

Senate Bill 3

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, 2019; and

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

27 (2) 'Exchange' means a state, federal, or partnership exchange or marketplace operating
28 in Georgia pursuant to Section 1311 of the federal act.

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

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

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

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

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

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

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

53 (3) The department shall work with health care providers, qualified health plan
54 providers, and other state agencies as necessary to create processes that reduce the
55 amount of uncollected personal responsibility premiums and reduce the administrative
56 cost of collecting such premiums. To this end, a minimum of 0.25 percent of payments
57 to qualified health plan providers shall be withheld for the purpose of establishing a
58 personal responsibility premium compliance pool beginning October 1, 2020. The
59 distribution of funds to qualified health plan providers from the compliance pool shall be
60 based on the qualified health plan providers' success in collecting personal responsibility
61 premiums. The department shall develop the methodology for distribution of such funds.

62 (d) The department shall submit any Medicaid state plan amendments and apply for any
63 federal waivers necessary to implement the program in a manner consistent with this Code

64 section. Implementation of the program is conditioned upon the receipt of necessary
65 federal approvals. If the department does not receive the necessary federal approvals, the
66 program shall not be implemented.

67 (e) The department shall terminate the program within 120 days of a reduction in any of
68 the following federal medical assistance percentages:

69 (1) One hundred percent in 2019;
70 (2) Ninety-five percent in 2020;
71 (3) Ninety-four percent in 2021;
72 (4) Ninety-three percent in 2022; and
73 (5) Ninety percent in 2023 or any year after 2024.

74 (f)(1) Health care coverage shall be achieved through a qualified health plan at the silver
75 level, as provided in 42 U.S.C. Sections 18022 and 18071, as they exist on
76 January 1, 2019, that restricts cost sharing to amounts that do not exceed Medicaid
77 cost-sharing limitations.

78 (2) All participating carriers in the exchange shall offer health care coverage conforming
79 to the requirements of this Code section.

80 (3) To assure price competitive choices among health care coverage options, the
81 department shall assure that at least two qualified health plans are offered in each county
82 in this state.

83 (g) An eligible individual enrolled in the program shall affirmatively acknowledge that the
84 program is:

85 (1) Not a perpetual federal or state right or a guaranteed entitlement;
86 (2) Subject to cancellation upon appropriate notice; and
87 (3) Not an entitlement program.

88 (h)(1) The department shall develop a model and seek approval from the federal Centers
89 for Medicare and Medicaid Services to allow a limited number of enrollees to participate
90 in a pilot project testing the viability of a health savings account or a medical savings
91 account.

92 (2) The pilot project shall be implemented during calendar year 2020.

93 (i)(1) There is created the Legislative Oversight Committee for Health Care Premium
94 Assistance which shall be composed of eight persons: three members of the House of
95 Representatives appointed by the Speaker of the House of Representatives, three
96 members of the Senate appointed by the President of the Senate, and one member of the
97 House of Representatives and one member of the Senate appointed by the Governor. The
98 members of such oversight committee shall be selected within ten days after the
99 convening of the General Assembly in each odd-numbered year and shall serve until their
100 successors are appointed.

101 (2) The Speaker of the House of Representatives shall appoint one member of such
102 oversight committee to serve as chairperson and the President of the Senate shall appoint
103 one member of such oversight committee to serve as vice chairperson during each
104 even-numbered year. The President of the Senate shall appoint one member of such
105 oversight committee to serve as chairperson and the Speaker of the House of
106 Representatives shall appoint one member of such oversight committee to serve as vice
107 chairperson during each odd-numbered year. Such oversight committee shall meet at
108 least once each year and, upon the call of the chairperson, at such additional times as
109 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.