

WEST VIRGINIA LEGISLATURE

2020 REGULAR SESSION

Introduced

House Bill 4828

BY DELEGATES BATES, LAVENDER-BOWE, WORRELL,

PACK AND PYLES

[Introduced February 11, 2020; Referred to the
Committee on Health and Human Resources then
Finance]

1 A BILL to amend and reenact §5-16B-6c and §5-16B-6d of the Code of West Virginia, 1931, as
 2 amended, all relating to providing Children’s Health Insurance Program coverage by
 3 creating a Children’s Health Insurance Program buy-in program for children of families
 4 above 300 percent of the federal poverty level and who can pay the total cost.

Be it enacted by the Legislature of West Virginia:

ARTICLE 16B. WEST VIRGINIA CHILDREN’S HEALTH INSURANCE PROGRAM.

§5-16B-6c. Modified benefit plan for children of families of low income between two hundred and three hundred percent of the poverty level.

1 The Legislature finds:

2 (1) That there exists a number of families of low to moderate income without access to
 3 affordable health insurance coverage, whose children are denied plan participation because their
 4 family income exceeds 200 percent of the federal poverty level;

5 (2) That this exclusion imposes a heavy burden on many families by forcing them to elect
 6 whether to spend money on their children's health care or for their food, clothing, and educational
 7 needs;

8 (3) That a plan should be developed and considered whereby children in families with an
 9 income between 200 and 300 percent of the federal poverty level would contribute approximately
 10 20 to 25 percent of the actual cost of coverage resulting in no additional cost to state government;
 11 and

12 (4) That a plan should be developed and considered whereby children in families with an
 13 income over 300 percent of the federal poverty level may buy into this plan and would contribute
 14 the actual cost of coverage resulting in no additional cost to the state or federal government; and

15 ~~(4)~~(5) That, while the primary goal of any plan will be the improvement of health care for
 16 these children, a successful plan for extending this coverage will benefit the state by improving
 17 the economy by allowing parents of these children to spend more for goods and services and by
 18 lowering future medical expenditures, uncompensated care, and the other long-term adverse

19 economic effects related to having a segment of the adult population which has been deprived of
20 adequate medical care during childhood.

21 The board is directed to conduct a study of all available means to develop a viable,
22 modified plan to enroll the children of those families having a level of income between 200 and
23 300 percent of the federal poverty level and to consider that such a plan should charge an
24 affordable premium and may be phased in over a two-year period.

25 The board is further directed to study total program costs related to the implementation of
26 a viable modified plan to expand coverage with the design requiring no additional state or federal
27 dollars and to study the long-term effect on the state budget.

28 The board is directed to report its findings and recommendations to the Joint Committee
29 on Government and Finance at its monthly meeting of August, ~~2004~~ 2020.

§5-16B-6d. Modified benefit plan implementation.

1 (a) Upon approval by the Centers for Medicare and Medicaid Services, the board shall
2 implement a benefit plan for uninsured children of families with income between 200 and 300
3 ~~hundred~~ percent of the federal poverty level and for children of families above 300 percent of the
4 federal poverty level and who can pay the total cost.

5 (b) The benefit plans offered pursuant to this section shall include services determined to
6 be appropriate for children, but may vary from those currently offered by the board.

7 (c) The board shall structure the benefit plans for this expansion to include premiums,
8 coinsurance or copays, and deductibles. The board shall develop the cost-sharing features in
9 such a manner as to keep the program fiscally stable without creating a barrier to enrollment.
10 Such features may include different cost-sharing features within this group based upon the
11 percentage of the federal poverty level.

12 (d) Provider reimbursement schedules shall be no lower than the reimbursement provided
13 for the same services under the plans offered in §5-16-1 *et seq.* of this code.

14 (e) The board shall create a benefit plan for comprehensive coverage for pregnant women

15 between 185 percent and 300 percent of the federal poverty level including prenatal care, delivery,
16 and 60 days postpartum care under authorization of the Title XXI of the Social Security Act of
17 1997, 42 U.S.C. § 1397II, and as funding is available after all children up to 300 percent of the
18 federal poverty level are covered.

19 (f) All provisions of this article are applicable to this expansion unless expressly addressed
20 in this section.

21 (g) Nothing in this section may be construed to require any appropriation of state General
22 Revenue Funds for the payment of any benefit provided pursuant to this section, except for the
23 state appropriation used to match the federal financial participation funds. In the event that federal
24 funds are no longer authorized for participation by individuals eligible at income levels above 200
25 percent, the board shall take immediate steps to terminate the expansion provided for in this
26 section and notify all enrollees of such termination. In the event federal appropriations decrease
27 for the programs created pursuant to Title XXI of the Social Security Act of 1997, the board is
28 directed to make those decreases in this expansion program before making changes to the
29 programs created for those children whose family income is less than 200 percent of the federal
30 poverty level.

31 (h) The board is directed to report no less than quarterly to the Legislative Oversight
32 Commission on Health and Human Resources Accountability on the development,
33 implementation, and progress of the expansion authorized in this section.

NOTE: The purpose of this bill is to expand CHIP coverage by creating a CHIP buy-in program for children of families above 300 percent of the federal poverty level and who can pay the total cost.

Strike-throughs indicate language that would be stricken from a heading or the present law and underscoring indicates new language that would be added.