

SENATE AMENDMENT NO. _____

Offered by _____ of _____

Amend SS/Senate Bill No. 1, Page 4, Section 208.152, Line 69,

2 by inserting after the word "elsewhere" the following: ",
3 provided, no funds shall be expended to any abortion
4 facility, as defined in section 188.015, or any affiliate or
5 associate thereof"; and

6 Further amend said bill and section, page 18, line 519,
7 by inserting after all of said line the following:

8 "208.153. 1. Pursuant to and not inconsistent with
9 the provisions of sections 208.151 and 208.152, the MO
10 HealthNet division shall by rule and regulation define the
11 reasonable costs, manner, extent, quantity, quality, charges
12 and fees of MO HealthNet benefits herein provided. The
13 benefits available under these sections shall not replace
14 those provided under other federal or state law or under
15 other contractual or legal entitlements of the persons
16 receiving them, and all persons shall be required to apply
17 for and utilize all benefits available to them and to pursue
18 all causes of action to which they are entitled. Any person
19 entitled to MO HealthNet benefits may obtain it from any
20 provider of services with which an agreement is in effect
21 under this section and which undertakes to provide the
22 services, as authorized by the MO HealthNet division,
23 provided, said provider shall not include any abortion
24 facility, as defined in section 188.015, or any affiliate or
25 associate thereof. At the discretion of the director of the
26 MO HealthNet division and with the approval of the governor,

27 the MO HealthNet division is authorized to provide medical
28 benefits for participants receiving public assistance by
29 expending funds for the payment of federal medical insurance
30 premiums, coinsurance and deductibles pursuant to the
31 provisions of Title XVIII B and XIX, Public Law 89-97, 1965
32 amendments to the federal Social Security Act (42 U.S.C.
33 301, et seq.), as amended.

34 2. MO HealthNet shall include benefit payments on
35 behalf of qualified Medicare beneficiaries as defined in 42
36 U.S.C. Section 1396d(p). The family support division shall
37 by rule and regulation establish which qualified Medicare
38 beneficiaries are eligible. The MO HealthNet division shall
39 define the premiums, deductible and coinsurance provided for
40 in 42 U.S.C. Section 1396d(p) to be provided on behalf of
41 the qualified Medicare beneficiaries.

42 3. MO HealthNet shall include benefit payments for
43 Medicare Part A cost sharing as defined in clause
44 (p) (3) (A) (i) of 42 U.S.C. 1396d on behalf of qualified
45 disabled and working individuals as defined in subsection
46 (s) of Section 42 U.S.C. 1396d as required by subsection (d)
47 of Section 6408 of P.L. 101-239 (Omnibus Budget
48 Reconciliation Act of 1989). The MO HealthNet division may
49 impose a premium for such benefit payments as authorized by
50 paragraph (d) (3) of Section 6408 of P.L. 101-239.

51 4. MO HealthNet shall include benefit payments for
52 Medicare Part B cost sharing described in 42 U.S.C. Section
53 1396(d) (p) (3) (A) (ii) for individuals described in subsection
54 2 of this section, but for the fact that their income
55 exceeds the income level established by the state under 42
56 U.S.C. Section 1396(d) (p) (2) but is less than one hundred
57 and ten percent beginning January 1, 1993, and less than one
58 hundred and twenty percent beginning January 1, 1995, of the
59 official poverty line for a family of the size involved.

60 5. For an individual eligible for MO HealthNet under
61 Title XIX of the Social Security Act, MO HealthNet shall
62 include payment of enrollee premiums in a group health plan
63 and all deductibles, coinsurance and other cost-sharing for
64 items and services otherwise covered under the state Title
65 XIX plan under Section 1906 of the federal Social Security
66 Act and regulations established under the authority of
67 Section 1906, as may be amended. Enrollment in a group
68 health plan must be cost effective, as established by the
69 Secretary of Health and Human Services, before enrollment in
70 the group health plan is required. If all members of a
71 family are not eligible for MO HealthNet and enrollment of
72 the Title XIX eligible members in a group health plan is not
73 possible unless all family members are enrolled, all
74 premiums for noneligible members shall be treated as payment
75 for MO HealthNet of eligible family members. Payment for
76 noneligible family members must be cost effective, taking
77 into account payment of all such premiums. Non-Title XIX
78 eligible family members shall pay all deductible,
79 coinsurance and other cost-sharing obligations. Each
80 individual as a condition of eligibility for MO HealthNet
81 benefits shall apply for enrollment in the group health plan.

82 6. Any Social Security cost-of-living increase at the
83 beginning of any year shall be disregarded until the federal
84 poverty level for such year is implemented.

85 7. If a MO HealthNet participant has paid the
86 requested spenddown in cash for any month and subsequently
87 pays an out-of-pocket valid medical expense for such month,
88 such expense shall be allowed as a deduction to future
89 required spenddown for up to three months from the date of
90 such expense."; and

91 Further amend said bill, page 25, Section B, lines 1-5,
92 by striking all of said lines and inserting in lieu thereof
93 the following:

94 "Section B. Notwithstanding the provisions of section
95 1.140 to the contrary, the provisions of this act shall be
96 nonseverable, and if any provision is for any reason held to
97 be invalid, such decision shall invalidate all of the
98 remaining provisions of this act."; and

99 Further amend the title and enacting clause accordingly.