

Senator Gene Davis proposes the following substitute bill:

MEDICAID ELIGIBILITY AMENDMENTS

2018 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: Gene Davis

House Sponsor: _____

LONG TITLE

General Description:

This bill amends the Medical Assistance Act.

Highlighted Provisions:

This bill:

- ▶ exempts an extension of Medicaid eligibility under this bill from certain reporting requirements;

- ▶ requires the Department of Health to develop options for extending Medicaid eligibility to individuals with household incomes that do not exceed 133% of the federal poverty guidelines;

- ▶ requires the department to report on the options described in the preceding paragraph;

- ▶ requires the department to apply for Medicaid state plan amendments or waivers to implement an option that meets the criteria described in this bill; and

- ▶ requires the department to report on any modifications to the application for amendments or waivers.

Money Appropriated in this Bill:

None

Other Special Clauses:



26 None

27 **Utah Code Sections Affected:**

28 AMENDS:

29 **26-18-18**, as last amended by Laws of Utah 2017, Chapter 247

30 ENACTS:

31 **26-18-415**, Utah Code Annotated 1953



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

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

35 **26-18-18. Optional Medicaid expansion.**

36 (1) For purposes of this section, "PPACA" means the same as that term is defined in
37 Section **31A-1-301**.

38 (2) The department and the governor ~~shall~~ may not expand the state's Medicaid
39 program to the optional population under PPACA unless:

40 (a) the governor or the governor's designee has reported the intention to expand the
41 state Medicaid program under PPACA to the Legislature in compliance with the legislative
42 review process in Sections **63N-11-106** and **26-18-3**; and

43 (b) the governor submits the request for expansion of the Medicaid program for
44 optional populations to the Legislature under the high impact federal funds request process
45 required by Section **63J-5-204**, Legislative review and approval of certain federal funds
46 request.

47 (3) The department shall request approval from the Centers for Medicare and Medicaid
48 Services within the United States Department of Health and Human Services for waivers from
49 federal statutory and regulatory law necessary to implement the health coverage improvement
50 program under Section **26-18-411**. The health coverage improvement program under Section
51 **26-18-411** is not Medicaid expansion for purposes of this section.

52 (4) This section does not apply to an extension of Medicaid eligibility made in
53 accordance with Section **26-18-415**.

54 Section 2. Section **26-18-415** is enacted to read:

55 **26-18-415. Extension of Medicaid eligibility.**

56 (1) (a) The department shall develop options for extending eligibility for the Medicaid

57 program to individuals who are not eligible for the program and have household incomes that
58 do not exceed 133% of the federal poverty guidelines.

59 (b) The department shall consider the use of federal waivers and other flexibility
60 available under:

- 61 (i) Title XIX of the Social Security Act, 42 U.S.C. Sec. 1396 et seq.;
- 62 (ii) the Patient Protection and Affordable Care Act, Pub. L. No. 111-148;
- 63 (iii) the Health Care Education Reconciliation Act of 2010, Pub. L. No. 111-152; and
- 64 (iv) related federal regulations and guidance.

65 (2) Before July 1, 2018, and in accordance with the reporting requirements of
66 Subsection 26-18-3(3), the department shall report to the Social Services Appropriations
67 Committee and the Health and Human Services Interim Committee on options developed under
68 Subsection (1).

69 (3) Before September 1, 2018, the department shall apply with the Centers for
70 Medicare and Medicaid Services within the United States Department of Health and Human
71 Services for Medicaid state plan amendments and, as necessary, Medicaid or other waivers to
72 implement an option developed under Subsection (1) that:

73 (a) maximizes the number of individuals described in Subsection (1)(a) eligible for
74 Medicaid;

75 (b) maximizes federal funding for services provided to the individuals described in
76 Subsection (3)(a); and

77 (c) promotes:

78 (A) healthy behaviors;

79 (B) the wise use of health care resources, including preventive services and services
80 available in settings other than hospital emergency departments;

81 (C) compliance with treatment plans ordered by physicians or other medical
82 professionals; and

83 (D) the development of personal responsibility and self-reliance.

84 (4) After the department applies for waivers or state plan amendments under
85 Subsection (3), but before approval of the waivers or amendments, the department shall report
86 to the Social Services Appropriations Committee, the Health and Human Services Interim
87 Committee, and the Health Reform Task Force on any modifications to the application

88 proposed by the department or the United States Department of Health and Human Services.