**A** **BILL**

TO AMEND THE CODE OF LAWS OF SOUTH CAROLINA, 1976, TO ENACT THE “SOUTH CAROLINA MEDICAID BUY‑IN ACT” BY ADDING ARTICLE 10 TO CHAPTER 6, TITLE 44 SO AS TO ESTABLISH A MEDICAID BUY‑IN PROGRAM TO PROVIDE QUALITY, AFFORDABLE HEALTH INSURANCE FOR CERTAIN RESIDENTS OF THE STATE.

Be it enacted by the General Assembly of the State of South Carolina:

SECTION 1. This article may be known and cited as the   
“South Carolina Medicaid Buy‑In Act”.

SECTION 2. Chapter 6, Title 44 of the 1976 Code is amended by adding:

“Article 10

South Carolina Medicaid Buy‑In Act

Section 44‑6‑1310. Within one year of the effective date of this act, the South Carolina Department of Health and Human Services

shall establish a Medicaid buy‑in plan and shall offer the buy‑in plan for purchase by any resident of the State:

(1) who is ineligible for all of the following:

(a) Medicaid;

(b) Medicare; and

(c) advance premium tax credits under the federal Patient Protection and Affordable Care Act; and

(2) whose employer has not unenrolled or denied the resident enrollment in employer‑sponsored health insurance coverage on the basis that the resident would otherwise qualify for enrollment in Medicaid buy‑in coverage.

Section 44‑6‑1320. Enrollment in the Medicaid buy‑in plan must comply with state nondiscrimination laws and must be available to residents irrespective of age, race, gender, national origin, immigration status, disability, or geographic location.

Section 44‑6‑1330. The department shall establish benefits under the Medicaid buy‑in plan in accordance with federal and state law to ensure the covered benefits include:

(1) ambulatory patient services;

(2) emergency services;

(3) hospitalizations;

(4) maternity and newborn care;

(5) mental health and substance use disorder treatment and services, including behavioral health treatment;

(6) prescription drugs;

(7) rehabilitative and habilitative services and devices;

(8) laboratory services;

(9) preventive and wellness services; and

(10) pediatric services, including dental and vision care.

Section 44‑6‑1340. The department shall pursue any available federal funding and financial participation for the services and benefits provided.

Section 44‑6‑1350. The department shall coordinate Medicaid buy‑in plan enrollment and eligibility to maximize continuity of coverage between Medicaid buy‑in plans, traditional Medicaid, and private health insurance.

Section 44‑6‑1360. (A) Health care provider reimbursement rates must be based on the state Medicaid fee schedule.

(B) Contingent on available funds, the department may increase reimbursement rates for health care providers, only if these increases do not negatively impact the sustainability of the Medicaid buy‑in plan or Medicaid.

Section 44‑6‑1370. The department shall coordinate with other relevant agencies to establish:

(1) a system under which residents apply for enrollment in, receive a determination of eligibility for participation in, and renew participation in the Medicaid buy‑in plan; and

(2) a consumer outreach program to increase awareness of the Medicaid buy‑in plan and assist residents with enrolling in Medicaid, the Medicaid buy‑in plan, or a qualified health plan offered by the federal exchange in the State.”

SECTION 3. This act takes effect upon approval by the Governor.

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