First Regular Session Sixty-ninth General Assembly STATE OF COLORADO

INTRODUCED

LLS NO. 13-0038.01 Brita Darling x2241

SENATE BILL 13-200

SENATE SPONSORSHIP

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A BILL FOR AN ACT CONCERNING AN INCREASE IN THE INCOME ELIGIBILITY FOR CERTAIN OPTIONAL GROUPS IN THE MEDICAID PROGRAM TO ONE HUNDRED THIRTY-THREE PERCENT OF THE FEDERAL POVERTY LINE.

Bill Summary

(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at http://www.leg.state.co.us/billsummaries.)

Under current law, moneys in the hospital provider fee cash fund may be used to increase, up to 100% of the federal poverty line (FPL), the medicaid eligibility income level for parents of children who are eligible for medicaid and for childless adults or adults without a dependent child in the home. The bill allows moneys in the hospital provider fee cash fund to be used to increase the income eligibility for parents and caretaker relatives of medicaid children from 61% to 133% of FPL and to increase the income eligibility for childless adults or adults without a dependent child to up to 133% of FPL.

In addition, to implement the federal Affordable Care Act, the bill amends the optional eligibility groups in Colorado's medicaid program to increase the income eligibility levels for parents and caretaker relatives of medicaid children from 100% to 133% of FPL and for childless adults or adults without dependent children as described in federal law to 133% of FPL.

Be it enacted by the General Assembly of the State of Colorado:

SECTION 1. In Colorado Revised Statutes, 25.5-4-402.3, **amend**

3 (4) (b) (IV) (A) and (4) (b) (IV) (C) as follows:

25.5-4-402.3. Providers - hospital - provider fees - legislative declaration - federal waiver - fund created - rules - advisory board - repeal. (4) (b) All moneys in the fund shall be subject to federal matching as authorized under federal law and subject to annual appropriation by the general assembly for the following purposes:

- (IV) Subject to available revenue from the provider fee and federal matching funds, to expand eligibility for public medical assistance by:
- (A) Increasing the eligibility level for parents AND CARETAKER RELATIVES of children who are eligible for medical assistance or the children's basic health plan PURSUANT TO SECTION 25.5-5-201 (1) (m), FROM SIXTY-ONE PERCENT to up to one hundred THIRTY-THREE percent of the federal poverty line;
- (C) Providing eligibility under the state medical assistance program for a childless adult or an adult without a dependent child in the

-2- SB13-200

1	home PURSUANT TO SECTION 25.5-5-201 (1) (p), who earns up to one
2	hundred THIRTY-THREE percent of the federal poverty line;
3	SECTION 2. In Colorado Revised Statutes, 25.5-5-201, amend
4	(1) (m), and (1) (p) as follows:
5	25.5-5-201. Optional provisions - optional groups - repeal.
6	(1) The federal government allows the state to select optional groups to
7	receive medical assistance. Pursuant to federal law, any person who is
8	eligible for medical assistance under the optional groups specified in this
9	section shall receive both the mandatory services specified in sections
10	25.5-5-102 and 25.5-5-103 and the optional services specified in sections
11	25.5-5-202 and 25.5-5-203. Subject to the availability of federal financial
12	aid funds, the following are the individuals or groups that Colorado has
13	selected as optional groups to receive medical assistance pursuant to this
14	article and articles 4 and 6 of this title:
15	(m) (I) (A) Parents AND CARETAKER RELATIVES of children who
16	are eligible for the medical assistance program or the children's basic
17	health plan, article 8 of this title, whose family income does not exceed
18	a specified ONE HUNDRED THIRTY-THREE percent of the federal poverty
19	line, adjusted for family size. as set by the state board by rule, which
20	percentage shall be not less than one hundred percent.
21	(B) Notwithstanding the provisions of sub-subparagraph (A) of
22	this subparagraph (I), if the moneys in the hospital provider fee cash fund
23	established pursuant to section 25.5-4-402.3 (4), together with the
24	corresponding federal matching funds, are insufficient to fully fund all of
25	the purposes described in section 25.5-4-402.3 (4) (b), after receiving
26	recommendations from the hospital provider fee oversight and advisory
27	board established pursuant to section 25.5-4-402.3 (6), for parents of

-3- SB13-200

children eligible for the medical assistance program or the children's basic health plan, the state board by rule adopted pursuant to the provisions of section 25.5-4-402.3 (5) (b) (III) may reduce the medical benefits offered to such parent whose family income exceeds sixty percent of the federal poverty line or reduce the percentage of the federal poverty line to below one hundred percent, but the percentage shall not be reduced to below sixty percent.

(C) Notwithstanding the provisions of sub-subparagraph (A) of this subparagraph (I), until the state department receives federal authorization to increase the percentage of the federal poverty line for parents of children eligible for the medical assistance program or the children's basic health plan, the percentage of the federal poverty line shall be not less than sixty percent. Within sixty days after the state department receives authorization to increase the percentage of the federal poverty line, the executive director shall send written notice to the revisor of statutes informing him or her of the authorization. This sub-subparagraph (C) is repealed, effective the July 1 following the receipt of the notice to the revisor of statutes.

(II) Repealed.

(p) (I) Subject to federal approval, persons over eighteen years of age ADULTS who are childless or without a dependent child in the home, AS DESCRIBED IN SECTION 1902 (a) (10) (A) (i) (VIII) OF THE SOCIAL SECURITY ACT, 42 U.S.C. SEC 1396a, WHO HAVE ATTAINED NINETEEN YEARS OF AGE BUT HAVE NOT ATTAINED SIXTY-FIVE YEARS OF AGE, and whose family income does not exceed a specified percentage ONE HUNDRED THIRTY-THREE PERCENT of the federal poverty line, adjusted for family size. and as set by the state board by rule, which percentage shall

-4- SB13-200

be not less than one hundred percent.

(II) Notwithstanding the provisions of subparagraph (I) of this paragraph (p), if the moneys in the hospital provider fee cash fund established pursuant to section 25.5-4-402.3 (4), together with the corresponding federal matching funds, are insufficient to fully fund all of the purposes described in section 25.5-4-402.3 (4) (b), after receiving recommendations from the hospital provider fee oversight and advisory board established pursuant to section 25.5-4-402.3 (6), for childless persons or for persons without a dependent child in the home, the state board by rule adopted pursuant to the provisions of section 25.5-4-402.3 (5) (b) (III) may reduce the medical benefits offered or the percentage of the federal poverty line to below one hundred percent or may eliminate this eligibility group.

(III) Repealed.

SECTION 3. Safety clause. The general assembly hereby finds, determines, and declares that this act is necessary for the immediate preservation of the public peace, health, and safety.

-5- SB13-200