

Representative Edward H. Redd proposes the following substitute bill:

**EXTENSION OF PRIMARY CARE NETWORK AND
MEDICAID BENEFITS UNDER EXISTING 70/30
FEDERAL/STATE COST SHARING AMENDMENTS**

2015 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: James A. Dunnigan

Senate Sponsor: Brian E. Shiozawa

LONG TITLE

General Description:

This bill authorizes the extension of primary care network benefits to adults under 100% of the federal poverty level and extension of traditional Medicaid benefits to certain adults without a dependent child and certain adults with a dependent child.

Highlighted Provisions:

This bill:

- defines terms;
- instructs the Department of Health to apply for a waiver from federal statutory and regulatory law to:
 - extend coverage under the primary care network to adults below 100% of the federal poverty level;
 - allow psychiatrists, psychiatric advance practice registered nurses, and other mental health providers with prescribing authority to provide primary care in the primary care network;
 - extend traditional Medicaid benefits to certain adults without a dependent child;
 - extend traditional Medicaid benefits to certain adults with a dependent child;



and

- provide financial sustainability for the waiver by permitting the state to adjust the percentage of poverty level covered, either up or down, based on program costs and the state budget; and

- ▶ instructs the Department of Health to continue negotiations with the federal government to obtain greater flexibility for any future Medicaid expansion.

Money Appropriated in this Bill:

This bill appropriates:

- ▶ for fiscal years 2014-2015 and 2015-2016, ongoing:
 - funding for the primary care network expansion and the coverage for certain adults in the traditional Medicaid program, including estimated woodwork effect.

Other Special Clauses:

None

Utah Code Sections Affected:

AMENDS:

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

63J-1-602.1, as last amended by Laws of Utah 2014, Chapter 384

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) "Adult expansion population" means individuals who:

(i) are described in 42 U.S.C. Sec. 1396a(10)(A)(i)(VIII); and

(ii) are not otherwise eligible for Medicaid as mandatory categorically needy individuals.

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

(2) The department and the governor shall not expand the state's Medicaid program to the ~~[optional]~~ adult 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) 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]~~

(a) the department implements a program for the adult expansion population in accordance with Subsections (3) and (4); or

~~[(d)]~~ (b) notwithstanding Subsection 63J-5-103(2), the governor submits the request for expansion of the Medicaid program for [optional] the adult expansion 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.

(3) The department shall amend the state Medicaid plan and obtain from the Centers for Medicare and Medicaid Services within the United States Department of Health and Human Services waivers from federal statutory and regulatory law necessary to implement a plan to extend Medicaid services to an individual in the adult expansion population, within appropriations from the Legislature:

(a) if the individual is:

(i) an adult without a dependent child who is at or below a percentage of the federal poverty level:

(A) that is designated by the department;

(B) which may not exceed 33% of the federal poverty level; and

(C) that is specifically funded for this program in the fiscal year; or

(ii) an adult who has a dependent child and who is at or below a percentage of the federal poverty level:

(A) that is designated by the department;

(B) which may not exceed 64% of the federal poverty level; and

(C) that is specifically funded for this program in the fiscal year; and

(b) if the Medicaid program is permitted to adjust the percentage of the federal poverty

level designated under Subsection (3)(a)(i) or (ii), either up or down, as necessary to respond to the adult expansion population program costs and the state budget.

(4) (a) The department shall request a waiver from the Centers for Medicare and Medicaid Services within the United States Department of Health and Human Services from federal statutory and regulatory law necessary to amend the state Medicaid plan to continue the state's primary care network for adults who:

(i) are not covered under Subsection (3)(a);

(ii) are below 95% of the federal poverty level after applying the mandatory 5% disregard; and

(iii) can be covered in the primary care network within appropriations from the Legislature.

(b) The department shall seek waivers if necessary, and shall include the following in the primary care network:

(i) coverage for certain anti-psychotics, injectable anti-psychotics, and mood stabilizers; and

(ii) use of psychiatrists, psychiatric advance practice registered nurses, and other mental health providers who have prescriptive authority for primary care services covered by the program.

(5) (a) If the department obtains waivers under Subsection (3), the department shall amend the state Medicaid plan and implement the Medicaid program in accordance with the waivers under Subsection (3).

(b) If the department obtains waivers under Subsections (3) and (4), the department shall amend the state Medicaid plan and implement the Medicaid program in accordance with the waivers under Subsections (3) and (4).

(6) The department shall:

(a) continue to negotiate with the Centers for Medicare and Medicaid Services for additional waivers from federal statutory and regulatory law necessary to implement a plan with additional state flexibility and increased federal match rates;

(b) comply with the reporting and the legislative approval process required by Subsection (2)(b) before expanding Medicaid to any portion of the adult expansion population that differs from the provisions of Subsections (3) and (4); and

(c) annually report to the Legislature's Health Reform Task Force, on or before November interim day, regarding the enrollment in the Medicaid program, the primary care network program and costs to the state for each of the programs.

Section 2. Section **63J-1-602.1** is amended to read:

63J-1-602.1. List of nonlapsing accounts and funds -- General authority and Title 1 through Title 30.

(1) Appropriations made to the Legislature and its committees.

(2) The Percent-for-Art Program created in Section [9-6-404](#).

(3) The Martin Luther King, Jr. Civil Rights Support Restricted Account created in Section [9-18-102](#).

(4) The LeRay McAllister Critical Land Conservation Program created in Section [11-38-301](#).

(5) An appropriation made to the Division of Wildlife Resources for the appraisal and purchase of lands under the Pelican Management Act, as provided in Section [23-21a-6](#).

(6) Award money under the State Asset Forfeiture Grant Program, as provided under Section [24-4-117](#).

(7) Funds collected from the emergency medical services grant program, as provided in Section [26-8a-207](#).

(8) The Prostate Cancer Support Restricted Account created in Section [26-21a-303](#).

(9) State funds appropriated for matching federal funds in the Children's Health Insurance Program as provided in Section [26-40-108](#).

(10) The Utah Health Care Workforce Financial Assistance Program created in Section [26-46-102](#).

(11) The primary care grant program created in Section [26-10b-102](#).

(12) All appropriations associated with the adult expansion population in the Medicaid program created in Section [26-18-18](#).

Section 3. **Appropriation.**

Under the terms and conditions of Title 63J, Chapter 1, Budgetary Procedures Act, for the fiscal year beginning July 1, 2014 and ending June 30, 2015, the following sums of money are appropriated from resources not otherwise appropriated, or reduced from amounts previously appropriated, out of the funds or accounts indicated. These sums of money are in

150 addition to any amounts previously appropriated for fiscal year 2015.
 151 To Department of Health - Medicaid and Health Financing
 152 From General Fund, One-time \$143,000
 153 From Federal Funds \$578,000
 154 Schedule of Programs:
 155 Director's Office \$721,000
 156 Under the terms and conditions of Title 63J, Chapter 1, Budgetary Procedures Act, for
 157 the fiscal year beginning July 1, 2015 and ending June 30, 2016, the following sums of money
 158 are appropriated from resources not otherwise appropriated, or reduced from amounts
 159 previously appropriated, out of the funds or accounts indicated. These are additions to any
 160 amounts previously appropriated for fiscal year 2016.
 161 To Department of Human Services - Substance Abuse and Mental Health
 162 From General Fund (\$2,000,000)
 163 Schedule of Programs:
 164 Mental Health Centers (\$78,600)
 165 Local Substance Abuse Services (\$1,921,400)
 166 To Department of Health - Medicaid and Health Financing
 167 From General Fund \$323,000
 168 From Federal Funds \$480,500
 169 Schedule of Programs:
 170 Director's Office \$803,500
 171 To Department of Health - Medicaid Optional Services
 172 From General Fund \$23,000,000
 173 From Federal Funds \$53,000,000
 174 Schedule of Programs:
 175 Other Optional Services \$76,000,000
 176 To Utah Department of Corrections - Department of Medical Services
 177 From General Fund (\$1,000,000)
 178 Schedule of Programs:
 179 Medical Services (\$1,000,000)
 180 To Department of Workforce Services - Operations and Policy

181	<u>From General Fund</u>	<u>\$1,633,200</u>
182	<u>From General Fund, One-time</u>	<u>\$15,200</u>
183	<u>From Federal Funds</u>	<u>\$1,770,300</u>
184	<u>Schedule of Programs:</u>	
185	<u>Eligibility Services</u>	<u>\$3,266,400</u>
186	<u>Information Technology</u>	<u>\$152,300</u>
187	<u>To Department of Health - Mandatory Services</u>	
188	<u>From General Fund</u>	<u>\$10,000,000</u>
189	<u>From General Fund, One-time</u>	<u>\$100,000</u>
190	<u>From Federal Funds</u>	<u>\$27,900,000</u>
191	<u>Schedule of Programs:</u>	
192	<u>Other Mandatory Services</u>	<u>\$37,000,000</u>
193	<u>Medicaid Management Information</u>	
194	<u>Systems Replacement</u>	<u>\$1,000,000</u>