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IN THE HOUSE OF REPRESENTATIVES

HOUSE BILL NO. 122

BY HEALTH AND WELFARE COMMITTEE

AN ACT

1	AN ACT
2	RELATING TO PUBLIC ASSISTANCE; AMENDING SECTION 56-239, IDAHO CODE, TO RE-
3	VISE PROVISIONS REGARDING ELIGIBILITY REQUIREMENTS FOR CHIP PLAN B;
4	AMENDING SECTION 56-254, IDAHO CODE, TO REVISE PROVISIONS REGARDING
5	CERTAIN ELIGIBILITY REQUIREMENTS FOR MEDICAID AND TO MAKE TECHNICAL
6	CORRECTIONS; AMENDING CHAPTER 2, TITLE 56, IDAHO CODE, BY THE ADDITION
7	OF A NEW SECTION 56-269, IDAHO CODE, TO ESTABLISH PROVISIONS REGARDING
8	A CERTAIN MEDICAID STATE PLAN AMENDMENT; PROVIDING LEGISLATIVE INTENT;
9	AND DECLARING AN EMERGENCY.

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

SECTION 1. That Section 56-239, Idaho Code, be, and the same is hereby amended to read as follows:

- 56-239. CHIP PLAN B. (1) There is hereby created in the department a CHIP Plan B that shall be made available by the department to eligible children, as defined in section 56-238, Idaho Code, whose family's modified adjusted gross income is between one hundred fifty percent (150%) and one hundred eighty-five percent (185%) two hundred fifty-five percent (255%) of the federal poverty guidelines. The director shall implement the program by adopting rules recommended by the board of the Idaho individual high risk reinsurance pool created in section 41-5502, Idaho Code, that authorize policies of health insurance for children enrolled in the CHIP Plan B.
- (2) There is hereby created a CHIP Plan B advisory board which shall advise the Idaho individual high risk reinsurance pool board concerning issues related to the CHIP Plan B. The board shall consist of eight (8) members, four (4) members to be appointed by the director and four (4) members to be appointed by the governor. At least two (2) members of the board shall be parents of children who are eligible to participate in the CHIP Plan B.
- SECTION 2. That Section 56-254, Idaho Code, be, and the same is hereby amended to read as follows:
- 56-254. ELIGIBILITY FOR MEDICAL ASSISTANCE. The department shall make payments for medical assistance to, or on behalf of, the following persons eligible for medical assistance.
- (1) The benchmark plan for low-income children and working-age adults with no special health needs includes the following persons:
 - (a) Children in families whose family income does not exceed one hundred eighty-five percent (185%) two hundred fifty-five percent (255%) of the federal poverty quideline and who meet age-related and other eligibility standards in accordance with department rule;
 - (b) Pregnant women of any age whose family income does not exceed one hundred thirty-three percent (133%) two hundred five percent (205%) of

the federal poverty guideline and who meet other eligibility standards in accordance with department rule, or who meet the presumptive eligibility guidelines in accordance with section 1920 of the social security act;

- (c) Infants born to medicaid-eligible pregnant women. Medicaid eligibility must be offered throughout the first year of life as long as the infant remains in the mother's household and she remains eligible, or would be eligible if she were still pregnant;
- (d) Adults in families with dependent children, as described in section 1931 of the social security act, who meet the requirements in the state's assistance to families with dependent children (AFDC) plan in effect on July 16, 1996;
- (e) Families who are provided six (6) to twelve (12) months of medicaid coverage following loss of eligibility under section 1931 of the social security act due to earnings, or four (4) months of medicaid coverage following loss of eligibility under section 1931 of the social security act due to an increase in child or spousal support; and
- (f) All other mandatory groups as defined in title XIX of the social security act, if not listed separately in subsection (2) or (3) of this section.
- (2) The benchmark plan for persons with disabilities or special health needs includes the following persons:
 - (a) Persons under age sixty-five (65) years eligible in accordance with title XVI of the social security act, as well as persons eligible for aid to the aged, blind and disabled (AABD) under titles I, X and XIV of the social security act;
 - (b) Persons under age sixty-five (65) years who are in need of the services of a licensed nursing facility, a licensed intermediate care facility for the developmentally disabled, a state mental hospital, or home-based and community-based care whose income does not exceed three hundred percent (300%) of the social security income (SSI) standard and who meet the asset standards and other eligibility standards in accordance with federal law and regulation, Idaho law and department rule;
 - (c) Certain disabled children described in 42 CFR 435.225 who meet resource limits for aid to the aged, blind and disabled (AABD) and income limits for social security income (SSI) and other eligibility standards in accordance with department rule;
 - (d) Persons under age sixty-five (65) years who are eligible for services under both titles XVIII and XIX of the social security act;
 - (e) Children who are eligible under title IV-E of the social security act for subsidized board payments, foster care, or adoption subsidies, and children for whom the state has assumed temporary or permanent responsibility and who do not qualify for title IV-E assistance but are in foster care, shelter or emergency shelter care, or subsidized adoption and who meet eligibility standards in accordance with department rule;
 - (f) Eligible women under age sixty-five (65) years, with incomes at or below two hundred percent (200%) of the federal poverty level, for cancer treatment pursuant to the federal breast and cervical cancer prevention and treatment act of 2000;

- (g) Low-income children and working-age adults under age sixty-five (65) years who qualify under subsection (1) of this section and who require the services for persons with disabilities or special health needs listed in section 56-255(3), Idaho Code;
- (h) Persons over age sixty-five (65) years who choose to enroll in this state plan; and
- (i) Effective January 1, 2018, children under age eighteen (18) years with serious emotional disturbance, as defined in section 16-2403, Idaho Code, in families whose income does not exceed three hundred percent (300%) of the federal poverty guideline and who meet other eligibility standards in accordance with department rule.
- (3) The benchmark plan for persons over twenty-one (21) years of age who have medicare and medicaid coverage includes the following persons:
 - (a) Persons eligible in accordance with title XVI of the social security act, as well as persons eligible for aid to the aged, blind and disabled (AABD) under titles I, X and XIV of the social security act;
 - (b) Persons who are in need of the services of a licensed nursing facility, a licensed intermediate care facility for the developmentally disabled, a state mental hospital, or home-based and community-based care whose income does not exceed three hundred percent (300%) of the social security income (SSI) standard and who meet the assets standards and other eligibility standards in accordance with federal and state law and department rule;
 - (c) Persons who are eligible for services under both titles XVIII and XIX of the social security act who have enrolled in the medicare program: and
 - (d) Persons who are eligible for services under both titles XVIII and XIX of the social security act and who elect to enroll in this state plan.
- SECTION 3. That Chapter 2, Title 56, Idaho Code, be, and the same is hereby amended by the addition thereto of a $\underline{\text{NEW SECTION}}$, to be known and designated as Section 56-269, Idaho Code, and to read as follows:
- 56-269. STATE PLAN AMENDMENT -- POSTPARTUM MEDICAID COVERAGE. (1) The state shall amend its state plan to extend medicaid eligibility for twelve (12) months postpartum to individuals who, while pregnant, are eligible for and receive medicaid, in accordance with section 9812 of the American rescue plan act of 2021 and section 1902 (e) (16) of the social security act.
- (2) If federal financial participation for individuals identified in subsection (1) of this section is reduced or eliminated by more than ten percent (10%) following approval of the state plan amendment, then the senate and house of representatives health and welfare committees shall, as soon as practicable, review the effects of such reduction or elimination and make a recommendation to the legislature as to whether the eligibility extension granted by subsection (1) of this section should remain in effect. The review and recommendation described in this subsection shall be conducted by the date of adjournment of the regular legislative session following the date of reduction in or elimination of federal financial participation.
 - (3) The department of health and welfare is required and authorized to:

1 (a) Take such actions as are necessary to implement the provisions of this section;

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- (b) Begin the application process for federal approval of the state plan amendment discussed in subsection (1) of this section no later than July 1, 2023; and
- (c) Seek to maximize federal financial participation on medicaid coverage for individuals identified in subsection (1) of this section.
- SECTION 4. LEGISLATIVE INTENT. It is the intent of the Legislature that the Department of Health and Welfare begin the application process for any federal approval necessary to implement the provisions of this act no later than July 1, 2023.
- 12 SECTION 5. An emergency existing therefor, which emergency is hereby 13 declared to exist, this act shall be in full force and effect on and after its 14 passage and approval.