

Representative Brady Brammer proposes the following substitute bill:

MEDICAID FUNDING AMENDMENTS

2024 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: Brady Brammer

Senate Sponsor: _____

LONG TITLE

General Description:

This bill amends provisions related to the Medicaid program and Medicaid expansion.

Highlighted Provisions:

This bill:

- ▶ defines "Medicaid shortfall";
- ▶ establishes conditions under which a Medicaid shortfall occurs;
- ▶ requires appropriations for expenditures to pay for the state's cost of the Medicaid

program, and of Medicaid expansion, be appropriated from the Medicaid Restricted Account and the Medicaid Expansion Fund, respectively; and

- ▶ establishes a protocol of cost control measures to implement relative to the Medicaid program and Medicaid expansion, respectively, in the event of a Medicaid shortfall.

Money Appropriated in this Bill:

None

Other Special Clauses:

This bill provides a special effective date.

This bill provides a coordination clause.

Utah Code Sections Affected:



26 AMENDS:

27 **26B-1-309**, as renumbered and amended by Laws of Utah 2023, Chapter 305

28 **26B-3-113**, as renumbered and amended by Laws of Utah 2023, Chapter 306

29 **63I-1-226 (Superseded 07/01/24)**, as last amended by Laws of Utah 2023, Chapters

30 249, 269, 270, 275, 332, 335, 420, and 495 and repealed and reenacted by Laws of

31 Utah 2023, Chapter 329

32 **63I-1-226 (Effective 07/01/24)**, as last amended by Laws of Utah 2023, Chapters 249,

33 269, 270, 275, 310, 332, 335, 420, and 495 and repealed and reenacted by Laws of

34 Utah 2023, Chapter 329 and last amended by Coordination Clause, Laws of Utah

35 2023, Chapters 329, 332

36 **63J-1-315**, as last amended by Laws of Utah 2023, Chapter 329

37 **Utah Code Sections Affected By Coordination Clause:**

38 **26B-1-309**, as renumbered and amended by Laws of Utah 2023, Chapter 305

39 **63I-1-226**, as last amended by Laws of Utah 2023, Chapters 249, 269, 270, 275, 310,

40 332, 335, 420, 495, repealed and reenacted by Laws of Utah 2023, Chapter 329, and

41 last amended by Coordination Clause, Laws of Utah 2023, Chapters 329 and 332

42 **63J-1-315**, as last amended by Laws of Utah 2023, Chapter 329



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

45 *The following section is affected by a coordination clause at the end of this bill.*

46 Section 1. Section **26B-1-309** is amended to read:

47 **26B-1-309. Medicaid Restricted Account.**

48 (1) As used in this section:

49 (a) "Medicaid expansion" means the same as that term is defined in Section [26B-3-113](#).

50 (b) "Medicaid program" means the same as that term is defined in Section [26B-3-101](#).

51 (c) "Medicaid shortfall" means a condition in which the ongoing financial stability of

52 the Medicaid program or Medicaid expansion is uncertain, as evidenced by:

53 (i) (A) the state's cumulative federal medical assistance percentage decreasing by more

54 than two percentage points within a one-year period, or by four percentage points or more

55 within a three-year period;

56 (B) the Executive Appropriations Committee finding that their most recently adopted

57 revenue estimates are insufficient to pay the ongoing appropriations for the Medicaid program
58 and Medicaid expansion for any fiscal year;

59 (C) the Office of the Legislative Fiscal Analyst projecting that state expenditures for
60 services offered under the Medicaid program or Medicaid expansion exceed the funds that have
61 been appropriated to fund those services; or

62 (D) an operating deficit, as defined in Section [63J-1-211](#); and

63 (ii) if the condition is not removed within 45 days after the day on which the condition
64 occurred by:

65 (A) for a condition evidenced under Subsection (1)(c)(i)(A), the Executive
66 Appropriations Committee determining that the decrease in the state's federal medical
67 assistance percentage was due to the expiration or termination of a planned temporary increase
68 to the federal medical assistance percentage;

69 (B) for a condition evidenced under Subsection (1)(c)(i)(B), the Executive
70 Appropriations Committee adopting revised revenue estimates that are sufficient to pay the
71 ongoing appropriations to the Medicaid program, or to Medicaid expansion, for any fiscal year;
72 and

73 (C) for a condition evidenced under Subsection (1)(c)(i)(C) or (D), the Legislature
74 appropriating sufficient funds to pay the services and benefits offered under the Medicaid
75 program; and

76 (d) "Operating deficit" means the same as that term is defined in Section [63J-1-211](#).

77 (2) There is created a restricted account in the General Fund known as the "Medicaid
78 Restricted Account."

79 ~~[(2)]~~ (3) (a) Except as provided in Subsection ~~[(3)]~~ (4), the following shall be deposited
80 into the Medicaid Restricted Account:

81 (i) any general funds appropriated to the department for the state plan for medical
82 assistance or for the Division of Health Care Financing that are not expended by the
83 department in the fiscal year for which the general funds were appropriated and which are not
84 otherwise designated as nonlapsing shall lapse into the Medicaid Restricted Account;

85 (ii) any unused state funds that are associated with the Medicaid program, as defined in
86 Section [26B-3-101](#), from the Department of Workforce Services; and

87 (iii) any penalties imposed and collected under:

- 88 (A) Section [17B-2a-818.5](#);
- 89 (B) Section [19-1-206](#);
- 90 (C) Section [63A-5b-607](#);
- 91 (D) Section [63C-9-403](#);
- 92 (E) Section [72-6-107.5](#); or
- 93 (F) Section [79-2-404](#).

94 (b) The account shall earn interest and all interest earned shall be deposited into the
95 account.

96 ~~[(c) The Legislature may appropriate money in the restricted account to fund programs~~
97 ~~that expand medical assistance coverage and private health insurance plans to low income~~
98 ~~persons who have not traditionally been served by Medicaid, including the Utah Children's~~
99 ~~Health Insurance Program created in Section [26B-3-902](#).]~~

100 (c) Beginning July 1, 2024, the Legislature may appropriate money to pay the state's
101 portion of costs and services related to:

- 102 (i) the Medicaid program only from the Medicaid Restricted Account; and
- 103 (ii) Medicaid expansion only from the Medicaid Expansion Fund created under Section
104 [26B-1-315](#).

105 ~~[(3)]~~ (4) (a) For fiscal years 2008-09, 2009-10, 2010-11, 2011-12, and 2012-13 the
106 following funds are nonlapsing:

- 107 (i) any general funds appropriated to the department for the state plan for medical
108 assistance, or for the Division of Health Care Financing that are not expended by the
109 department in the fiscal year in which the general funds were appropriated; and
- 110 (ii) funds described in Subsection ~~[(2)(a)(ii)]~~ (3)(a)(i).

111 (b) For fiscal years 2019-20, 2020-21, 2021-22, and 2022-23, the funds described in
112 Subsections ~~[(2)(a)(ii)]~~ (3)(a)(ii) and ~~[(3)(a)(i)]~~ (4)(a)(i) are nonlapsing.

113 (5) (a) Subject to Subsection (5)(b), beginning January 1, 2025, in the event of a
114 Medicaid shortfall, within 150 days after the day on which the shortfall first occurs, each state
115 division or agency expending state funds for the Medicaid program shall implement the
116 following cost control measures relative to Medicaid program costs that are not subject to the
117 cost control measures applicable to Medicaid expansion under Subsection [26B-3-113](#):

- 118 (i) suspend hiring of noncritical employees;

119 (ii) suspend increasing employee wages, excluding employee benefits offered to
120 employees state-wide;

121 (iii) suspend increasing provider payment rates that would be paid for using general
122 funds or income tax funds;

123 (iv) suspend expanding reimbursement benefits, including drug reimbursements that
124 are paid for using general funds or income tax funds;

125 (v) cancel coverage for any optional services or populations covered under the
126 Medicaid program that are paid for using general funds or income tax funds;

127 (vi) cancel or reverse all provider payment rate increases approved or implemented
128 during the one-year period immediately preceding the day on which the shortfall occurs, if the
129 rate increase is paid for using general funds or income tax funds; and

130 (vii) close enrollment to new members.

131 (b) The departments and agencies shall implement the cost control measures under
132 Subsection (5)(a):

133 (i) one measure at a time and in the order listed under Subsection (5)(a), unless an
134 exception is approved by the Executive Appropriations Committee;

135 (ii) in consultation with the executive director of the Department of Health and Human
136 Services and the executive director of the Office of the Legislative Fiscal Analyst;

137 (iii) only to the extent necessary to eliminate the Medicaid shortfall; and

138 (iv) subject to and only to the extent allowed under all federal laws and regulations
139 governing the Medicaid program.

140 (c) In the event of a Medicaid shortfall, the department shall prioritize state financial
141 savings in implementing this Subsection (5).

142 Section 2. Section **26B-3-113** is amended to read:

143 **26B-3-113. Expanding the Medicaid program.**

144 (1) As used in this section:

145 (a) "Federal poverty level" means the same as that term is defined in Section
146 [26B-3-207](#).

147 (b) "Medicaid expansion" means an expansion of the Medicaid program in accordance
148 with this section.

149 (c) "Medicaid Expansion Fund" means the Medicaid Expansion Fund created in

150 Section [26B-1-315](#).

151 (d) "Medicaid shortfall" means the same as that term is defined in Section [26B-1-309](#).

152 (2) (a) As set forth in Subsections (2) through (5), eligibility criteria for the Medicaid
153 program shall be expanded to cover additional low-income individuals.

154 (b) The department shall continue to seek approval from CMS to implement the
155 Medicaid waiver expansion as defined in Section [26B-1-112](#).

156 (c) The department may implement any provision described in Subsections
157 [26B-3-112](#)(2)(b)(iii) through (viii) in a Medicaid expansion if the department receives approval
158 from CMS to implement that provision.

159 (3) The department shall expand the Medicaid program in accordance with this
160 Subsection (3) if the department:

161 (a) receives approval from CMS to:

162 (i) expand Medicaid coverage to eligible individuals whose income is below 95% of
163 the federal poverty level;

164 (ii) obtain maximum federal financial participation under 42 U.S.C. Sec. 1396d(b) for
165 enrolling an individual in the Medicaid expansion under this Subsection (3); and

166 (iii) permit the state to close enrollment in the Medicaid expansion under this
167 Subsection (3) if the department has insufficient funds to provide services to new enrollment
168 under the Medicaid expansion under this Subsection (3);

169 (b) pays the state portion of costs for the Medicaid expansion under this Subsection (3)
170 with funds from:

171 (i) the Medicaid Expansion Fund;

172 (ii) county contributions to the nonfederal share of Medicaid expenditures; or

173 (iii) any other contributions, funds, or transfers from a nonstate agency for Medicaid
174 expenditures; and

175 (c) closes the Medicaid program to new enrollment under the Medicaid expansion
176 under this Subsection (3) if the department projects that the cost of the Medicaid expansion
177 under this Subsection (3) will exceed the appropriations for the fiscal year that are authorized
178 by the Legislature through an appropriations act adopted in accordance with Title 63J, Chapter
179 1, Budgetary Procedures Act.

180 (4) (a) The department shall expand the Medicaid program in accordance with this

181 Subsection (4) if the department:

182 (i) receives approval from CMS to:

183 (A) expand Medicaid coverage to eligible individuals whose income is below 95% of
184 the federal poverty level;

185 (B) obtain maximum federal financial participation under 42 U.S.C. Sec. 1396d(y) for
186 enrolling an individual in the Medicaid expansion under this Subsection (4); and

187 (C) permit the state to close enrollment in the Medicaid expansion under this
188 Subsection (4) if the department has insufficient funds to provide services to new enrollment
189 under the Medicaid expansion under this Subsection (4);

190 (ii) pays the state portion of costs for the Medicaid expansion under this Subsection (4)
191 with funds from:

192 (A) the Medicaid Expansion Fund;

193 (B) county contributions to the nonfederal share of Medicaid expenditures; or

194 (C) any other contributions, funds, or transfers from a nonstate agency for Medicaid
195 expenditures; and

196 (iii) closes the Medicaid program to new enrollment under the Medicaid expansion
197 under this Subsection (4) if the department projects that the cost of the Medicaid expansion
198 under this Subsection (4) will exceed the appropriations for the fiscal year that are authorized
199 by the Legislature through an appropriations act adopted in accordance with Title 63J, Chapter
200 1, Budgetary Procedures Act.

201 (b) The department shall submit a waiver, an amendment to an existing waiver, or a
202 state plan amendment to CMS to:

203 (i) administer federal funds for the Medicaid expansion under this Subsection (4)
204 according to a per capita cap developed by the department that includes an annual inflationary
205 adjustment, accounts for differences in cost among categories of Medicaid expansion enrollees,
206 and provides greater flexibility to the state than the current Medicaid payment model;

207 (ii) limit, in certain circumstances as defined by the department, the ability of a
208 qualified entity to determine presumptive eligibility for Medicaid coverage for an individual
209 enrolled in a Medicaid expansion under this Subsection (4);

210 (iii) impose a lock-out period if an individual enrolled in a Medicaid expansion under
211 this Subsection (4) violates certain program requirements as defined by the department;

212 (iv) allow an individual enrolled in a Medicaid expansion under this Subsection (4) to
213 remain in the Medicaid program for up to a 12-month certification period as defined by the
214 department; and

215 (v) allow federal Medicaid funds to be used for housing support for eligible enrollees
216 in the Medicaid expansion under this Subsection (4).

217 (5) (a) (i) If CMS does not approve a waiver to expand the Medicaid program in
218 accordance with Subsection (4)(a) on or before January 1, 2020, the department shall develop
219 proposals to implement additional flexibilities and cost controls, including cost sharing tools,
220 within a Medicaid expansion under this Subsection (5) through a request to CMS for a waiver
221 or state plan amendment.

222 (ii) The request for a waiver or state plan amendment described in Subsection (5)(a)(i)
223 shall include:

224 (A) a path to self-sufficiency for qualified adults in the Medicaid expansion that
225 includes employment and training as defined in 7 U.S.C. Sec. 2015(d)(4); and

226 (B) a requirement that an individual who is offered a private health benefit plan by an
227 employer to enroll in the employer's health plan.

228 (iii) The department shall submit the request for a waiver or state plan amendment
229 developed under Subsection (5)(a)(i) on or before March 15, 2020.

230 (b) Notwithstanding Sections [26B-3-127](#) and [63J-5-204](#), and in accordance with this
231 Subsection (5), eligibility for the Medicaid program shall be expanded to include all persons in
232 the optional Medicaid expansion population under PPACA and the Health Care Education
233 Reconciliation Act of 2010, Pub. L. No. 111-152, and related federal regulations and guidance,
234 on the earlier of:

235 (i) the day on which CMS approves a waiver to implement the provisions described in
236 Subsections (5)(a)(ii)(A) and (B); or

237 (ii) July 1, 2020.

238 (c) The department shall seek a waiver, or an amendment to an existing waiver, from
239 federal law to:

240 (i) implement each provision described in Subsections [26B-3-210\(2\)\(b\)\(iii\)](#) through
241 (viii) in a Medicaid expansion under this Subsection (5);

242 (ii) limit, in certain circumstances as defined by the department, the ability of a

243 qualified entity to determine presumptive eligibility for Medicaid coverage for an individual
244 enrolled in a Medicaid expansion under this Subsection (5); and

245 (iii) impose a lock-out period if an individual enrolled in a Medicaid expansion under
246 this Subsection (5) violates certain program requirements as defined by the department.

247 (d) The eligibility criteria in this Subsection (5) shall be construed to include all
248 individuals eligible for the health coverage improvement program under Section 26B-3-207.

249 (e) The department shall pay the state portion of costs for a Medicaid expansion under
250 this Subsection (5) entirely from:

251 (i) the Medicaid Expansion Fund;

252 (ii) county contributions to the nonfederal share of Medicaid expenditures; or

253 (iii) any other contributions, funds, or transfers from a nonstate agency for [Medicaid]
254 expenditures for Medicaid expansion.

255 (f) If the costs of the Medicaid expansion under this Subsection (5) exceed the funds
256 available under Subsection (5)(e)~~[(i) the department may reduce or eliminate optional
257 Medicaid services under this chapter; (ii) savings, as determined by the department, from the
258 reduction or elimination of optional Medicaid services under Subsection (5)(f)(i) shall be
259 deposited into the Medicaid Expansion Fund; and (iii)]~~, the department may submit to CMS a
260 request for waivers, or an amendment of existing waivers, from federal law necessary to
261 implement budget controls within the Medicaid program to address the deficiency.

262 (g) Subject to Subsection (5)(h), beginning January 1, 2025, in the event of a Medicaid
263 shortfall, within 150 days, each state division or agency expending state funds for Medicaid
264 expansion shall implement the following cost control measures on Medicaid expansion
265 spending:

266 (i) suspend hiring of noncritical employees;

267 (ii) suspend increasing employee wages, excluding employee benefits offered to
268 employees state-wide;

269 (iii) suspend increasing provider payment rates that would be paid for using general
270 funds or income tax funds;

271 (iv) suspend expanding reimbursement benefits, including drug reimbursements that
272 are paid for using general funds or income tax funds;

273 (v) suspend each application to CMS for Medicaid expansion that CMS has not

274 approved as of the date on which the Medicaid shortfall first occurs;

275 (vi) cancel coverage for any optional services or populations covered under Medicaid
276 expansion that are paid for using general funds or income tax funds;

277 (vii) cancel or reverse all provider payment rate increases approved or implemented
278 during the one-year period immediately preceding the day on which the shortfall occurs, if the
279 rate increase is paid for using general funds or income tax funds; and

280 (viii) close enrollment to new members.

281 (h) The departments and agencies shall implement the cost control measures under

282 Subsection (5)(g):

283 (i) one measure at a time, in the order listed under Subsection (5)(g), unless an
284 exception to the order is approved by the Executive Appropriations Committee;

285 (ii) in consultation with the executive director of the Department of Health and Human
286 Services and the executive director of the Office of the Legislative Fiscal Analyst;

287 (iii) only to the extent necessary to eliminate the Medicaid shortfall; and

288 (iv) subject to federal laws and regulations governing the Medicaid program and
289 Medicaid expansion.

290 [~~(g)~~] (i) If, after the department has acted in accordance with Subsections (5)(f) and (g),
291 the costs of the Medicaid expansion under this Subsection (5) are projected by the department
292 to exceed the funds available in the current fiscal year under Subsection (5)(e), including
293 savings resulting from any action taken under Subsection (5)(f):

294 (i) the governor shall direct the department and Department of Workforce Services to
295 reduce commitments and expenditures by an amount sufficient to offset the deficiency:

296 (A) proportionate to the share of total current fiscal year General Fund appropriations
297 for each of those agencies; and

298 (B) up to 10% of each agency's total current fiscal year General Fund appropriations;

299 (ii) the Division of Finance shall reduce allotments to the department and Department
300 of Workforce Services by a percentage:

301 (A) proportionate to the amount of the deficiency; and

302 (B) up to 10% of each agency's total current fiscal year General Fund appropriations;

303 and

304 (iii) the Division of Finance shall deposit the total amount from the reduced allotments

305 described in Subsection ~~[(5)(g)(ii)]~~ (6)(i)(iii) into the Medicaid Expansion Fund.

306 (6) (a) ~~[The]~~ Except as provided in Subsection (6)(b), the department shall maximize
307 federal financial participation in implementing this section, including by seeking to obtain any
308 necessary federal approvals or waivers.

309 (b) In the event of a Medicaid shortfall, the department shall maximize state financial
310 savings in implementing Subsection (5)(g).

311 (7) Notwithstanding Sections [17-43-201](#) and [17-43-301](#), a county does not have to
312 provide matching funds to the state for the cost of providing Medicaid services to newly
313 enrolled individuals who qualify for Medicaid coverage under a Medicaid expansion.

314 (8) The department shall report to the Social Services Appropriations Subcommittee on
315 or before November 1 of each year that a Medicaid expansion is operational:

316 (a) the number of individuals who enrolled in the Medicaid expansion;

317 (b) costs to the state for the Medicaid expansion;

318 (c) estimated costs to the state for the Medicaid expansion for the current and
319 following fiscal years;

320 (d) recommendations to control costs of the Medicaid expansion; and

321 (e) as calculated in accordance with Subsections [26B-3-506\(4\)](#) and [26B-3-606\(2\)](#), the
322 state's net cost of the qualified Medicaid expansion.

323 *The following section is affected by a coordination clause at the end of this bill.*

324 Section 3. Section **63I-1-226 (Superseded 07/01/24)** is amended to read:

325 **63I-1-226 (Superseded 07/01/24). Repeal dates: Titles 26A through 26B.**

326 (1) Subsection [26B-1-204\(2\)\(i\)](#), related to the Primary Care Grant Committee, is
327 repealed July 1, 2025.

328 (2) Section [26B-1-315](#), which creates the Medicaid Expansion Fund, is repealed July 1,
329 ~~[2024]~~ 2031.

330 (3) Section [26B-1-319](#), which creates the Neuro-Rehabilitation Fund, is repealed
331 January 1, 2025.

332 (4) Section [26B-1-320](#), which creates the Pediatric Neuro-Rehabilitation Fund, is
333 repealed January 1, 2025.

334 (5) Subsection [26B-1-324\(4\)](#), the language that states "the Behavioral Health Crisis
335 Response Commission, as defined in Section [63C-18-202](#)," is repealed December 31, 2026.

336 (6) Subsection [26B-1-329\(6\)](#), related to the Behavioral Health Crisis Response
337 Commission, is repealed December 31, 2026.

338 (7) Section [26B-1-402](#), related to the Rare Disease Advisory Council Grant Program, is
339 repealed July 1, 2026.

340 (8) Section [26B-1-409](#), which creates the Utah Digital Health Service Commission, is
341 repealed July 1, 2025.

342 (9) Section [26B-1-410](#), which creates the Primary Care Grant Committee, is repealed
343 July 1, 2025.

344 (10) Section [26B-1-416](#), which creates the Utah Children's Health Insurance Program
345 Advisory Council, is repealed July 1, 2025.

346 (11) Section [26B-1-417](#), which creates the Brain Injury Advisory Committee, is
347 repealed July 1, 2025.

348 (12) Section [26B-1-418](#), which creates the Neuro-Rehabilitation Fund and Pediatric
349 Neuro-Rehabilitation Fund Advisory Committee, is repealed January 1, 2025.

350 (13) Section [26B-1-422](#), which creates the Early Childhood Utah Advisory Council, is
351 repealed July 1, 2029.

352 (14) Section [26B-1-428](#), which creates the Youth Electronic Cigarette, Marijuana, and
353 Other Drug Prevention Program, is repealed July 1, 2025.

354 (15) Section [26B-1-430](#), which creates the Coordinating Council for Persons with
355 Disabilities, is repealed July 1, 2027.

356 (16) Section [26B-1-431](#), which creates the Forensic Mental Health Coordinating
357 Council, is repealed July 1, 2023.

358 (17) Section [26B-1-432](#), which creates the Newborn Hearing Screening Committee, is
359 repealed July 1, 2026.

360 (18) Section [26B-1-434](#), regarding the Correctional Postnatal and Early Childhood
361 Advisory Board, is repealed July 1, 2026.

362 (19) Section [26B-2-407](#), related to drinking water quality in child care centers, is
363 repealed July 1, 2027.

364 (20) Subsection [26B-3-107\(9\)](#), which addresses reimbursement for dental hygienists, is
365 repealed July 1, 2028.

366 (21) Section [26B-3-136](#), which creates the Children's Health Care Coverage Program,

367 is repealed July 1, 2025.

368 (22) Section 26B-3-137, related to reimbursement for the National Diabetes Prevention
369 Program, is repealed June 30, 2027.

370 (23) Subsection 26B-3-213(2), the language that states "and the Behavioral Health
371 Crisis Response Commission created in Section 63C-18-202" is repealed December 31, 2026.

372 (24) Sections 26B-3-302 through 26B-3-309, regarding the Drug Utilization Review
373 Board, are repealed July 1, 2027.

374 (25) Title 26B, Chapter 3, Part 5, Inpatient Hospital Assessment, is repealed July 1,
375 2024.

376 (26) Title 26B, Chapter 3, Part 6, Medicaid Expansion Hospital Assessment, is
377 repealed July 1, 2024.

378 (27) Title 26B, Chapter 3, Part 7, Hospital Provider Assessment, is repealed July 1,
379 2028.

380 (28) Section 26B-3-910, regarding alternative eligibility, is repealed July 1, 2028.

381 (29) Section 26B-4-136, related to the Volunteer Emergency Medical Service
382 Personnel Health Insurance Program, is repealed July 1, 2027.

383 (30) Section 26B-4-710, related to rural residency training programs, is repealed July 1,
384 2025.

385 (31) Subsections 26B-5-112(1) and (5), the language that states "In consultation with
386 the Behavioral Health Crisis Response Commission, established in Section 63C-18-202," is
387 repealed December 31, 2026.

388 (32) Section 26B-5-112.5 is repealed December 31, 2026.

389 (33) Section 26B-5-114, related to the Behavioral Health Receiving Center Grant
390 Program, is repealed December 31, 2026.

391 (34) Section 26B-5-118, related to collaborative care grant programs, is repealed
392 December 31, 2024.

393 (35) Section 26B-5-120 is repealed December 31, 2026.

394 (36) In relation to the Utah Assertive Community Treatment Act, on July 1, 2024:

395 (a) Subsection 26B-5-606(2)(a)(i), the language that states "and" is repealed; and

396 (b) Subsections 26B-5-606(2)(a)(ii), 26B-5-606(2)(b), and 26B-5-606(2)(c) are
397 repealed.

398 (37) In relation to the Behavioral Health Crisis Response Commission, on December
399 31, 2026:

400 (a) Subsection 26B-5-609(1)(a) is repealed;

401 (b) Subsection 26B-5-609(3)(a), the language that states "With recommendations from
402 the commission," is repealed;

403 (c) Subsection 26B-5-610(1)(b) is repealed;

404 (d) Subsection 26B-5-610(2)(b), the language that states "and in consultation with the
405 commission," is repealed; and

406 (e) Subsection 26B-5-610(4), the language that states "In consultation with the
407 commission," is repealed.

408 (38) Subsections 26B-5-611(1)(a) and (10), in relation to the Utah Substance Use and
409 Mental Health Advisory Council, are repealed January 1, 2033.

410 (39) Section 26B-5-612, related to integrated behavioral health care grant programs, is
411 repealed December 31, 2025.

412 (40) Subsection 26B-7-119(5), related to reports to the Legislature on the outcomes of
413 the Hepatitis C Outreach Pilot Program, is repealed July 1, 2028.

414 (41) Section 26B-7-224, related to reports to the Legislature on violent incidents and
415 fatalities involving substance abuse, is repealed December 31, 2027.

416 (42) Title 26B, Chapter 8, Part 5, Utah Health Data Authority, is repealed July 1, 2024.

417 (43) Section 26B-8-513, related to identifying overuse of non-evidence-based health
418 care, is repealed December 31, 2023.

419 *The following section is affected by a coordination clause at the end of this bill.*

420 Section 4. Section 63I-1-226 (Effective 07/01/24) is amended to read:

421 **63I-1-226 (Effective 07/01/24). Repeal dates: Titles 26A through 26B.**

422 (1) Subsection 26B-1-204(2)(i), related to the Primary Care Grant Committee, is
423 repealed July 1, 2025.

424 (2) Section 26B-1-315, which creates the Medicaid Expansion Fund, is repealed July 1,
425 [~~2024~~] 2031.

426 (3) Section 26B-1-319, which creates the Neuro-Rehabilitation Fund, is repealed
427 January 1, 2025.

428 (4) Section 26B-1-320, which creates the Pediatric Neuro-Rehabilitation Fund, is

429 repealed January 1, 2025.

430 (5) Subsection 26B-1-324(4), the language that states "the Behavioral Health Crisis
431 Response Commission, as defined in Section 63C-18-202," is repealed December 31, 2026.

432 (6) Subsection 26B-1-329(6), related to the Behavioral Health Crisis Response
433 Commission, is repealed December 31, 2026.

434 (7) Section 26B-1-402, related to the Rare Disease Advisory Council Grant Program, is
435 repealed July 1, 2026.

436 (8) Section 26B-1-409, which creates the Utah Digital Health Service Commission, is
437 repealed July 1, 2025.

438 (9) Section 26B-1-410, which creates the Primary Care Grant Committee, is repealed
439 July 1, 2025.

440 (10) Section 26B-1-416, which creates the Utah Children's Health Insurance Program
441 Advisory Council, is repealed July 1, 2025.

442 (11) Section 26B-1-417, which creates the Brain Injury Advisory Committee, is
443 repealed July 1, 2025.

444 (12) Section 26B-1-418, which creates the Neuro-Rehabilitation Fund and Pediatric
445 Neuro-Rehabilitation Fund Advisory Committee, is repealed January 1, 2025.

446 (13) Section 26B-1-422, which creates the Early Childhood Utah Advisory Council, is
447 repealed July 1, 2029.

448 (14) Section 26B-1-428, which creates the Youth Electronic Cigarette, Marijuana, and
449 Other Drug Prevention Program, is repealed July 1, 2025.

450 (15) Section 26B-1-430, which creates the Coordinating Council for Persons with
451 Disabilities, is repealed July 1, 2027.

452 (16) Section 26B-1-431, which creates the Forensic Mental Health Coordinating
453 Council, is repealed July 1, 2023.

454 (17) Section 26B-1-432, which creates the Newborn Hearing Screening Committee, is
455 repealed July 1, 2026.

456 (18) Section 26B-1-434, regarding the Correctional Postnatal and Early Childhood
457 Advisory Board, is repealed July 1, 2026.

458 (19) Section 26B-2-407, related to drinking water quality in child care centers, is
459 repealed July 1, 2027.

460 (20) Subsection [26B-3-107\(9\)](#), which addresses reimbursement for dental hygienists, is
461 repealed July 1, 2028.

462 (21) Section [26B-3-136](#), which creates the Children's Health Care Coverage Program,
463 is repealed July 1, 2025.

464 (22) Section [26B-3-137](#), related to reimbursement for the National Diabetes Prevention
465 Program, is repealed June 30, 2027.

466 (23) Subsection [26B-3-213\(2\)](#), the language that states "and the Behavioral Health
467 Crisis Response Commission created in Section [63C-18-202](#)" is repealed December 31, 2026.

468 (24) Sections [26B-3-302](#) through [26B-3-309](#), regarding the Drug Utilization Review
469 Board, are repealed July 1, 2027.

470 (25) Title 26B, Chapter 3, Part 5, Inpatient Hospital Assessment, is repealed July 1,
471 2024.

472 (26) Title 26B, Chapter 3, Part 6, Medicaid Expansion Hospital Assessment, is
473 repealed July 1, 2024.

474 (27) Title 26B, Chapter 3, Part 7, Hospital Provider Assessment, is repealed July 1,
475 2028.

476 (28) Section [26B-3-910](#), regarding alternative eligibility, is repealed July 1, 2028.

477 (29) Section [26B-4-710](#), related to rural residency training programs, is repealed July 1,
478 2025.

479 (30) Subsections [26B-5-112\(1\)](#) and (5), the language that states "In consultation with
480 the Behavioral Health Crisis Response Commission, established in Section [63C-18-202](#)," is
481 repealed December 31, 2026.

482 (31) Section [26B-5-112.5](#) is repealed December 31, 2026.

483 (32) Section [26B-5-114](#), related to the Behavioral Health Receiving Center Grant
484 Program, is repealed December 31, 2026.

485 (33) Section [26B-5-118](#), related to collaborative care grant programs, is repealed
486 December 31, 2024.

487 (34) Section [26B-5-120](#) is repealed December 31, 2026.

488 (35) In relation to the Utah Assertive Community Treatment Act, on July 1, 2024:

489 (a) Subsection [26B-5-606\(2\)\(a\)\(i\)](#), the language that states "and" is repealed; and

490 (b) Subsections [26B-5-606\(2\)\(a\)\(ii\)](#), [26B-5-606\(2\)\(b\)](#), and [26B-5-606\(2\)\(c\)](#) are

491 repealed.

492 (36) In relation to the Behavioral Health Crisis Response Commission, on December
493 31, 2026:

494 (a) Subsection 26B-5-609(1)(a) is repealed;

495 (b) Subsection 26B-5-609(3)(a), the language that states "With recommendations from
496 the commission," is repealed;

497 (c) Subsection 26B-5-610(1)(b) is repealed;

498 (d) Subsection 26B-5-610(2)(b), the language that states "and in consultation with the
499 commission," is repealed; and

500 (e) Subsection 26B-5-610(4), the language that states "In consultation with the
501 commission," is repealed.

502 (37) Subsections 26B-5-611(1)(a) and (10), in relation to the Utah Substance Use and
503 Mental Health Advisory Council, are repealed January 1, 2033.

504 (38) Section 26B-5-612, related to integrated behavioral health care grant programs, is
505 repealed December 31, 2025.

506 (39) Subsection 26B-7-119(5), related to reports to the Legislature on the outcomes of
507 the Hepatitis C Outreach Pilot Program, is repealed July 1, 2028.

508 (40) Section 26B-7-224, related to reports to the Legislature on violent incidents and
509 fatalities involving substance abuse, is repealed December 31, 2027.

510 (41) Title 26B, Chapter 8, Part 5, Utah Health Data Authority, is repealed July 1, 2024.

511 (42) Section 26B-8-513, related to identifying overuse of non-evidence-based health
512 care, is repealed December 31, 2023.

513 *The following section is affected by a coordination clause at the end of this bill.*

514 Section 5. Section 63J-1-315 is amended to read:

515 **63J-1-315. Medicaid Growth Reduction and Budget Stabilization Account --**
516 **Deposits -- Transfers of Medicaid growth savings -- Base budget adjustments --**
517 **Appropriations.**

518 (1) As used in this section:

519 (a) "Department" means the Department of Health and Human Services created in
520 Section 26B-1-201.

521 (b) "Division" means the Division of Integrated Healthcare created in Section

522 26B-3-102.

523 (c) "General Fund revenue surplus" means a situation where actual General Fund
524 revenues collected in a completed fiscal year exceed the estimated revenues for the General
525 Fund for that fiscal year that were adopted by the Executive Appropriations Committee of the
526 Legislature.

527 (d) "Medicaid growth savings" means the Medicaid growth target minus Medicaid
528 program expenditures, if Medicaid program expenditures are less than the Medicaid growth
529 target.

530 (e) "Medicaid growth target" means Medicaid program expenditures for the previous
531 year multiplied by 1.08.

532 (f) "Medicaid program" is as defined in Section 26B-3-101.

533 (g) "Medicaid program expenditures" means total state revenue expended for the
534 Medicaid program from the General Fund, including restricted accounts within the General
535 Fund, during a fiscal year.

536 (h) "Medicaid program expenditures for the previous year" means total state revenue
537 expended for the Medicaid program from the General Fund, including restricted accounts
538 within the General Fund, during the fiscal year immediately preceding a fiscal year for which
539 Medicaid program expenditures are calculated.

540 (i) "Operating deficit" means that, at the end of the fiscal year, the unassigned fund
541 balance in the General Fund is less than zero.

542 (j) "State revenue" means revenue other than federal revenue.

543 (k) "State revenue expended for the Medicaid program" includes money transferred or
544 appropriated to the Medicaid Growth Reduction and Budget Stabilization Account only to the
545 extent the money is appropriated for the Medicaid program by the Legislature.

546 (2) There is created within the General Fund a restricted account to be known as the
547 Medicaid Growth Reduction and Budget Stabilization Account.

548 (3) (a) The following shall be deposited into the Medicaid Growth Reduction and
549 Budget Stabilization Account:

550 (i) deposits described in Subsection (4);

551 (ii) beginning July 1, 2024, any general funds appropriated to the department for the
552 state plan for medical assistance or for Medicaid administration by the Division of Integrated

553 Healthcare that are not expended by the department in the fiscal year for which the general
554 funds were appropriated and which are not otherwise designated as nonlapsing shall lapse into
555 the Medicaid Growth Reduction and Budget Stabilization Account;

556 (iii) beginning July 1, 2024, any unused state funds that are associated with the
557 Medicaid program from the Department of Workforce Services;

558 (iv) beginning July 1, 2024, any penalties imposed and collected under:

559 (A) Section [17B-2a-818.5](#);

560 (B) Section [19-1-206](#);

561 (C) Section [63A-5b-607](#);

562 (D) Section [63C-9-403](#);

563 (E) Section [72-6-107.5](#); or

564 (F) Section [79-2-404](#);

565 (v) beginning July 1, 2024, administrative fees collected by the division as an
566 administrative indirect match; and

567 (vi) at the close of fiscal year 2024, the Division of Finance shall transfer any existing
568 balance in the Medicaid Restricted Account created in Section [26B-1-309](#) into the Medicaid
569 Growth Reduction and Budget Stabilization Account.

570 (b) In addition to the deposits described in Subsection (3)(a), the Legislature may
571 appropriate money into the Medicaid Growth Reduction and Budget Stabilization Account.

572 ~~[(3)]~~ (4) (a) (i) Except as provided in Subsection ~~[(6)]~~ (7), if, at the end of a fiscal year,
573 there is a General Fund revenue surplus, the Division of Finance shall transfer an amount equal
574 to Medicaid growth savings from the General Fund to the Medicaid Growth Reduction and
575 Budget Stabilization Account.

576 (ii) If the amount transferred is reduced to prevent an operating deficit, as provided in
577 Subsection ~~[(6)]~~ (7), the Legislature shall include, to the extent revenue is available, an amount
578 equal to the reduction as an appropriation from the General Fund to the account in the base
579 budget for the second fiscal year following the fiscal year for which the reduction was made.

580 (b) If, at the end of a fiscal year, there is not a General Fund revenue surplus, the
581 Legislature shall include, to the extent revenue is available, an amount equal to Medicaid
582 growth savings as an appropriation from the General Fund to the account in the base budget for
583 the second fiscal year following the fiscal year for which the reduction was made.

584 (c) Subsections ~~[(3)(a)]~~ (4)(a) and ~~[(3)(b)]~~ (4)(b) apply only to the fiscal year in which
585 the department implements the proposal developed under Section 26B-3-202 to reduce the
586 long-term growth in state expenditures for the Medicaid program, and to each fiscal year after
587 that year.

588 ~~[(4)]~~ (5) The Division of Finance shall calculate the amount to be transferred under
589 Subsection ~~[(3)]~~ (4):

590 (a) before transferring revenue from the General Fund revenue surplus to:

591 (i) the General Fund Budget Reserve Account under Section 63J-1-312;

592 (ii) the Wildland Fire Suppression Fund created in Section 65A-8-204, as described in
593 Section 63J-1-314; and

594 (iii) the State Disaster Recovery Restricted Account under Section 63J-1-314;

595 (b) before earmarking revenue from the General Fund revenue surplus to the Industrial
596 Assistance Account under Section 63N-3-106; and

597 (c) before making any other year-end contingency appropriations, year-end set-asides,
598 or other year-end transfers required by law.

599 ~~[(5)]~~ (6) (a) If, at the close of any fiscal year, there appears to be insufficient money to
600 pay additional debt service for any bonded debt authorized by the Legislature, the Division of
601 Finance may hold back from any General Fund revenue surplus money sufficient to pay the
602 additional debt service requirements resulting from issuance of bonded debt that was
603 authorized by the Legislature.

604 (b) The Division of Finance may not spend the hold back amount for debt service
605 under Subsection ~~[(5)(a)]~~ (6)(a) unless and until it is appropriated by the Legislature.

606 (c) If, after calculating the amount for transfer under Subsection ~~[(3)]~~ (4), the
607 remaining General Fund revenue surplus is insufficient to cover the hold back for debt service
608 required by Subsection ~~[(5)(a)]~~ (6)(a), the Division of Finance shall reduce the transfer to the
609 Medicaid Growth Reduction and Budget Stabilization Account by the amount necessary to
610 cover the debt service hold back.

611 (d) Notwithstanding Subsections ~~[(3)]~~ (4) and ~~[(4)]~~ (5), the Division of Finance shall
612 hold back the General Fund balance for debt service authorized by this Subsection ~~[(5)]~~ (6)
613 before making any transfers to the Medicaid Growth Reduction and Budget Stabilization
614 Account or any other designation or allocation of General Fund revenue surplus.

615 ~~[(6)]~~ (7) Notwithstanding Subsections ~~[(3)]~~ (4) and ~~[(4)]~~ (5), if, at the end of a fiscal
 616 year, the Division of Finance determines that an operating deficit exists and that holding back
 617 earmarks to the Industrial Assistance Account under Section [63N-3-106](#), transfers to the
 618 Wildland Fire Suppression Fund and State Disaster Recovery Restricted Account under
 619 Section [63J-1-314](#), transfers to the General Fund Budget Reserve Account under Section
 620 [63J-1-312](#), or earmarks and transfers to more than one of those accounts, in that order, does not
 621 eliminate the operating deficit, the Division of Finance may reduce the transfer to the Medicaid
 622 Growth Reduction and Budget Stabilization Account by the amount necessary to eliminate the
 623 operating deficit.

624 ~~[(7)]~~ (8) The Legislature may appropriate money from the Medicaid Growth Reduction
 625 and Budget Stabilization Account only:

626 (a) for the Medicaid program; and

627 ~~[(a)]~~ (b) (i) if Medicaid program expenditures for the fiscal year for which the
 628 appropriation is made are estimated to be 108% or more of Medicaid program expenditures for
 629 the previous year; ~~[and]~~ or

630 (ii) if the amount of the appropriation is equal to or less than the balance in the
 631 Medicaid Growth Reduction and Budget Stabilization Account that comprises deposits
 632 described in Subsections (3)(a)(ii) through (v) and appropriations described in Subsection
 633 (3)(b).

634 ~~[(b) for the Medicaid program.]~~

635 ~~[(8)]~~ (9) The Division of Finance shall deposit interest or other earnings derived from
 636 investment of Medicaid Growth Reduction and Budget Stabilization Account money into the
 637 General Fund.

638 Section 6. **Effective date.**

639 (1) Except as provided in Subsection (2), this bill takes effect on May 1, 2024.

640 (2) The actions affecting Section [63I-1-226](#) (Effective 07/01/2024) take effect on July
 641 1, 2024.

642 Section 7. **Coordinating H.B. 463 with H.B. 51.**

643 If H.B. 463, Medicaid Funding Amendments, and H.B. 51, Health and Human Services
 644 Funding Amendments, both pass and become law, the Legislature intends that:

645 (1) on May 1, 2024, the changes in H.B. 51 to Section [63I-1-226](#) (Superseded

646 07/01/2024) not be made;

647 (2) on May 1, 2024, the changes in H.B. 51 to Section [63J-1-315](#) not be made;

648 (3) on July 1, 2024, Subsection [26B-1-309](#)(3)(a) be repealed and the remaining
649 subsections renumbered accordingly; and

650 (4) on July 1, 2024, the changes in H.B. 51 to Section [63I-1-226](#) (Effective
651 07/01/2024) not be made.