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LRB-2668/1 TJD:emw

## **2017 SENATE BILL 606**

November 30, 2017 - Introduced by Senators Erpenbach, Johnson, Bewley, Carpenter, Hansen, Larson, Miller, Ringhand, Risser, Shilling, L. Taylor, Vinehout and Wirch, cosponsored by Representatives Riemer, Kolste, Anderson, Barca, Berceau, Billings, Bowen, Brostoff, Considine, Crowley, Doyle, Fields, Genrich, Goyke, Hebl, Hesselbein, Hintz, Kessler, Mason, Meyers, Milroy, Ohnstad, Pope, Sargent, Shankland, Sinicki, Spreitzer, Stuck, Subeck, C. Taylor, Wachs, Zamarripa and Zepnick. Referred to Committee on Health and Human Services.

- AN ACT *to amend* 49.45 (23) (a) and 49.471 (4) (a) 4. b.; and *to create* 49.471 (1)
- 2 (cr) and 49.471 (4g) of the statutes; **relating to:** Medicaid expansion and eligibility for BadgerCare Plus and BadgerCare Plus Core.

### Analysis by the Legislative Reference Bureau

This bill changes the family income eligibility level to up to 133 percent of the federal poverty line for parents and caretaker relatives under BadgerCare Plus and for childless adults under BadgerCare Plus Core. BadgerCare Plus and BadgerCare Plus Core are programs under the state's Medical Assistance program, which provides health services to individuals who have limited financial resources. The federal Patient Protection and Affordable Care Act allows a state to receive an enhanced federal medical assistance percentage payment for providing benefits to certain individuals through a state's Medical Assistance program. The bill requires the Department of Health Services to comply with all federal requirements and to request any amendment to the state Medical Assistance plan, waiver of Medicaid law, or other federal approval necessary to qualify for the highest available enhanced federal medical assistance percentage for parents and caretaker relatives and childless adults under the BadgerCare Plus and BadgerCare Plus Core programs. If DHS does not qualify for the enhanced federal medical assistance percentage or if the percentage is reduced, DHS is required to submit to the Joint Committee on Finance a fiscal analysis comparing the cost of covering parents and caretaker relatives and childless adults under the Medical Assistance program at up to 133 percent of the federal poverty line to the cost of limiting income eligibility to those

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adults to up to 100 percent of the federal poverty line. DHS may reduce income eligibility levels for those adults to up to 100 percent of the federal poverty line only if the Joint Committee on Finance approves.

Under current law, certain parents and caretaker relatives with incomes of not more than 100 percent of the federal poverty line, before a 5 percent income disregard is applied, are eligible for BadgerCare Plus benefits. Under current law, childless adults who 1) are under age 65; 2) have family incomes that do not exceed 100 percent of the federal poverty line, before a 5 percent income disregard is applied; and 3) are not otherwise eligible for Medical Assistance, including BadgerCare Plus, are eligible for benefits under BadgerCare Plus Core.

For further information see the **state** fiscal estimate, which will be printed as an appendix to this bill.

# The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

**SECTION 1.** 49.45 (23) (a) of the statutes is amended to read:

49.45 (23) (a) The department shall request a waiver from the secretary of the federal department of health and human services to permit the department to conduct a demonstration project to provide health care coverage to adults who are under the age of 65, who have family incomes not to exceed 100 133 percent of the poverty line before application of the 5 percent income disregard under 42 CFR 435.603 (d), except as provided in s. 49.471 (4g), and who are not otherwise eligible for medical assistance under this subchapter, the Badger Care health care program under s. 49.665, or Medicare under 42 USC 1395 et seq.

**Section 2.** 49.471 (1) (cr) of the statutes is created to read:

49.471 (1) (cr) "Enhanced federal medical assistance percentage" means a federal medical assistance percentage described under 42 USC 1396d (y) or (z).

**SECTION 3.** 49.471 (4) (a) 4. b. of the statutes is amended to read:

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49.471 (4) (a) 4. b. The Except as provided in sub. (4g), the individual's family income does not exceed 100 133 percent of the poverty line before application of the 5 percent income disregard under 42 CFR 435.603 (d).

**Section 4.** 49.471 (4g) of the statutes is created to read:

49.471 (4g) Medicaid expansion; federal medical assistance percentage. (a) For services provided to individuals described under sub. (4) (a) 4. and s. 49.45 (23), the department shall comply with all federal requirements to qualify for the highest available enhanced federal medical assistance percentage. The department shall submit any amendment to the state medical assistance plan, request for a waiver of federal Medicaid law, or other approval required by the federal government to provide services to the individuals described under sub. (4) (a) 4. and s. 49.45 (23) and qualify for the highest available enhanced federal medical assistance percentage.

(b) If the department does not qualify for an enhanced federal medical assistance percentage, or if the enhanced federal medical assistance percentage obtained by the department is lower than printed in federal law as of July 1, 2013, for individuals eligible under sub. (4) (a) 4. or s. 49.45 (23), the department shall submit to the joint committee on finance a fiscal analysis comparing the cost to maintain coverage for adults who are not pregnant and not elderly with family incomes up to 133 percent of the poverty line to the cost of limiting eligibility to those adults with family incomes up to 100 percent of the poverty line. The department may reduce income eligibility for adults who are not pregnant and not elderly from family incomes of up to 133 percent of the poverty line to family incomes of up to 100 percent of the poverty line only if this reduction in income eligibility levels is approved by the joint committee on finance.

Section 5. Effective date.

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(END)
after publication, whichever is later.
(cr), $(4)$ $(a)$ 4. b., and $(4g)$ of the statutes takes effect on January 1, 2018, or on the day
(1) Medicaid expansion. The treatment of sections 49.45 (23) (a) and 49.471 (1)