

HB0446S04 compared with HB0446

~~{deleted text}~~ shows text that was in HB0446 but was deleted in HB0446S04.

inserted text shows text that was not in HB0446 but was inserted into HB0446S04.

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 Rebecca Chavez-Houck 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: _____

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}~~ an application for a waiver to the state Medicaid program to expand access to health care to the adult expansion population that does not qualify for the state's traditional Medicaid ~~{benefits to certain adults without a dependent child and certain adults with a dependent child}~~ program.

Highlighted Provisions:

This bill:

- ▶ ~~{defines terms;~~

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- instructs authorizes 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;~~
 - ~~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~~ and the governor to negotiate a waiver to the state Medicaid program to establish a pilot program to provide access to health care to certain individuals in the state:
 - requires the state Medicaid waiver to meet certain conditions, including notifying enrollees that the expansion is a two year pilot program;
 - sunsets the Medicaid waiver in two years and requires a legislative review regarding:
 - 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}~~ participants employed, in training, or participating in a work search program:
 - program enrollment categorized by employer sponsored plans, premium assistance, and medically exempt; and
 - annual cost per enrollee;
 - requires approval by the Legislature if the Center for Medicare and Medicaid Services changes the waiver conditions approved by the Legislature in this bill; and
 - immediately repeals the Medicaid waiver if federal fund participation is reduced below a certain level.

Money Appropriated in this Bill:

This bill appropriates:

- for fiscal years ~~{2014-2015 and 2015-2016, ongoing;~~

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- ~~funding for the primary care network expansion and the coverage for certain adults in the traditional Medicaid;~~ 2016 and 2017:
- funds the two year pilot program, including funding more than the estimated woodwork effect and more than the estimated crowd-out effect.

Other Special Clauses:

None

Utah Code Sections Affected:

AMENDS:

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

63I-1-226, as last amended by Laws of Utah 2014, Chapters 25 and 118

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) "Medically exempt" 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.

(~~b~~)c) "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]~~

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~~[(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}~~ Subsection (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 }~~:

(a) provide a premium subsidy to an individual who is:

(i) in the adult expansion population ~~{, within appropriations from the Legislature:~~

~~— (a) if the individual is:~~

~~— (i) a childless adult 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 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; and~~

(ii) except as provided in Subsection (3)(g), not medically exempt;

(b) for individuals described in Subsection (3)(a), establish a mechanism for an individual to:

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(i) select a health benefit plan using the premium subsidy offered under Subsection (3)(a) ~~{(i) or (ii), either up or down, as necessary to respond}~~; or

(ii) if the individual is offered employer sponsored health insurance, enroll in the employer sponsored coverage;

(c) seek maximum flexibility for the benefit design of the health benefit plans that an individual described in Subsection (3)(a) may select;

(d) seek maximum flexibility for individual responsibility, cost sharing, and wellness programs incorporated into the health benefit plans an individual described in Subsection (3)(a) may select;

(e) offer enrollees the option to obtain services to look for and obtain employment;

(f) seek flexibility to develop a pilot program to integrate physical and behavioral health services;

(g) offer coverage in accordance with 42 C.F.R. 440.315 to an individual who is in the adult expansion population and medically exempt, which shall include the option for the individual to accept a premium subsidy under Subsection (3)(a); and

(h) obtain the maximum federal financial participation for the adult expansion population as set forth in 42 U.S.C. Sec. 1396d(y).

(4) (a) If the department obtains waivers under Subsection (3):

(i) the department may implement the Medicaid program in accordance with the waiver;

(ii) the department may implement a transition program to provide coverage to the adult expansion population ~~{program costs and the state budget.}~~ beginning July 1, 2015 until January 1, 2016;

~~{(4)iii}~~ ~~{The}~~ the department shall ~~{request a waiver from}~~ notify a person in the adult expansion population who enrolls in the program that the enrollment in the Medicaid program is based on a pilot program; and

(iv) in addition to implementing the waiver under Subsection (3), the department may continue to negotiate with the Centers for Medicare and Medicaid Services for additional waivers to the state Medicaid program for the adult expansion population that would establish budgetary protections for the state, such as caps on spending, caps on enrollment, or limitation of benefits available to the adult population.

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(b) Notwithstanding Subsection (2)(b), if the department obtains additional waivers described in Subsection (4)(a)(iv), the department may implement the waivers without prior authorization under the high impact federal funds request process.

(5) If the department does not obtain waivers in accordance with Subsection (3), the department and the governor:

(a) may continue negotiations with 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:~~

~~—— (a) are not covered under Subsection (3)(a);~~

~~—— (b) are below 100% of the federal poverty level; and~~

~~—— (c) can be covered in the primary care network within appropriations from the Legislature.~~

~~—— (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);~~

~~—— (c) The department may not implement a waiver under Subsection (4) without also implementing a waiver under Subsection (3);~~

~~—— (6) The department shall:~~

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

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

~~—— (c) annually};~~

(6) On or before July 1, 2017, the department shall report to the Legislature's Health ~~{Reform Task Force, on or before November interim day, regarding the enrollment in the~~

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Medicaid program, the primary care network program and costs to the state for each of the programs:

Section 2} and Human Services Interim Committee regarding:

(a) the percentage of participants employed, in training, or participating in a work search program;

(b) program enrollment, categorized by employer sponsored plans, premium assistance plans, and the medically exempt; and

(c) the annual cost per enrollee.

(7) The premium subsidy program and benefits provided to the adult expansion population under this section are repealed on the earlier of:

(a) the date of a certification by the executive director that Congress has taken action that will reduce federal financial participation for the adult expansion population below the rates set forth in 42 U.S.C. Sec. 1396d(y) as of January 1, 2014; or

(b) the date in Section 63I-1-226.

Section 2. Section 63I-1-226 is amended to read:

63I-1-226. Repeal dates, Title 26.

(1) Title 26, Chapter 9f, Utah Digital Health Service Commission Act, is repealed July 1, 2015.

(2) Section 26-10-11 is repealed July 1, 2015.

(3) Section 26-18-12, Expansion of 340B drug pricing programs, is repealed July 1, 2013.

(4) Section 26-21-23, Licensing of non-Medicaid nursing care facility beds, is repealed July 1, 2018.

(5) Section 26-21-211 is repealed July 1, 2013.

(6) Title 26, Chapter 33a, Utah Health Data Authority Act, is repealed July 1, 2024.

(7) Title 26, Chapter 36a, Hospital Provider Assessment Act, is repealed July 1, 2016.

(8) The Medicaid waiver authorized in Subsection 26-18-18(3) is repealed July 1, 2017.

~~(8)~~ (9) Section 26-38-2.5 is repealed July 1, 2017.

~~(9)~~ (10) Section 26-38-2.6 is repealed July 1, 2017.

~~(10)~~ (11) Title 26, Chapter 56, Hemp Extract Registration Act, is repealed July 1,

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2016.

Section 3. 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 4. 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 addition to any amounts previously appropriated for fiscal year 2015.

To Insurance Department ~~{of Health}~~ - ~~{Medicaid and Health Financing}~~ Insurance

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Department Administration

From General Fund, ~~One-time~~ Restricted - Insurance Department ~~(\$23,000)~~ \$5,000

From Federal Funds \$128,000 ~~600~~

Schedule of Programs:

~~Director's Office~~ Administration

~~(\$221)~~ \$5,000 ~~600~~

To Department of Health - Medicaid ~~Mandatory Services~~ and Health Financing

From General Fund, One-time ~~(\$50,000)~~ \$793,500

From Federal Funds ~~(\$450,000)~~ \$1,623,500

Schedule of Programs:

~~Medicaid Management Information~~

~~System Replacement~~ \$500,000 ~~Director's Office~~

\$2,417,000

To Department of Workforce Services - Operations and Policy

From General Fund, One-time \$140,500

From Federal Funds \$1,264,200

Schedule of Programs:

Information Technology \$1,298,800

Eligibility Services \$105,900

Under the terms and conditions of Title 63J, Chapter 1, Budgetary Procedures Act, for the fiscal year beginning July 1, 2015, and ending June 30, 2016, 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 ~~additions~~ in addition to any amounts previously appropriated for fiscal year 2016.

To Department of Administrative Services - Inspector General of Medicaid Services

From General Fund \$48,800

From Federal Funds \$48,700

Schedule of Programs:

Inspector General of Medicaid Services \$97,500

To Department of Human Services - Substance Abuse and Mental Health

From General Fund ~~(\$2)~~ \$6,000,000

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Schedule of Programs:

Mental Health Centers ~~(\$78,600)~~ \$235,800

Local Substance Abuse Services

~~(\$1)~~ \$5, ~~921,400~~ 764,200

To Department of Health - Medicaid and Health Financing

From General Fund ~~(\$323)~~ \$658, ~~000~~ 500

From Federal Funds ~~(\$480)~~ \$778, 500

Schedule of Programs:

Director's Office ~~(\$803,500)~~ \$1,437,000

To Department of Health - Medicaid Optional Services

From General Fund ~~(\$23)~~ (\$5,000,000)

From Federal Funds \$53,000,000

Schedule of Programs:

Other Optional Services \$76,000,000

To Utah Department of Corrections - Department of Medical Services

From General Fund ~~(\$1,000,000)~~ General Fund, One-time \$12,000,000

From Federal Funds \$342,000,000

Schedule of Programs:

Medical Services ~~(\$1,000,000)~~

To Department of Workforce Services - Operations and Policy

From General Fund \$1,633,200

From General Fund, One-time \$15,200

From Federal Funds \$1,770,300

Schedule of Programs:

Eligibility Services \$3,266,400

Information Technology \$152,300 Other Optional

Services \$349,000,000

To Department of Health - Medicaid Mandatory Services

From General Fund \$10,000,000

From General Fund, One-time ~~(\$100)~~ \$33,500,000

From Federal Funds \$27, ~~900~~ 000,000

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Schedule of Programs:

<u>Other Mandatory Services</u>	(\$37,581,000) <u>500,000</u>
<u>Medicaid Management Information</u>	
{Systems} <u>System Replacement</u>	(\$1) <u>\$2,000,000</u>

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Legislative Review Note

~~as of 3-3-15 8:56 AM~~

~~Office of Legislative Research and General Counsel;~~ To Department of Workforce Services
- Operations and Policy

<u>From General Fund</u>	<u>\$1,590,000</u>
<u>From General Fund, One-time</u>	<u>\$140,500</u>
<u>From Federal Funds</u>	<u>\$6,034,200</u>

Schedule of Programs:

<u>Eligibility Services</u>	<u>\$6,217,500</u>
<u>Information Technology</u>	<u>\$1,547,200</u>

To Utah Department of Corrections - Department Medical Services

<u>From General Fund</u>	<u>(\$2,000,000)</u>
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Schedule of Programs:

<u>Medical Services</u>	<u>(\$2,000,000)</u>
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To Insurance Department - Insurance Department Administration

<u>From General Fund Restricted Account - Insurance Department</u>	
<u>Restricted Account</u>	<u>\$90,600</u>

Schedule of Programs:

<u>Insurance Department - Administration</u>	<u>\$90,600</u>
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