LEGISLATURE OF THE STATE OF IDAHO Sixty-seventh Legislature Second Regular Session - 2024

IN THE HOUSE OF REPRESENTATIVES

HOUSE BILL NO. 419

BY HEALTH AND WELFARE COMMITTEE

AN ACT

- RELATING TO MEDICAID; AMENDING SECTION 56-267, IDAHO CODE, TO PROVIDE CER TAIN CONDITIONS FOR IMPLEMENTATION OF MEDICAID ELIGIBILITY EXPANSION,
 TO REQUIRE NOTIFICATION TO THE LEGISLATURE, AND TO PROVIDE FOR CONDI TIONAL TERMINATION OF MEDICAID ELIGIBILITY EXPANSION; AND DECLARING AN
 EMERGENCY AND PROVIDING AN EFFECTIVE DATE.
- 7 Be It Enacted by the Legislature of the State of Idaho:

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8 SECTION 1. That Section 56-267, Idaho Code, be, and the same is hereby 9 amended to read as follows:

56-267. MEDICAID ELIGIBILITY EXPANSION. (1) Notwithstanding any 10 provision of law or federal waiver to the contrary, the state shall amend 11 its state plan to expand shall not implement or execute any state plan that 12 13 expands medicaid eligibility to include those persons under sixty-five (65) years of age whose modified adjusted gross income is one hundred 14 thirty-three percent (133%) of the federal poverty level or below and who 15 are not otherwise eligible for any other coverage under the state plan, in 16 accordance with sections 1902(a)(10)(A)(i)(VIII) and 1902(e)(14) of the 17 social security act- on and after July 1, 2025, unless all of the following 18 conditions are met: 19

20	(a) Federal financial participation for persons identified in this
21	subsection remains at the ninety percent (90%) federal commitment de-
22	scribed in section 1905(y) of the social security act;

(b) The department has, with federal approval if necessary, imple mented work requirements for able-bodied adults enrolled in medicaid
 in which no individual shall be eligible to participate in the medicaid
 program unless the individual is:

27	(i) Working twenty (20) hours or more per week, averaged monthly;
28	(ii) Participating in and complying with the requirements of a
29	work program twenty (20) hours or more per week, as determined by
30	the department;
31	(iii) Volunteering twenty (20) hours or more per week, as deter-
32	mined by the department;
33	(iv) Meeting any combination of working and participating in a
34	work program for a total of twenty (20) hours or more per week, as
35	determined by the department; or
36	(v) Participating and complying with the requirements of a work-
37	fare program, unless the individual is:
38	1. Less than nineteen (19) years of age;
39	2. More than sixty-four (64) years of age;
40	3. Medically certified as physically or mentally unfit for
41	employment;
42	4. Pregnant;

1	5. A parent or caretaker responsible for the care of a depen-
2	dent child less than six (6) years of age;
3	6. A parent or caretaker personally providing the care for
4	a dependent child with a serious medical condition or with a
5	disability, as determined by the department;
6	7. Receiving unemployment compensation and complying with
7	work requirements as part of the federal-state unemployment
8	compensation system; or
9	8. Participating in a drug addiction or alcoholic treatment
10	and rehabilitation program;
11	(c) The department has, with federal approval if necessary, allowed
12	persons eligible for medicaid under this section who have a modified
13	adjusted gross income at or above one hundred percent (100%) of the fed-
14	eral poverty level to receive the advance premium tax credit to purchase
15	a qualified health plan through the Idaho health insurance exchange
16	established by chapter 61, title 41, Idaho Code, instead of enrolling in
17	medicaid, except that a person may choose to enroll in medicaid instead
18	of receiving the advance premium tax credit to purchase a qualified
19	health plan;
20	(d) The department implements an enrollment cap, with federal approval
21	if necessary, that limits enrollment at any given time for persons iden-
22	tified in this subsection to the lower of:
23	(i) Fifty thousand (50,000) persons; or
24 25	(ii) A total represented by the sum of adults enrolled in medicaid who are disabled or over sixty-five (65) years of age;
25 26	(e) The department has maintained a medicaid improper payment rate of
20	five percent (5%) or less, as confirmed by biennial majority votes of
28	both the senate and the house of representatives health and welfare com-
29	mittees, based on a review that shall include but is not limited to data
30	provided by the department to those committees and to the United States
31	department of health and human services;
32	(f) The department has, with federal approval if necessary, suspended
33	requirements to renew eligibility automatically based on available in-
34	formation and to use pre-populated forms;
35	(g) The department has, with federal approval if necessary, imple-
36	mented a lifetime benefit limit of thirty-six (36) months for persons
37	identified in this subsection counting only time spent in that eligi-
38	bility category;
39	(h) The department has, with federal approval if necessary, imple-
40	mented biannual redetermination for persons identified in this subsec-
41	tion; and
42	(i) The department has, with federal approval if necessary, limited
43	hospital presumptive eligibility determinations to children and preg-
44	nant women.
45	(2) No funds shall be used to fulfill any contract or commercial trans-
46	action with any health care provider or health care facility under the terms
47	of which such health care provider or health care facility agrees to provide
48	services prohibited under section 18-1506C, Idaho Code.
49	(3) No funds shall be used to fulfill any gender reassignment proce-
50	dures, including treatments and surgery for any resident over eighteen (18)

years of age. Should a court impose the requirements of gender reassignment for medicaid participants, it shall be considered a violation of the conditions of the state plan.
(4) No later than ninety (90) days after approval of this act July
1, 2024, the department shall submit any necessary state plan amendments

or waiver requests to the United States department of health and human 6 7 services, centers for medicare and medicaid services to implement the provisions of this section. The department is required and authorized to take 8 all actions necessary to implement the provisions of this section as soon as 9 practicable. The department is required to notify the senate and the house 10 11 of representatives health and welfare committees within thirty (30) days of the submission, approval, rejection, or withdrawal of any federal waiver 12 request or state plan amendment submitted to carry out the provisions of this 13 section. In the event that any conditions for eligibility expansion under 14 subsection (1) of this section are not met by July 1, 2025, the department 15 shall terminate eligibility for persons described in subsection $(\overline{1})$ of this 16 section no later than October 1, 2025. In the event that all conditions 17 required for eligibility expansion under subsection (1) of this section are 18 met by July 1, 2025, but are not met at any point thereafter, the department 19 shall terminate eligibility for persons described in subsection (1) of this 20 21 section within ninety (90) days after the date such conditions are not met.

(3) Eligibility for medicaid as described in this section shall not be 22 delayed if the centers for medicare and medicaid services fail to approve any 23 waivers of the state plan for which the department applies, nor shall such 24 eligibility be delayed while the department is considering or negotiating 25 any waivers to the state plan. The department shall not implement any waiver 26 that would result in a reduction in federal financial participation for per-27 sons identified in subsection (1) of this section below the ninety percent 28 (90%) commitment described in section 1905(y) of the social security act. 29

30 (4) If section 1905(y) of the social security act is held unlawful or
 31 unconstitutional by the United States supreme court, then the legislature
 32 shall declare this section to be null, void, and of no force and effect.

(5) If federal financial participation for persons identified in sub-33 section (1) of this section is reduced below the ninety percent (90%) commit-34 ment described in section 1905(y) of the social security act, then the senate 35 and house of representatives health and welfare committees shall, as soon as 36 practicable, review the effects of such reduction and make a recommendation 37 to the legislature as to whether medicaid eligibility expansion should re-38 39 main in effect. The review and recommendation described in this subsection shall be conducted by the date of adjournment of the regular legislative ses-40 sion following the date of reduction in federal financial participation. 41

42 (6) The department:

43 (a) Shall place all persons participating in medicaid pursuant to
 44 this section in a care management program authorized under section
 45 56-265(5), Idaho Code, or in another managed care program to improve the
 46 quality of their care, to the extent possible; and

47 (b) Is authorized to seek any federal approval necessary to implement
 48 the provisions of this subsection.

49 (7) No later than January 31 in the 2023 legislative session, the sen 50 ate and house of representatives health and welfare committees shall review

all fiscal, health, and other impacts of medicaid eligibility expansion pur suant to this section and shall make a recommendation to the legislature as
 to whether such expansion should remain in effect.

SECTION 2. An emergency existing therefor, which emergency is hereby
 declared to exist, this act shall be in full force and effect on and after

6 July 1, 2024.