

# SENATE BILL NO. 773

101ST GENERAL ASSEMBLY

INTRODUCED BY SENATOR WILLIAMS.

4392S.01H

ADRIANE D. CROUSE, Secretary

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Section A. Section 208.146, RSMo, is repealed and one new  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

208.146. 1. The program established under this  
2 section shall be known as the "Ticket to Work Health  
3 Assurance Program". Subject to appropriations and in  
4 accordance with the federal Ticket to Work and Work  
5 Incentives Improvement Act of 1999 (TWWIIA), Public Law 106-  
6 170, the medical assistance provided for in section 208.151  
7 may be paid for a person who is employed and who:

8 (1) Except for earnings, meets the definition of  
9 disabled under the Supplemental Security Income Program or  
10 meets the definition of an employed individual with a  
11 medically improved disability under TWWIIA;

12 (2) Has earned income, as defined in subsection 2 of  
13 this section;

14 (3) Meets the asset limits in subsection 3 of this  
15 section;

16 (4) Has [net] income, as defined in subsection 3 of  
17 this section, that does not exceed [the limit for permanent  
18 and totally disabled individuals to receive nonspenddown MO

**EXPLANATION-Matter enclosed in bold-faced brackets [thus] in this bill is not enacted and is intended to be omitted in the law.**

19 HealthNet under subdivision (24) of subsection 1 of section  
20 208.151; and

21 (5) Has a gross income of] two hundred fifty percent  
22 [or less] of the federal poverty level, excluding any earned  
23 income of the worker with a disability between two hundred  
24 fifty and three hundred percent of the federal poverty  
25 level. [For purposes of this subdivision, "gross income"  
26 includes all income of the person and the person's spouse  
27 that would be considered in determining MO HealthNet  
28 eligibility for permanent and totally disabled individuals  
29 under subdivision (24) of subsection 1 of section 208.151.  
30 Individuals with gross incomes in excess of one hundred  
31 percent of the federal poverty level shall pay a premium for  
32 participation in accordance with subsection 4 of this  
33 section.]

34 2. For income to be considered earned income for  
35 purposes of this section, the department of social services  
36 shall document that Medicare and Social Security taxes are  
37 withheld from such income. Self-employed persons shall  
38 provide proof of payment of Medicare and Social Security  
39 taxes for income to be considered earned.

40 3. (1) For purposes of determining eligibility under  
41 this section, the available asset limit and the definition  
42 of available assets shall be the same as those used to  
43 determine MO HealthNet eligibility for permanent and totally  
44 disabled individuals under subdivision (24) of subsection 1  
45 of section 208.151 except for:

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

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

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

64 (2) To determine [net] income, the following shall be  
65 disregarded:

- 66 (a) [All earned income of the disabled worker;
- 67 (b)] The first [sixty-five dollars and one-half] **fifty**  
68 **thousand dollars** of [the remaining] earned income of [a  
69 nondisabled spouse's earned income] **the person's spouse;**
- 70 [(c)] (b) A twenty dollar standard deduction;
- 71 [(d)] (c) Health insurance premiums;
- 72 [(e)] (d) A seventy-five dollar a month standard  
73 deduction for the disabled worker's dental and optical  
74 insurance when the total dental and optical insurance  
75 premiums are less than seventy-five dollars;
- 76 [(f)] (e) All Supplemental Security Income payments,  
77 and the first fifty dollars of SSDI payments;
- 78 [(g)] (f) A standard deduction for impairment-related  
79 employment expenses equal to one-half of the disabled  
80 worker's earned income.

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

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

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

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

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

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

112           6. If an eligible person's employer offers employer-  
113 sponsored health insurance and the department of social  
114 services determines that it is more cost effective, such  
115 person shall participate in the employer-sponsored  
116 insurance. The department shall pay such person's portion  
117 of the premiums, co-payments, and any other costs associated  
118 with participation in the employer-sponsored health  
119 insurance. **If the department elects to pay such person's**  
120 **employer-sponsored insurance costs under this subsection,**  
121 **then the medical assistance provided under this section**  
122 **shall be provided to an eligible person as a secondary or**  
123 **supplemental policy for only personal care assistance**  
124 **services, as defined in section 208.900, and related costs**  
125 **and nonemergency medical transportation to any employer-**  
126 **sponsored benefits which may be available to such person.**

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

131           8. The department shall submit such state plan  
132 amendments and waivers to the Centers for Medicare and  
133 Medicaid Services of the federal Department of Health and  
134 Human Services as the department determines are necessary to  
135 implement the provisions of this section.

136           [7.] 9. The provisions of this section shall expire  
137 August 28, 2025.

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