

SB0251S01 compared with SB0251

~~text~~ shows text that was in SB0251 but was deleted in SB0251S01.

text shows text that was not in SB0251 but was inserted into SB0251S01.

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Senator Brian E. Shiozawa proposes the following substitute bill:

AMENDMENTS TO MEDICAID AND HEALTH CARE

2014 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: Brian E. Shiozawa

House Sponsor: _____

LONG TITLE

General Description:

This bill establishes a health care premium partnership program to provide an individual who does not currently qualify for Medicaid and who is below 100% of the federal poverty level with a premium subsidy to enroll in a health benefit plan.

Highlighted Provisions:

This bill:

- ▶ defines terms;
- ▶ establishes a new premium partnership program to provide an individual who is not currently eligible for Medicaid and who is below 100% of the federal poverty level with a premium subsidy to enroll in a health benefit plan;
- ▶ instructs the Utah Department of Health to obtain from the Centers for Medicare and Medicaid Services within the United States Department of Health and Human

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Services waivers from federal law necessary to implement the premium partnership program;

- ▶ provides the medically frail with the opportunity to enroll in Medicaid or the premium partnership program;
 - ▶ requires the Utah Department of Health to seek waivers that allow maximum flexibility in the benefit design, cost sharing requirements, and individual responsibility requirements of health benefit plans that may be selected by an eligible individual;
 - ▶ requires the Medicaid program to seek flexibility to develop a pilot program to integrate physical and behavioral health;
 - ▶ requires the Utah Department of Health to obtain the enhanced federal match rate for the expansion waiver;
 - ▶ requires the Utah Department of Health to follow the high impact federal funds approval process if the department does not obtain a waiver required by this bill;
- and
- ▶ sunsets the premium partnership program if federal participation in the program is reduced.

Money Appropriated in this Bill:

None

Other Special Clauses:

None

Utah Code Sections Affected:

AMENDS:

26-18-18, as enacted by Laws of Utah 2013, Chapter 477

Be it enacted by the Legislature of the state of Utah:

Section 1. Section **26-18-18** is amended to read:

26-18-18. Utah Premium Partnership expansion.

(1) For purposes of this section:

(a) "Medically frail" ~~shall be~~ means an individual who meets the criteria of 42 C.F.R.

440.315 as determined by the department based on ~~it~~

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~~(i) 42 C.F.R. 440.315; and~~

~~(ii) an automated assessment adopted}~~ methodology administered by the department or another entity selected by the department ~~{ in consultation with the Department of Workforce Services}~~.

(b) "Optional expansion population" means individuals who:

(i) do not qualify for the Medicaid program; and

(ii) the Centers for Medicare and Medicaid Services within the United States

Department of Health and Human Services would otherwise determine are eligible for funding at the enhanced Federal Medical Assistance Percentage available under PPACA beginning January 1, 2014.

(c) PPACA is as defined in Section 31A-1-301.

(2) The department and the governor shall not expand the [state's] Medicaid program to the optional expansion population [~~under PPACA~~] unless:

~~[(a) the Health Reform Task Force has completed a thorough analysis of a statewide charity care system;]~~

~~[(b) the department and its contractors have:]~~

~~[(i) completed a thorough analysis of the impact to the state of expanding the state's Medicaid program to optional populations under PPACA; and]~~

~~[(ii) made the analysis conducted under Subsection (2)(b)(i) available to the public;]~~

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

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

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

(3) The department shall amend the state Medicaid plan and obtain from the Centers for Medicare and Medicaid Services within the United States Department of Health and

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Human Services waivers from federal statutory and regulatory law necessary to implement a plan to:

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

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

(ii) in the optional expansion population; and

(iii) ~~except as provided in Subsection (3)(f),~~ not medically frail;

(b) obtain ~~for individuals up to 100% of the federal poverty level in the optional expansion population~~ the enhanced federal financial participation ~~for the optional expansion population up to 100% of the federal poverty level, as described in PPACA, Subsection 2001(a)(3)~~ ~~as set forth in 42 U.S.C. Sec. 1396d(y);~~

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

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

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

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

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

(f) ~~seek flexibility to develop a pilot program to integrate physical and behavioral health services for the nonmedically frail and to monitor quality and access issues for the pilot program; and~~

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

~~(4), which shall include the option for the individual to accept a premium subsidy under Subsection (3)(a).~~

(4) ~~If the department obtains the waivers in accordance with Subsection (3), the department and the governor are considered to have met the requirements for Subsections (2)(a) and (b). If the department does not obtain waivers in accordance with Subsection (3), the~~

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department and the governor:

(a) may continue negotiations with the Centers for Medicare and Medicaid Services regarding waivers from federal statutory and regulatory law; and

(b) shall comply with the reporting requirements of Subsections (2)(a) and the legislative approval process required by Subsection (2)(b) before expanding Medicaid to any portion of the optional expansion population.

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

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

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

Legislative Review Note

as of 2-19-14 12:39 PM

Office of Legislative Research and General Counsel; below the amounts set forth in 42 U.S.C. Sec. 1396d(y).