

59 ~~(e)~~ (a) the governor or the governor's designee has reported the intention to expand
 60 the [state] Medicaid program [~~under PPACA~~] to the Legislature in compliance with the
 61 legislative review process in Sections ~~63M-1-2505.5~~ and ~~26-18-3~~; ~~§~~ ~~and~~ ~~§~~

62 ~~§~~ ~~[(~~ ~~§~~ ~~(d)~~ ~~)]~~ ~~(b)~~ ~~←§~~ notwithstanding Subsection ~~63J-5-103~~(2), the governor submits the
 62a request for
 63 expansion of the Medicaid program for optional populations to the Legislature under the high
 64 impact federal funds request process required by Section ~~63J-5-204~~, Legislative review and
 65 approval of certain federal funds request ~~§~~ ~~[-]~~ ; ~~and~~ ~~←§~~ ~~[(~~ ~~←§~~ ~~)]~~ ~~←§~~

66 ~~§~~ ~~(b)~~ (c) ~~←§~~ the department establishes a premium partnership program, as provided in
 67 Subsection (3), that focuses on enrolling individuals ~~§~~ ~~in~~ ~~←§~~ health benefit plans rather than
 68 government administered health care.

69 (3) The department shall amend the state Medicaid plan and obtain from the Centers
 70 for Medicare and Medicaid Services within the United States Department of Health and
 71 Human Services waivers from federal statutory and regulatory law necessary to implement a
 72 plan to:

73 (a) provide a premium subsidy to an individual who is:

74 (i) below 100% of the federal poverty level;

75 (ii) in the optional expansion population; and

76 (iii) ~~§~~ ~~→~~ **except as provided in Subsection (3)(f),** ~~←§~~ not medically frail;

77 (b) obtain the enhanced federal financial participation for the optional expansion
 78 population up to 100% of the federal poverty level, as described in PPACA, Subsection
 79 2001(a)(3);

80 (c) for individuals described in Subsection (3)(a), establish a mechanism for an
 81 individual to:

82 (i) select a health benefit plan using the premium subsidy offered under Subsection
 83 (3)(a); or

84 (ii) if the individual is offered employer sponsored health insurance, enroll in the
 85 employer sponsored coverage;

86 (d) seek maximum flexibility for the benefit design of the health benefit plans that an
 87 individual described in Subsection (3)(a) may select;

88 (e) seek maximum flexibility for individual responsibility, cost sharing, and wellness
 89 programs incorporated into the health benefit plans an individual described in Subsection (3)(a)

90 may select; and

91 (f) offer coverage in accordance with 42 C.F.R. 440.315 to an individual who is in the
92 optional expansion population, medically frail, and below 100% of the federal poverty level

92a **§→ ,which shall include the option for the individual to accept a premium subsidy under**
92b **Subsection (3)(a) ←§ .**

93 **(4) §→ If the department obtains the waivers in accordance with Subsection (3), the**
93a **department and the governor are considered to have met the requirements for**
93b **Subsection(2)(d). If the department does not obtain waivers in accordance with Subsection (3),**
93c **the department and the governor shall comply with Subsection (2)(d) before expanding**
93d **Medicaid to the optional population.**

93e **(5) ←§ The premium subsidy program and benefits provided to the optional expansion**
94 **population under this section are repealed on the date of a certification by the executive**
95 **director that:**

96 **(a) Congress has taken an action that will reduce the federal financial participation for**
97 **the expansion population; and**

98 **(b) the reduction in federal financial participation exceeds the reductions described in**
99 **PPACA, Subsection 2001(a)(3).**

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