

## 1 SENATE BILL NO. 310

2 INTRODUCED BY C. KAUFMANN

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4 A BILL FOR AN ACT ENTITLED: "AN ACT REVISING ELIGIBILITY FOR THE HEALTHY MONTANA KIDS  
5 PLAN; ALLOWING FAMILIES TO BUY INSURANCE COVERAGE FOR CHILDREN UNDER THE HEALTHY  
6 MONTANA KIDS PLAN; REQUIRING THAT FAMILIES BUYING INTO THE PROGRAM PAY THE FULL COSTS  
7 OF PARTICIPATION; AMENDING SECTIONS 53-4-1004 AND 53-4-1105, MCA; AND PROVIDING A  
8 TERMINATION DATE."

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10 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

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12 NEW SECTION. **Section 1. Buy-in option -- special revenue account.** (1) (a) A child whose family  
13 income is above 250% of the federal poverty level or who otherwise does not meet the eligibility requirements  
14 of this part may participate in the healthy Montana kids plan if the child's family pays the full cost of participating  
15 in the plan, including any administrative costs associated with enrollment. Payments must be made to the  
16 department.

17 (b) Terms of participation for a child enrolled under this section must be the same as those for a child  
18 enrolled pursuant to 53-4-1104.

19 (2) Money paid under this section must be deposited into an account in the state special revenue fund  
20 to the credit of the department to be used by the department to cover the costs of insuring children enrolled in  
21 the healthy Montana kids plan pursuant to this section.

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23 **Section 2.** Section 53-4-1004, MCA, is amended to read:

24 **"53-4-1004. (Temporary) Eligibility for program -- rulemaking.** (1) To be considered eligible for the  
25 program, a child:

26 (a) must be 18 years of age or younger;

27 (b) must have a combined family income at or below 250% of the federal poverty level or at a lower level  
28 determined by the department of public health and human services as provided in subsection (4);

29 (c) may not already be covered by private insurance that offers creditable coverage, as defined in 42  
30 U.S.C. 300gg(c), for either up to 3 months prior to enrollment in the program as determined by rule or since birth,

1 whichever period is less[, except that the break in coverage is waived for a covered dependent whose coverage  
2 moves from the purchasing pool provided under Title 33, chapter 22, part 20, to coverage under this part];

3 (d) may not be eligible for medicaid benefits; and

4 (e) must be a United States citizen or qualified alien and a Montana resident.

5 (2) The department of public health and human services shall adopt rules that establish the program's  
6 criteria for residency. The criteria must conform as nearly as practicable with the residency requirements for  
7 medicaid eligibility.

8 (3) Subject to 53-4-1009(3), rules governing eligibility may also include financial standards and criteria  
9 for income and resources, treatment of resources, and nonfinancial criteria.

10 (4) If the department determines that there is insufficient funding for the program, it may lower the  
11 percentage of the federal poverty level established in subsection (1)(b) in order to reduce the number of persons  
12 who may be eligible to participate or may limit the amount, scope, or duration of specific services provided.  
13 (Terminates on occurrence of contingency--sec. 15, Ch. 571, L. 1999; sec. 14, I.M. No. 155, approved November  
14 4, 2008; bracketed language void on occurrence of contingency--sec. 7, Ch. 87, L. 2009.)"

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16 **Section 3.** Section 53-4-1105, MCA, is amended to read:

17 **"53-4-1105. Rulemaking -- active enrollment -- plan coordination.** (1) The department shall adopt  
18 rules necessary to implement this part, including plan administration, plan enrollment, outreach efforts, and  
19 standards of performance to allow enrollment partners to assist in enrolling children in the plan or other health  
20 coverage plans administered by the department.

21 (2) The rules must:

22 (a) establish a process for identifying and approving enrollment partners;

23 (b) create and define an active enrollment process;

24 (c) promote seamless movement between programs described in 53-4-1104(2);

25 (d) promote accessible enrollment through enrollment partners;

26 (e) provide, to the extent permitted by law, a single point of access in the department for plan members;

27 (f) except for children enrolled pursuant to [section 1], define income for purposes of determining  
28 eligibility for children's health coverage programs within the plan;

29 (g) provide for presumptive eligibility; and

30 (h) encourage enrollment partners to actively enroll as many eligible, uninsured children as possible in

1 the plan or in an employer-sponsored plan as described in 53-4-1108.

2 (3) The rules may include the development of enrollment partner training, technical assistance programs,  
3 and performance measures.

4 (4) The rules may provide for an exemption from the active enrollment process based upon an individual  
5 showing of:

6 (a) religious conviction;

7 (b) private insurance that offers creditable coverage, as defined in 42 U.S.C. 300gg(c), obtained by the  
8 parents for the child from a private group or individual health insurance issuer or under a self-funded employer  
9 health plan; or

10 (c) other compelling circumstances.

11 (5) ~~The~~ For children who are not enrolled pursuant to [section 1], the rules governing eligibility and  
12 premium assistance must be consistent with this part. Rules may include but are not limited to financial standards  
13 and criteria for income, nonfinancial criteria, family responsibility, residency, the application process, termination  
14 of eligibility, definition of terms, and confidentiality of applicant and recipient information."

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16 **NEW SECTION. Section 4. Codification instruction.** [Section 1] is intended to be codified as an  
17 integral part of Title 53, chapter 4, part 11, and the provisions of Title 53, chapter 4, apply to [section 1].

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19 **NEW SECTION. Section 5. Contingent termination.** [Section 2] terminates on the occurrence of the  
20 contingency contained in section 15, Chapter 571, Laws of 1999.

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