

28 None

29 **Utah Code Sections Affected:**

30 AMENDS:

31 **26-18-18**, as enacted by Laws of Utah 2013, Chapter 477

32 ENACTS:

33 **26-18-20**, Utah Code Annotated 1953



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

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

37 **26-18-18. Optional Medicaid expansion.**

38 (1) For purposes of this section:

39 (a) "Optional expansion population" means individuals who:

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

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

42 Department of Health and Human Services would otherwise determine are eligible for funding

43 at the enhanced federal medical assistance percentage available under PPACA beginning

44 January 1, 2014.

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

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

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

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

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

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

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

57 ~~[(d)]~~ (b) notwithstanding Subsection **63J-5-103(2)**, the governor submits the request
58 for expansion of the Medicaid program for optional populations to the Legislature under the

59 high impact federal funds request process required by Section [63J-5-204](#), Legislative review
60 and approval of certain federal funds request.

61 Section 2. Section **26-18-20** is enacted to read:

62 **26-18-20. Access Utah -- Eligibility -- Defined contribution.**

63 (1) For purposes of this section:

64 (a) "Access Utah" means the defined contribution program created in this section.

65 (b) "Medically frail" means an individual who meets the criteria of 42 C.F.R. 440.315

66 as determined by the department based on methodology administered by the department or

67 another entity selected by the department.

68 (c) "Optional expansion population" is as defined in Section [26-18-18](#).

69 (2) (a) The department shall establish a two-year pilot program known as "Access

70 Utah," which shall:

71 (i) begin on January 1, 2015, and end on January 1, 2017; and

72 (ii) provide a defined contribution to eligible individuals in accordance with this

73 section.

74 (b) The department shall work with the Legislature's Health Reform Task Force to

75 develop a Medicaid waiver proposal under Section 1332 of the Social Security Act to submit to

76 the Centers for Medicare and Medicaid Services within the United States Department of Health

77 and Human Services.

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

79 (a) (i) is in the optional expansion population and below 100% of the federal poverty

80 level; and

81 (ii) (A) is medically frail; or

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

83 (b) if funding permits, is an individual described in Subsection (3)(a)(i), but not in

84 Subsection (3)(a)(ii).

85 (4) (a) Within appropriations from the Legislature, the department shall offer to an

86 eligible individual a defined contribution in an amount determined by the department.

87 (b) An eligible individual shall use the defined contribution to purchase employer

88 sponsored health insurance coverage if the individual is offered employer sponsored health

89 insurance coverage.

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

92 (i) a commercial health insurance policy; or

93 (ii) access to a coordinated care model described in Subsection (5).

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

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

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

101 (ii) integrate physical health and behavioral health services.

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

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

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

107 (c) whether Access Utah helped to facilitate enrollee self-sufficiency.

108 (7) (a) Notwithstanding Section 26-18-18, the department shall seek an extension of
109 Utah's Primary Care Network and the Utah Premium Partnership 1115 Waiver from the
110 Centers for Medicare and Medicaid Services within the United States Department of Health
111 and Human Services in accordance with Subsection (7)(b).

112 (b) The department may modify the Primary Care Network and The Utah Premium
113 Partnership scope of benefits and eligibility criteria as part of the waiver request under
114 Subsection (7)(a) if:

115 (i) the department develops the waiver request in coordination with the Legislature's
116 Health Reform Task Force and reports to the Legislature's Executive Appropriations
117 Committee regarding the waiver request; and

118 (ii) the modification of benefits will:

119 (A) not increase the state's expenditure for the Access Utah program beyond the
120 Legislature's appropriation for the program; and

121 (B) further the state's goal to reduce health care costs, improve access to health care,
122 and improve health outcomes of Utah citizens.

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