

BALLOT LANGUAGE FOR INITIATIVE NO. 170 (I-170)

INITIATIVE NO. 170

A LAW PROPOSED BY INITIATIVE PETITION

I-170 expands Montana's Medicaid program, the health coverage program for low-income adults, by increasing eligibility for the program according to federal health care law. I-170 creates a special revenue account to accept federal funds and establishes an advisory committee. Expansion of Montana's Medicaid program through initiative is contingent upon the Legislature appropriating funding for the expansion. This law terminates if federal funding of the program drops below the levels in current federal law.

Federal funds cover the cost of I-170 and allow for savings to the state through fiscal year 2017. After 2017, Montana will be required to expend state funds to pay a percentage of the costs, capping out at ten percent of the costs in fiscal year 2020 and thereafter.

YES on Initiative I-170

NO on Initiative I-170

THE COMPLETE TEXT OF INITIATIVE NO. 170 (I-170)

BE IT ENACTED BY THE PEOPLE OF THE STATE OF MONTANA:

NEW SECTION. **Section 1. Short title.** [Sections 1 through 4] may be cited as the “Healthy Montana Plan”.

NEW SECTION. **Section 2. Purpose.** The purposes of [sections 1 through 4] are to:

- (1) create the healthy Montana plan to increase access to the Montana medicaid program under 53-6-131 and offer health coverage to uninsured veterans, home health care workers, working parents, low-income adults, and other individuals who meet the eligibility requirements of 42 U.S.C.1396(a)(10)(A)(i)(VIII);
- (2) create health care cost savings for Montana;
- (3) create a special revenue account to accept federal funds for the healthy Montana plan; and
- (4) fully utilize available federal funds to provide health coverage for uninsured Montanans.

NEW SECTION. **Section 3. Healthy Montana plan special revenue account.** (1) There is an account in the federal special revenue fund for the purposes provided in subsection (2). There must be paid into the account the amounts paid to the state from federal sources for the purposes of implementing medicaid provisions of Public Law 111-148 and Public Law 111-152 that are received after [the effective date of this act].

(2) Money in the account may be appropriated by the legislature for the purposes of implementing the Montana medicaid program as provided in Title 53.

NEW SECTION. **Section 4. Healthy Montana plan review advisory council.** (1) The department shall review state activities related to the implementation of the healthy Montana plan in order to make recommendations to the legislature on ways to add value to medicaid dollars spent and to increase cost-effective care.

(2) The department shall establish an advisory committee made up of health care providers, health care consumers, and other parties interested in the way in which health care services are provided under the healthy Montana plan. The committee may make recommendations to the department on adding value to medicaid dollars spent and to increase cost-effective care. The committee may consist of up to 12 members.

Section 5. Section 53-6-131, MCA, is amended to read:

“53-6-131. Eligibility requirements. (1) Medical assistance under the Montana medicaid program may be granted to a person who is determined by the department of public health and human services, in its discretion, to be eligible as follows:

(a) The person receives or is considered to be receiving supplemental security income benefits under Title XVI of the Social Security Act, 42 U.S.C. 1381, et seq., and does not have income or resources in excess of the applicable medical assistance limits.

(b) The person would be eligible for assistance under the program described in subsection (1)(a) if that person were to apply for that assistance.

(c) The person is in a medical facility that is a medicaid provider and, but for residence in the facility, the person would be receiving assistance under the program in subsection (1)(a).

(d) The person is:

(i) under 21 years of age and in foster care under the supervision of the state or was in foster care under the supervision of the state and has been adopted as a child with special needs; or

(ii) under 18 years of age and is in a guardianship subsidized by the department pursuant to 41-3-444.

(e) The person meets the nonfinancial criteria of the categories in subsections (1)(a) through (1)(d) and:

(i) the person's income does not exceed the income level specified for federally aided categories of assistance and the person's resources are within the resource standards of the federal supplemental security income program; or

(ii) the person, while having income greater than the medically needy income level specified for federally aided categories of assistance:

(A) has an adjusted income level, after incurring medical expenses, that does not exceed the medically needy income level specified for federally aided categories of assistance or, alternatively, has paid in cash to the department the amount by which the person's income exceeds the medically needy income level specified for federally aided categories of assistance; and

(B) (I) in the case of a person who meets the nonfinancial criteria for medical assistance because the person is aged, blind, or disabled, has resources that do not exceed the resource standards of the federal supplemental security income program; or

(II) in the case of a person who meets the nonfinancial criteria for medical assistance because the person is pregnant, is an infant or child, or is the caretaker of an infant or child, has resources that do not exceed the resource standards adopted by the department.

(f) The person is a qualified pregnant woman or a child as defined in 42 U.S.C. 1396d(n).

(g) The person is under 19 years of age and lives with a family having a combined income that does not exceed 185% of the federal poverty level. The department may establish lower income levels to the extent necessary to maximize federal matching funds provided for in 53-4-1104.

(h) The person meets the eligibility requirements of 42 U.S.C. 1396a(a)(10)(A)(i)(VIII), as enacted by Public Law 111-148, Public Law 111-152, and federal regulations implementing those laws.

(2) The department may establish income and resource limitations. Limitations of income and resources must be within the amounts permitted by federal law for the medicaid program. Any otherwise applicable eligibility resource test prescribed by the department does not apply to enrollees in the healthy Montana kids plan provided for in 53-4-1104.

(3) The Montana medicaid program shall pay, as required by federal law, the premiums necessary for medicaid-eligible persons participating in the medicare program and may, within the discretion of the department, pay all or a portion of the medicare premiums, deductibles, and coinsurance for a qualified medicare-eligible person or for a qualified disabled and working individual, as defined in section 6408(d)(2) of the federal Omnibus Budget Reconciliation Act of 1989, Public Law 101-239, who:

(a) has income that does not exceed income standards as may be required by the Social Security Act; and

(b) has resources that do not exceed standards that the department determines reasonable for purposes of the program.

(4) The department may pay a medicaid-eligible person's expenses for premiums, coinsurance, and similar costs for health insurance or other available health coverage, as provided in 42 U.S.C. 1396b(a)(1).

(5) In accordance with waivers of federal law that are granted by the secretary of the U.S. department of health and human services, the department of public health and human services may grant eligibility for basic medicaid benefits as described in 53-6-101 to an individual receiving section 1931 medicaid benefits, as defined in 53-4-602, as the specified caretaker relative of a dependent child under the section 1931 medicaid program. A recipient who is pregnant, meets the criteria for disability provided in Title II of the Social Security Act, 42 U.S.C. 416, et seq., or is less than 21 years of age is entitled to full medicaid coverage, as provided in 53-6-101.

(6) The department, under the Montana medicaid program, may provide, if a waiver is not available from the federal government, medicaid and other assistance mandated by Title XIX of the Social Security Act, 42 U.S.C. 1396, et seq., as may be amended, and not specifically listed in this part to categories of persons that may be designated by the act for receipt of assistance.

(7) Notwithstanding any other provision of this chapter, medical assistance must be provided to infants and pregnant women whose family income does not exceed income standards adopted by the department that comply with the requirements of 42 U.S.C. 1396a(l)(2)(A)(i) and whose family resources do not exceed standards that the department determines reasonable for purposes of the program.

(8) Subject to appropriations, the department may cooperate with and make grants to a nonprofit corporation that uses donated funds to provide basic preventive and primary health care medical benefits to children whose families are ineligible for the Montana medicaid program and who are ineligible for any other health care coverage, are under 19 years of age, and are enrolled in school if of school age.

(9) A person described in subsection (7) must be provided continuous eligibility for medical assistance, as authorized in 42 U.S.C. 1396a(e)(5) through (e)(7).

(10) Full medical assistance under the Montana medicaid program may be granted to an individual during the period in which the individual requires treatment of breast or cervical cancer, or both, or of a precancerous condition of the breast or cervix, if the individual:

(a) has been screened for breast and cervical cancer under the Montana breast

and cervical health program funded by the centers for disease control and prevention program established under Title XV of the Public Health Service Act, 42 U.S.C. 300k, or in accordance with federal requirements;

(b) needs treatment for breast or cervical cancer, or both, or a precancerous condition of the breast or cervix;

(c) is not otherwise covered under creditable coverage, as provided by federal law or regulation;

(d) is not eligible for medical assistance under any mandatory categorically needy eligibility group; and

(e) has not attained 65 years of age.

(11) Subject to the limitation in 53-6-195, the department shall provide medicaid coverage to workers with disabilities as provided in 53-6-195 and in accordance with 42 U.S.C. 1396a(a)(10)(A)(ii)(XIII) and (r)(2) and 42 U.S.C. 1396o.

(12) The department shall establish medicaid eligibility consistent with the modified adjusted gross income criteria allowed under federal regulations."

NEW SECTION. Section 6. Codification instruction. [Sections 1 through 4] are intended to be codified as an integral part of Title 53, chapter 6, part 1, and the provisions of Title 53, chapter 6, part 1, apply to [sections 1 through 4].

NEW SECTION. Section 7. Effective date. [This act] is effective July 1, 2015.

NEW SECTION. Section 8. Contingent termination. (1) [Sections 1, 2, 4, and 5] terminate on the date that the federal medical assistance percentage for medical services provided to individuals eligible for medicaid pursuant to 53-6-131(1)(h) is set below the level provided for in 42 U.S.C. 1396d(y) as that statute reads on [the effective date of this act].

(2) [Section 3] terminates 15 months after the contingency provided for in subsection (1) of this section occurs.

(3) The director of the department of public health and human services shall certify to the governor the occurrence of the contingency. The governor shall transmit a copy of the certification to the code commissioner.