

28 **Utah Code Sections Affected:**

29 AMENDS:

30 **26-18-18**, as last amended by Laws of Utah 2015, Chapter 283



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

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

34 **26-18-18. Optional Medicaid expansion.**

35 (1) For purposes of this section [~~PPACA is as~~] "PPACA" means the same as that term
36 is defined in Section 31A-1-301.

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

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

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

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

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

45 [~~(c) the governor or the governor's designee has reported the intention to expand the~~
46 ~~state Medicaid program under PPACA to the Legislature in compliance with the legislative~~
47 ~~review process in Sections 63N-11-106 and 26-18-3; and]~~

48 (a) the department expands Medicaid in accordance with Subsection (3); or

49 [~~(d)~~] (b) if the expansion is not in accordance with Subsection (3), notwithstanding
50 Subsection 63J-5-103(2), the governor submits the request for expansion of the Medicaid
51 program for the optional Medicaid expansion populations to the Legislature under the high
52 impact federal funds request process required by Section 63J-5-204, Legislative review and
53 approval of certain federal funds request.

54 (3) (a) The department shall, on or after January 1, 2017, and before July 1, 2017, seek
55 approval from the Centers for Medicare and Medicaid Services within the United States
56 Department of Health and Human Services for waivers from federal law necessary to
57 implement Medicaid expansion in accordance with Subsection (3)(b).

58 (b) The waiver request submitted by the department shall:

59 (i) expand Medicaid coverage to an individual who is below 100% of the federal
60 poverty level;

61 (ii) obtain maximum federal financial participation under 42 U.S.C. Sec. 1396d(y) for
62 enrolling an individual in the Medicaid program;

63 (iii) provide traditional Medicaid benefits through the accountable care organization
64 delivery system, where implemented, and through the traditional fee for service model in other
65 counties;

66 (iv) reimburse providers based on Medicare rates;

67 (v) include a work requirement for able bodied adults;

68 (vi) sunset the Medicaid waiver program in accordance with Subsection (5); and

69 (vii) permit the state to adjust the benefits provided by the Medicaid waiver program in
70 accordance with Subsection (4)(c).

71 (4) If the department obtains a waiver under Subsection (3), the department shall report
72 to the Legislature's Health and Human Services Interim Committee on or before November 1 of
73 each year:

74 (a) the number of individuals who enrolled in the Medicaid waiver program;

75 (b) costs to the state for the Medicaid waiver program; and

76 (c) recommendations regarding adjustments to the Medicaid waiver program benefit
77 design to control costs.

78 (5) If federal financial participation under Subsection (3)(b)(ii) is reduced, the authority
79 of the department to implement the waiver program under Subsection (3) shall sunset no later
80 than the next July 1 after the date on which the federal financial participation was reduced.

81 (6) (a) As used in this Subsection (6):

82 (i) "Health care expenditures index for the fiscal year" means the amount calculated by
83 dividing national nominal personal consumption expenditures for health care for the fiscal year
84 by national nominal personal consumption expenditures for health care for the fiscal year in
85 which the Medicaid waiver program is implemented under Subsection (3).

86 (ii) "National nominal personal consumption expenditures for health care" means:

87 (A) national nominal personal consumption expenditures for health care published by
88 the Bureau of Economic Analysis within the United States Department of Commerce; or

89 (B) a similar data set specified by department rule made in accordance with Title 63G,

90 Chapter 3, Utah Administrative Rulemaking Act.

91 (iii) "Spending ceiling" for a fiscal year means the amount calculated by multiplying
92 \$30,000,000 by the health care expenditures index for the fiscal year.

93 (b) If the cost of the Medicaid waiver program implemented under Subsection (3) for a
94 fiscal year is projected to exceed the spending ceiling for the fiscal year, the department shall,
95 beginning with the fiscal year, implement a benefit priority program similar to Oregon's
96 Medicaid program, in which the department:

97 (i) prioritizes services provided to enrollees in the waiver program based on factors
98 established by the department by administrative rules made in accordance with Title 63G,
99 Chapter 3, Utah Administrative Rulemaking Act;

100 (ii) identifies which of the prioritized services, according to order of highest priority,
101 can be provided to enrollees during the fiscal year without exceeding the spending ceiling; and

102 (iii) modifies the services available to enrollees for the fiscal year to include only the
103 highest prioritized services identified under Subsection (6)(b)(ii).

Legislative Review Note
Office of Legislative Research and General Counsel