

SENATE BILL No. 688

November 14, 2013, Introduced by Senators PAPPAGEORGE, COLBECK and CASWELL and referred to the Committee on Appropriations.

A bill to amend 1939 PA 280, entitled
"The social welfare act,"
(MCL 400.1 to 400.119b) by adding sections 105g and 105h.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

1 SEC. 105G. THE DEPARTMENT OF COMMUNITY HEALTH SHALL SEEK A
2 WAIVER FROM THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN
3 SERVICES TO ALLOW INDIVIDUALS WHO ARE ELIGIBLE UNDER SECTION 105D
4 TO ENROLL FOR THE MEDICAL ASSISTANCE PROGRAM TO ELECT TO ENROLL IN
5 A GROUP 2 HEALTH PLAN UNDER THE PATIENT-CENTERED CARE ACT INSTEAD
6 OF ENROLLING IN THE MEDICAL ASSISTANCE PROGRAM.

7 SEC. 105H. (1) IN SEEKING A WAIVER UNDER SECTION 105G, THE
8 DEPARTMENT OF COMMUNITY HEALTH SHALL ALSO SEEK A WAIVER TO DO THE
9 FOLLOWING:

10 (A) THE DEPARTMENT OF COMMUNITY HEALTH SHALL SEEK A WAIVER TO

1 REQUEST THAT THE FEDERAL GOVERNMENT PAY THE COST OF PROVIDING
2 DIRECT PRIMARY CARE SERVICES, HIGH DEDUCTIBLE HEALTH COVERAGE, AND
3 GAP INSURANCE TO INDIVIDUALS ELIGIBLE FOR COVERAGE UNDER SECTION
4 105D BUT WHO CHOSE TO ENROLL IN A GROUP 2 HEALTH PLAN UNDER THE
5 PATIENT-CENTERED CARE ACT.

6 (B) IF THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN
7 SERVICES DOES NOT APPROVE THE PROVISIONS OF A WAIVER REQUESTED
8 UNDER SUBDIVISION (A), THE DEPARTMENT OF COMMUNITY HEALTH SHALL
9 SEEK A WAIVER TO REQUEST THAT THE FEDERAL GOVERNMENT PAY THE COST
10 OF PROVIDING DIRECT PRIMARY CARE SERVICES AND HIGH DEDUCTIBLE
11 HEALTH COVERAGE TO INDIVIDUALS ELIGIBLE UNDER SECTION 105D BUT WHO
12 CHOSE TO ENROLL IN A GROUP 2 HEALTH PLAN UNDER THE PATIENT-CENTERED
13 CARE ACT AND THE STATE SHALL PAY THE COST OF PROVIDING GAP
14 INSURANCE TO THOSE INDIVIDUALS.

15 (C) IF THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN
16 SERVICES DOES NOT APPROVE THE PROVISIONS OF A WAIVER REQUESTED
17 UNDER SUBDIVISION (A) OR (B), THE STATE SHALL OPT OUT OF PROVIDING
18 COVERAGE WITH FEDERAL FUNDS TO INDIVIDUALS WHO WOULD BE ELIGIBLE
19 UNDER SECTION 105D BUT WHO CHOSE TO ENROLL IN A GROUP 2 HEALTH PLAN
20 UNDER THE PATIENT-CENTERED CARE ACT AND SHALL PROVIDE HEALTH CARE
21 COVERAGE WITH STATE FUNDS TO THOSE INDIVIDUALS AT AN AMOUNT NOT TO
22 EXCEED THE AMOUNT THAT WOULD HAVE BEEN PAID TO PROVIDE COVERAGE FOR
23 THOSE INDIVIDUALS HAD COVERAGE BEEN PROVIDED UNDER SECTION 105D.

24 (2) IF THE DEPARTMENT OF COMMUNITY HEALTH RECEIVES A WAIVER
25 APPROVAL UNDER SUBSECTION (1), THE FUNDS RECEIVED FROM THE FEDERAL
26 GOVERNMENT SHALL BE DEPOSITED INTO THE GROUP 2 HEALTH PLAN TRUST
27 FUND CREATED IN SECTION 301 OF THE PATIENT-CENTERED CARE ACT, AS

1 THE DEPARTMENT OF COMMUNITY HEALTH DETERMINES IS APPROPRIATE.

2 (3) THE DEPARTMENT OF COMMUNITY HEALTH SHALL DETERMINE THE
3 COST THAT WOULD HAVE BEEN NECESSARY TO PROVIDE COVERAGE TO
4 INDIVIDUALS WHO WERE ELIGIBLE TO ENROLL UNDER SECTION 105D BUT WHO
5 CHOSE TO ENROLL IN A GROUP 2 HEALTH PLAN UNDER THE PATIENT-CENTERED
6 CARE ACT. THE AMOUNT DESCRIBED IN THIS SUBSECTION SHALL BE
7 DEPOSITED INTO THE GROUP 2 HEALTH PLAN TRUST FUND CREATED IN
8 SECTION 301 OF THE PATIENT-CENTERED CARE ACT.

9 Enacting section 1. This amendatory act takes effect January
10 1, 2014.

11 Enacting section 2. This amendatory act does not take effect
12 unless Senate Bill No.689

13 of the 97th Legislature is enacted into law.