

SB0047S01 compared with SB0047

~~{deleted text}~~ shows text that was in SB0047 but was deleted in SB0047S01.

Inserted text shows text that was not in SB0047 but was inserted into SB0047S01.

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.

~~{MEDICAID EXPANSION}~~ 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 ~~{Utah Health Code related to the state Medicaid program}~~ 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 ~~{amend the state Medicaid plan to expand}~~ develop options for extending Medicaid eligibility to ~~{the optional populations under the Patient Protection and Affordable Care Act;~~
- ▶ ~~repeals a provision requiring the governor to comply with certain requirements before expanding Medicaid; and~~

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- ~~provides that Medicaid expansion is repealed if federal funding decreases from the Patient Protection and Affordable Care Act funding rates}~~ individuals with household incomes that do not exceed 133% of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:

None

Utah Code Sections Affected:

~~{ENACTS:~~

~~26-18-24, Utah Code Annotated 1953~~

~~REPEALS}~~ AMENDS:

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

ENACTS:

26-18-415, Utah Code Annotated 1953

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, "PPACA" means the same as that term is defined in Section 31A-1-301.

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

(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 63N-11-106 and 26-18-3; and

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(b) 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.

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

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

Section ~~{1}~~2. Section ~~{26-18-24}~~26-18-415 is enacted to read:

~~{26-18-24}~~26-18-415. ~~{ Medicaid}~~ Extension of Medicaid eligibility ~~{ expansion}~~.

(1) ~~{ As used in this section, "PPACA" means the same as that term is defined in Section 31A-1-301.~~

~~{ The state shall, }~~(a) The department shall develop options for extending eligibility for the Medicaid program to individuals who are not eligible for the program and have household incomes that do not exceed 133% of the federal poverty guidelines.

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

(i) Title XIX of the Social Security Act, 42 U.S.C. Sec. 1396 et seq.;

(ii) the Patient Protection and Affordable Care Act, Pub. L. No. 111-148;

(iii) the Health Care Education Reconciliation Act of 2010, Pub. L. No. 111-152; and

(iv) related federal regulations and guidance.

(2) Before July 1, 2018, and in accordance with ~~{this section and PPACA, amend the state Medicaid plan to expand Medicaid eligibility to the optional Medicaid expansion population under PPACA.~~

~~{ The Medicaid expansion under this section is repealed on the day on which the executive director certifies that:~~

~~{ Congress has taken action that will reduce the federal financial participation for the expansion population; and~~

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~~(b) the reduction in federal financial participation exceeds the reductions described in PPACA, Subsection 2001(a)(3):~~

~~Section 2. Repealer:~~

~~This bill repeals:~~

~~Section 26-18-18, Optional Medicaid expansion.~~

Legislative Review Note

~~Office of Legislative Research and General Counsel; the reporting requirements of Subsection 26-18-3(3), the department shall report to the Social Services Appropriations Committee and the Health and Human Services Interim Committee on options developed under Subsection (1).~~

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

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

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

~~(c) promotes:~~

~~(A) healthy behaviors;~~

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

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

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

~~(4) After the department applies for waivers or state plan amendments under Subsection (3), but before approval of the waivers or amendments, the department shall report~~

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to the Social Services Appropriations Committee, the Health and Human Services Interim Committee, and the Health Reform Task Force on any modifications to the application proposed by the department or the United States Department of Health and Human Services.