack of public transportation, or for good cause. Good cause shall include, but not be limited to, the following circumstances:
 - (1) The participant has a disability, as defined by the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, or Section 1557 of the Patient Protection and Affordable Care Act, and is unable to meet the work and community engagement requirements for reasons related to that disability;
 - (2) The participant has an immediate family member in the home with a disability, as defined by the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, or Section 1557 of the Patient Protection and Affordable Care Act, and the participant is unable to meet the work and community engagement requirements for reasons related to the disability of such family member;
 - (3) The participant or an immediate family member in the home experiences a hospitalization or serious illness;
 - (4) The participant experiences the birth or death of a family member in the home;
 - (5) The participant experiences severe inclement weather, including a natural disaster, and is unable to meet the work and community engagement requirements; or

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(6) The participant experiences a family emergency or other life-changing event, including divorce or domestic violence.

- 4. The department of social services shall provide reasonable accommodations for participants with disabilities, as defined by the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, or Section 1557 of the Patient Protection and Affordable Care Act, as necessary, to enable such participants an equal opportunity to participate in and benefit from the work and community engagement requirements under this section. Reasonable accommodations shall include, but not be limited to, the following:
- (1) Exemption from the work and community engagement requirements when the participant is unable to comply for reasons relating to his or her disability;
- (2) Modification in the number of hours of work and community engagement required when a participant is unable to comply with the required number of hours; or
- 70 (3) Provision of support services necessary for compliance, when compliance is possible with such supports.

Section 6. All of the provisions of sections 2, 3, 4, and 5 of this article shall be self executing. All of the provisions of sections 2, 3, 4, and 5 of this article are severable. If any provision of sections 2, 3, 4, and 5 of this article is found by a court of competent jurisdiction to be unconstitutional or unconstitutionally enacted, the remaining provisions of these sections shall be and remain valid. If any provision of sections 2, 3, 4, and 5 of this article is found by a court of competent jurisdiction to be unenforceable under federal law, either in whole or as to a specific person or class of persons, such provisions and any remaining provisions shall be and remain valid as to every other person or class of persons who is otherwise covered by these sections.

Section B. Pursuant to chapter 116, and other applicable constitutional provisions and laws of this state allowing the general assembly to adopt ballot language for the submission of this joint resolution to the voters of this state, the official summary statement of this resolution shall be as follows:

"Shall the Missouri Constitution be amended to:

- Guarantee health insurance coverage of preexisting conditions and coverage of dependent children until the age of twenty-six;
- Limit Missouri Medicaid benefits to Missouri residents;
- 9 Require able-bodied adult Medicaid recipients to participate in work and community engagement; and
 - Subject all Medicaid funds to appropriations?"

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