

IN THE HOUSE OF REPRESENTATIVES

HOUSE BILL NO. 249

BY HEALTH AND WELFARE COMMITTEE

AN ACT

RELATING TO MEDICAID; AMENDING SECTION 56-253, IDAHO CODE, TO PROVIDE THAT A HEALTH RISK ASSESSMENT SHALL INCLUDE QUESTIONS RELATING TO SUBSTANCE USE DISORDERS, TO PROVIDE THAT THE DIRECTOR OF THE DEPARTMENT OF HEALTH AND WELFARE SHALL SEEK CERTAIN WAIVERS AND CONDUCT CERTAIN RESEARCH, TO PROVIDE THAT APPROVED WAIVERS SHALL BE IMPLEMENTED AS SOON AS POSSIBLE, AND TO MAKE A TECHNICAL CORRECTION; AMENDING SECTION 56-267, IDAHO CODE, TO PROVIDE THAT THE LEGISLATURE MAY DECLARE THE SECTION TO BE NULL, VOID, AND OF NO FORCE AND EFFECT UNDER CERTAIN CIRCUMSTANCES, TO PROVIDE THAT THE SECTION SHALL BECOME NULL, VOID, AND OF NO FORCE AND EFFECT UNDER CERTAIN CIRCUMSTANCES, TO PROVIDE FOR A REVERSION OF CERTAIN FUNDING, TO PROVIDE FOR A REVIEW OF AND A RECOMMENDATION REGARDING MEDICAID ELIGIBILITY EXPANSION, AND TO MAKE TECHNICAL CORRECTIONS; AND PROVIDING SEVERABILITY.

Be It Enacted by the Legislature of the State of Idaho:

SECTION 1. That Section 56-253, Idaho Code, be, and the same is hereby amended to read as follows:

56-253. POWERS AND DUTIES OF THE DIRECTOR. (1) The director is hereby encouraged and empowered to obtain federal approval in order that Idaho design and implement changes to its medicaid program that advance the quality of services to participants while allowing access to needed services and containing excessive costs. The design of Idaho's medicaid program shall incorporate the concepts expressed in section 56-251, Idaho Code.

(2) The director may create health-need categories other than those stated in section 56-251(2)(a), Idaho Code, subject to legislative approval, and may develop a medicaid benchmark plan for each category.

(3) Each benchmark plan shall include explicit policy goals for the covered population identified in the plan, as well as specific benefit packages, delivery system components and performance measures in accordance with section 67-1904, Idaho Code.

(4) The director shall establish a mechanism to ensure placement of participants into the appropriate benchmark plan as allowed under section 6044 of the deficit reduction act of 2005. This mechanism shall include, but not be limited to, a health risk assessment. This assessment shall comply with federal requirements for early and periodic screening, diagnosis and treatment (EPSDT) services for children, in accordance with section 1905(a)(4)(B) of the social security act. The health risk assessment shall include questions related to substance use disorders to allow referral to treatment for such disorders by the department.

(5) The director may require, subject to federal approval, participants to designate a medical home. Applicants for medical assistance shall receive information about primary care case management, and, if required to

so designate, shall select a primary care provider as part of the eligibility determination process.

(6) The director may, subject to federal approval, enter into contracts for medical and other services when such contracts are beneficial to participant health outcomes as well as economically prudent for the medicaid program.

(7) The director may obtain agreements from medicare, school districts and other entities to provide medical care if it is practical and cost-effective.

(8) The director shall:

(a) Seek a waiver from the federal government to limit retroactive medicaid eligibility for persons described in section 56-267, Idaho Code, from ninety (90) days to thirty (30) days;

(b) In cooperation with the director of the department of insurance, seek a waiver from the federal government to provide the ability to receive, at a person's option, if such person is eligible for medicaid pursuant to section 56-267, Idaho Code, and has a modified adjusted gross income at one hundred percent (100%) of the federal poverty level or greater, the advanced premium tax credit to purchase a qualified health plan through the Idaho health insurance exchange established by chapter 61, title 41, Idaho Code, as an alternative to enrolling in medicaid. The department shall limit the choice of qualified health plans to ensure cost-effective coverage; and

(c) Seek a waiver from the federal government to require an employment and training program for persons participating in medicaid pursuant to section 56-267, Idaho Code, which program shall be consistent with the employment and training program for persons receiving supplemental nutrition assistance program (SNAP) benefits. The exemptions from participation in the employment and training program for SNAP beneficiaries shall also apply to medicaid participants, except that medicaid participants with children under the age of eighteen (18) years shall be exempt from participation in the employment and training program.

The department shall implement the waivers as soon as possible once federal approval has been obtained.

(9) The director shall research options for federal waivers to enable cost-efficient use of medicaid funds to pay for substance abuse and/or mental health services in institutions for mental disease.

(10) The director is given authority to promulgate rules consistent with this act.

SECTION 2. That Section 56-267, Idaho Code, be, and the same is hereby amended to read as follows:

56-267. MEDICAID ELIGIBILITY EXPANSION. (1) Notwithstanding any provision of law or federal waiver to the contrary, the state shall amend its state plan to expand Medicaid eligibility to include those persons under sixty-five (65) years of age whose modified adjusted gross income is one hundred thirty-three percent (133%) of the federal poverty level or below and who are not otherwise eligible for any other coverage under the state plan, in accordance with sections 1902(a) (10) (A) (i) (VIII) and 1902(e) (14) of the Social Security Act.

1 (2) No later than ninety (90) days after approval of this act, the
2 department shall submit any necessary state plan amendments to the United
3 States ~~D~~department of ~~H~~health and ~~H~~human ~~S~~services, ~~C~~centers for ~~M~~medicare
4 and ~~M~~medicaid ~~S~~services to implement the provisions of this section. The
5 department is required and authorized to take all actions necessary to im-
6 plement the provisions of this section as soon as practicable.

7 (3) If section 1905(y) of the social security act is amended or is held
8 unlawful or unconstitutional by a court with governing jurisdiction, then
9 the legislature may declare this section to be null, void, and of no force and
10 effect.

11 (4) This section shall become null, void, and of no force and effect as
12 of the first day of March following the date that federal financial partic-
13 ipation for persons identified in subsection (1) of this section is reduced
14 below the ninety percent (90%) commitment described in section 1905(y) of
15 the social security act, and any funding transferred from other programs to
16 fund the requirements of this section will revert to such other programs.

17 (5) No later than January 31 in the 2023 legislative session, the sen-
18 ate and house of representatives health and welfare committees shall review
19 all fiscal, health, and other impacts of medicaid eligibility expansion pur-
20 suant to this section and shall make a recommendation to the legislature as
21 to whether such expansion should remain in effect.

22 SECTION 3. SEVERABILITY. The provisions of this act are hereby declared
23 to be severable and if any provision of this act or the application of such
24 provision to any person or circumstance is declared invalid for any reason,
25 such declaration shall not affect the validity of the remaining portions of
26 this act.