Representative James A. Dunnigan proposes the following substitute bill:

1	MEDICAID EXPANSION ADJUSTMENTS
2	2019 GENERAL SESSION
3	STATE OF UTAH
4	Chief Sponsor: Allen M. Christensen
5	House Sponsor: James A. Dunnigan
5 7	LONG TITLE
8	General Description:
9	This bill amends provisions relating to the state Medicaid program and the state sales
)	tax.
1	Highlighted Provisions:
2	This bill:
3	 makes changes to eligibility for and administration of the state Medicaid program;
1	 directs the Department of Health to continue to seek approval from the federal
5	government to implement a Medicaid expansion;
5	 directs the Department of Health to seek approval from the federal government to
7	expand eligibility for the Medicaid program to individuals whose income is below
8	100% of the federal poverty level in a manner that:
9	• incorporates a per capita cap on federal reimbursement;
)	limits presumptive eligibility;
1	 imposes a lock-out period for individuals who violate certain program
2	requirements;
3	• gives enrollees continuous eligibility for a period of up to 12 months;
1	• allows Medicaid funds to be used for housing supports for certain enrollees; and
5	• permits the state to limit enrollment;

26	 if the federal government does not approve an expansion in the manner requested by
27	the department, directs the department to expand eligibility for the Medicaid
28	program to individuals whose income is below 138% of the federal poverty level,
29	with certain cost controls;
30	 if the department expands eligibility for the Medicaid program to individuals whose
31	income is below 138% of the federal poverty level and the cost of the expansion
32	exceeds the amounts appropriated:
33	• permits the Department of Health to seek additional waivers to control costs of
34	the Medicaid expansion;
35	• permits the Department of Health to reduce certain optional Medicaid services;
36	and
37	• directs a cut of up to 10% of certain agency appropriations sufficient to cover
38	the costs of the expansion;
39	 amends provisions related to various hospital assessments;
40	 amends provisions related to the state sales tax; and
41	 makes technical changes.
42	Money Appropriated in this Bill:
43	This bill appropriates in fiscal year 2019:
44	 to Department of Health - Medicaid Services, as a one-time appropriation:
45	• from the General Fund, One-time, (\$14,900,000).
46	 to Department of Health - Medicaid Expansion Fund, as a one-time appropriation:
47	• from the General Fund, One-time, \$38,200,000; and
48	• from the General Fund Restricted - Medicaid Restricted Account, One-time,
49	\$1,200,000.
50	This bill appropriates in fiscal year 2020:
51	 to Department of Health - Children's Health Insurance Program, as a One-time
52	appropriation:
53	• from the General Fund, One-time, (\$18,663,900).
54	 to Department of Health - Medicaid Services, as a One-time appropriation:
55	• from the General Fund Restricted - Medicaid Restricted Account, One-time,
56	\$16,800,000.

57	
	 to Department of Health - Medicaid Expansion Fund, as an ongoing appropriation:
58	• from the General Fund, \$15,000,000.
59	Other Special Clauses:
60	This bill provides a special effective date.
61	Utah Code Sections Affected:
62	AMENDS:
63	26-18-3.1 , as amended by Statewide Initiative Proposition 3, Nov. 6, 2018
64	26-18-3.9 , as enacted by Statewide Initiative Proposition 3, Nov. 6, 2018
65	26-18-415, as enacted by Laws of Utah 2018, Chapter 468
66	26-36b-103 , as last amended by Laws of Utah 2018, Chapters 285, 316, 384, and 468
67	26-36b-208, as last amended by Laws of Utah 2018, Chapters 384 and 468
68	26-36c-102, as enacted by Laws of Utah 2018, Chapter 468
69	26-36c-201, as enacted by Laws of Utah 2018, Chapter 468
70	26-36c-203, as enacted by Laws of Utah 2018, Chapter 468
71	26-36c-204, as enacted by Laws of Utah 2018, Chapter 468
72	26-36c-206, as enacted by Laws of Utah 2018, Chapter 468
73	26-36c-208, as enacted by Laws of Utah 2018, Chapter 468
73 74	26-36c-208, as enacted by Laws of Utah 2018, Chapter 46826-36c-209, as enacted by Laws of Utah 2018, Chapter 468
74	26-36c-209, as enacted by Laws of Utah 2018, Chapter 468
74 75	26-36c-209, as enacted by Laws of Utah 2018, Chapter 468
74 75 76	 26-36c-209, as enacted by Laws of Utah 2018, Chapter 468 59-12-103, as amended by Statewide Initiative Proposition 3, Nov. 6, 2018
74 75 76 77	 26-36c-209, as enacted by Laws of Utah 2018, Chapter 468 59-12-103, as amended by Statewide Initiative Proposition 3, Nov. 6, 2018 Be it enacted by the Legislature of the state of Utah:
74 75 76 77 78	 26-36c-209, as enacted by Laws of Utah 2018, Chapter 468 59-12-103, as amended by Statewide Initiative Proposition 3, Nov. 6, 2018 Be it enacted by the Legislature of the state of Utah: Section 1. Section 26-18-3.1 is amended to read:
74 75 76 77 78 79	 26-36c-209, as enacted by Laws of Utah 2018, Chapter 468 59-12-103, as amended by Statewide Initiative Proposition 3, Nov. 6, 2018 <i>Be it enacted by the Legislature of the state of Utah:</i> Section 1. Section 26-18-3.1 is amended to read: 26-18-3.1. Medicaid expansion.
74 75 76 77 78 79 80	 26-36c-209, as enacted by Laws of Utah 2018, Chapter 468 59-12-103, as amended by Statewide Initiative Proposition 3, Nov. 6, 2018 <i>Be it enacted by the Legislature of the state of Utah:</i> Section 1. Section 26-18-3.1 is amended to read: 26-18-3.1. Medicaid expansion. (1) The purpose of this section is to expand the coverage of the Medicaid program to
74 75 76 77 78 79 80 81	 26-36c-209, as enacted by Laws of Utah 2018, Chapter 468 59-12-103, as amended by Statewide Initiative Proposition 3, Nov. 6, 2018 Be it enacted by the Legislature of the state of Utah: Section 1. Section 26-18-3.1 is amended to read: 26-18-3.1. Medicaid expansion. (1) The purpose of this section is to expand the coverage of the Medicaid program to persons who are in categories traditionally not served by that program.
74 75 76 77 78 79 80 81 82	 26-36c-209, as enacted by Laws of Utah 2018, Chapter 468 59-12-103, as amended by Statewide Initiative Proposition 3, Nov. 6, 2018 Be it enacted by the Legislature of the state of Utah: Section 1. Section 26-18-3.1 is amended to read: 26-18-3.1. Medicaid expansion. (1) The purpose of this section is to expand the coverage of the Medicaid program to persons who are in categories traditionally not served by that program. (2) Within appropriations from the Legislature, the department may amend the state
74 75 76 77 78 79 80 81 82 83	 26-36c-209, as enacted by Laws of Utah 2018, Chapter 468 59-12-103, as amended by Statewide Initiative Proposition 3, Nov. 6, 2018 Be it enacted by the Legislature of the state of Utah: Section 1. Section 26-18-3.1 is amended to read: 26-18-3.1. Medicaid expansion. (1) The purpose of this section is to expand the coverage of the Medicaid program to persons who are in categories traditionally not served by that program. (2) Within appropriations from the Legislature, the department may amend the state plan for medical assistance to provide for eligibility for Medicaid:
74 75 76 77 78 79 80 81 82 83 84	 26-36c-209, as enacted by Laws of Utah 2018, Chapter 468 59-12-103, as amended by Statewide Initiative Proposition 3, Nov. 6, 2018 <i>Be it enacted by the Legislature of the state of Utah:</i> Section 1. Section 26-18-3.1 is amended to read: 26-18-3.1. Medicaid expansion. The purpose of this section is to expand the coverage of the Medicaid program to persons who are in categories traditionally not served by that program. Within appropriations from the Legislature, the department may amend the state plan for medical assistance to provide for eligibility for Medicaid: on or after July 1, 1994, for children 12 to 17 years old who live in households

88	(3) (a) Within appropriations from the Legislature, on or after July 1, 1996, the
89	Medicaid program may provide for eligibility for persons who have incomes below the federal
90	poverty income guideline.
91	(b) In order to meet the provisions of this subsection, the department may seek
92	approval for a demonstration project under 42 U.S.C. [Section] Sec. 1315 from the secretary of
93	the United States Department of Health and Human Services. This demonstration project may
94	also provide for the voluntary participation of private firms that:
95	(i) are newly established or marginally profitable;
96	(ii) do not provide health insurance to their employees;
97	(iii) employ predominantly low wage workers; and
98	(iv) are unable to obtain adequate and affordable health care insurance in the private
99	market.
100	(4) The Medicaid program shall provide for eligibility for persons as required by
101	[Section] Subsection 26-18-3.9(2).
102	(5) [Subject to the requirements of Section 26-18-3.9(2) and (3), services] Services
103	available for persons described in this section shall include required Medicaid services and may
104	include one or more optional Medicaid services if those services are funded by the Legislature.
105	[Subject to the requirements of Section 26-18-3.9(2), the] The department may also require
106	persons described in [this section] Subsections (1) through (3) to meet an asset test.
107	Section 2. Section 26-18-3.9 is amended to read:
108	26-18-3.9. Expanding the Medicaid program.
109	[(1) Findings and purpose.]
110	[(a) Findings. The People of the State of Utah find that:]
111	[(i) Adequate medical care is crucial to the health and welfare of the residents of Utah;]
112	[(ii) It is essential that all Utahns have access to medical care, including preventive
113	care, emergency services, and hospital care;]
114	[(iii) Utah's Medicaid program and CHIP provide care to Utahns who are unable to
115	afford private health insurance and are not eligible for other health insurance. Medicaid and
116	CHIP are vital parts of the Utah health care system and it is essential that they continue to
117	provide health care for the most vulnerable citizens of our state;]
118	[(iv) However, over 250,000 Utahns remain uninsured and do not have adequate access

119	to health care. Over 100,000 of the uninsured would be covered by Medicaid if the State of
120	Utah were to expand eligibility to all individuals who are in the federal optional Medicaid
121	expansion population, as defined as of January 1, 2017;]
122	[(v) When people don't have access to care they are far more likely to develop chronic
123	conditions, like diabetes or asthma, that often require expensive treatment for a patient's entire
124	life, resulting in unnecessary suffering and driving up the cost of healthcare;]
125	[(vi) When medical providers provide care for which patients are not insured, the cost
126	of that care is passed on to others, thus increasing the cost of medical care for all Utah
127	residents;]
128	[(vii) It is critical to the survival of the Medicaid program that it remain adequately
129	funded so that it can provide needed medical services to those who otherwise would not have
130	access to care, and can compensate the providers who serve participants. The compensation to
131	providers must be adequate to encourage providers to continue to treat patients on Medicaid;
132	and]
133	[(viii) From moral, health and fiscal perspectives, protecting and expanding the
134	Medicaid program in Utah is essential to maintaining the quality of life in our state.]
135	[(b) Purpose. The purpose of this measure is to preserve and strengthen medical care
136	in the State of Utah by the following:]
137	[(i) Protecting Medicaid and CHIP so that they can continue to provide medical care to
138	those who are currently eligible, and]
139	[(ii) Expanding Medicaid eligibility to adults who are in the federal optional Medicaid
140	expansion population, as defined as of January 1, 2017.]
141	(1) As used in this section:
142	(a) "CMS" means the Centers for Medicare and Medicaid Services in the United States
143	Department of Health and Human Services.
144	(b) "Federal poverty level" means the same as that term is defined in Section
145	<u>26-18-411</u>
146	(c) "Medicaid expansion" means an expansion of the Medicaid program in accordance
147	with this section.
148	(d) "Medicaid Expansion Fund" means the Medicaid Expansion Fund created in
149	<u>Section 26-36b-208.</u>

150	(2) (a) [Eligibility.] As set forth in Subsections (2)[(a)] through [(2)(d)] (5), eligibility
150	criteria for the Medicaid program shall be [maintained as they existed on January 1, 2017 and
151	also] expanded to cover additional low-income individuals.
152	[(a) The standards, methodologies, and procedures for determining eligibility for the
155	Medicaid program and CHIP shall be no more restrictive than the eligibility standards,
154	methodologies, and procedures, respectively, that were in effect on January 1, 2017.]
156	(b) The department shall continue to seek approval from CMS to implement the
157	Medicaid waiver expansion as defined in Section 26-18-415.
158	(c) The department may implement any provision described in Subsections
159	<u>26-18-415(2)(b)(iii) through (viii) in a Medicaid expansion if the department receives approval</u>
160	from CMS to implement that provision.
161	(3) The department shall expand the Medicaid program in accordance with this
162	Subsection (3) if the department:
163	(a) receives approval from CMS to:
164	(i) expand Medicaid coverage to eligible individuals whose income is below 95% of
165	the federal poverty level;
166	(ii) obtain maximum federal financial participation under 42 U.S.C. Sec. 1396d(b) for
167	enrolling an individual in the Medicaid expansion under this Subsection (3); and
168	(iii) permit the state to close enrollment in the Medicaid expansion under this
169	Subsection (3) if the department has insufficient funds to provide services to new enrollment
170	under the Medicaid expansion under this Subsection (3);
171	(b) pays the state portion of costs for the Medicaid expansion under this Subsection (3)
172	with funds from:
173	(i) the Medicaid Expansion Fund;
174	(ii) county contributions to the nonfederal share of Medicaid expenditures; or
175	(iii) any other contributions, funds, or transfers from a nonstate agency for Medicaid
176	expenditures; and
177	(c) closes the Medicaid program to new enrollment under the Medicaid expansion
178	under this Subsection (3) if the department projects that the cost of the Medicaid expansion
179	under this Subsection (3) will exceed the appropriations for the fiscal year that are authorized
180	by the Legislature through an appropriations act adopted in accordance with Title 63J, Chapter

181	1, Budgetary Procedures Act.
182	(4) (a) The department shall expand the Medicaid program in accordance with this
183	Subsection (4) if the department:
184	(i) receives approval from CMS to:
185	(A) expand Medicaid coverage to eligible individuals whose income is below 95% of
186	the federal poverty level;
187	(B) obtain maximum federal financial participation under 42 U.S.C. Sec. 1396d(y) for
188	enrolling an individual in the Medicaid expansion under this Subsection (4); and
189	(C) permit the state to close enrollment in the Medicaid expansion under this
190	Subsection (4) if the department has insufficient funds to provide services to new enrollment
191	under the Medicaid expansion under this Subsection (4);
192	(ii) pays the state portion of costs for the Medicaid expansion under this Subsection (4)
193	with funds from:
194	(A) the Medicaid Expansion Fund;
195	(B) county contributions to the nonfederal share of Medicaid expenditures; or
196	(C) any other contributions, funds, or transfers from a nonstate agency for Medicaid
197	expenditures; and
198	(iii) closes the Medicaid program to new enrollment under the Medicaid expansion
199	under this Subsection (4) if the department projects that the cost of the Medicaid expansion
200	under this Subsection (4) will exceed the appropriations for the fiscal year that are authorized
201	by the Legislature through an appropriations act adopted in accordance with Title 63J, Chapter
202	1, Budgetary Procedures Act.
203	(b) The department shall submit a waiver, an amendment to an existing waiver, or a
204	state plan amendment to CMS to:
205	(i) administer federal funds for the Medicaid expansion under this Subsection (4)
206	according to a per capita cap developed by the department that includes an annual inflationary
207	adjustment, accounts for differences in cost among categories of Medicaid expansion enrollees,
208	and provides greater flexibility to the state than the current Medicaid payment model;
209	(ii) limit, in certain circumstances as defined by the department, the ability of a
210	qualified entity to determine presumptive eligibility for Medicaid coverage for an individual
211	enrolled in a Medicaid expansion under this Subsection (4);

212	(iii) impose a lock-out period if an individual enrolled in a Medicaid expansion under
213	this Subsection (4) violates certain program requirements as defined by the department;
214	(iv) allow an individual enrolled in a Medicaid expansion under this Subsection (4) to
215	remain in the Medicaid program for up to a 12-month certification period as defined by the
216	department; and
217	(v) allow federal Medicaid funds to be used for housing support for eligible enrollees
218	in the Medicaid expansion under this Subsection (4).
219	(5) (a) (i) If CMS does not approve a waiver to expand the Medicaid program in
220	accordance with Subsection (4)(a) on or before January 1, 2020, the department shall develop
221	proposals to implement additional flexibilities and cost controls, including cost sharing tools,
222	within a Medicaid expansion under this Subsection (5) through a request to CMS for a waiver
223	or state plan amendment.
224	(ii) The request for a waiver or state plan amendment described in Subsection (5)(a)(i)
225	shall include:
226	(A) a path to self-sufficiency for qualified adults in the Medicaid expansion that
227	includes employment and training as defined in 7 U.S.C. Sec. 2015(d)(4); and
228	(B) a requirement that an individual who is offered a private health benefit plan by an
229	employer to enroll in the employer's health plan.
230	(iii) The department shall submit the request for a waiver or state plan amendment
231	developed under Subsection (5)(a)(i) on or before March 15, 2020.
232	(b) Notwithstanding Sections 26-18-18 and 63J-5-204, [beginning April 1, 2019,] and
233	in accordance with this Subsection (5), eligibility for the Medicaid program shall be expanded
234	to include all persons in the optional Medicaid expansion population under the Patient
235	Protection and Affordable Care Act, Pub. L. No. 111-148 and the Health Care Education
236	Reconciliation Act of 2010, Pub. L. No. 111-152, and related federal regulations and
237	guidance[, as those statutory and regulatory provisions and guidance existed on January 1,
238	2017], on the earlier of:
239	(i) the day on which CMS approves a waiver to implement the provisions described in
240	Subsections (5)(a)(ii)(A) and (B); or
241	<u>(ii)</u> July 1, 2020.
242	[(c) There shall be no caps on enrollment beyond those in place as of January 1, 2017.]

243	(c) The department shall seek a waiver, or an amendment to an existing waiver, from
244	federal law to:
245	(i) implement each provision described in Subsections 26-18-415(2)(b)(iii) through
246	(viii) in a Medicaid expansion under this Subsection (5);
247	(ii) limit, in certain circumstances as defined by the department, the ability of a
248	qualified entity to determine presumptive eligibility for Medicaid coverage for an individual
249	enrolled in a Medicaid expansion under this Subsection (5); and
250	(iii) impose a lock-out period if an individual enrolled in a Medicaid expansion under
251	this Subsection (5) violates certain program requirements as defined by the department.
252	(d) The eligibility criteria in <u>this</u> Subsection [$(2)(b)$] (5) shall be construed to include
253	all individuals eligible for the health coverage improvement program under Section 26-18-411.
254	[(3) Care and Services. For each enrollment group or category in the Medicaid
255	program and CHIP, the categories of care or services and the types of benefits provided in each
256	category shall be no more restrictive than the categories of care or services and the types of
257	benefits provided on January 1, 2017. Such services and benefits shall be provided in
258	sufficient amount, duration, and scope to achieve their purposes.]
259	[(4) Out-of-Pocket Costs. Any premium, beneficiary enrollment fee, and cost sharing
260	requirement applicable to care and services described in this section, including but not limited
261	to co-pay, co-insurance, deductible, or out-of-pocket maximum, shall be no greater than those
262	in effect on January 1, 2017.]
263	[(5) Provider payments.]
264	[(a) Payments to providers under the Medicaid program and CHIP for covered care and
265	services shall be made at a rate not less than 100% of the payment rate that applied to such care
266	and services on January 1, 2017, and shall increase annually at a rate not less than the region's
267	Consumer Price Index.]
268	[(b) Managed care.]
269	[(i) If the department contracts with an accountable care organization or other
270	organization to cover care and services under the Medicaid program or CHIP, a contract with
271	that organization shall provide that the organization shall make payments to providers for items
272	and services that are subject to the contract and that are furnished to individuals eligible for the
273	Medicaid program or CHIP at a rate not less than 100% of the payment rate that at least one

274	accountable care organization that contracted with the department paid for such care and
275	services on January 1, 2017 (regardless of the manner in which such payments are made,
276	including in the form of capitation or partial capitation), and that the minimum payment
277	required by this provision will increase annually at a rate not less than the region's Consumer
278	Price Index.]
279	[(ii) Payments by the department to accountable care organizations or such other
280	organizations shall be sufficient for the organizations to comply with the provider payment rate
281	requirements of this section.]
282	[(c) This subsection (5) shall not apply to physician reimbursement for drugs or
283	devices.]
284	[(6) Nothing in this section shall prevent the people acting through initiative, the
285	Legislature by statute, or the department by promulgating rules from:]
286	[(a) Expanding eligibility by adopting less restrictive eligibility standards,
287	methodologies, or procedures than those permitted by Subsection (2);]
288	[(b) Expanding covered care and services by adding to the list, amount, duration, or
289	scope of covered care and services required by Subsection (3);]
290	[(c) Reducing premiums, beneficiary enrollment fees, or cost sharing requirements
291	below the maximum levels permitted by Subsection (4); or]
292	[(d) Increasing provider payments above the minimum payments required by
293	Subsection (5).]
294	[(7) For purposes of this section:]
295	[(a) The "Medicaid program" means the Medicaid program defined by Section
296	26-18-2, including any waivers.]
297	[(b) The "Utah Children's Health Insurance Program" or "CHIP" means the Utah
298	Children's Health Insurance Program created in Chapter 40, Utah Children's Health Insurance
299	Act.]
300	(e) The department shall pay the state portion of costs for a Medicaid expansion under
301	this Subsection (5) entirely from:
302	(i) the Medicaid Expansion Fund;
303	(ii) county contributions to the nonfederal share of Medicaid expenditures; or
304	(iii) any other contributions, funds, or transfers from a nonstate agency for Medicaid

305	expenditures.
306	(f) If the costs of the Medicaid expansion under this Subsection (5) exceed the funds
307	available under Subsection (5)(e):
308	(i) the department may reduce or eliminate optional Medicaid services under this
309	chapter; and
310	(ii) savings, as determined by the department, from the reduction or elimination of
311	optional Medicaid services under Subsection (5)(f)(i) shall be deposited into the Medicaid
312	Expansion Fund; and
313	(iii) the department may submit to CMS a request for waivers, or an amendment of
314	existing waivers, from federal law necessary to implement budget controls within the Medicaid
315	program to address the deficiency.
316	(g) If the costs of the Medicaid expansion under this Subsection (5) are projected by
317	the department to exceed the funds available in the current fiscal year under Subsection (5)(e),
318	including savings resulting from any action taken under Subsection (5)(f):
319	(i) the governor shall direct the Department of Health, Department of Human Services,
320	and Department of Workforce Services to reduce commitments and expenditures by an amount
321	sufficient to offset the deficiency:
322	(A) proportionate to the share of total current fiscal year General Fund appropriations
323	for each of those agencies; and
324	(B) up to 10% of each agency's total current fiscal year General Fund appropriations;
325	and
326	(ii) the Division of Finance shall reduce allotments to the Department of Health,
327	Department of Human Services, and Department of Workforce Services by a percentage:
328	(A) proportionate to the amount of the deficiency; and
329	(B) up to 10% of each agency's total current fiscal year General Fund appropriations;
330	and
331	(iii) the Division of Finance shall deposit the total amount from the reduced allotments
332	described in Subsection (5)(g)(ii) into the Medicaid Expansion Fund.
333	[(8)] (6) The department shall maximize federal financial participation in
334	implementing this section, including by seeking to obtain any necessary federal approvals or
335	waivers.

336	[(9) This section and Section 26-18-3.1(4) shall not apply to CHIP in any year for
337	which the State Children's Health Insurance Program, as described in Subchapter XXI, 42
338	U.S.C. Sec. 1397aa et seq., is not extended at the federal level.]
339	[(10)] (7) Notwithstanding Sections 17-43-201 and 17-43-301, a county does not have
340	to provide matching funds to the state for the cost of providing Medicaid services to newly
341	enrolled individuals who qualify for Medicaid coverage under [Subsection (2)(b)] a Medicaid
342	expansion.
343	[(11) Severability. If any provision of this section or its application to any person or
344	circumstance is held invalid, the remainder of this section shall be given effect without the
345	invalid provision or application, and to this end the provisions of this section are severable.]
346	(8) The department shall report to the Social Services Appropriations Subcommittee on
347	or before November 1 of each year that a Medicaid expansion is operational:
348	(a) the number of individuals who enrolled in the Medicaid expansion;
349	(b) costs to the state for the Medicaid expansion;
350	(c) estimated costs to the state for the Medicaid expansion for the current and
351	following fiscal years; and
352	(d) recommendations to control costs of the Medicaid expansion.
353	Section 3. Section 26-18-415 is amended to read:
354	26-18-415. Medicaid waiver expansion.
355	(1) As used in this section:
356	(a) "CMS" means the Centers for Medicare and Medicaid Services within the United
357	States Department of Health and Human Services.
358	(b) "Expansion population" means individuals:
359	(i) whose household income is less than 95% of the federal poverty level; and
360	(ii) who are not eligible for enrollment in the Medicaid program, with the exception of
361	the Primary Care Network program, on May 8, 2018.
362	(c) "Federal poverty level" means the same as that term is defined in Section
363	26-18-411.
364	(d) "Medicaid waiver expansion" means [a Medicaid expansion] an expansion of the
365	Medicaid program in accordance with this section.
366	(2) (a) Before January 1, 2019, the department shall apply to CMS for approval of a

367	waiver or state plan amendment to implement the Medicaid waiver expansion.
368	(b) The Medicaid waiver expansion shall:
369	(i) expand Medicaid coverage to eligible individuals whose income is below 95% of
370	the federal poverty level;
371	(ii) obtain maximum federal financial participation under 42 U.S.C. Sec. 1396d(y) for
372	enrolling an individual in the Medicaid program;
373	(iii) provide Medicaid benefits through the state's Medicaid accountable care
374	organizations in areas where a Medicaid accountable care organization is implemented;
375	(iv) integrate the delivery of behavioral health services and physical health services
376	with Medicaid accountable care organizations in select geographic areas of the state that
377	choose an integrated model;
378	(v) include a path to self-sufficiency, including work activities as defined in 42 U.S.C.
379	Sec. 607(d), for qualified adults;
380	(vi) require an individual who is offered a private health benefit plan by an employer to
381	enroll in the employer's health plan;
382	(vii) sunset in accordance with Subsection (5)(a); and
383	(viii) permit the state to close enrollment in the Medicaid waiver expansion if the
384	department has insufficient funding to provide services to additional eligible individuals.
385	(3) If the Medicaid waiver described in Subsection (1) is approved, the department may
386	only pay the state portion of costs for the Medicaid waiver expansion with appropriations from:
387	(a) the Medicaid Expansion Fund, created in Section 26-36b-208;
388	(b) county contributions to the non-federal share of Medicaid expenditures; and
389	(c) any other contributions, funds, or transfers from a non-state agency for Medicaid
390	expenditures.
391	(4) (a) In consultation with the department, Medicaid accountable care organizations
392	and counties that elect to integrate care under Subsection (2)(b)(iv) shall collaborate on
393	enrollment, engagement of patients, and coordination of services.
394	(b) As part of the provision described in Subsection (2)(b)(iv), the department shall
395	apply for a waiver to permit the creation of an integrated delivery system:
396	(i) for any geographic area that expresses interest in integrating the delivery of services
397	under Subsection (2)(b)(iv); and

399(A) may permit a local mental health authority to integrate the delivery of behavioral400health services and physical health services;401(B) may permit a county, local mental health authority, or Medicaid accountable care402organization to integrate the delivery of behavioral health services and physical health services403to select groups within the population that are newly eligible under the Medicaid waiver404cxpansion; and405(C) may make rules in accordance with Title 63G, Chapter 3, Utah Administrative406Rulemaking Act, to integrate payments for behavioral health services and physical health407services to plans or providers.408(5) (a) If federal financial participation for the Medicaid waiver expansion is reduced409below 90%, the authority of the department to implement the Medicaid waiver expansion shall410sunset no later than the next July 1 after the date on which the federal financial participation is411reduced.412(b) The department shall close the program to new enrollment if the cost of the413Medicaid waiver expansion is projected to exceed the appropriations for the fiscal year that are414authorized by the Legislature through an appropriations act adopted in accordance with Title41563J, Chapter 1, Budgetary Procedures Act.416(a) the number of individuals who enrolled in the Medicaid waiver program;417(a) the subter of individuals who enrolled in the Medicaid waiver expansion.418the Medicaid waiver expansion is operational:419(a) the subter of	398	(ii) in which the department:
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	426	(1) "Assessment" means the inpatient hospital assessment established by this chapter.
428 States Department of Health and Human Services.	427	(2) "CMS" means the Centers for Medicare and Medicaid Services within the United
	428	States Department of Health and Human Services.

429	(3) "Discharges" means the number of total hospital discharges reported on:
430	(a) Worksheet S-3 Part I, column 15, lines 14, 16, and 17 of the 2552-10 Medicare cost
431	report for the applicable assessment year; or
432	(b) a similar report adopted by the department by administrative rule, if the report
433	under Subsection (3)(a) is no longer available.
434	(4) "Division" means the Division of Health Care Financing within the department.
435	(5) "Enhancement waiver program" means the program established by the Primary
436	Care Network enhancement waiver program described in Section 26-18-416.
437	(6) "Health coverage improvement program" means the health coverage improvement
438	program described in Section 26-18-411.
439	(7) "Hospital share" means the hospital share described in Section 26-36b-203.
440	(8) "Medicaid accountable care organization" means a managed care organization, as
441	defined in 42 C.F.R. Sec. 438, that contracts with the department under the provisions of
442	Section 26-18-405.
443	(9) "Medicaid waiver expansion" means a Medicaid expansion in accordance with
444	Section <u>26-18-3.9 or</u> 26-18-415.
445	(10) "Medicare cost report" means CMS-2552-10, the cost report for electronic filing
446	of hospitals.
447	(11) (a) "Non-state government hospital" means a hospital owned by a non-state
448	government entity.
449	(b) "Non-state government hospital" does not include:
450	(i) the Utah State Hospital; or
451	(ii) a hospital owned by the federal government, including the Veterans Administration
452	Hospital.
453	(12) (a) "Private hospital" means:
454	(i) a general acute hospital, as defined in Section 26-21-2, that is privately owned and
455	operating in the state; and
456	(ii) a privately owned specialty hospital operating in the state, including a privately
457	owned hospital whose inpatient admissions are predominantly for:
458	(A) rehabilitation;

459 (B) psychiatric care;

460	(C) chemical dependency services; or
461	(D) long-term acute care services.
462	(b) "Private hospital" does not include a facility for residential treatment as defined in
463	Section 62A-2-101.
464	(13) "State teaching hospital" means a state owned teaching hospital that is part of an
465	institution of higher education.
466	(14) "Upper payment limit gap" means the difference between the private hospital
467	outpatient upper payment limit and the private hospital Medicaid outpatient payments, as
468	determined in accordance with 42 C.F.R. Sec. 447.321.
469	Section 5. Section 26-36b-208 is amended to read:
470	26-36b-208. Medicaid Expansion Fund.
471	(1) There is created an expendable special revenue fund known as the Medicaid
472	Expansion Fund.
473	(2) The fund consists of:
474	(a) assessments collected under this chapter;
475	(b) intergovernmental transfers under Section 26-36b-206;
476	(c) savings attributable to the health coverage improvement program as determined by
477	the department;
478	(d) savings attributable to the enhancement waiver program as determined by the
479	department;
480	(e) savings attributable to the Medicaid waiver expansion as determined by the
481	department;
482	(f) savings attributable to the inclusion of psychotropic drugs on the preferred drug list
483	under Subsection 26-18-2.4(3) as determined by the department;
484	(g) savings attributable to the services provided by the Public Employees' Health Plan
485	under Subsection 49-20-401(1)(u);
486	(h) revenues collected from the sales tax described in Subsection 59-12-103(14);
487	[(h)] (i) gifts, grants, donations, or any other conveyance of money that may be made to
488	the fund from private sources;
489	[(i)] (j) interest earned on money in the fund; and

490 $\left[\frac{(j)}{(k)}\right]$ (k) additional amounts as appropriated by the Legislature.

491	(3) (a) The fund shall earn interest.
492	(b) All interest earned on fund money shall be deposited into the fund.
493	(4) (a) A state agency administering the provisions of this chapter may use money from
494	the fund to pay the costs, not otherwise paid for with federal funds or other revenue sources, of:
495	(i) the health coverage improvement program;
496	(ii) the enhancement waiver program;
497	(iii) [the] <u>a</u> Medicaid waiver expansion; and
498	(iv) the outpatient upper payment limit supplemental payments under Section
499	26-36b-210.
500	(b) A state agency administering the provisions of this chapter may not use:
501	(i) funds described in Subsection (2)(b) to pay the cost of private outpatient upper
502	payment limit supplemental payments; or
503	(ii) money in the fund for any purpose not described in Subsection (4)(a).
504	Section 6. Section 26-36c-102 is amended to read:
505	26-36c-102. Definitions.
506	As used in this chapter:
507	(1) "Assessment" means the Medicaid expansion hospital assessment established by
508	this chapter.
509	(2) "CMS" means the Centers for Medicare and Medicaid Services within the United
510	States Department of Health and Human Services.
511	(3) "Discharges" means the number of total hospital discharges reported on:
512	(a) Worksheet S-3 Part I, column 15, lines 14, 16, and 17 of the 2552-10 Medicare cost
513	report for the applicable assessment year; or
514	(b) a similar report adopted by the department by administrative rule, if the report
515	under Subsection (3)(a) is no longer available.
516	(4) "Division" means the Division of Health Care Financing within the department.
517	(5) "Hospital share" means the hospital share described in Section 26-36c-203.
518	(6) "Medicaid accountable care organization" means a managed care organization, as
519	defined in 42 C.F.R. Sec. 438, that contracts with the department under the provisions of
520	Section 26-18-405.
521	(7) "Medicaid Expansion Fund" means the Medicaid Expansion Fund created in

522	Section 26-36b-208.
523	(8) "Medicaid waiver expansion" means the same as that term is defined in Section
524	26-18-415.
525	(9) "Medicare cost report" means CMS-2552-10, the cost report for electronic filing of
526	hospitals.
527	(10) (a) "Non-state government hospital" means a hospital owned by a non-state
528	government entity.
529	(b) "Non-state government hospital" does not include:
530	(i) the Utah State Hospital; or
531	(ii) a hospital owned by the federal government, including the Veterans Administration
532	Hospital.
533	(11) (a) "Private hospital" means:
534	(i) a privately owned general acute hospital operating in the state as defined in Section
535	26-21-2; or
536	(ii) a privately owned specialty hospital operating in the state, including a privately
537	owned hospital for which inpatient admissions are predominantly:
538	(A) rehabilitation;
539	(B) psychiatric;
540	(C) chemical dependency; or
541	(D) long-term acute care services.
542	(b) "Private hospital" does not include a facility for residential treatment as defined in
543	Section 62A-2-101.
544	(12) "Qualified Medicaid expansion" means an expansion of the Medicaid program in
545	accordance with Subsection 26-18-3.9(5).
546	[(12)] (13) "State teaching hospital" means a state owned teaching hospital that is part
547	of an institution of higher education.
548	Section 7. Section 26-36c-201 is amended to read:
549	26-36c-201. Assessment.
550	(1) An assessment is imposed on each private hospital:
551	(a) beginning upon the later of:
552	[(a) beginning upon the later of CMS approval of:]

553	(i) [the waiver for the Medicaid waiver expansion] April 1, 2019; and
554	(ii) <u>CMS approval of</u> the assessment under this chapter;
555	(b) in the amount designated in Sections 26-36c-204 and 26-36c-205; and
556	(c) in accordance with Section 26-36c-202.
557	(2) [Subject to Subsection 26-36c-202(4), the] The assessment imposed by this chapter
558	is due and payable [on the last day of each quarter] in accordance with Subsection
559	<u>26-36c-202(4)</u> .
560	[(3) The first quarterly payment is not due until at least three months after the effective
561	date of the coverage provided through the Medicaid waiver expansion.]
562	Section 8. Section 26-36c-203 is amended to read:
563	26-36c-203. Hospital share.
564	(1) The hospital share is:
565	(a) for the period from April 1, 2019, through June 30, 2020, \$15,000,000; and
566	(b) beginning July 1, 2020, 100% of the state's net cost of the <u>qualified</u> Medicaid
567	[waiver] expansion, after deducting appropriate offsets and savings expected as a result of
568	implementing the <u>qualified</u> Medicaid [waiver] expansion, including:
569	(i) savings from:
570	[(a)] (A) the Primary Care Network program;
571	[(b)] (B) the health coverage improvement program, as defined in Section 26-18-411;
572	[(c)] (C) the state portion of inpatient prison medical coverage;
573	$\left[\frac{(d)}{(D)}\right]$ behavioral health coverage; and
574	[(e)] (E) county contributions to the non-federal share of Medicaid expenditures[-]; and
575	(ii) any funds appropriated to the Medicaid Expansion Fund.
576	(2) (a) [The] Beginning July 1, 2020, the hospital share is capped at no more than
577	[\$25,000,000] <u>\$15,000,000</u> annually.
578	(b) [The] Beginning July 1, 2020, the division shall prorate the cap specified in
579	Subsection (2)(a) in any year in which the <u>qualified</u> Medicaid [waiver] expansion is not in
580	effect for the full fiscal year.
581	Section 9. Section 26-36c-204 is amended to read:
582	26-36c-204. Hospital financing.
583	(1) Private hospitals shall be assessed under this chapter for the portion of the hospital

584	share described in Section 26-36c-209.
585	(2) The department shall, on or before October 15, [2019] 2020, and on or before
586	October 15 of each subsequent year, produce a report that calculates the state's net cost of the
587	<u>qualified</u> Medicaid [waiver] expansion.
588	(3) If the assessment collected in the previous fiscal year is above or below the hospital
589	share for private hospitals for the previous fiscal year, the division shall apply the
590	underpayment or overpayment of the assessment by the private hospitals to the fiscal year in
591	which the report is issued.
592	Section 10. Section 26-36c-206 is amended to read:
593	26-36c-206. State teaching hospital and non-state government hospital
594	mandatory intergovernmental transfer.
595	(1) A state teaching hospital and a non-state government hospital shall make an
596	intergovernmental transfer to the Medicaid Expansion Fund, in accordance with this section.
597	(2) The hospitals described in Subsection (1) shall pay the intergovernmental transfer
598	beginning on the later of [CMS approval of]:
599	(a) [the waiver for the Medicaid waiver expansion] April 1, 2019; or
600	(b) <u>CMS approval of</u> the assessment for private hospitals in this chapter.
601	(3) The intergovernmental transfer is apportioned between the non-state government
602	hospitals as follows:
603	(a) the state teaching hospital shall pay for the portion of the hospital share described in
604	Section 26-36c-209; and
605	(b) non-state government hospitals shall pay for the portion of the hospital share
606	described in Section 26-36c-209.
607	(4) The department shall, by rule made in accordance with Title 63G, Chapter 3, Utah
608	Administrative Rulemaking Act, designate:
609	(a) the method of calculating the amounts designated in Subsection (3); and
610	(b) the schedule for the intergovernmental transfers.
611	Section 11. Section 26-36c-208 is amended to read:
612	26-36c-208. Hospital reimbursement.
613	(1) If the <u>qualified</u> Medicaid [waiver] expansion is implemented by contracting with a
614	Medicaid accountable care organization, the department shall, to the extent allowed by law,

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615 include in a contract to provide benefits under the qualified Medicaid [waiver] expansion a 616 requirement that the accountable care organization reimburse hospitals in the accountable care 617 organization's provider network at no less than the Medicaid fee-for-service rate. 618 (2) If the qualified Medicaid [waiver] expansion is implemented by the department as a 619 fee-for-service program, the department shall reimburse hospitals at no less than the Medicaid 620 fee-for-service rate. 621 (3) Nothing in this section prohibits the department or a Medicaid accountable care 622 organization from paying a rate that exceeds the Medicaid fee-for-service rate. 623 Section 12. Section 26-36c-209 is amended to read: 624 26-36c-209. Hospital financing of the hospital share. 625 (1) For the first two full fiscal years that the assessment is in effect, the department 626 shall: 627 (a) assess private hospitals under this chapter for 69% of the hospital share [for the Medicaid waiver expansion]; 628 629 (b) require the state teaching hospital to make an intergovernmental transfer under this 630 chapter for 30% of the hospital share [for the Medicaid waiver expansion]; and 631 (c) require non-state government hospitals to make an intergovernmental transfer under 632 this chapter for 1% of the hospital share [for the Medicaid waiver expansion]. 633 (2) (a) At the beginning of the third full fiscal year that the assessment is in effect, and 634 at the beginning of each subsequent fiscal year, the department may set a different percentage 635 share for private hospitals, the state teaching hospital, and non-state government hospitals by 636 rule made in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, with 637 input from private hospitals and private teaching hospitals. 638 (b) If the department does not set a different percentage share under Subsection (2)(a), 639 the percentage shares in Subsection (1) shall apply. 640 Section 13. Section **59-12-103** is amended to read: 641 59-12-103. Sales and use tax base -- Rates -- Effective dates -- Use of sales and use 642 tax revenues. 643 (1) A tax is imposed on the purchaser as provided in this part on the purchase price or 644 sales price for amounts paid or charged for the following transactions: 645 (a) retail sales of tangible personal property made within the state;

646	(b) amounts paid for:
647	(i) telecommunications service, other than mobile telecommunications service, that
648	originates and terminates within the boundaries of this state;
649	(ii) mobile telecommunications service that originates and terminates within the
650	boundaries of one state only to the extent permitted by the Mobile Telecommunications
651	Sourcing Act, 4 U.S.C. Sec. 116 et seq.; or
652	(iii) an ancillary service associated with a:
653	(A) telecommunications service described in Subsection (1)(b)(i); or
654	(B) mobile telecommunications service described in Subsection (1)(b)(ii);
655	(c) sales of the following for commercial use:
656	(i) gas;
657	(ii) electricity;
658	(iii) heat;
659	(iv) coal;
660	(v) fuel oil; or
661	(vi) other fuels;
662	(d) sales of the following for residential use:
663	(i) gas;
664	(ii) electricity;
665	(iii) heat;
666	(iv) coal;
667	(v) fuel oil; or
668	(vi) other fuels;
669	(e) sales of prepared food;
670	(f) except as provided in Section 59-12-104, amounts paid or charged as admission or
671	user fees for theaters, movies, operas, museums, planetariums, shows of any type or nature,
672	exhibitions, concerts, carnivals, amusement parks, amusement rides, circuses, menageries,
673	fairs, races, contests, sporting events, dances, boxing matches, wrestling matches, closed circuit
674	television broadcasts, billiard parlors, pool parlors, bowling lanes, golf, miniature golf, golf

676 tennis courts, swimming pools, water slides, river runs, jeep tours, boat tours, scenic cruises,

driving ranges, batting cages, skating rinks, ski lifts, ski runs, ski trails, snowmobile trails,

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677	horseback rides, sports activities, or any other amusement, entertainment, recreation,
678	exhibition, cultural, or athletic activity;
679	(g) amounts paid or charged for services for repairs or renovations of tangible personal
680	property, unless Section 59-12-104 provides for an exemption from sales and use tax for:
681	(i) the tangible personal property; and
682	(ii) parts used in the repairs or renovations of the tangible personal property described
683	in Subsection (1)(g)(i), regardless of whether:
684	(A) any parts are actually used in the repairs or renovations of that tangible personal
685	property; or
686	(B) the particular parts used in the repairs or renovations of that tangible personal
687	property are exempt from a tax under this chapter;
688	(h) except as provided in Subsection 59-12-104(7), amounts paid or charged for
689	assisted cleaning or washing of tangible personal property;
690	(i) amounts paid or charged for tourist home, hotel, motel, or trailer court
691	accommodations and services that are regularly rented for less than 30 consecutive days;
692	(j) amounts paid or charged for laundry or dry cleaning services;
693	(k) amounts paid or charged for leases or rentals of tangible personal property if within
694	this state the tangible personal property is:
695	(i) stored;
696	(ii) used; or
697	(iii) otherwise consumed;
698	(1) amounts paid or charged for tangible personal property if within this state the
699	tangible personal property is:
700	(i) stored;
701	(ii) used; or
702	(iii) consumed; and
703	(m) amounts paid or charged for a sale:
704	(i) (A) of a product transferred electronically; or
705	(B) of a repair or renovation of a product transferred electronically; and
706	(ii) regardless of whether the sale provides:
707	(A) a right of permanent use of the product; or

708	(B) a right to use the product that is less than a permanent use, including a right:
709	(I) for a definite or specified length of time; and
710	(II) that terminates upon the occurrence of a condition.
711	(2) (a) Except as provided in Subsections (2)(b) through (e), a state tax and a local tax
712	is imposed on a transaction described in Subsection (1) equal to the sum of:
713	(i) a state tax imposed on the transaction at a tax rate equal to the sum of:
714	(A) (I) through March 31, 2019, 4.70%; and
715	(II) beginning on April 1, 2019, 4.70% plus the rate specified in Subsection (14)(a);
716	and
717	(B) (I) the tax rate the state imposes in accordance with Part 18, Additional State Sales
718	and Use Tax Act, if the location of the transaction as determined under Sections 59-12-211
719	through 59-12-215 is in a county in which the state imposes the tax under Part 18, Additional
720	State Sales and Use Tax Act; and
721	(II) the tax rate the state imposes in accordance with Part 20, Supplemental State Sales
722	and Use Tax Act, if the location of the transaction as determined under Sections 59-12-211
723	through 59-12-215 is in a city, town, or the unincorporated area of a county in which the state
724	imposes the tax under Part 20, Supplemental State Sales and Use Tax Act; and
725	(ii) a local tax equal to the sum of the tax rates a county, city, or town imposes on the
726	transaction under this chapter other than this part.
727	(b) Except as provided in Subsection (2)(d) or (e), a state tax and a local tax is imposed
728	on a transaction described in Subsection (1)(d) equal to the sum of:
729	(i) a state tax imposed on the transaction at a tax rate of 2%; and
730	(ii) a local tax equal to the sum of the tax rates a county, city, or town imposes on the
731	transaction under this chapter other than this part.
732	(c) Except as provided in Subsection (2)(d) or (e), a state tax and a local tax is imposed
733	on amounts paid or charged for food and food ingredients equal to the sum of:
734	(i) a state tax imposed on the amounts paid or charged for food and food ingredients at
735	a tax rate of 1.75%; and
736	(ii) a local tax equal to the sum of the tax rates a county, city, or town imposes on the
737	amounts paid or charged for food and food ingredients under this chapter other than this part.
738	(d) (i) For a bundled transaction that is attributable to food and food ingredients and

739	tangible personal property other than food and food ingredients, a state tax and a local tax is
740	imposed on the entire bundled transaction equal to the sum of:
741	(A) a state tax imposed on the entire bundled transaction equal to the sum of:
742	(I) the tax rate described in Subsection (2)(a)(i)(A); and
743	(II) (Aa) the tax rate the state imposes in accordance with Part 18, Additional State
744	Sales and Use Tax Act, if the location of the transaction as determined under Sections
745	59-12-211 through 59-12-215 is in a county in which the state imposes the tax under Part 18,
746	Additional State Sales and Use Tax Act; and
747	(Bb) the tax rate the state imposes in accordance with Part 20, Supplemental State
748	Sales and Use Tax Act, if the location of the transaction as determined under Sections
749	59-12-211 through 59-12-215 is in a city, town, or the unincorporated area of a county in which
750	the state imposes the tax under Part 20, Supplemental State Sales and Use Tax Act; and
751	(B) a local tax imposed on the entire bundled transaction at the sum of the tax rates
752	described in Subsection (2)(a)(ii).
753	(ii) If an optional computer software maintenance contract is a bundled transaction that
754	consists of taxable and nontaxable products that are not separately itemized on an invoice or
755	similar billing document, the purchase of the optional computer software maintenance contract
756	is 40% taxable under this chapter and 60% nontaxable under this chapter.
757	(iii) Subject to Subsection (2)(d)(iv), for a bundled transaction other than a bundled
758	transaction described in Subsection (2)(d)(i) or (ii):
759	(A) if the sales price of the bundled transaction is attributable to tangible personal
760	property, a product, or a service that is subject to taxation under this chapter and tangible
761	personal property, a product, or service that is not subject to taxation under this chapter, the
762	entire bundled transaction is subject to taxation under this chapter unless:
763	(I) the seller is able to identify by reasonable and verifiable standards the tangible
764	personal property, product, or service that is not subject to taxation under this chapter from the
765	books and records the seller keeps in the seller's regular course of business; or
766	(II) state or federal law provides otherwise; or
767	(B) if the sales price of a bundled transaction is attributable to two or more items of
768	tangible personal property, products, or services that are subject to taxation under this chapter
769	at different rates, the entire bundled transaction is subject to taxation under this chapter at the

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770 higher tax rate unless:

(I) the seller is able to identify by reasonable and verifiable standards the tangible
personal property, product, or service that is subject to taxation under this chapter at the lower
tax rate from the books and records the seller keeps in the seller's regular course of business; or

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(II) state or federal law provides otherwise.

(iv) For purposes of Subsection (2)(d)(iii), books and records that a seller keeps in the
seller's regular course of business includes books and records the seller keeps in the regular
course of business for nontax purposes.

(e) (i) Except as otherwise provided in this chapter and subject to Subsections (2)(e)(ii)
and (iii), if a transaction consists of the sale, lease, or rental of tangible personal property, a
product, or a service that is subject to taxation under this chapter, and the sale, lease, or rental
of tangible personal property, other property, a product, or a service that is not subject to
taxation under this chapter, the entire transaction is subject to taxation under this chapter unless
the seller, at the time of the transaction:

(A) separately states the portion of the transaction that is not subject to taxation under
this chapter on an invoice, bill of sale, or similar document provided to the purchaser; or

(B) is able to identify by reasonable and verifiable standards, from the books and
records the seller keeps in the seller's regular course of business, the portion of the transaction
that is not subject to taxation under this chapter.

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(ii) A purchaser and a seller may correct the taxability of a transaction if:

(A) after the transaction occurs, the purchaser and the seller discover that the portion of
the transaction that is not subject to taxation under this chapter was not separately stated on an
invoice, bill of sale, or similar document provided to the purchaser because of an error or
ignorance of the law; and

(B) the seller is able to identify by reasonable and verifiable standards, from the books
and records the seller keeps in the seller's regular course of business, the portion of the
transaction that is not subject to taxation under this chapter.

(iii) For purposes of Subsections (2)(e)(i) and (ii), books and records that a seller keeps
in the seller's regular course of business includes books and records the seller keeps in the
regular course of business for nontax purposes.

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(f) (i) If the sales price of a transaction is attributable to two or more items of tangible

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personal property, products, or services that are subject to taxation under this chapter at
different rates, the entire purchase is subject to taxation under this chapter at the higher tax rate
unless the seller, at the time of the transaction:

804 (A) separately states the items subject to taxation under this chapter at each of the 805 different rates on an invoice, bill of sale, or similar document provided to the purchaser; or

(B) is able to identify by reasonable and verifiable standards the tangible personal
property, product, or service that is subject to taxation under this chapter at the lower tax rate
from the books and records the seller keeps in the seller's regular course of business.

(ii) For purposes of Subsection (2)(f)(i), books and records that a seller keeps in the
seller's regular course of business includes books and records the seller keeps in the regular
course of business for nontax purposes.

(g) Subject to Subsections (2)(h) and (i), a tax rate repeal or tax rate change for a tax
rate imposed under the following shall take effect on the first day of a calendar quarter:

- 814 (i) Subsection (2)(a)(i)(A);
- 815 (ii) Subsection (2)(b)(i);
- 816 (iii) Subsection (2)(c)(i); or

817 (iv) Subsection (2)(d)(i)(A)(I).

(h) (i) A tax rate increase takes effect on the first day of the first billing period that
begins on or after the effective date of the tax rate increase if the billing period for the
transaction begins before the effective date of a tax rate increase imposed under:

- 821 (A) Subsection (2)(a)(i)(A);
- 822 (B) Subsection (2)(b)(i);
- 823 (C) Subsection (2)(c)(i); or
- 824 (D) Subsection (2)(d)(i)(A)(I).

(ii) The repeal of a tax or a tax rate decrease applies to a billing period if the billing
statement for the billing period is rendered on or after the effective date of the repeal of the tax

- 827 or the tax rate decrease imposed under:
- 828 (A) Subsection (2)(a)(i)(A);
- 829 (B) Subsection (2)(b)(i);
- 830 (C) Subsection (2)(c)(i); or
- 831 (D) Subsection (2)(d)(i)(A)(I).

833	computed on the basis of sales and use tax rates published in the catalogue, a tax rate repeal or
834	change in a tax rate takes effect:
835	(A) on the first day of a calendar quarter; and
836	(B) beginning 60 days after the effective date of the tax rate repeal or tax rate change.
837	(ii) Subsection (2)(i)(i) applies to the tax rates described in the following:
838	(A) Subsection $(2)(a)(i)(A)$;
839	(B) Subsection $(2)(b)(i)$;
840	(C) Subsection $(2)(c)(i)$; or
841	(D) Subsection $(2)(d)(i)(A)(I)$.
842	(iii) In accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act,
843	the commission may by rule define the term "catalogue sale."
844	(3) (a) The following state taxes shall be deposited into the General Fund:
845	(i) the tax imposed by Subsection (2)(a)(i)(A);
846	(ii) the tax imposed by Subsection (2)(b)(i);
847	(iii) the tax imposed by Subsection (2)(c)(i); or
848	(iv) the tax imposed by Subsection (2)(d)(i)(A)(I).
849	(b) The following local taxes shall be distributed to a county, city, or town as provided
850	in this chapter:
851	(i) the tax imposed by Subsection (2)(a)(ii);
852	(ii) the tax imposed by Subsection (2)(b)(ii);
853	(iii) the tax imposed by Subsection (2)(c)(ii); and
854	(iv) the tax imposed by Subsection (2)(d)(i)(B).
855	(4) (a) Notwithstanding Subsection (3)(a), for a fiscal year beginning on or after July 1,
856	2003, the lesser of the following amounts shall be expended as provided in Subsections (4)(b)
857	through (g):
858	(i) for taxes listed under Subsection (3)(a), the amount of tax revenue generated:
859	(A) by a $1/16\%$ tax rate on the transactions described in Subsection (1); and
860	(B) for the fiscal year; or
861	(ii) \$17,500,000.
862	(b) (i) For a fiscal year beginning on or after July 1, 2003, 14% of the amount

863 described in Subsection (4)(a) shall be transferred each year as dedicated credits to the 864 Department of Natural Resources to: 865 (A) implement the measures described in Subsections 79-2-303(3)(a) through (d) to protect sensitive plant and animal species; or 866 867 (B) award grants, up to the amount authorized by the Legislature in an appropriations 868 act, to political subdivisions of the state to implement the measures described in Subsections 869 79-2-303(3)(a) through (d) to protect sensitive plant and animal species. 870 (ii) Money transferred to the Department of Natural Resources under Subsection 871 (4)(b)(i) may not be used to assist the United States Fish and Wildlife Service or any other 872 person to list or attempt to have listed a species as threatened or endangered under the 873 Endangered Species Act of 1973, 16 U.S.C. Sec. 1531 et seq. 874 (iii) At the end of each fiscal year: 875 (A) 50% of any unexpended dedicated credits shall lapse to the Water Resources 876 Conservation and Development Fund created in Section 73-10-24; 877 (B) 25% of any unexpended dedicated credits shall lapse to the Utah Wastewater Loan 878 Program Subaccount created in Section 73-10c-5; and 879 (C) 25% of any unexpended dedicated credits shall lapse to the Drinking Water Loan 880 Program Subaccount created in Section 73-10c-5. 881 (c) For a fiscal year beginning on or after July 1, 2003, 3% of the amount described in 882 Subsection (4)(a) shall be deposited each year in the Agriculture Resource Development Fund 883 created in Section 4-18-106. 884 (d) (i) For a fiscal year beginning on or after July 1, 2003, 1% of the amount described 885 in Subsection (4)(a) shall be transferred each year as dedicated credits to the Division of Water 886 Rights to cover the costs incurred in hiring legal and technical staff for the adjudication of 887 water rights. 888 (ii) At the end of each fiscal year: 889 (A) 50% of any unexpended dedicated credits shall lapse to the Water Resources 890 Conservation and Development Fund created in Section 73-10-24; 891 (B) 25% of any unexpended dedicated credits shall lapse to the Utah Wastewater Loan 892 Program Subaccount created in Section 73-10c-5; and 893 (C) 25% of any unexpended dedicated credits shall lapse to the Drinking Water Loan

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894 Program Subaccount created in Section 73-10c-5. 895 (e) (i) For a fiscal year beginning on or after July 1, 2003, 41% of the amount described 896 in Subsection (4)(a) shall be deposited into the Water Resources Conservation and 897 Development Fund created in Section 73-10-24 for use by the Division of Water Resources. 898 (ii) In addition to the uses allowed of the Water Resources Conservation and 899 Development Fund under Section 73-10-24, the Water Resources Conservation and 900 Development Fund may also be used to: 901 (A) conduct hydrologic and geotechnical investigations by the Division of Water 902 Resources in a cooperative effort with other state, federal, or local entities, for the purpose of 903 quantifying surface and ground water resources and describing the hydrologic systems of an 904 area in sufficient detail so as to enable local and state resource managers to plan for and 905 accommodate growth in water use without jeopardizing the resource; 906 (B) fund state required dam safety improvements; and 907 (C) protect the state's interest in interstate water compact allocations, including the 908 hiring of technical and legal staff. 909 (f) For a fiscal year beginning on or after July 1, 2003, 20.5% of the amount described 910 in Subsection (4)(a) shall be deposited into the Utah Wastewater Loan Program Subaccount 911 created in Section 73-10c-5 for use by the Water Quality Board to fund wastewater projects. 912 (g) For a fiscal year beginning on or after July 1, 2003, 20.5% of the amount described 913 in Subsection (4)(a) shall be deposited into the Drinking Water Loan Program Subaccount 914 created in Section 73-10c-5 for use by the Division of Drinking Water to: 915 (i) provide for the installation and repair of collection, treatment, storage, and 916 distribution facilities for any public water system, as defined in Section 19-4-102; 917 (ii) develop underground sources of water, including springs and wells; and 918 (iii) develop surface water sources. 919 (5) (a) Notwithstanding Subsection (3)(a), for a fiscal year beginning on or after July 1, 920 2006, the difference between the following amounts shall be expended as provided in this 921 Subsection (5), if that difference is greater than \$1: 922 (i) for taxes listed under Subsection (3)(a), the amount of tax revenue generated for the fiscal year by a 1/16% tax rate on the transactions described in Subsection (1); and 923 924 (ii) \$17,500,000.

925	(b) (i) The first \$500,000 of the difference described in Subsection (5)(a) shall be:
926	(A) transferred each fiscal year to the Department of Natural Resources as dedicated
927	credits; and
928	(B) expended by the Department of Natural Resources for watershed rehabilitation or
929	restoration.
930	(ii) At the end of each fiscal year, 100% of any unexpended dedicated credits described
931	in Subsection (5)(b)(i) shall lapse to the Water Resources Conservation and Development Fund
932	created in Section 73-10-24.
933	(c) (i) After making the transfer required by Subsection (5)(b)(i), \$150,000 of the
934	remaining difference described in Subsection (5)(a) shall be:
935	(A) transferred each fiscal year to the Division of Water Resources as dedicated
936	credits; and
937	(B) expended by the Division of Water Resources for cloud-seeding projects
938	authorized by Title 73, Chapter 15, Modification of Weather.
939	(ii) At the end of each fiscal year, 100% of any unexpended dedicated credits described
940	in Subsection (5)(c)(i) shall lapse to the Water Resources Conservation and Development Fund
941	created in Section 73-10-24.
942	(d) After making the transfers required by Subsections (5)(b) and (c), 85% of the
943	remaining difference described in Subsection (5)(a) shall be deposited into the Water
944	Resources Conservation and Development Fund created in Section 73-10-24 for use by the
945	Division of Water Resources for:
946	(i) preconstruction costs:
947	(A) as defined in Subsection 73-26-103(6) for projects authorized by Title 73, Chapter
948	26, Bear River Development Act; and
949	(B) as defined in Subsection 73-28-103(8) for the Lake Powell Pipeline project
950	authorized by Title 73, Chapter 28, Lake Powell Pipeline Development Act;
951	(ii) the cost of employing a civil engineer to oversee any project authorized by Title 73,
952	Chapter 26, Bear River Development Act;
953	(iii) the cost of employing a civil engineer to oversee the Lake Powell Pipeline project
954	authorized by Title 73, Chapter 28, Lake Powell Pipeline Development Act; and
955	(iv) other uses authorized under Sections 73-10-24, 73-10-25.1, and 73-10-30, and

956	Subsection (4)(e)(ii) after funding the uses specified in Subsections (5)(d)(i) through (iii).
957	(e) After making the transfers required by Subsections (5)(b) and (c) and subject to
958	Subsection (5)(f), 15% of the remaining difference described in Subsection (5)(a) shall be
959	transferred each year as dedicated credits to the Division of Water Rights to cover the costs
960	incurred for employing additional technical staff for the administration of water rights.
961	(f) At the end of each fiscal year, any unexpended dedicated credits described in
962	Subsection (5)(e) over \$150,000 lapse to the Water Resources Conservation and Development
963	Fund created in Section 73-10-24.
964	(6) Notwithstanding Subsection (3)(a) and for taxes listed under Subsection (3)(a), the
965	amount of revenue generated by a 1/16% tax rate on the transactions described in Subsection
966	(1) for the fiscal year shall be deposited as follows:
967	(a) for fiscal year 2016-17 only, 100% of the revenue described in this Subsection (6)
968	shall be deposited into the Transportation Investment Fund of 2005 created by Section
969	72-2-124;
970	(b) for fiscal year 2017-18 only:
971	(i) 80% of the revenue described in this Subsection (6) shall be deposited into the
972	Transportation Investment Fund of 2005 created by Section 72-2-124; and
973	(ii) 20% of the revenue described in this Subsection (6) shall be deposited into the
974	Water Infrastructure Restricted Account created by Section 73-10g-103;
975	(c) for fiscal year 2018-19 only:
976	(i) 60% of the revenue described in this Subsection (6) shall be deposited into the
977	Transportation Investment Fund of 2005 created by Section 72-2-124; and
978	(ii) 40% of the revenue described in this Subsection (6) shall be deposited into the
979	Water Infrastructure Restricted Account created by Section 73-10g-103;
980	(d) for fiscal year 2019-20 only:
981	(i) 40% of the revenue described in this Subsection (6) shall be deposited into the
982	Transportation Investment Fund of 2005 created by Section 72-2-124; and
983	(ii) 60% of the revenue described in this Subsection (6) shall be deposited into the
984	Water Infrastructure Restricted Account created by Section 73-10g-103;
985	(e) for fiscal year 2020-21 only:
986	(i) 20% of the revenue described in this Subsection (6) shall be deposited into the

987	Transportation Investment Fund of 2005 created by Section 72-2-124; and
988	(ii) 80% of the revenue described in this Subsection (6) shall be deposited into the
989	Water Infrastructure Restricted Account created by Section 73-10g-103; and
990	(f) for a fiscal year beginning on or after July 1, 2021, 100% of the revenue described
991	in this Subsection (6) shall be deposited into the Water Infrastructure Restricted Account
992	created by Section 73-10g-103.
993	(7) (a) Notwithstanding Subsection (3)(a), in addition to the amounts deposited in
994	Subsection (6), and subject to Subsection (7)(b), for a fiscal year beginning on or after July 1,
995	2012, the Division of Finance shall deposit into the Transportation Investment Fund of 2005
996	created by Section 72-2-124:
997	(i) a portion of the taxes listed under Subsection (3)(a) in an amount equal to 8.3% of
998	the revenues collected from the following taxes, which represents a portion of the
999	approximately 17% of sales and use tax revenues generated annually by the sales and use tax
1000	on vehicles and vehicle-related products:
1001	(A) the tax imposed by Subsection (2)(a)(i)(A) at a 4.7% rate;
1002	(B) the tax imposed by Subsection (2)(b)(i);
1003	(C) the tax imposed by Subsection (2)(c)(i); and
1004	(D) the tax imposed by Subsection (2)(d)(i)(A)(I); plus
1005	(ii) an amount equal to 30% of the growth in the amount of revenues collected in the
1006	current fiscal year from the sales and use taxes described in Subsections (7)(a)(i)(A) through
1007	(D) that exceeds the amount collected from the sales and use taxes described in Subsections
1008	(7)(a)(i)(A) through (D) in the 2010-11 fiscal year.
1009	(b) (i) Subject to Subsections (7)(b)(ii) and (iii), in any fiscal year that the portion of
1010	the sales and use taxes deposited under Subsection (7)(a) represents an amount that is a total
1011	lower percentage of the sales and use taxes described in Subsections (7)(a)(i)(A) through (D)
1012	generated in the current fiscal year than the total percentage of sales and use taxes deposited in
1013	the previous fiscal year, the Division of Finance shall deposit an amount under Subsection
1014	(7)(a) equal to the product of:
1015	(A) the total percentage of sales and use taxes deposited under Subsection (7)(a) in the
1016	previous fiscal year; and
1017	(B) the total sales and use tax revenue generated by the taxes described in Subsections

1018 (7)(a)(i)(A) through (D) in the current fiscal year.

- (ii) In any fiscal year in which the portion of the sales and use taxes deposited under
 Subsection (7)(a) would exceed 17% of the revenues collected from the sales and use taxes
 described in Subsections (7)(a)(i)(A) through (D) in the current fiscal year, the Division of
 Finance shall deposit 17% of the revenues collected from the sales and use taxes described in
 Subsections (7)(a)(i)(A) through (D) for the current fiscal year under Subsection (7)(a).
- (iii) In all subsequent fiscal years after a year in which 17% of the revenues collected
 from the sales and use taxes described in Subsections (7)(a)(i)(A) through (D) was deposited
 under Subsection (7)(a), the Division of Finance shall annually deposit 17% of the revenues
 collected from the sales and use taxes described in Subsections (7)(a)(i)(A) through (D) in the
 current fiscal year under Subsection (7)(a).
- (8) (a) Notwithstanding Subsection (3)(a), and in addition to the amounts deposited
 under Subsections (6) and (7), for the 2016-17 fiscal year only, the Division of Finance shall
 deposit \$64,000,000 of the revenues generated by the taxes listed under Subsection (3)(a) into
 the Transportation Investment Fund of 2005 created by Section 72-2-124.
- (b) Notwithstanding Subsection (3)(a), and in addition to the amounts deposited under
 Subsections (6) and (7), for the 2017-18 fiscal year only, the Division of Finance shall deposit
 \$63,000,000 of the revenues generated by the taxes listed under Subsection (3)(a) into the
 Transportation Investment Fund of 2005 created by Section 72-2-124.
- (c) (i) Notwithstanding Subsection (3)(a), in addition to the amounts deposited under
 Subsections (6) and (7), and subject to Subsection (8)(c)(ii), for a fiscal year beginning on or
 after July 1, 2018, the commission shall annually deposit into the Transportation Investment
 Fund of 2005 created by Section 72-2-124 a portion of the taxes listed under Subsection (3)(a)
 in an amount equal to 3.68% of the revenues collected from the following taxes:
- 1042 (A) the tax imposed by Subsection (2)(a)(i)(A) at a 4.7% rate;
- 1043 (B) the tax imposed by Subsection (2)(b)(i);
- 1044 (C) the tax imposed by Subsection (2)(c)(i); and
- 1045 (D) the tax imposed by Subsection (2)(d)(i)(A)(I).

(ii) For a fiscal year beginning on or after July 1, 2019, the commission shall annually
reduce the deposit into the Transportation Investment Fund of 2005 under Subsection (8)(c)(i)
by an amount that is equal to 35% of the amount of revenue generated in the current fiscal year

1049	by the partian of the tay imposed on motor and special fuel that is sold used, or received for
	by the portion of the tax imposed on motor and special fuel that is sold, used, or received for
1050	sale or use in this state that exceeds 29.4 cents per gallon.
1051	(iii) The commission shall annually deposit the amount described in Subsection
1052	(8)(c)(ii) into the Transit and Transportation Investment Fund created in Section 72-2-124.
1053	(9) Notwithstanding Subsection (3)(a), for each fiscal year beginning with fiscal year
1054	2009-10, \$533,750 shall be deposited into the Qualified Emergency Food Agencies Fund
1055	created by Section 35A-8-1009 and expended as provided in Section 35A-8-1009.
1056	(10) (a) Notwithstanding Subsection (3)(a), except as provided in Subsection (10)(c),
1057	in addition to any amounts deposited under Subsections (6), (7), and (8), and for the 2016-17
1058	fiscal year only, the Division of Finance shall deposit into the Transportation Investment Fund
1059	of 2005 created by Section 72-2-124 the amount of tax revenue generated by a .05% tax rate on
1060	the transactions described in Subsection (1).
1061	(b) Notwithstanding Subsection (3)(a), except as provided in Subsection (10)(c), and in
1062	addition to any amounts deposited under Subsections (6), (7), and (8), the Division of Finance
1063	shall deposit into the Transportation Investment Fund of 2005 created by Section 72-2-124 the
1064	amount of revenue described as follows:
1065	(i) for fiscal year 2017-18 only, 83.33% of the amount of revenue generated by a .05%
1066	tax rate on the transactions described in Subsection (1);
1067	(ii) for fiscal year 2018-19 only, 66.67% of the amount of revenue generated by a .05%
1068	tax rate on the transactions described in Subsection (1);
1069	(iii) for fiscal year 2019-20 only, 50% of the amount of revenue generated by a .05%
1070	tax rate on the transactions described in Subsection (1);
1071	(iv) for fiscal year 2020-21 only, 33.33% of the amount of revenue generated by a
1072	.05% tax rate on the transactions described in Subsection (1); and
1073	(v) for fiscal year 2021-22 only, 16.67% of the amount of revenue generated by a .05%
1074	tax rate on the transactions described in Subsection (1).
1075	(c) For purposes of Subsections (10)(a) and (b), the Division of Finance may not
1076	deposit into the Transportation Investment Fund of 2005 any tax revenue generated by amounts
1077	paid or charged for food and food ingredients, except for tax revenue generated by a bundled
1078	transaction attributable to food and food ingredients and tangible personal property other than
1079	food and food ingredients described in Subsection (2)(d).

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1080	(11) Notwithstanding Subsection (3)(a), beginning the second fiscal year after the
1081	fiscal year during which the Division of Finance receives notice under Section 63N-2-510 that
1082	construction on a qualified hotel, as defined in Section 63N-2-502, has begun, the Division of
1083	Finance shall, for two consecutive fiscal years, annually deposit \$1,900,000 of the revenue
1084	generated by the taxes listed under Subsection (3)(a) into the Hotel Impact Mitigation Fund,
1085	created in Section 63N-2-512.
1086	(12) (a) Notwithstanding Subsection (3)(a), for the 2016-17 fiscal year only, the
1087	Division of Finance shall deposit \$26,000,000 of the revenues generated by the taxes listed
1088	under Subsection (3)(a) into the Throughput Infrastructure Fund created by Section 35A-8-308.
1089	(b) Notwithstanding Subsection (3)(a), for the 2017-18 fiscal year only, the Division of
1090	Finance shall deposit \$27,000,000 of the revenues generated by the taxes listed under
1091	Subsection (3)(a) into the Throughput Infrastructure Fund created by Section 35A-8-308.
1092	(13) Notwithstanding Subsections (4) through (12) and (14), an amount required to be
1093	expended or deposited in accordance with Subsections (4) through (12) and (14) may not
1094	include an amount the Division of Finance deposits in accordance with Section 59-12-103.2.
1095	(14) (a) The rate specified in this subsection is 0.15% .
1096	(b) Notwithstanding Subsection (3)(a), the Division of Finance shall:
1097	(i) on or before September 30, 2019, transfer the amount of revenue [generated by a
1098	0.15% tax rate imposed] collected from the rate described in Subsection (14)(a) beginning on
1099	April 1, 2019, and ending on June 30, 2019, on the transactions that are subject to the sales and
1100	use tax under Subsection (2)(a)(i)(A) [as dedicated credits to the Division of Health Care
1101	Financing] into the Medicaid Expansion Fund created in Section 26-36b-208; and
1102	(ii) for a fiscal year beginning on or after [fiscal year 2019-20] July 1, 2019, annually
1103	transfer the amount of revenue [generated by a 0.15% tax rate] collected from the rate
1104	described in Subsection (14)(a) on the transactions that are subject to the sales and use tax
1105	under Subsection (2)(a)(i)(A) [as dedicated credits to the Division of Health Care Financing]
1106	into the Medicaid Expansion Fund created in Section 26-36b-208.
1107	[(c) The revenue described in Subsection (14)(b) that the Division of Finance transfers
1108	to the Division of Health Care Financing as dedicated credits shall be expended for the
1109	following uses:]
1110	[(i) implementation of the Medicaid expansion described in Sections 26-18-3.1(4) and

1111	26-18-3.9(2)(b);]
1112	[(ii) if revenue remains after the use specified in Subsection (14)(c)(i), other measures
1113	required by Section 26-18-3.9; and]
1114	[(iii) if revenue remains after the uses specified in Subsections (14)(c)(i) and (ii), other
1115	measures described in Title 26, Chapter 18, Medical Assistance Act.]
1116	Section 14. Fiscal Year 2019 Appropriations.
1117	The following sums of money are appropriated for the fiscal year beginning July 1,
1118	2018, and ending June 30, 2019. These are additions to amounts previously appropriated for
1119	fiscal year 2019.
1120	Subsection 12(a). Operating and Capital Budgets.
1121	Under the terms and conditions of Title 63J, Chapter 1, Budgetary Procedures Act, the
1122	Legislature appropriates the following sums of money from the funds or fund accounts
1123	indicated for the use and support of the government of the state of Utah.
1124	ITEM 1
1125	To Department of Health Medicaid Services
1126	From General Fund, One-time (\$14,900,000)
1127	Schedule of Programs:
1128	<u>Other Services</u> (\$18,000,000)
1129	Medicaid Expansion 2017 \$3,100,000
1130	
	The Legislature intends that the Department of Health use the funding increase
1131	The Legislature intends that the Department of Health use the funding increase provided for the Medicaid Expansion 2017 program for any increase in Medicaid enrollment in
1131	provided for the Medicaid Expansion 2017 program for any increase in Medicaid enrollment in
1131 1132	provided for the Medicaid Expansion 2017 program for any increase in Medicaid enrollment in the base program resulting from a Medicaid expansion.
1131 1132 1133	provided for the Medicaid Expansion 2017 program for any increase in Medicaid enrollment in the base program resulting from a Medicaid expansion. Subsection 12(b). Expendable Funds and Accounts.
1131 1132 1133 1134	provided for the Medicaid Expansion 2017 program for any increase in Medicaid enrollment in the base program resulting from a Medicaid expansion. Subsection 12(b). Expendable Funds and Accounts. <u>The Legislature has reviewed the following expendable funds. The Legislature</u>
1131 1132 1133 1134 1135	provided for the Medicaid Expansion 2017 program for any increase in Medicaid enrollment in the base program resulting from a Medicaid expansion. Subsection 12(b). Expendable Funds and Accounts. <u>The Legislature has reviewed the following expendable funds. The Legislature</u> <u>authorizes the State Division of Finance to transfer amounts between funds and accounts as</u>
 1131 1132 1133 1134 1135 1136 	provided for the Medicaid Expansion 2017 program for any increase in Medicaid enrollment in the base program resulting from a Medicaid expansion. Subsection 12(b). Expendable Funds and Accounts. The Legislature has reviewed the following expendable funds. The Legislature authorizes the State Division of Finance to transfer amounts between funds and accounts as indicated. Outlays and expenditures from the funds or accounts to which the money is
 1131 1132 1133 1134 1135 1136 1137 	provided for the Medicaid Expansion 2017 program for any increase in Medicaid enrollment in the base program resulting from a Medicaid expansion. Subsection 12(b). Expendable Funds and Accounts. <u>The Legislature has reviewed the following expendable funds. The Legislature</u> <u>authorizes the State Division of Finance to transfer amounts between funds and accounts as</u> <u>indicated. Outlays and expenditures from the funds or accounts to which the money is</u> <u>transferred may be made without further legislative action, in accordance with statutory</u>
 1131 1132 1133 1134 1135 1136 1137 1138 	provided for the Medicaid Expansion 2017 program for any increase in Medicaid enrollment in the base program resulting from a Medicaid expansion. Subsection 12(b). Expendable Funds and Accounts. The Legislature has reviewed the following expendable funds. The Legislature authorizes the State Division of Finance to transfer amounts between funds and accounts as indicated. Outlays and expenditures from the funds or accounts to which the money is transferred may be made without further legislative action, in accordance with statutory provisions relating to the funds or accounts.

1142	From General Fund Restricted - Medicaid Restricted Account,
1143	<u>One-time</u> <u>\$1,200,000</u>
1144	Schedule of Programs:
1145	Medicaid Expansion Fund \$39,400,000
1146	Section 13. Fiscal Year 2020 Appropriations.
1147	The following sums of money are appropriated for the fiscal year beginning July 1,
1148	2019, and ending June 30, 2020. These are additions to amounts previously appropriated for
1149	fiscal year 2020.
1150	Subsection 13(a). Operating and Capital Budgets.
1151	Under the terms and conditions of Title 63J, Chapter 1, Budgetary Procedures Act, the
1152	Legislature appropriates the following sums of money from the funds or fund accounts
1153	indicated for the use and support of the government of the state of Utah.
1154	ITEM 3
1155	To Department of Health Children's Health Insurance Program
1156	From General Fund, One-time (\$18,663,900)
1157	Schedule of Programs:
1158	Children's Health Insurance Program (\$18,663,900)
1159	ITEM 4
1160	To Department of Health Medicaid Services
1161	From General Fund Restricted - Medicaid Restricted Account,
1162	<u>One-time</u> <u>\$16,800,000</u>
1163	Schedule of Programs:
1164	Medicaid Expansion 2017\$16,800,000
1165	The Legislature intends that the Department of Health use the funding provided for any
1166	increase in Medicaid enrollment in the base program resulting from a Medicaid expansion.
1167	Subsection 13(b). Expendable Funds and Accounts.
1168	The Legislature has reviewed the following expendable funds. The Legislature
1169	authorizes the State Division of Finance to transfer amounts between funds and accounts as
1170	indicated. Outlays and expenditures from the funds or accounts to which the money is
1171	transferred may be made without further legislative action, in accordance with statutory
1172	provisions relating to the funds or accounts.

1173	ITEM 5
1174	To Department of Health Medicaid Expansion Fund
1175	From General Fund \$15,000,000
1176	Schedule of Programs:
1177	Medicaid Expansion Fund \$15,000,000
1178	Section 15. Effective date.
1179	If approved by two-thirds of all the members elected to each house, this bill takes effect
1180	upon approval by the governor, or the day following the constitutional time limit of Utah
1181	Constitution, Article VII, Section 8, without the governor's signature, or in the case of a veto,
1182	the date of veto override.