5

SENATE BILL No. 986

January 24, 2006, Introduced by Senators BISHOP, GEORGE, CROPSEY, KUIPERS, BIRKHOLZ, STAMAS, HARDIMAN, McMANUS, BROWN, TOY and CASSIS and referred to the Committee on Health Policy.

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

(MCL 400.1 to 400.119b) by adding section 109i.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

- 1 SEC. 1091. (1) ALL ADULT MEDICAL ASSISTANCE RECIPIENTS SHALL
- 2 BE OFFERED THE OPPORTUNITY TO SIGN A MEDICAL ASSISTANCE PERSONAL
- 3 RESPONSIBILITY AGREEMENT.
- 4 (2) AN ADULT MEDICAL ASSISTANCE RECIPIENT WHO SIGNS A PERSONAL
 - RESPONSIBILITY AGREEMENT OFFERED UNDER SUBSECTION (1) SHALL BE
 - CHARGED A PREMIUM THAT IS 25% AS LARGE AS THE PREMIUM PAID BY AN
- 7 ADULT WHO DID NOT SIGN A PERSONAL RESPONSIBILITY AGREEMENT OR WHO
- 8 HAS VIOLATED THE TERMS OF HIS OR HER PERSONAL RESPONSIBILITY
- 9 AGREEMENT.

02903'05 LTB

- 1 (3) THE PERSONAL RESPONSIBILITY AGREEMENT MAY INCLUDE AT
- 2 MINIMUM ALL OF THE FOLLOWING REQUIREMENTS:
- 3 (A) THE MEDICAL ASSISTANCE RECIPIENT SHALL NOT SMOKE.
- 4 (B) THE MEDICAL ASSISTANCE RECIPIENT SHALL ATTEND ALL
- 5 SCHEDULED MEDICAL APPOINTMENTS.
- 6 (C) THE MEDICAL ASSISTANCE RECIPIENT SHALL EXERCISE REGULARLY.
- 7 (D) IF THE MEDICAL ASSISTANCE RECIPIENT HAS A CHILD, THE CHILD
- 8 SHALL BE CURRENT ON HIS OR HER IMMUNIZATIONS.
- 9 (E) THE MEDICAL ASSISTANCE RECIPIENT SHALL ABSTAIN FROM
- 10 ABUSING CONTROLLED SUBSTANCES AND NARCOTICS.
- 11 (4) ALL ADULT MEDICAL ASSISTANCE RECIPIENTS, WHETHER OR NOT
- 12 THEY HAVE SIGNED A PERSONAL RESPONSIBILITY AGREEMENT, SHALL HAVE AN
- 13 ANNUAL HEALTH ASSESSMENT WITH A PHYSICIAN.
- 14 (5) AT THE ANNUAL HEALTH ASSESSMENT REQUIRED UNDER SUBSECTION
- 15 (4), AN ADULT MEDICAL ASSISTANCE RECIPIENT WHO HAS SIGNED A
- 16 PERSONAL RESPONSIBILITY AGREEMENT SHALL BE REQUIRED TO SUBMIT TO A
- 17 TEST TO DETERMINE WHETHER OR NOT HE OR SHE HAS SMOKED.
- 18 (6) IF AN ADULT MEDICAL ASSISTANCE RECIPIENT WHO HAS SIGNED A
- 19 PERSONAL RESPONSIBILITY AGREEMENT IS FOUND TO HAVE SMOKED OR TO
- 20 HAVE NOT ATTENDED ALL SCHEDULED MEDICAL APPOINTMENTS OR IF HIS OR
- 21 HER CHILD IS NOT CURRENT ON HIS OR HER IMMUNIZATIONS, THAT MEDICAL
- 22 ASSISTANCE RECIPIENT IS SUBJECT TO THE HIGHER PREMIUM SCALE SET FOR
- 23 A MEDICAL ASSISTANCE RECIPIENT WHO DID NOT SIGN THE PERSONAL
- 24 RESPONSIBILITY AGREEMENT DESCRIBED IN SUBSECTIONS (2) AND (3).