SUBSTITUTE FOR HOUSE BILL NO. 4270

A bill to amend 1939 PA 280, entitled "The social welfare act,"

by amending section 106 (MCL 400.106), as amended by 1990 PA 145, and by adding section 106a.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

- 1 Sec. 106. (1) A medically indigent individual is defined
- 2 as:
- 3 (a) An individual receiving aid to dependent children
- 4 family independence program benefits or an individual receiving
- 5 supplemental security income under title XVI -of the social
- 6 security act, 42 U.S.C. 1381 to 1385, or state supplementation
- 7 thereunder under title XVI subject to limitations imposed by
- 8 the director pursuant according to title XIX.
- 9 (b) An Except as provided in section 106a, an individual
- 10 -meeting who meets all of the following conditions:

- 1 (i) The individual has -made application applied in the
- 2 manner prescribed by the -state department family independence
- 3 agency prescribes.
- 4 (ii) The individual's need for the type of medical assistance
- 5 available under this act for which -application has been made
- 6 the individual applied has been professionally established and
- 7 payment for it is not available through the legal obligation of a
- 8 public or private contractor -, public or private, to pay or
- 9 provide for the care without regard to the income or resources of
- 10 the patient. The state department -shall be is subrogated to
- 11 any right of recovery -which that a patient may have for the
- 12 cost of hospitalization, pharmaceutical services, physician
- 13 services, nursing services, and other medical services not to
- 14 exceed the amount of funds expended by the department for the
- 15 care and treatment of the patient. The patient or other person
- 16 acting in the patient's behalf shall execute and deliver an
- 17 assignment of claim or other authorizations as necessary to
- 18 secure the right of recovery to the department. A payment may be
- 19 withheld under this act for medical assistance for an injury or
- 20 disability for which the patient is entitled to medical care or
- 21 reimbursement for the cost of medical care under sections 3101 to
- 22 3179 of the insurance code of 1956, Act No. 218 of the Public
- 23 Acts of 1956, as amended, being sections 500.3101 to 500.3179 of
- 24 the Michigan Compiled Laws 1956 PA 218, MCL 500.3101 to
- 25 500.3179, or under any other another policy of insurance
- 26 providing medical or hospital benefits, or both, for the patient
- 27 unless the patient's entitlement to that medical care or

- 1 reimbursement is at issue. If a payment is made, the state
- 2 department, to enforce its subrogation right, may do either of
- 3 the following: (a) intervene or join in an action or proceeding
- 4 brought by the injured, diseased, or disabled person, the
- 5 person's quardian, personal representative, estate, dependents,
- 6 or survivors, against the third person who may be liable for the
- 7 injury, disease, or disability, or against contractors, public or
- 8 private, who may be liable to pay or provide medical care and
- 9 services rendered to an injured, diseased, or disabled patient;
- 10 (b) institute and prosecute a legal proceeding against a third
- 11 person who may be liable for the injury, disease, or disability,
- 12 or against contractors, public or private, who may be liable to
- 13 pay or provide medical care and services rendered to an injured,
- 14 diseased, or disabled patient, in state or federal court, either
- 15 alone or in conjunction with the injured, diseased, or disabled
- 16 person, the person's guardian, personal representative, estate,
- 17 dependents, or survivors. The state department may institute the
- 18 proceedings in its own name or in the name of the injured,
- 19 diseased, or disabled person, the person's guardian, personal
- 20 representative, estate, dependents, or survivors. As provided in
- 21 section 6023 of the revised judicature act of 1961, Act No. 236
- 22 of the Public Acts of 1961, as amended, being section 600.6023 of
- 23 the Michigan Compiled Laws 1961 PA 236, MCL 600.6023, the state
- 24 department, in enforcing its subrogation right, shall not satisfy
- 25 a judgment against the third person's property -which that is
- 26 exempt from levy and sale. The injured, diseased, or disabled
- 27 person may proceed in his or her own name, collecting the costs

- 1 without the necessity of joining the state department or the
- 2 state as a named party. The injured, diseased, or disabled
- 3 person shall notify the state department of the action or
- 4 proceeding entered into upon commencement of the action or
- 5 proceeding. An action taken by the state or the state department
- 6 in connection with the right of recovery afforded by this section
- 7 does not operate to deny the injured, diseased, or disabled
- 8 person any part of the recovery beyond the costs expended on the
- 9 person's behalf by the state department. The costs of legal
- 10 action initiated by the state shall be paid by the state. A
- 11 payment shall not be made under this act for medical assistance
- 12 for an injury, disease, or disability for which the patient is
- 13 entitled to medical care or the cost of medical care under the
- 14 worker's disability compensation act of 1969, Act No. 317 of the
- 15 Public Acts of 1969, as amended, being sections 418.101 to
- 16 418.941 of the Michigan Compiled Laws 1969 PA 317, MCL 418.101
- 17 to 418.941; except that payment may be made if an appropriate
- 18 application for medical care or the cost of the medical care has
- 19 been made under Act No. 317 of the Public Acts of 1969, as
- 20 amended the worker's disability compensation act of 1969, 1969
- 21 PA 317, MCL 418.101 to 418.941, entitlement has not been finally
- 22 determined, and an arrangement satisfactory to the state
- 23 department has been made for reimbursement if the claim under
- 24 Act No. 317 of the Public Acts of 1969, as amended the worker's
- 25 disability compensation act of 1969, 1969 PA 317, MCL 418.101 to
- 26 418.941, is finally sustained.
- 27 (iii) The individual has an annual income -which that is

- 1 below, or because of medical expenses falls below, the protected
- 2 basic maintenance level. The protected basic maintenance level
- 3 for 1-person and 2-person families shall be at least 100% of the
- 4 higher of the payment standards generally used to determine
- 5 eligibility in the -aid to dependent children family
- 6 independence program and the supplemental security income program
- 7 under title XVI, of the social security act, 42 U.S.C. 1381 to
- 8 1385, including state supplementation. For families of 3 or
- 9 more persons, the protected basic maintenance level shall be at
- 10 least 100% of the payment standard generally used to determine
- 11 eligibility in the -aid to dependent children family
- 12 independence program. These levels shall recognize regional
- 13 variations and shall not exceed 133-1/3% of the payment standard
- 14 generally used to determine eligibility in the -aid to dependent
- 15 children family independence program.
- 16 (iv) The individual, if an aid to dependent children a
- 17 family independence program related individual and living alone,
- 18 has liquid or marketable assets of not more than $\frac{$1,500.00}{}$
- 19 \$2,000.00 in value, or, if a 2-person family, the family has
- **20** liquid or marketable assets of not more than \$2,000.00
- 21 \$3,000.00 in value. The -state department family independence
- 22 agency shall establish comparable liquid or marketable asset
- 23 amounts for larger family groups. Excluded in making the
- 24 determination of the value of liquid or marketable assets are the
- 25 values of: the homestead; clothing; household effects; \$1,000.00
- 26 of cash surrender value of life insurance, except that if the
- 27 health of the insured -is such as to make makes continuance of

- 1 the insurance desirable, the entire cash surrender value of life
- 2 insurance is -to-be- excluded from consideration, up to the
- 3 -maximums maximum provided or allowed by federal regulations and
- 4 in accordance with the rules of the -state department family
- 5 independence agency; the fair market value of tangible personal
- 6 property used in earning income; an amount paid as judgment or
- 7 settlement for damages suffered as a result of exposure to agent
- 8 orange, as defined in section 5701 of the public health code,
- 9 Act No. 368 of the Public Acts of 1978, being section 333.5701
- 10 of the Michigan Compiled Laws 1978 PA 368, MCL 333.5701; and a
- 11 space or plot purchased for the purposes of burial for the
- 12 person. For individuals related to the title XVI program, -of
- 13 the social security act, 42 U.S.C. 1381 to 1385, the appropriate
- 14 resource levels and property exemptions specified in title XVI
- 15 shall be used.
- 16 (v) The individual is not an inmate of a public institution
- 17 except as a patient in a medical institution.
- (vi) The individual meets the eligibility standards for
- 19 supplemental security income under title XVI of the social
- 20 security act, 42 U.S.C. 1381 to 1385, or for state
- 21 supplementation under the act, subject to limitations imposed by
- 22 the director -pursuant- according to title XIX; or meets the
- 23 eligibility standards for -aid to dependent children family
- 24 independence program benefits, except for income or income and
- 25 resources; or is a child from 18 to 21 years of age and his or
- 26 her adult caretaker would be eligible for aid to dependent
- 27 children family independence program benefits except for age,

- 1 income, or income and resources; or is a child under 21 years of
- 2 age and is from a family whose income is below the basic
- 3 maintenance level.
- 4 (2) As used in this act: -, "medical"
- 5 (a) "Medical institution" means a state licensed or approved
- 6 hospital, nursing home, medical care facility, psychiatric
- 7 hospital, or other facility or identifiable unit -thereof- of a
- 8 listed institution certified as meeting established standards for
- 9 a nursing home or hospital in accordance with the laws of this
- 10 state.
- 11 (b) "Title XVI" means title XVI of the social security act,
- 12 chapter 531, 49 Stat. 620, 42 U.S.C. 1381 to 1382j and 1383 to
- 13 1383f.
- 14 Sec. 106a. (1) This section shall be known and may be cited
- 15 as the "Michigan freedom to work for individuals with
- 16 disabilities law".
- 17 (2) The department of community health shall establish a
- 18 program to provide medical assistance to individuals who have
- 19 earned income and who meet all of the following eligibility
- 20 criteria:
- 21 (a) The individual has been found to be disabled under the
- 22 federal supplemental security income program or the social
- 23 security disability income program, or would be found to be
- 24 disabled except for earnings in excess of the substantial gainful
- 25 activity level as established by the United States social
- 26 security administration.
- (b) The individual is at least 16 years of age and younger

- 1 than 65 years of age.
- 2 (c) The individual has an unearned income level of not more
- 3 than 100% of the current federal poverty guidelines.
- 4 (d) The individual is a current medical assistance recipient
- 5 under section 106 or meets income, asset, and eligibility
- 6 requirements for the medical assistance program under section
- 7 106.
- 8 (e) The individual is gainfully employed on a regular and
- 9 continuing basis.
- 10 (3) The program is limited to the medical assistance services
- 11 made available to recipients under the medical assistance program
- 12 administered under section 105 and does not include personal
- 13 assistance services in the workplace.
- 14 (4) Without losing eligibility for medical assistance, an
- 15 individual who qualifies for and is enrolled under this program
- 16 is permitted to do all of the following:
- 17 (a) Accumulate personal savings and assets not to exceed
- 18 \$75,000.00.
- 19 (b) Accumulate unlimited retirement and individual retirement
- 20 accounts.
- 21 (c) Have temporary breaks in employment that do not exceed 24
- 22 months if the temporary breaks are the result of an involuntary
- 23 layoff or are determined to be medically necessary.
- 24 (d) Work and have income that exceeds the amount permitted
- 25 under section 106, but shall not have unearned income that
- 26 exceeds 100% of the federal poverty guidelines.
- 27 (5) The department of community health shall establish a

- 1 premium that is based on earned income for individuals enrolled
- 2 in the program subject to all of the following provisions:
- 3 (a) The premium shall be based on the enrolled individual's
- 4 annualized earned income above 250% of the current federal
- 5 poverty guidelines for a family of 1.
- 6 (b) Individuals with an earned income of between 250% of the
- 7 federal poverty guidelines for a family of 1 and \$75,000.00 shall
- 8 pay a sliding fee scale premium starting at \$600.00 annually and
- 9 increasing to 100% of the average medical assistance recipient
- 10 cost as determined by the department of community health for
- 11 individuals with annual income of \$75,000.00 or more.
- 12 (c) The premium sliding fee scale shall have no more than 5
- 13 tiers.
- 14 (d) The premium for an enrolled individual shall generally be
- 15 assessed on an annual basis based on the annual return required
- 16 to be filed under the internal revenue code or other evidence of
- 17 earned income and shall be payable on a monthly basis. The
- 18 premium shall be adjusted during the year when a change in an
- 19 enrolled individual's rate of annual income moves the individual
- 20 to a different premium tier.
- 21 (6) An enrolled individual has an affirmative duty to report
- 22 earned income changes that would result in a different premium
- 23 within 30 days to the department of community health.
- 24 (7) The department of community health shall report to the
- 25 governor and the legislature within 2 years of the effective date
- 26 of the amendatory act that added this section regarding all of
- 27 the following:

- 1 (a) The effectiveness of the program in achieving its 2 purposes.
- 3 (b) The number of individuals enrolled in the program.
- 4 (c) The costs and benefits of the program.
- 5 (d) The opportunities and projected costs of expanding the
- 6 program to working individuals with disabilities who are not
- 7 currently eligible for the program.
- 8 (e) Additional services that should be covered under the
- 9 program to assist working individuals with disabilities in
- 10 obtaining and maintaining employment.
- 11 (8) In the event that terms of this section are inconsistent
- 12 with federal regulations governing federal financial
- 13 participation in the medical assistance program, the department
- 14 of community health may to the extent necessary waive any
- 15 requirement set forth in subsections (1) to (5).
- 16 (9) The program established in this section shall be
- 17 implemented on or before January 1, 2004.
- 18 (10) As used in this section:
- 19 (a) "Earned income" and "unearned income" mean those terms as
- 20 used by the family independence agency in determining eligibility
- 21 for the medical assistance program administered under this act.
- (b) "Federal poverty guidelines" means the poverty guidelines
- 23 published annually in the federal register by the United States
- 24 department of health and human services under its authority to
- 25 revise the poverty line under section 673(2) of subtitle B of
- 26 title VI of the omnibus budget reconciliation act of 1981, Public
- 27 Law 97-35, 42 U.S.C. 9902.