

ACCESS TO HEALTH CARE AMENDMENTS

2015 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: Brian E. Shiozawa

House Sponsor: _____

LONG TITLE

General Description:

This bill authorizes an application for a waiver to the state Medicaid program to expand access to health care to individuals who do not qualify for the state's traditional Medicaid program.

Highlighted Provisions:

This bill:

- ▶ authorizes the Department of Health and the governor to negotiate a waiver to the state Medicaid program to provide access to health care to certain individuals in the state;
- ▶ requires the state Medicaid waiver to meet certain conditions;
- ▶ requires a legislative review of the Medicaid waiver in three years, regarding:
 - the percentage of participants employed, in training, or participating in a work search program;
 - program enrollment categorized by employer sponsored plans, premium assistance, and medically exempt; and
 - annual cost per enrollee;
- ▶ requires approval by the Legislature if the Center for Medicare and Medicaid Services changes the waiver conditions approved by the Legislature in this bill;
- ▶ sunsets the Medicaid waiver in five years; and
- ▶ immediately repeals the Medicaid waiver if federal fund participation is reduced



28 below a certain level.

29 **Money Appropriated in this Bill:**

30 None

31 **Other Special Clauses:**

32 None

33 **Utah Code Sections Affected:**

34 AMENDS:

35 **26-18-18**, as enacted by Laws of Utah 2013, Chapter 477

36 **63I-1-226**, as last amended by Laws of Utah 2014, Chapters 25 and 118



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

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

40 **26-18-18. Optional Medicaid expansion.**

41 (1) For purposes of this section:

42 (a) "Medically exempt" means an individual who meets the criteria of 42 C.F.R.

43 440.315 as determined by the department based on methodology administered by the
44 department or another entity selected by the department.

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

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

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

48 Department of Health and Human Services would otherwise determine are eligible for funding
49 at the enhanced federal medical assistance percentage available under PPACA beginning
50 January 1, 2014.

51 (c) "PPACA" [is as] means the same as that term is defined in Section 31A-1-301.

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

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

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

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

59 ~~[(ii) made the analysis conducted under Subsection (2)(b)(i) available to the public;]~~
 60 ~~[(c) the governor or the governor's designee has reported the intention to expand the~~
 61 ~~state Medicaid program under PPACA to the Legislature in compliance with the legislative~~
 62 ~~review process in Sections [63M-1-2505.5](#) and [26-18-3](#); and]~~

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

67 (2) (a) The department may implement a program to provide access to health care and
 68 access to health care insurance for the optional expansion population in accordance with
 69 Subsection (3).

70 (b) The department may not expand Medicaid to any part of the optional expansion
 71 population except:

72 (i) in accordance with Subsection (3); or

73 (ii) if not in accordance with Subsection (3), notwithstanding Subsection [63J-5-103\(2\)](#),
 74 the governor submits the proposal for the expansion of Medicaid to the Legislature under the
 75 high impact federal funds request process required by Section [63J-5-204](#).

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

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

81 (i) in the optional expansion population; and

82 (ii) except as provided in Subsection (3)(g), not medically exempt;

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

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

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

89 (c) seek maximum flexibility for the benefit design of the health benefit plans that an

90 individual described in Subsection (3)(a) may select;

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

94 (e) offer enrollees the option to obtain services to look for and obtain employment;

95 (f) seek flexibility to develop a pilot program to integrate physical and behavioral
96 health services;

97 (g) offer coverage in accordance with 42 C.F.R. 440.315 to an individual who is in the
98 optional expansion population and medically exempt, which shall include the option for the
99 individual to accept a premium subsidy under Subsection (3)(a); and

100 (h) obtain the maximum federal financial participation for the expansion population as
101 set forth in 42 U.S.C. Sec. 1396d(y).

102 (4) If the department obtains waivers under Subsection (3), the department may
103 implement a transition program to provide coverage to eligible individuals until January 1,
104 2016.

105 (5) If the department does not obtain waivers in accordance with Subsection (3), the
106 department and the governor:

107 (a) may continue negotiations with the Centers for Medicare and Medicaid Services
108 within the United States Department of Health and Human Services regarding waivers from
109 federal statutory and regulatory law; and

110 (b) shall comply with the reporting and the legislative approval process required by
111 Subsection (2)(b)(ii) before expanding Medicaid to any portion of the optional expansion
112 population.

113 (6) On or before July 1, 2019, the department shall report to the Legislature's Health
114 and Human Services Interim Committee regarding:

115 (a) the percentage of participants employed, in training, or participating in a work
116 search program;

117 (b) program enrollment, categorized by employer sponsored plans, premium assistance
118 plans, and the medically exempt; and

119 (c) the annual cost per enrollee.

120 (7) The premium subsidy program and benefits provided to the optional expansion

121 population under this section are repealed on the earlier of:

122 (a) the date of a certification by the executive director that Congress has taken action
123 that will reduce federal financial participation for the expansion population below the amounts
124 set forth in 42 U.S.C. Sec. 1396d(y) as of January 1, 2014; or

125 (b) the date in Section [63I-1-226](#).

126 Section 2. Section **63I-1-226** is amended to read:

127 **63I-1-226. Repeal dates, Title 26.**

128 (1) Title 26, Chapter 9f, Utah Digital Health Service Commission Act, is repealed July
129 1, 2015.

130 (2) Section [26-10-11](#) is repealed July 1, 2015.

131 (3) Section [26-18-12](#), Expansion of 340B drug pricing programs, is repealed July 1,
132 2013.

133 (4) Section [26-21-23](#), Licensing of non-Medicaid nursing care facility beds, is repealed
134 July 1, 2018.

135 (5) Section [26-21-211](#) is repealed July 1, 2013.

136 (6) Title 26, Chapter 33a, Utah Health Data Authority Act, is repealed July 1, 2024.

137 (7) Title 26, Chapter 36a, Hospital Provider Assessment Act, is repealed July 1, 2016.

138 (8) The Medicaid waiver authorized in Subsection [26-18-18\(3\)](#) is repealed January 1,
139 2021.

140 [~~8~~] (9) Section [26-38-2.5](#) is repealed July 1, 2017.

141 [~~9~~] (10) Section [26-38-2.6](#) is repealed July 1, 2017.

142 [~~10~~] (11) Title 26, Chapter 56, Hemp Extract Registration Act, is repealed July 1,
143 2016.

Legislative Review Note
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Office of Legislative Research and General Counsel