

By: Representatives Banks, Crudup, Hulum

To: Medicaid; Appropriations

HOUSE BILL NO. 1381

1 AN ACT TO AMEND SECTION 43-13-115, MISSISSIPPI CODE OF 1972,  
 2 TO PROVIDE MEDICAID COVERAGE FOR INDIVIDUALS WHO ARE UNDER 65  
 3 YEARS OF AGE, ARE NOT PREGNANT, ARE NOT ENTITLED TO OR ENROLLED  
 4 FOR MEDICARE BENEFITS AND WHOSE INCOME IS NOT MORE THAN 133% OF  
 5 THE FEDERAL POVERTY LEVEL, AS AUTHORIZED UNDER THE FEDERAL PATIENT  
 6 PROTECTION AND AFFORDABLE CARE ACT; TO PROVIDE FOR A STATEWIDE  
 7 SPECIAL ELECTION TO BE HELD ON TUESDAY, NOVEMBER 7, 2023, FOR THE  
 8 PURPOSE OF DETERMINING WHETHER MEDICAID ELIGIBILITY WILL BE  
 9 EXPANDED TO PERSONS AUTHORIZED FOR COVERAGE UNDER THE FEDERAL  
 10 PATIENT PROTECTION AND AFFORDABLE CARE ACT; TO PROVIDE THAT IF A  
 11 MAJORITY OF THE QUALIFIED ELECTORS VOTING ON THE QUESTION IN THE  
 12 SPECIAL ELECTION VOTE FOR EXPANDING MEDICAID TO THOSE PERSONS,  
 13 THEN THIS ACT SHALL TAKE EFFECT ON JANUARY 1, 2024; TO PROVIDE  
 14 THAT IF A MAJORITY OF THE QUALIFIED ELECTORS VOTING ON THE  
 15 QUESTION IN THE ELECTION VOTE AGAINST EXPANDING MEDICAID TO THOSE  
 16 PERSONS, THEN THIS ACT SHALL NOT TAKE EFFECT; AND FOR RELATED  
 17 PURPOSES.

18 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MISSISSIPPI:

19 **SECTION 1.** Section 43-13-115, Mississippi Code of 1972, is  
 20 amended as follows:

21 43-13-115. Recipients of Medicaid shall be the following  
 22 persons only:

- 23 (1) Those who are qualified for public assistance
- 24 grants under provisions of Title IV-A and E of the federal Social
- 25 Security Act, as amended, including those statutorily deemed to be



26 IV-A and low-income families and children under Section 1931 of  
27 the federal Social Security Act. For the purposes of this  
28 paragraph (1) and paragraphs (8), (17) and (18) of this section,  
29 any reference to Title IV-A or to Part A of Title IV of the  
30 federal Social Security Act, as amended, or the state plan under  
31 Title IV-A or Part A of Title IV, shall be considered as a  
32 reference to Title IV-A of the federal Social Security Act, as  
33 amended, and the state plan under Title IV-A, including the income  
34 and resource standards and methodologies under Title IV-A and the  
35 state plan, as they existed on July 16, 1996. The Department of  
36 Human Services shall determine Medicaid eligibility for children  
37 receiving public assistance grants under Title IV-E. The division  
38 shall determine eligibility for low-income families under Section  
39 1931 of the federal Social Security Act and shall redetermine  
40 eligibility for those continuing under Title IV-A grants.

41 (2) Those qualified for Supplemental Security Income  
42 (SSI) benefits under Title XVI of the federal Social Security Act,  
43 as amended, and those who are deemed SSI eligible as contained in  
44 federal statute. The eligibility of individuals covered in this  
45 paragraph shall be determined by the Social Security  
46 Administration and certified to the Division of Medicaid.

47 (3) Qualified pregnant women who would be eligible for  
48 Medicaid as a low-income family member under Section 1931 of the  
49 federal Social Security Act if her child were born. The



50 eligibility of the individuals covered under this paragraph shall  
51 be determined by the division.

52 (4) [Deleted]

53 (5) A child born on or after October 1, 1984, to a  
54 woman eligible for and receiving Medicaid under the state plan on  
55 the date of the child's birth shall be deemed to have applied for  
56 Medicaid and to have been found eligible for Medicaid under the  
57 plan on the date of that birth, and will remain eligible for  
58 Medicaid for a period of one (1) year so long as the child is a  
59 member of the woman's household and the woman remains eligible for  
60 Medicaid or would be eligible for Medicaid if pregnant. The  
61 eligibility of individuals covered in this paragraph shall be  
62 determined by the Division of Medicaid.

63 (6) Children certified by the State Department of Human  
64 Services to the Division of Medicaid of whom the state and county  
65 departments of human services have custody and financial  
66 responsibility, and children who are in adoptions subsidized in  
67 full or part by the Department of Human Services, including  
68 special needs children in non-Title IV-E adoption assistance, who  
69 are approvable under Title XIX of the Medicaid program. The  
70 eligibility of the children covered under this paragraph shall be  
71 determined by the State Department of Human Services.

72 (7) Persons certified by the Division of Medicaid who  
73 are patients in a medical facility (nursing home, hospital,  
74 tuberculosis sanatorium or institution for treatment of mental



75 diseases), and who, except for the fact that they are patients in  
76 that medical facility, would qualify for grants under Title IV,  
77 Supplementary Security Income (SSI) benefits under Title XVI or  
78 state supplements, and those aged, blind and disabled persons who  
79 would not be eligible for Supplemental Security Income (SSI)  
80 benefits under Title XVI or state supplements if they were not  
81 institutionalized in a medical facility but whose income is below  
82 the maximum standard set by the Division of Medicaid, which  
83 standard shall not exceed that prescribed by federal regulation.

84 (8) Children under eighteen (18) years of age and  
85 pregnant women (including those in intact families) who meet the  
86 financial standards of the state plan approved under Title IV-A of  
87 the federal Social Security Act, as amended. The eligibility of  
88 children covered under this paragraph shall be determined by the  
89 Division of Medicaid.

90 (9) Individuals who are:

91 (a) Children born after September 30, 1983, who  
92 have not attained the age of nineteen (19), with family income  
93 that does not exceed one hundred percent (100%) of the nonfarm  
94 official poverty level;

95 (b) Pregnant women, infants and children who have  
96 not attained the age of six (6), with family income that does not  
97 exceed one hundred thirty-three percent (133%) of the federal  
98 poverty level; and



99                   (c) Pregnant women and infants who have not  
100 attained the age of one (1), with family income that does not  
101 exceed one hundred eighty-five percent (185%) of the federal  
102 poverty level.

103           The eligibility of individuals covered in (a), (b) and (c) of  
104 this paragraph shall be determined by the division.

105           (10) Certain disabled children age eighteen (18) or  
106 under who are living at home, who would be eligible, if in a  
107 medical institution, for SSI or a state supplemental payment under  
108 Title XVI of the federal Social Security Act, as amended, and  
109 therefore for Medicaid under the plan, and for whom the state has  
110 made a determination as required under Section 1902(e)(3)(b) of  
111 the federal Social Security Act, as amended. The eligibility of  
112 individuals under this paragraph shall be determined by the  
113 Division of Medicaid.

114           (11) Until the end of the day on December 31, 2005,  
115 individuals who are sixty-five (65) years of age or older or are  
116 disabled as determined under Section 1614(a)(3) of the federal  
117 Social Security Act, as amended, and whose income does not exceed  
118 one hundred thirty-five percent (135%) of the nonfarm official  
119 poverty level as defined by the Office of Management and Budget  
120 and revised annually, and whose resources do not exceed those  
121 established by the Division of Medicaid. The eligibility of  
122 individuals covered under this paragraph shall be determined by  
123 the Division of Medicaid. After December 31, 2005, only those



124 individuals covered under the 1115(c) Healthier Mississippi waiver  
125 will be covered under this category.

126 Any individual who applied for Medicaid during the period  
127 from July 1, 2004, through March 31, 2005, who otherwise would  
128 have been eligible for coverage under this paragraph (11) if it  
129 had been in effect at the time the individual submitted his or her  
130 application and is still eligible for coverage under this  
131 paragraph (11) on March 31, 2005, shall be eligible for Medicaid  
132 coverage under this paragraph (11) from March 31, 2005, through  
133 December 31, 2005. The division shall give priority in processing  
134 the applications for those individuals to determine their  
135 eligibility under this paragraph (11).

136 (12) Individuals who are qualified Medicare  
137 beneficiaries (QMB) entitled to Part A Medicare as defined under  
138 Section 301, Public Law 100-360, known as the Medicare  
139 Catastrophic Coverage Act of 1988, and whose income does not  
140 exceed one hundred percent (100%) of the nonfarm official poverty  
141 level as defined by the Office of Management and Budget and  
142 revised annually.

143 The eligibility of individuals covered under this paragraph  
144 shall be determined by the Division of Medicaid, and those  
145 individuals determined eligible shall receive Medicare  
146 cost-sharing expenses only as more fully defined by the Medicare  
147 Catastrophic Coverage Act of 1988 and the Balanced Budget Act of  
148 1997.



149           (13) (a) Individuals who are entitled to Medicare Part  
150 A as defined in Section 4501 of the Omnibus Budget Reconciliation  
151 Act of 1990, and whose income does not exceed one hundred twenty  
152 percent (120%) of the nonfarm official poverty level as defined by  
153 the Office of Management and Budget and revised annually.  
154 Eligibility for Medicaid benefits is limited to full payment of  
155 Medicare Part B premiums.

156           (b) Individuals entitled to Part A of Medicare,  
157 with income above one hundred twenty percent (120%), but less than  
158 one hundred thirty-five percent (135%) of the federal poverty  
159 level, and not otherwise eligible for Medicaid. Eligibility for  
160 Medicaid benefits is limited to full payment of Medicare Part B  
161 premiums. The number of eligible individuals is limited by the  
162 availability of the federal capped allocation at one hundred  
163 percent (100%) of federal matching funds, as more fully defined in  
164 the Balanced Budget Act of 1997.

165           The eligibility of individuals covered under this paragraph  
166 shall be determined by the Division of Medicaid.

167           (14) [Deleted]

168           (15) Disabled workers who are eligible to enroll in  
169 Part A Medicare as required by Public Law 101-239, known as the  
170 Omnibus Budget Reconciliation Act of 1989, and whose income does  
171 not exceed two hundred percent (200%) of the federal poverty level  
172 as determined in accordance with the Supplemental Security Income  
173 (SSI) program. The eligibility of individuals covered under this



174 paragraph shall be determined by the Division of Medicaid and  
175 those individuals shall be entitled to buy-in coverage of Medicare  
176 Part A premiums only under the provisions of this paragraph (15).

177 (16) In accordance with the terms and conditions of  
178 approved Title XIX waiver from the United States Department of  
179 Health and Human Services, persons provided home- and  
180 community-based services who are physically disabled and certified  
181 by the Division of Medicaid as eligible due to applying the income  
182 and deeming requirements as if they were institutionalized.

183 (17) In accordance with the terms of the federal  
184 Personal Responsibility and Work Opportunity Reconciliation Act of  
185 1996 (Public Law 104-193), persons who become ineligible for  
186 assistance under Title IV-A of the federal Social Security Act, as  
187 amended, because of increased income from or hours of employment  
188 of the caretaker relative or because of the expiration of the  
189 applicable earned income disregards, who were eligible for  
190 Medicaid for at least three (3) of the six (6) months preceding  
191 the month in which the ineligibility begins, shall be eligible for  
192 Medicaid for up to twelve (12) months. The eligibility of the  
193 individuals covered under this paragraph shall be determined by  
194 the division.

195 (18) Persons who become ineligible for assistance under  
196 Title IV-A of the federal Social Security Act, as amended, as a  
197 result, in whole or in part, of the collection or increased  
198 collection of child or spousal support under Title IV-D of the





199 federal Social Security Act, as amended, who were eligible for  
200 Medicaid for at least three (3) of the six (6) months immediately  
201 preceding the month in which the ineligibility begins, shall be  
202 eligible for Medicaid for an additional four (4) months beginning  
203 with the month in which the ineligibility begins. The eligibility  
204 of the individuals covered under this paragraph shall be  
205 determined by the division.

206 (19) Disabled workers, whose incomes are above the  
207 Medicaid eligibility limits, but below two hundred fifty percent  
208 (250%) of the federal poverty level, shall be allowed to purchase  
209 Medicaid coverage on a sliding fee scale developed by the Division  
210 of Medicaid.

211 (20) Medicaid eligible children under age eighteen (18)  
212 shall remain eligible for Medicaid benefits until the end of a  
213 period of twelve (12) months following an eligibility  
214 determination, or until such time that the individual exceeds age  
215 eighteen (18).

216 (21) Women of childbearing age whose family income does  
217 not exceed one hundred eighty-five percent (185%) of the federal  
218 poverty level. The eligibility of individuals covered under this  
219 paragraph (21) shall be determined by the Division of Medicaid,  
220 and those individuals determined eligible shall only receive  
221 family planning services covered under Section 43-13-117(13) and  
222 not any other services covered under Medicaid. However, any  
223 individual eligible under this paragraph (21) who is also eligible



224 under any other provision of this section shall receive the  
225 benefits to which he or she is entitled under that other  
226 provision, in addition to family planning services covered under  
227 Section 43-13-117(13).

228 The Division of Medicaid shall apply to the United States  
229 Secretary of Health and Human Services for a federal waiver of the  
230 applicable provisions of Title XIX of the federal Social Security  
231 Act, as amended, and any other applicable provisions of federal  
232 law as necessary to allow for the implementation of this paragraph  
233 (21). The provisions of this paragraph (21) shall be implemented  
234 from and after the date that the Division of Medicaid receives the  
235 federal waiver.

236 (22) Persons who are workers with a potentially severe  
237 disability, as determined by the division, shall be allowed to  
238 purchase Medicaid coverage. The term "worker with a potentially  
239 severe disability" means a person who is at least sixteen (16)  
240 years of age but under sixty-five (65) years of age, who has a  
241 physical or mental impairment that is reasonably expected to cause  
242 the person to become blind or disabled as defined under Section  
243 1614(a) of the federal Social Security Act, as amended, if the  
244 person does not receive items and services provided under  
245 Medicaid.

246 The eligibility of persons under this paragraph (22) shall be  
247 conducted as a demonstration project that is consistent with  
248 Section 204 of the Ticket to Work and Work Incentives Improvement



249 Act of 1999, Public Law 106-170, for a certain number of persons  
250 as specified by the division. The eligibility of individuals  
251 covered under this paragraph (22) shall be determined by the  
252 Division of Medicaid.

253 (23) Children certified by the Mississippi Department  
254 of Human Services for whom the state and county departments of  
255 human services have custody and financial responsibility who are  
256 in foster care on their eighteenth birthday as reported by the  
257 Mississippi Department of Human Services shall be certified  
258 Medicaid eligible by the Division of Medicaid until their  
259 twenty-first birthday.

260 (24) Individuals who have not attained age sixty-five  
261 (65), are not otherwise covered by creditable coverage as defined  
262 in the Public Health Services Act, and have been screened for  
263 breast and cervical cancer under the Centers for Disease Control  
264 and Prevention Breast and Cervical Cancer Early Detection Program  
265 established under Title XV of the Public Health Service Act in  
266 accordance with the requirements of that act and who need  
267 treatment for breast or cervical cancer. Eligibility of  
268 individuals under this paragraph (24) shall be determined by the  
269 Division of Medicaid.

270 (25) The division shall apply to the Centers for  
271 Medicare and Medicaid Services (CMS) for any necessary waivers to  
272 provide services to individuals who are sixty-five (65) years of  
273 age or older or are disabled as determined under Section



274 1614(a)(3) of the federal Social Security Act, as amended, and  
275 whose income does not exceed one hundred thirty-five percent  
276 (135%) of the nonfarm official poverty level as defined by the  
277 Office of Management and Budget and revised annually, and whose  
278 resources do not exceed those established by the Division of  
279 Medicaid, and who are not otherwise covered by Medicare. Nothing  
280 contained in this paragraph (25) shall entitle an individual to  
281 benefits. The eligibility of individuals covered under this  
282 paragraph shall be determined by the Division of Medicaid.

283 (26) The division shall apply to the Centers for  
284 Medicare and Medicaid Services (CMS) for any necessary waivers to  
285 provide services to individuals who are sixty-five (65) years of  
286 age or older or are disabled as determined under Section  
287 1614(a)(3) of the federal Social Security Act, as amended, who are  
288 end stage renal disease patients on dialysis, cancer patients on  
289 chemotherapy or organ transplant recipients on antirejection  
290 drugs, whose income does not exceed one hundred thirty-five  
291 percent (135%) of the nonfarm official poverty level as defined by  
292 the Office of Management and Budget and revised annually, and  
293 whose resources do not exceed those established by the division.  
294 Nothing contained in this paragraph (26) shall entitle an  
295 individual to benefits. The eligibility of individuals covered  
296 under this paragraph shall be determined by the Division of  
297 Medicaid.



298           (27) Individuals who are entitled to Medicare Part D  
299 and whose income does not exceed one hundred fifty percent (150%)  
300 of the nonfarm official poverty level as defined by the Office of  
301 Management and Budget and revised annually. Eligibility for  
302 payment of the Medicare Part D subsidy under this paragraph shall  
303 be determined by the division.

304           (28) Individuals who are under sixty-five (65) years of  
305 age, are not pregnant, are not entitled to or enrolled for  
306 benefits under Part A or Part B of Medicare, are not eligible for  
307 Medicaid under any other paragraph of this section, and whose  
308 income is not more than one hundred thirty-three percent (133%) of  
309 the federal poverty level applicable to a family of the size  
310 involved. Individuals eligible under this paragraph (28) shall  
311 receive benchmark coverage described in Section 1937(b)(1) of the  
312 federal Social Security Act, as amended, or benchmark equivalent  
313 coverage described in Section 1937(b)(2) of the federal Social  
314 Security Act, as amended. The eligibility of individuals covered  
315 under this paragraph shall be determined by the Division of  
316 Medicaid.

317           The division shall redetermine eligibility for all categories  
318 of recipients described in each paragraph of this section not less  
319 frequently than required by federal law.

320           **SECTION 2.** There shall be a statewide special election for  
321 the purpose of determining whether Section 1 of this act will take  
322 effect. The special election shall be held on Tuesday, November



323 7, 2023, and shall be conducted in the same manner as regular  
324 general elections are held. The question put before the voters at  
325 the statewide special election shall read on the ballots as  
326 follows:

327 **"PLEASE VOTE 'YES' OR 'NO'**

328 **Expand Medicaid eligibility to persons authorized for coverage**  
329 **under the federal Patient Protection and Affordable Care Act.**

330 **'YES': \_\_\_\_\_ 'NO': \_\_\_\_\_"**

331 The qualified electors may indicate their preference on the  
332 line following the answer that they prefer.

333 If a majority of the qualified electors voting on the  
334 question in the special election vote "Yes," then Section 1 of  
335 this act shall take effect from and after January 1, 2024. If a  
336 majority of the qualified electors voting on the question in the  
337 election vote "No," then Section 1 shall not take effect.

338 **SECTION 3.** Section 1 of this act shall take effect and be in  
339 force from and after January 1, 2024, and Section 2 of this act  
340 shall take effect and be in force from and after the passage of  
341 this act.

