

HB0401S02 compared with HB0401S01

~~{deleted text}~~ shows text that was in HB0401S01 but was deleted in HB0401S02.

inserted text shows text that was not in HB0401S01 but was inserted into HB0401S02.

DISCLAIMER: This document is provided to assist you in your comparison of the two bills. Sometimes this automated comparison will NOT be completely accurate. Therefore, you need to read the actual bills. This automatically generated document could contain inaccuracies caused by: limitations of the compare program; bad input data; or other causes.

Representative James A. Dunnigan proposes the following substitute bill:

~~{ACCESS}~~ UTAH MEDICAID PROGRAM

2014 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: James A. Dunnigan

Senate Sponsor: _____

LONG TITLE

General Description:

This bill ~~{establishes}~~ requires the ~~{Access Utah program}~~ Health Reform Task Force to study programs to provide access to health care to ~~{certain}~~ individuals ~~{below the federal poverty level}~~ eligible for Medicaid.

Highlighted Provisions:

This bill:

- ~~{~~ → updates language regarding the prohibition against Medicaid expansion to reflect current federal regulations;
- creates a two-year pilot program known as Access Utah to provide a defined contribution health benefit to individuals who are below the federal poverty level and who meet other need based requirements;
- establishes a coordinated care model for providing care in Access Utah; and

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- ~~→ instructs the Department of Health to:~~
- ~~• work with the Legislature's Health Reform Task Force to develop a Section 1332 Medicaid waiver;~~
- ~~• submit an amendment of the Utah Premium Partnership and Primary Care Network waiver to the Centers for Medicare and Medicaid Services to incorporate the Access Utah program; and~~
- ‡ ▶ instructs the Health Reform Task Force to evaluate the proposals for coverage of the optional Medicaid population.

Money Appropriated in this Bill:

None

Other Special Clauses:

None

~~{Utah Code Sections Affected:~~

~~AMENDS:~~

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

~~ENACTS:~~

~~— 26-18-20, Utah Code Annotated 1953~~

‡Uncodified Material Affected:

AMENDS UNCODIFIED MATERIAL:

Uncodified Section 42, Laws of Utah 2013, Chapter 341

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

~~{ — Section 1. Section 26-18-18 is amended to read:~~

~~— 26-18-18. **Optional Medicaid expansion:**~~

~~— (1) For purposes of this section:~~

~~— (a) "Optional expansion population" means individuals who:~~

~~— (i) do not qualify for the state's Medicaid program; and~~

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

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

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- ~~—— (b) PPACA is as defined in Section 31A-1-301.~~
- ~~—— (2) The department and the governor shall not expand the [state's] Medicaid program to the optional expansion population under PPACA unless:~~
- ~~—— [(a) the Health Reform Task Force has completed a thorough analysis of a statewide charity care system;]~~
- ~~—— [(b) the department and its contractors have:]~~
- ~~—— [(i) completed a thorough analysis of the impact to the state of expanding the state's Medicaid program to optional populations under PPACA; and]~~
- ~~—— [(ii) made the analysis conducted under Subsection (2)(b)(i) available to the public;]~~
- ~~—— [(c)] (a) the governor or the governor's designee has reported the intention to expand the state Medicaid program under PPACA to the Legislature in compliance with the legislative review process in Sections 63M-1-2505.5 and 26-18-3; and~~
- ~~—— [(d)] (b) notwithstanding Subsection 63J-5-103(2), the governor submits the request for expansion of the Medicaid program for optional populations to the Legislature under the high impact federal funds request process required by Section 63J-5-204, Legislative review and approval of certain federal funds request.~~
- ~~—— Section 2. Section **26-18-20** is enacted to read:~~
- ~~—— **26-18-20. Access Utah -- Eligibility -- Defined contribution.**~~
- ~~—— (1) For purposes of this section:~~
- ~~—— (a) "Access Utah" means the defined contribution program created in this section.~~
- ~~—— (b) "Medically frail" means an individual who meets the criteria of 42 C.F.R. 440.315 as determined by the department based on methodology administered by the department or another entity selected by the department.~~
- ~~—— (c) "Optional expansion population" is as defined in Section 26-18-18.~~
- ~~—— (2) (a) The department shall establish a two-year pilot program known as "Access Utah," which shall:~~
- ~~—— (i) begin on January 1, 2015, and end on January 1, 2017; and~~
- ~~—— (ii) provide a defined contribution to eligible individuals in accordance with this section.~~
- ~~—— (b) The department shall work with the Legislature's Health Reform Task Force to develop a Medicaid waiver proposal under Section 1332 of the Social Security Act to submit to~~

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~~the Centers for Medicare and Medicaid Services within the United States Department of Health and Human Services:~~

~~—— (3) An individual is eligible for Access Utah if the individual:~~

~~—— (a) (i) is in the optional expansion population and below 100% of the federal poverty level; and~~

~~—— (ii) (A) is medically frail; or~~

~~—— (B) is an adult with a dependent child; and~~

~~—— (b) if funding permits, is an individual described in Subsection (3)(a)(i), but not in Subsection (3)(a)(ii):~~

~~—— (4) (a) Within appropriations from the Legislature, the department shall offer to an eligible individual a defined contribution in an amount determined by the department.~~

~~—— (b) An eligible individual shall use the defined contribution to purchase employer sponsored health insurance coverage if the individual is offered employer sponsored health insurance coverage.~~

~~—— (c) If an eligible individual is not offered employer sponsored coverage, the individual may use the defined contribution to purchase:~~

~~—— (i) a commercial health insurance policy; or~~

~~—— (ii) access to a coordinated care model described in Subsection (5):~~

~~—— (5) (a) The department may contract with public and private entities to provide or manage the delivery of a coordinated care model to an individual described in Subsection (4)(c)(ii):~~

~~—— (b) The coordinated care model shall combine state and federal funding with charity care resources to:~~

~~—— (i) provide, as funding permits, preventive care, outpatient care, pharmacy benefits, urgent and emergency care, and limited hospital benefits; and~~

~~—— (ii) integrate physical health and behavioral health services.~~

~~—— (6) The department shall evaluate and report to the Legislature's Health Reform Task Force on or before November 1, 2016, regarding:~~

~~—— (a) the methods used to determine a medically frail individual and the number of medically frail individuals who enrolled in Access Utah;~~

~~—— (b) access to and quality of care in Access Utah; and~~

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- ~~—— (c) whether Access Utah helped to facilitate enrollee self-sufficiency;~~
- ~~—— (7) (a) Notwithstanding Section 26-18-18, the department shall seek an extension of Utah's Primary Care Network and the Utah Premium Partnership 1115 Waiver from the Centers for Medicare and Medicaid Services within the United States Department of Health and Human Services in accordance with Subsection (7)(b);~~
- ~~—— (b) The department may modify the Primary Care Network and The Utah Premium Partnership scope of benefits and eligibility criteria as part of the waiver request under Subsection (7)(a) if:~~
 - ~~—— (i) the department develops the waiver request in coordination with the Legislature's Health Reform Task Force and reports to the Legislature's Executive Appropriations Committee regarding the waiver request; and~~
 - ~~—— (ii) the modification of benefits will:~~
 - ~~—— (A) not increase the state's expenditure for the Access Utah program beyond the Legislature's appropriation for the program; and~~
 - ~~—— (B) further the state's goal to reduce health care costs, improve access to health care, and improve health outcomes of Utah citizens.~~

‡ Section ~~{3}~~1. **Uncodified Section 42, Laws of Utah 2013, Chapter 341** is amended to read:

Section 42. **Duties -- Interim report.**

(1) The task force shall review and make recommendations on the following issues:

(a) the impact of implementation of the federal health reform law and federal regulations on the state;

(b) options for the state regarding Medicaid expansion and reform including;

(i) the proposals for expansion of coverage for the optional Medicaid population developed during the 2014 General Session of the Legislature;

(ii) coordination of and evaluation of proposals for providing access to health care for the optional Medicaid population developed by the task force, the Governor, the Department of Health, and the Centers for Medicare and Medicaid Services within the United States Department of Health and Human Services;

(c) health care cost containment strategies;

(d) the role of the state defined contribution arrangement market and online health

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insurance market places established under PPACA;

(e) governing structure for the state's defined contribution arrangement market;

(f) Medicaid behavioral health delivery and payment reform models within Medicaid accountable care organizations and other county provided delivery settings, including:

(i) the development of a system to encourage, track, evaluate, share, and disseminate results from existing pilot projects; and

(ii) payment reform models that promote performance based reimbursement;

(g) the delivery of charity care in the state, including:

(i) the identification of:

(A) medically underserved and needy populations and geographic areas of the state;

(B) barriers in the current health care delivery and payment models to the promotion of a comprehensive charity care system; and

(C) current resources available for medical care for medically under-served populations and medically underserved geographic areas in the state; and

(ii) proposals to establish:

(A) wellness education;

(B) personal responsibility for health care; and

(C) a coordinated, statewide, private sector approach to universal, basic health care for Utah's medically underserved populations and geographic areas, using private partners to affect cost savings and market efficiencies; and

(h) the use of self-insured health plans by small employers and the regulation of small employer stop-loss insurance in the state.

(2) A final report, including any proposed legislation, shall be presented to the Business and Labor Interim Committee before [~~November 30, 2013, and before~~] November 30, 2014.