

IN THE HOUSE OF REPRESENTATIVES

HOUSE BILL NO. 123

BY HEALTH AND WELFARE COMMITTEE

AN ACT

RELATING TO MEDICAID; REPEALING SECTION 56-267, IDAHO CODE, RELATING TO MEDICAID ELIGIBILITY EXPANSION; AMENDING SECTION 31-3502, IDAHO CODE, TO REMOVE A CODE REFERENCE; AMENDING SECTION 56-253, IDAHO CODE, TO REMOVE PROVISIONS REGARDING CERTAIN WAIVERS; AMENDING SECTION 56-262, IDAHO CODE, TO PROVIDE A CORRECT CODE REFERENCE; AND DECLARING AN EMERGENCY AND PROVIDING AN EFFECTIVE DATE.

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

SECTION 1. That Section [56-267](#), Idaho Code, be, and the same is hereby repealed.

SECTION 2. That Section 31-3502, Idaho Code, be, and the same is hereby amended to read as follows:

31-3502. ELIGIBILITY FOR FINANCIAL ASSISTANCE. (1) Notwithstanding any provision of law or rule to the contrary, no person eligible for medic-aid pursuant to section 56-254 ~~or 56-267~~, Idaho Code, shall be eligible for financial assistance pursuant to this chapter as it existed on March 1, 2022.

(2) Notwithstanding any provision of law or rule to the contrary, no person eligible for health insurance shall be eligible for financial assistance pursuant to this chapter as it existed on March 1, 2022.

(3) Notwithstanding any provision of law or rule to the contrary, no person in a commitment proceeding pursuant to chapter 3, title 66, Idaho Code, who is eligible for medicaid or eligible for health insurance shall be eligible for financial assistance pursuant to this chapter as it existed on March 1, 2022.

(4) A board of county commissioners, the board of the catastrophic health care cost program, or the department of health and welfare receiving an application for assistance for services received through March 31, 2022, shall process such application pursuant to this chapter as it existed on March 1, 2022.

(5) It is the intent of the legislature that moneys saved by counties pursuant to this section may be used for additional county aid to public health districts as required by section 39-424A, Idaho Code.

SECTION 3. 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.

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

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

8 (4) The director shall establish a mechanism to ensure placement of
9 participants into the appropriate benchmark plan as allowed under section
10 6044 of the deficit reduction act of 2005. This mechanism shall include,
11 but not be limited to, a health risk assessment. This assessment shall com-
12 ply with federal requirements for early and periodic screening, diagnosis
13 and treatment (EPSDT) services for children, in accordance with section
14 1905(a)(4)(B) of the social security act. The health risk assessment shall
15 include questions related to substance use disorders to allow referral to
16 treatment for such disorders by the department.

17 (5) The director may require, subject to federal approval, partici-
18 pants to designate a medical home. Applicants for medical assistance shall
19 receive information about primary care case management and, if required to
20 so designate, shall select a primary care provider as part of the eligibility
21 determination process.

22 (6) The director may, subject to federal approval, enter into contracts
23 for medical and other services when such contracts are beneficial to partic-
24 ipant health outcomes as well as economically prudent for the medicaid pro-
25 gram.

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

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

32 ~~(9) The director shall, in cooperation with the director of the depart-~~
33 ~~ment of insurance, seek waivers from the federal government to provide that~~
34 ~~persons eligible for medicaid pursuant to section 56-267, Idaho Code, who~~
35 ~~have a modified adjusted gross income at or above one hundred percent (100%)~~
36 ~~of the federal poverty level shall receive the advance premium tax credit to~~
37 ~~purchase a qualified health plan through the Idaho health insurance exchange~~
38 ~~established by chapter 61, title 41, Idaho Code, instead of enrolling in med-~~
39 ~~icaid, except as provided in paragraph (a) of this subsection.~~

40 ~~(a) A person described in this subsection may choose to enroll in med-~~
41 ~~icaid instead of receiving the advance premium tax credit to purchase a~~
42 ~~qualified health plan.~~

43 ~~(b) If the waivers described in this subsection are not approved before~~
44 ~~January 1, 2020, then the persons described in this subsection shall be~~
45 ~~enrolled in medicaid.~~

46 ~~(10) The director shall seek a waiver from the federal government con-~~
47 ~~sistent with the provisions of this subsection.~~

48 ~~(a) A person participating in medicaid pursuant to section 56-267,~~
49 ~~Idaho Code, must be:~~

- ~~(i) Working at least twenty (20) hours per week, averaged monthly, or earning wages equal to or greater than the federal minimum wage for twenty (20) hours of work per week;~~
- ~~(ii) Participating in and complying with the requirements of a work training program at least twenty (20) hours per week, as determined by the department;~~
- ~~(iii) Volunteering at least twenty (20) hours per week, as determined by the department;~~
- ~~(iv) Enrolled at least half-time in postsecondary education or another recognized education program, as determined by the department, and remaining enrolled and attending classes during normal class cycles;~~
- ~~(v) Meeting any combination of working, volunteering, and participating in a work program for a total of at least twenty (20) hours per week, as determined by the department; or~~
- ~~(vi) Subject to and complying with the requirements of the work program for temporary assistance for needy families (TANF) or participating and complying with the requirements of a workfare program in the supplemental nutrition assistance program (SNAP).~~

~~(b) A person is exempt from the provisions of paragraph (a) of this subsection if the person is:~~

- ~~(i) Under the age of nineteen (19) years;~~
- ~~(ii) Over the age of fifty-nine (59) years;~~
- ~~(iii) Physically or intellectually unable to work;~~
- ~~(iv) Pregnant;~~
- ~~(v) A parent or caretaker who is the primary caregiver of a dependent child under the age of eighteen (18) years, as determined by the department;~~
- ~~(vi) A parent or caretaker personally providing care for a person with serious medical conditions or with a disability, as determined by the department;~~
- ~~(vii) Applying for or receiving unemployment compensation and complying with work requirements that are part of the federal-state unemployment insurance program;~~
- ~~(viii) Applying for social security disability benefits, until such time eligibility is determined;~~
- ~~(ix) Participating in a drug addiction or alcohol treatment and rehabilitation program, as determined by the department; or~~
- ~~(x) An American Indian or Alaska native who is eligible for services through the Indian health service or through a tribal health program pursuant to the Indian self-determination and education assistance act and the Indian health care improvement act.~~

~~(c) The department shall verify a medicaid participant's compliance with paragraph (a) of this subsection every six (6) months and shall promulgate rules based on federal final waiver approval relating to the requirements of this subsection. A person who fails to comply with paragraph (a) of this subsection shall:~~

- ~~(i) Be ineligible for medicaid but may reapply for medicaid two (2) months after such determination is made or earlier if in compliance; or~~

1 ~~(ii) If the provisions of subparagraph (i) of this paragraph are~~
2 ~~not federally approved or are found unlawful by a court of compe-~~
3 ~~tent jurisdiction, be subject to the maximum allowable copayments~~
4 ~~on covered Idaho medicaid services for a period of six (6) months~~
5 ~~or until the person complies with paragraph (a) of this subsec-~~
6 ~~tion, whichever is earlier.~~

7 ~~(d) It is the intent of the legislature, in enacting the requirements of~~
8 ~~this subsection, to enable coverage of medicaid participants while also~~
9 ~~promoting the participants' health and financial independence.~~

10 ~~(e) The department shall implement the waiver described in this subsec-~~
11 ~~tion as soon as possible once federal approval has been obtained.~~

12 ~~(11) (9) The director is given authority to promulgate rules consistent~~
13 with this act.

14 SECTION 4. That Section 56-262, Idaho Code, be, and the same is hereby
15 amended to read as follows:

16 56-262. DEFINITIONS. The definitions contained in section 56-252,
17 Idaho Code, shall apply to sections 56-260 through ~~56-267~~ 56-268, Idaho
18 Code.

19 SECTION 5. An emergency existing therefor, which emergency is hereby
20 declared to exist, this act shall be in full force and effect on and after
21 July 1, 2023.