

Senate Bill 300

By: Senator Rhett of the 33rd

A BILL TO BE ENTITLED
AN ACT

1 To amend Article 7 of Chapter 4 of Title 49 of the Official Code of Georgia Annotated,
2 relating to medical assistance generally, so as to provide for a program of premium assistance
3 to enable eligible individuals to obtain health care coverage; to provide for definitions; to
4 require personal responsibility premiums from eligible individuals; to provide for a
5 compliance pool; to provide for any necessary state plan amendments or federal waivers; to
6 provide for termination of the program under certain circumstances; to provide for the
7 Legislative Oversight Committee for Health Care Premium Assistance; to provide for related
8 matters; to provide for an effective date; to repeal conflicting laws; and for other purposes.

9 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

10 style="text-align:center">**SECTION 1.**

11 Article 7 of Chapter 4 of Title 49 of the Official Code of Georgia Annotated, relating to
12 medical assistance generally, is amended by adding a new Code section to read as follows:

13 "49-4-159.

14 (a) As used in this Code section, the term:

15 (1) 'Eligible individual' means an individual who:

16 (A) Is between 19 and 65 years of age;

17 (B) Has an income that is equal to or less than 138 percent of the federal poverty level,
18 including individuals who would not be eligible for Medicaid in this state;

19 (C) Has been authenticated to be a United States citizen or documented qualified alien
20 according to the federal Personal Responsibility and Work Opportunity Reconciliation
21 Act of 1996, Pub. L. No. 104-193, as existing on January 1, 2017; and

22 (D) Has not been determined to be more effectively covered through other public
23 assistance programs for health care needs, such as for individuals who are medically
24 frail or other individuals with exceptional medical needs for whom coverage through
25 the exchange is determined to be impractical or overly complex or would undermine
26 continuity or effectiveness of care.

27 (2) 'Exchange' shall have the same meaning as in Code Section 33-23-201.

28 (3) 'Health care coverage' means health care benefits provided through a qualified health
29 plan.

30 (4) 'Program' means the program established pursuant to this Code section to provide
31 premium assistance to eligible individuals to obtain health care coverage.

32 (5) 'Qualified health plan' means a health benefit plan offered on the exchange and
33 recognized by the department.

34 (b)(1) The department shall create and administer a program to provide premium
35 assistance to enable eligible individuals to enroll in a qualified health plan through an
36 exchange. The department is authorized to pay premiums and supplemental cost-sharing
37 subsidies directly to providers of qualified health plans for enrolled eligible individuals.

38 (2) Eligible individuals who enroll in a qualified health plan pursuant to the program
39 shall be required to pay a personal responsibility premium as a condition of receiving
40 premium assistance.

41 (c)(1) An eligible individual who enrolls in a qualified health plan pursuant to the
42 program shall be required to contribute not more than 5 percent of his or her annual
43 income as a personal responsibility premium. The department shall establish a sliding
44 scale for personal responsibility premiums based on income and ability to pay.

45 (2) An eligible individual whose income is more than 100 percent but less than 138
46 percent of the federal poverty level who fails or ceases to pay the personal responsibility
47 premiums shall be disenrolled from the program for a time to be determined by the
48 department, and all premium assistance for such individual shall be terminated; provided,
49 however, that an eligible individual, regardless of income level, shall be subject to
50 recovery of uncollected personal responsibility premiums by the department.

51 (3) The department shall work with health care providers, qualified health plan
52 providers, and other state agencies as necessary to create processes that reduce the
53 amount of uncollected personal responsibility premiums and reduce the administrative
54 cost of collecting such premiums. To this end, a minimum of 0.25 percent of payments
55 to qualified health plan providers shall be withheld for the purpose of establishing a
56 personal responsibility premium compliance pool beginning October 1, 2019. The
57 distribution of funds to qualified health plan providers from the compliance pool shall be
58 based on the qualified health plan providers' success in collecting personal responsibility
59 premiums. The department shall develop the methodology for distribution of such funds.

60 (d) The department shall submit any Medicaid state plan amendments and apply for any
61 federal waivers necessary to implement the program in a manner consistent with this Code
62 section. Implementation of the program is conditioned upon the receipt of necessary
63 federal approvals. If the department does not receive the necessary federal approvals, the
64 program shall not be implemented.

- 65 (e) The department shall terminate the program within 120 days after a reduction in any
 66 of the following federal medical assistance percentages:
- 67 (1) One hundred percent in 2017;
 68 (2) Ninety-five percent in 2018;
 69 (3) Ninety-four percent in 2019;
 70 (4) Ninety-three percent in 2020; and
 71 (5) Ninety percent in 2021 or any year after 2021.
- 72 (f)(1) Health care coverage shall be achieved through a qualified health plan at the silver
 73 level, as provided in 42 U.S.C. Sections 18022 and 18071, as they exist on
 74 January 1, 2018, that restricts cost sharing to amounts that do not exceed Medicaid
 75 cost-sharing limitations.
- 76 (2) All participating carriers in the exchange shall offer health care coverage conforming
 77 to the requirements of this Code section.
- 78 (3) To assure price competitive choices among health care coverage options, the
 79 department shall assure that at least two qualified health plans are offered in each county
 80 in this state.
- 81 (g) An eligible individual enrolled in the program shall affirmatively acknowledge that the
 82 program is:
- 83 (1) Not a perpetual federal or state right or a guaranteed entitlement;
 84 (2) Subject to cancellation upon appropriate notice; and
 85 (3) Not an entitlement program.
- 86 (h)(1) The department shall develop a model and seek approval from the Centers for
 87 Medicare and Medicaid Services to allow a limited number of enrollees to participate in
 88 a pilot project testing the viability of a health savings account or a medical savings
 89 account.
- 90 (2) The pilot project shall be implemented during calendar year 2018.
- 91 (i)(1) There is created the Legislative Oversight Committee for Health Care Premium
 92 Assistance which shall be composed of eight persons: three members of the House of
 93 Representatives appointed by the Speaker of the House of Representatives, three
 94 members of the Senate appointed by the Senate Committee on Assignments or such
 95 person or entity as established by Senate rule, and one member of the House of
 96 Representatives and one member of the Senate appointed by the Governor. The members
 97 of such oversight committee shall be selected within ten days after the convening of the
 98 General Assembly in each odd-numbered year and shall serve until their successors are
 99 appointed.
- 100 (2) The Speaker of the House of Representatives shall appoint one member of such
 101 oversight committee to serve as chairperson and the Senate Committee on Assignments

102 or such person or entity as established by Senate rule shall appoint one member of such
103 oversight committee to serve as vice chairperson during each even-numbered year. The
104 Senate Committee on Assignments or such person or entity as established by Senate rule
105 shall appoint one member of such oversight committee to serve as chairperson and the
106 Speaker of the House of Representatives shall appoint one member of such oversight
107 committee to serve as vice chairperson during each odd-numbered year. Such oversight
108 committee shall meet at least once each year and, upon the call of the chairperson, at such
109 additional times as deemed necessary by the chairperson.

110 (3) The oversight committee shall periodically inquire into and review the
111 implementation and operation of the program as well as periodically review and evaluate
112 the success with which the department is accomplishing its statutory duties and functions
113 as pursuant to this Code section. The oversight committee may conduct any independent
114 audit or investigation of the program it deems necessary.

115 (4) The department shall cooperate with such oversight committee and provide such
116 information or reports as requested by the oversight committee for the performance of its
117 functions.

118 (5) The members of such oversight committee shall receive the allowances authorized
119 for legislative members of legislative committees. The funds necessary to pay such
120 allowances shall come from funds appropriated to the House of Representatives and the
121 Senate."

122 **SECTION 2.**

123 This Act shall become effective upon its approval by the Governor or upon its becoming law
124 without such approval.

125 **SECTION 3.**

126 All laws and parts of laws in conflict with this Act are repealed.