

1 **AMENDMENTS TO MEDICAID AND HEALTH CARE**

2 2014 GENERAL SESSION

3 STATE OF UTAH

4 **Chief Sponsor: Brian E. Shiozawa**

5 House Sponsor: _____

7 **LONG TITLE**

8 **General Description:**

9 This bill establishes a health care premium partnership program to provide an
10 individual who does not currently qualify for Medicaid and who is below 100% of the
11 federal poverty level with a premium subsidy to enroll in a health benefit plan.

12 **Highlighted Provisions:**

13 This bill:

- 14 ▶ defines terms;
- 15 ▶ establishes a new premium partnership program to provide an individual who is not
16 currently eligible for Medicaid and who is below 100% of the federal poverty level
17 with a premium subsidy to enroll in a health benefit plan;
- 18 ▶ instructs the Utah Department of Health to obtain from the Centers for Medicare
19 and Medicaid Services within the United States Department of Health and Human
20 Services waivers from federal law necessary to implement the premium partnership
21 program;
- 22 ▶ requires the Utah Department of Health to seek waivers that allow maximum
23 flexibility in the benefit design, cost sharing requirements, and individual
24 responsibility requirements of health benefit plans that may be selected by an
25 eligible individual; and
- 26 ▶ sunsets the premium partnership program if federal participation in the program is
27 reduced.



28 **Money Appropriated in this Bill:**

29 None

30 **Other Special Clauses:**

31 None

32 **Utah Code Sections Affected:**

33 AMENDS:

34 **26-18-18**, as enacted by Laws of Utah 2013, Chapter 477

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

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

38 **26-18-18. Utah Premium Partnership expansion.**

39 (1) For purposes of this section:

40 (a) "Medically frail" shall be determined by the department based on:

41 (i) 42 C.F.R. 440.315; and

42 (ii) an automated assessment adopted by the department in consultation with the

43 Department of Workforce Services.

44 (b) "Optional expansion population" means individuals who:

45 (i) do not qualify for the Medicaid program; and

46 (ii) the Centers for Medicare and Medicaid Services within the United States

47 Department of Health and Human Services would otherwise determine are eligible for funding

48 at the enhanced Federal Medical Assistance Percentage available under PPACA beginning

49 January 1, 2014.

50 (c) PPACA is as defined in Section 31A-1-301.

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

53 [~~(a) the Health Reform Task Force has completed a thorough analysis of a statewide
54 charity care system;~~]

55 [~~(b) the department and its contractors have;~~]

56 [~~(i) completed a thorough analysis of the impact to the state of expanding the state's
57 Medicaid program to optional populations under PPACA; and]~~

58 [~~(ii) made the analysis conducted under Subsection (2)(b)(i) available to the public;]~~

59 ~~[(e)]~~ (a) the governor or the governor's designee has reported the intention to expand
60 the [state] Medicaid program [~~under PPACA~~] to the Legislature in compliance with the
61 legislative review process in Sections ~~63M-1-2505.5~~ and ~~26-18-3~~; and

62 ~~[(d) notwithstanding Subsection 63J-5-103(2), the governor submits the request for~~
63 ~~expansion of the Medicaid program for optional populations to the Legislature under the high~~
64 ~~impact federal funds request process required by Section 63J-5-204, Legislative review and~~
65 ~~approval of certain federal funds request.]~~

66 (b) the department establishes a premium partnership program, as provided in
67 Subsection (3), that focuses on enrolling individuals health benefit plans rather than
68 government administered health care.

69 (3) The department shall amend the state Medicaid plan and obtain from the Centers
70 for Medicare and Medicaid Services within the United States Department of Health and
71 Human Services waivers from federal statutory and regulatory law necessary to implement a
72 plan to:

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

74 (i) below 100% of the federal poverty level;

75 (ii) in the optional expansion population; and

76 (iii) not medically frail;

77 (b) obtain the enhanced federal financial participation for the optional expansion
78 population up to 100% of the federal poverty level, as described in PPACA, Subsection
79 2001(a)(3);

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

82 (i) select a health benefit plan using the premium subsidy offered under Subsection
83 (3)(a); or

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

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

88 (e) seek maximum flexibility for individual responsibility, cost sharing, and wellness
89 programs incorporated into the health benefit plans an individual described in Subsection (3)(a)

90 may select; and

91 (f) offer coverage in accordance with 42 C.F.R. 440.315 to an individual who is in the
92 optional expansion population, medically frail, and below 100% of the federal poverty level.

93 (4) The premium subsidy program and benefits provided to the optional expansion
94 population under this section are repealed on the date of a certification by the executive
95 director that:

96 (a) Congress has taken an action that will reduce the federal financial participation for
97 the expansion population; and

98 (b) the reduction in federal financial participation exceeds the reductions described in
99 PPACA, Subsection 2001(a)(3).

Legislative Review Note
as of 2-19-14 12:39 PM

Office of Legislative Research and General Counsel