

# **WEST VIRGINIA LEGISLATURE**

## **2021 REGULAR SESSION**

**Introduced**

### **House Bill 2278**

BY DELEGATES BATES AND ROWE

[Introduced February 10, 2021; Referred  
to the Committee on Health and Human Resources  
then Finance]

1 A BILL to amend and reenact §5-16B-6c and §5-16B-6d of the Code of West Virginia, 1931, as  
 2 amended, all relating to providing Children’s Health Insurance Program coverage by  
 3 creating a Children’s Health Insurance Program buy-in program for children of families  
 4 above 300 percent of the federal poverty level and who can pay the total cost.

*Be it enacted by the Legislature of West Virginia:*

**ARTICLE 16B. WEST VIRGINIA CHILDREN’S HEALTH INSURANCE PROGRAM.**

**§5-16B-6c. Modified benefit plan for children of families of low income between 200 and 300 percent of the poverty level.**

1 The Legislature finds:

2 (1) That there exists a number of families of low to moderate income without access to  
 3 affordable health insurance coverage, whose children are denied plan participation because their  
 4 family income exceeds 200 percent of the federal poverty level;

5 (2) That this exclusion imposes a heavy burden on many families by forcing them to elect  
 6 whether to spend money on their children’s health care or for their food, clothing, and educational  
 7 needs;

8 (3) That a plan should be developed and considered whereby children in families with an  
 9 income between 200 and 300 percent of the federal poverty level would contribute approximately  
 10 20 to 25 percent of the actual cost of coverage resulting in no additional cost to state government;  
 11 and

12 (4) That a plan should be developed and considered whereby children in families with an  
 13 income over 300 percent of the federal poverty level may buy into this plan and would contribute  
 14 the actual cost of coverage resulting in no additional cost to the state or federal government; and

15 ~~(4)~~(5) That, while the primary goal of any plan will be the improvement of health care for  
 16 these children, a successful plan for extending this coverage will benefit the state by improving  
 17 the economy by allowing parents of these children to spend more for goods and services and by  
 18 lowering future medical expenditures, uncompensated care, and the other long-term adverse

19 economic effects related to having a segment of the adult population which has been deprived of  
20 adequate medical care during childhood.

21 The board is directed to conduct a study of all available means to develop a viable,  
22 modified plan to enroll the children of those families having a level of income between 200 and  
23 300 percent of the federal poverty level and to consider that such a plan should charge an  
24 affordable premium and may be phased in over a two-year period.

25 The board is further directed to study total program costs related to the implementation of  
26 a viable modified plan to expand coverage with the design requiring no additional state or federal  
27 dollars and to study the long-term effect on the state budget.

28 The board is directed to report its findings and recommendations to the Joint Committee  
29 on Government and Finance at its monthly meeting of August, 2004.

**§5-16B-6d. Modified benefit plan implementation.**

1 (a) Upon approval by the Centers for Medicare and Medicaid Services, the board shall  
2 implement a benefit plan for uninsured children of families with income between 200 and 300  
3 percent of the federal poverty level and for children of families above 300 percent of the federal  
4 poverty level and who can pay the total cost.

5 (b) The benefit plans offered pursuant to this section shall include services determined to  
6 be appropriate for children, but may vary from those currently offered by the board.

7 (c) The board shall structure the benefit plans for this expansion to include premiums,  
8 coinsurance or copays, and deductibles. The board shall develop the cost-sharing features in  
9 such a manner as to keep the program fiscally stable without creating a barrier to enrollment.  
10 Such features may include different cost-sharing features within this group based upon the  
11 percentage of the federal poverty level.

12 All provisions of §5-16B-1 *et seq.* of this code are applicable to this expansion unless  
13 expressly addressed in §5-16B-6d of this code.

14 (d) Nothing in §5-16B-6d of this code may be construed to require any appropriation of

15 state general revenue funds for the payment of any benefit provided pursuant to this section,  
16 except for the state appropriation used to match the federal financial participation funds. In the  
17 event that federal funds are no longer authorized for participation by individuals eligible at income  
18 levels above 200 percent, the board shall take immediate steps to terminate the expansion  
19 provided for in this section and notify all enrollees of such termination. In the event federal  
20 appropriations decrease for the programs created pursuant to Title XXI of the Social Security Act  
21 of 1997, the board is directed to make those decreases in this expansion program before making  
22 changes to the programs created for those children whose family income is less than 200 percent  
23 of the federal poverty level.

NOTE: The purpose of this bill is to expand CHIP coverage by creating a CHIP buy-in program for children of families above 300 percent of the federal poverty level and who can pay the total cost.

Strike-throughs indicate language that would be stricken from a heading or the present law, and underscoring indicates new language that would be added.