

Summary



	Premium Assistance	ACA Medicaid \$	Waiver Required	Income Ceiling	ACA Minimum Benefit
HB 401	Yes	No	Optional	100%	No
SB 251	Yes	Yes	Yes	100%*	Yes
SB 272	No	Yes	No	138%	Yes
Governor	Yes	Yes	Yes	138%	Yes

*Negotiation to 138% authorized; legislative approval required for implementation

More Details



	GENERAL DESCRIPTION	COVERAGE CHANGE, BY HOUSEHOLD INCOME	
		0-100%	101-138%
MANDATORY (ACA)	Expansion for certain populations 0-138% FPL, in addition to options below	Eligibility expanded for children 6-18 and pregnant women, and for certain adults under 100% FPL	
HB 401 (DUNNIGAN)	Access Utah — defined contribution premium assistance up to 100% FPL	<ul style="list-style-type: none"> Premium assistance for private coverage (employer-based and individual, including a coordinated care model) Assistance limited to defined contribution 	No change: Federal subsidies available for federal exchange plans
SB 251 (SHIOZAWA)	Premium assistance for benchmark benefit coverage up to 100% FPL	<ul style="list-style-type: none"> Premium assistance for private coverage (employer-based and individual) 	No change: Federal subsidies available for federal exchange plans
SB 272 (DAVIS)	Expansion of current Medicaid up to 138% FPL	Traditional Medicaid program, including traditional benefits package	
GOVERNOR	Healthy Utah Plan — Premium assistance up to 138% FPL	Premium assistance for private coverage (employer-based and individual)	

More Details



	SPECIAL PROVISIONS	1115 WAIVER	REPEALER FOR FEDERAL FUNDS REDUCTION	FEDERAL/STATE FUNDING SHARES (FY 2021)
MANDATORY (ACA)	None	Not required	No	70/30
HB 401 (DUNNIGAN)	<ul style="list-style-type: none"> • Preference given to medically frail and parents with dependent children • Two-year pilot (2015–17) • Coordinated care model integrates medical & behavioral care and charity care • Evaluation component 	<ul style="list-style-type: none"> • Not required for expansion, but required for federal match • Modification of UPP/PCN 1115 waiver OK with legislative review • Develop 1332 waiver (2017) 	No	70/30 if UPP and PCN waiver approved; 0/100 if not
SB 251 (SHIOZAWA)	<ul style="list-style-type: none"> • Individual responsibility, cost sharing, & wellness flexibility • Behavioral health integration • Negotiation above 100% FPL OK 	Required	Yes	90/10
SB 272 (DAVIS)	<ul style="list-style-type: none"> • Seek enhanced funding for administrative costs • Deposit savings into Medicaid Stabilization Account 	Not required	Yes	90/10
GOVERNOR	<ul style="list-style-type: none"> • Three-year pilot • Assistance based on ability to work, income, access to insurance, and medical need • Cost sharing • Single plan for family possible 	Required	?	90/10

More Details



	ESTIMATED ENROLLMENT		GENERAL FUND COSTS/(SAVINGS) x \$1,000,000		FEDERAL MATCH x \$1,000,000	
	FY 2016	FY 2021	FY 2016	FY 2021	FY 2016	FY 2021
MANDATORY (ACA)	29,800 to 39,400	46,400 to 54,100	\$35	\$41	\$82	\$94
HB 401 (DUNNIGAN)	Up to 54,400	Up to 64,000	Up to \$44	Up to \$70	Up to \$106	Up to \$180
<div style="border: 1px solid red; padding: 5px;"> HB 401 Estimates Depend on Waiver Approval and the Amount Appropriated to Fund the Proposal </div>						
SB 251 (SHIOZAWA)	61,900	70,300	(\$5.1)	\$25	\$177.5	\$275
SB 272 (DAVIS)	131,500	160,100	(\$11.7)	\$60	\$556.9	\$640
GOVERNOR	131,500	160,100	To be determined	To be determined	To be determined	To be determined

Source: Office of Legislative Research and General Counsel, May 21, 2014