

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2005

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SENATE DRS35010-LNz-24 (1/11)

Short Title: Expand Medicaid Eligibility to Children/200%. (Public)

Sponsors: Senators Purcell, Dannelly and Hartsell.

Referred to:

A BILL TO BE ENTITLED

AN ACT TO EXPAND MEDICAID COVERAGE TO CHILDREN AGE BIRTH THROUGH FIVE YEARS WITH FAMILY INCOMES EQUAL TO OR LESS THAN TWO HUNDRED PERCENT OF THE FEDERAL POVERTY LEVEL, AND TO USE NC HEALTH CHOICE STATE AND FEDERAL FUNDS TO FUND THE EXPANSION, AS RECOMMENDED BY THE BLUE RIBBON COMMISSION ON MEDICAID REFORM.

The General Assembly of North Carolina enacts:

SECTION 1. The Department of Health and Human Services shall provide coverage under the State Medical Assistance Program to:

- (1) Infants under the age of one year whose family income is above one hundred eighty-five percent (185%) through two hundred percent (200%) of the federal poverty level; and
- (2) Children age one year through five years whose family income is above one hundred thirty-three percent (133%) through two hundred percent (200%) of the federal poverty level.

Coverage under this section for infants and children age birth to five years shall be paid for from federal funds received under Title XXI of the Social Security Act, and State matching funds, to implement NC Health Choice under Article 8 of Chapter 108A of the General Statutes.

SECTION 2.(a) G.S. 108A-70.21(a)(1) reads as rewritten:

"§ 108A-70.21. Program eligibility; benefits; enrollment fee and other cost-sharing; coverage from private plans; purchase of extended coverage.

(a) Eligibility. – The Department may enroll eligible children based on availability of funds. Following are eligibility and other requirements for participation in the Program:

- 1 (1) Children must:
- 2 a. Be under the age of 19;
- 3 b. Be ineligible for Medicaid, Medicare, or other federal
- 4 government-sponsored health insurance;
- 5 c. Be uninsured;
- 6 d. ~~Be in a family that meets the following family income~~
- 7 ~~requirements: Be age six years through eighteen years and be in~~
- 8 ~~a family whose family income is above one hundred percent~~
- 9 ~~(100%) through two hundred percent (200%) of the federal~~
- 10 ~~poverty level;~~
- 11 ~~1. Infants under the age of one year whose family income is~~
- 12 ~~from one hundred eighty five percent (185%) through~~
- 13 ~~two hundred percent (200%) of the federal poverty level;~~
- 14 ~~2. Children age one year through five years whose family~~
- 15 ~~income is above one hundred thirty three percent (133%)~~
- 16 ~~through two hundred percent (200%) of the federal~~
- 17 ~~poverty level; and~~
- 18 ~~3. Children age six years through eighteen years whose~~
- 19 ~~family income is above one hundred percent (100%)~~
- 20 ~~through two hundred percent (200%) of the federal~~
- 21 ~~poverty level;~~
- 22 e. Be a resident of this State and eligible under federal law; and
- 23 f. Have paid the Program enrollment fee required under this Part."

24 **SECTION 2.(b)** G.S. 108A-70.21(b) reads as rewritten:

25 "(b) Benefits. – Except as otherwise provided for eligibility, fees, deductibles,

26 copayments, and other cost-sharing charges, health benefits coverage provided to

27 children eligible under the Program shall be equivalent to coverage provided for

28 dependents under the North Carolina Teachers' and State Employees' Comprehensive

29 Major Medical Plan, including optional prepaid plans. Prescription drug providers shall

30 accept as payment in full, for outpatient prescriptions filled, ninety percent (90%) of the

31 average wholesale price for the prescription drug or the amounts published by the

32 Centers for Medicare and Medicaid Services plus a dispensing fee of five dollars and

33 sixty cents (\$5.60) per prescription for generic drugs and four dollars (\$4.00) per

34 prescription for brand name drugs. All other health care providers providing services to

35 Program enrollees shall accept as payment in full for services rendered the maximum

36 allowable charges under the North Carolina Teachers' and State Employees'

37 Comprehensive Major Medical Plan for services less any copayments assessed to

38 enrollees under this Part. No child enrolled in the Plan's self-insured indemnity program

39 shall be required by the Plan to change health care providers as a result of being

40 enrolled in the Program.

41 In addition to the benefits provided under the Plan, the following services and

42 supplies are covered under the Health Insurance Program for Children established under

43 this Part:

- 1 (1) Dental: Oral examinations, teeth cleaning, and scaling twice during a
2 12-month period, full mouth X-rays once every 60 months,
3 supplemental bitewing X-rays showing the back of the teeth once
4 during a 12-month period, fluoride applications twice during a
5 12-month period, fluoride varnish, sealants, simple extractions,
6 therapeutic pulpotomies, prefabricated stainless steel crowns, and
7 routine fillings of amalgam or other tooth-colored filling material to
8 restore diseased teeth. No benefits are to be provided for services
9 under this subsection that are not performed by or upon the direction
10 of a dentist, doctor, or other professional provider approved by the
11 Plan nor for services and materials that do not meet the standards
12 accepted by the American Dental Association.
- 13 (2) Vision: Scheduled routine eye examinations once every 12 months,
14 eyeglass lenses or contact lenses once every 12 months, routine
15 replacement of eyeglass frames once every 24 months, and optical
16 supplies and solutions when needed. Optical services, supplies, and
17 solutions must be obtained from licensed or certified ophthalmologists,
18 optometrists, or optical dispensing laboratories. Eyeglass lenses are
19 limited to single vision, bifocal, trifocal, or other complex lenses
20 necessary for a Plan enrollee's visual welfare. Coverage for oversized
21 lenses and frames, designer frames, photosensitive lenses, tinted
22 contact lenses, blended lenses, progressive multifocal lenses, coated
23 lenses, and laminated lenses is limited to the coverage for single
24 vision, bifocal, trifocal, or other complex lenses provided by this
25 subsection. Eyeglass frames are limited to those made of zylonite,
26 metal, or a combination of zylonite and metal. All visual aids covered
27 by this subsection require prior approval of the Plan. Upon prior
28 approval by the Plan, refractions may be covered more often than once
29 every 12 months.
- 30 (3) Hearing: Auditory diagnostic testing services and hearing aids and
31 accessories when provided by a licensed or certified audiologist,
32 otolaryngologist, or other hearing aid specialist approved by the Plan.
33 Prior approval of the Plan is required for hearing aids, accessories,
34 earmolds, repairs, loaners, and rental aids.

35 ~~The Department may provide services to children aged birth through five years enrolled~~
36 ~~in the Program through the State Medical Assistance managed care program. Services~~
37 ~~provided through the managed care program shall be paid from Program funds."~~

38 **SECTION 3.** This act becomes effective July 1, 2005.