

Senate Bill 487

By: Senators Lucas of the 26th, Harbison of the 15th, Butler of the 55th, Parent of the 42nd,
Merritt of the 9th and others

A BILL TO BE ENTITLED
AN ACT

1 To amend Article 7 of Chapter 4 of Title 49 of the Official Code of Georgia Annotated,
2 relating to medical assistance generally, so as to provide for Medicaid expansion; to provide
3 for definitions; to provide for submission of requests for waivers, amendments to waivers,
4 and state plan amendments; to provide for Medicaid waiver expansion; to provide for annual
5 reporting; to provide for related matters; to provide for legislative notification and approval;
6 to repeal conflicting laws; and for other purposes.

7 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

8 **SECTION 1.**

9 Article 7 of Chapter 4 of Title 49 of the Official Code of Georgia Annotated, relating to
10 medical assistance generally, is amended by adding new Code sections to read as follows:

11 "49-4-142.6.

12 (a) As used in this Code section, the term:

13 (1) 'CMS' means the Centers for Medicare and Medicaid Services within the United
14 States Department of Health and Human Services.

15 (2) 'Medicaid expansion' means an expansion of the Medicaid program in accordance
16 with this Code section.

17 (b) Subject to appropriations, eligibility criteria for the Medicaid program shall be
18 expanded to cover additional low-income individuals if the department:

19 (1) Receives approval from CMS to:

20 (A) Expand Medicaid coverage to eligible individuals whose income is below
21 95 percent of the federal poverty level based on the poverty guidelines established by
22 the United States Department of Health and Human Services;

23 (B) Obtain maximum federal financial participation under 42 U.S.C. Section 1396d(b)
24 for enrolling an individual in the Medicaid expansion under this Code section; and

25 (C) Permit the state to close enrollment in the Medicaid expansion under this Code
26 section if the department has insufficient funds to provide services for new enrollment
27 under the Medicaid expansion under this Code section; and

28 (2) Closes the Medicaid program to new enrollment if the department projects that the
29 cost of Medicaid expansion will exceed the appropriations for the fiscal year authorized
30 by the General Assembly through an appropriations Act.

31 (c) No later than March 15, 2025, the department shall submit a waiver request, an
32 amendment to an existing waiver, or a state plan amendment to CMS to:

33 (1) Administer federal funds for Medicaid expansion according to a per capita cap
34 developed by the department that includes an annual inflationary adjustment, accounts
35 for differences in cost among categories of Medicaid expansion enrollees, and provides
36 greater flexibility to the state than the current Medicaid payment model;

37 (2) Limit, in certain circumstances as defined by the department, the ability of a qualified
38 entity to determine presumptive eligibility for Medicaid coverage for an individual
39 enrolled in Medicaid expansion;

40 (3) Impose a lock-out period if an individual enrolled in Medicaid expansion violates
41 certain program requirements as defined by the department;

42 (4) Allow an individual enrolled in Medicaid expansion to remain in the Medicaid
43 program for up to a 12 month certification period as defined by the department; and

44 (5) Allow federal Medicaid funds to be used for housing support for eligible enrollees
45 in Medicaid expansion.

46 (d) The request for a waiver, amendment to an existing waiver, or state plan amendment
47 to CMS described in subsection (c) of this Code section shall include:

48 (1) A path to self-sufficiency for qualified adults in the Medicaid expansion that includes
49 employment and training as defined in 7 U.S.C. Section 2015(d)(4); and

50 (2) A requirement that an individual who is offered a private health benefit plan by an
51 employer to enroll in the employer's private health plan.

52 49-4-142.7.

53 (a) As used in this Code section, the term:

54 (1) 'CMS' means the Centers for Medicare and Medicaid Services within the United
55 States Department of Health and Human Services.

56 (2) 'Expansion population' means individuals:

57 (A) Whose household income is less than 95 percent of the federal poverty level; and

58 (B) Who are not eligible for enrollment in the Medicaid program.

59 (3) 'Medicaid waiver expansion' means an expansion of the Medicaid program in
60 accordance with this Code section.

61 (b) Subject to appropriations and any necessary CMS approvals, the Medicaid program
62 shall include Medicaid waiver expansion in accordance with this Code section.

63 (c) No later than March 30, 2025, the department shall submit a waiver request, an
64 amendment to an existing waiver, or a state plan amendment to CMS to:

65 (1) Expand Medicaid coverage to eligible individuals whose income is below 95 percent
66 of the federal poverty level based on the poverty guidelines established by the United
67 States Department of Health and Human Services;

68 (2) Obtain maximum federal financial participation under 42 U.S.C. Section 1396d(y)
69 for enrolling an individual in the Medicaid program;

- 70 (3) Provide Medicaid benefits through the state's Medicaid accountable care
71 organizations in areas where a Medicaid accountable care organization is implemented;
72 (4) Integrate the delivery of behavioral healthcare services and physical healthcare
73 services with Medicaid accountable care organizations in select geographic areas of the
74 state that choose an integrated model;
75 (5) Include a path to self-sufficiency, including work activities as defined in 42 U.S.C.
76 Section 607(d), for qualified adults;
77 (6) Require that an individual who is offered a private health benefit plan by an employer
78 enroll in the employer's private health plan; and
79 (7) Permit the state to close enrollment in the Medicaid waiver expansion if the
80 department has insufficient funding to provide services to additional eligible individuals.
81 (d)(1) In consultation with the department, Medicaid accountable care organizations and
82 counties that elect to integrate care under paragraph (4) of subsection (c) of this Code
83 section shall collaborate on enrollment, engagement of patients, and coordination of
84 services.
85 (2) As part of the provision described in paragraph (4) of subsection (c) of this Code
86 section, the department shall apply for a waiver to permit the creation of an integrated
87 delivery system:
88 (A) For any geographic area that expresses interest in integrating the delivery of
89 services under paragraph (4) of subsection (c) of this Code section; and
90 (B) In which the department may:
91 (i) Permit a local mental health authority to integrate the delivery of behavioral
92 healthcare services and physical healthcare services;
93 (ii) Permit a county, local mental health authority, or Medicaid accountable care
94 organization to integrate the delivery of behavioral healthcare services and physical
95 healthcare services to select groups within the population that are newly eligible under
96 the Medicaid waiver expansion; and

97 (iii) Promulgate rules and regulations to integrate payments for behavioral healthcare
98 services and physical healthcare services to plans or providers.

99 (e) If the Medicaid waiver expansion is approved by CMS, the department shall
100 immediately report to the General Assembly that the Medicaid waiver expansion is
101 operational and annually on or before November 1 of each year shall report to the General
102 Assembly:

103 (1) The number of individuals who enrolled in the Medicaid waiver program;

104 (2) Costs to the state for the Medicaid waiver program;

105 (3) Estimated costs for the current and following state fiscal year; and

106 (4) Recommendations to control costs of the Medicaid waiver expansion."

107 **SECTION 2.**

108 This Act shall be considered legislative notification for purposes of Code Section 49-4-142.1
109 and legislative approval for purposes of Code Section 49-4-142.2.

110 **SECTION 3.**

111 All laws and parts of laws in conflict with this Act are repealed.