

**SENATE AMENDMENT NO. \_\_\_\_\_**

**TO**

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Offered by \_\_\_\_\_ of \_\_\_\_\_

Amend SA# SS/Senate Bill No. 1, Page 1, Section \_\_\_\_\_, Line 4,

2 by striking all of said line and inserting in lieu thereof  
3 the following: "facility, as defined in section 188.015, or  
4 any affiliate or associate thereof"; and

5 Further amend said bill and section, page 17, line 523,  
6 by inserting after all of said line the following:

7 "208.153. 1. Pursuant to and not inconsistent with  
8 the provisions of sections 208.151 and 208.152, the MO  
9 HealthNet division shall by rule and regulation define the  
10 reasonable costs, manner, extent, quantity, quality, charges  
11 and fees of MO HealthNet benefits herein provided. The  
12 benefits available under these sections shall not replace  
13 those provided under other federal or state law or under  
14 other contractual or legal entitlements of the persons  
15 receiving them, and all persons shall be required to apply  
16 for and utilize all benefits available to them and to pursue  
17 all causes of action to which they are entitled. Any person  
18 entitled to MO HealthNet benefits may obtain it from any  
19 provider of services with which an agreement is in effect  
20 under this section and which undertakes to provide the  
21 services, as authorized by the MO HealthNet division,  
22 provided, said provider shall not include any abortion

23 facility, as defined in section 188.015, or any affiliate or  
24 associate thereof. At the discretion of the director of the  
25 MO HealthNet division and with the approval of the governor,  
26 the MO HealthNet division is authorized to provide medical  
27 benefits for participants receiving public assistance by  
28 expending funds for the payment of federal medical insurance  
29 premiums, coinsurance and deductibles pursuant to the  
30 provisions of Title XVIII B and XIX, Public Law 89-97, 1965  
31 amendments to the federal Social Security Act (42 U.S.C.  
32 301, et seq.), as amended.

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

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

50 4. MO HealthNet shall include benefit payments for  
51 Medicare Part B cost sharing described in 42 U.S.C. Section  
52 1396(d) (p) (3) (A) (ii) for individuals described in subsection  
53 2 of this section, but for the fact that their income  
54 exceeds the income level established by the state under 42  
55 U.S.C. Section 1396(d) (p) (2) but is less than one hundred

56 and ten percent beginning January 1, 1993, and less than one  
57 hundred and twenty percent beginning January 1, 1995, of the  
58 official poverty line for a family of the size involved.

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

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

84         7. If a MO HealthNet participant has paid the  
85 requested spenddown in cash for any month and subsequently  
86 pays an out-of-pocket valid medical expense for such month,  
87 such expense shall be allowed as a deduction to future

88 required spenddown for up to three months from the date of  
89 such expense."; and

90 Further amend the title and enacting clause  
91 accordingly.".