



# Abridged Summary of Medicaid Expansion Proposals in Kansas

As of Jan. 10, 2020

	House Bill 2102 / Senate Bill 54 <i>As introduced Jan. 29, 2019 (text of this bill replaced the contents of HB 2066 via amendment fa_2019_hb2066_h_1427).</i>	House Bill 2066 <i>As amended by the House March 21, 2019.</i>	Bill Draft 20rs1873 <i>As revised Oct. 23, 2019, by the Senate Select Committee on Healthcare Access.</i>	Senate Bill 246 <i>As pre-filed Dec. 3, 2019.</i>	SB 252 (Bipartisan Medicaid Expansion Bill) <i>As outlined by Gov. Laura Kelly and Sen. Majority Leader Jim Denning and pre-filed Jan. 9, 2020.</i>
<b>Eligibility</b>	Any adult under age 65 who is not pregnant, up to 133 percent FPL (\$35,535 for a family of four in 2019, including a five-percent income disregard).	Any adult under age 65 who is not pregnant, up to 133 percent FPL (\$35,535 for a family of four in 2019, including a five-percent income disregard).	Any adult under age 65 who is not pregnant, up to 100 percent FPL. <ul style="list-style-type: none"> <li>• <b>Or</b> (if previous option not approved with enhanced federal match):  <i>Any adult under 65 years of age who earns between 100-138 percent FPL would have the option of Medicaid coverage or a marketplace plan.</i></li> <li>• <b>Or</b> (if previous option not approved with enhanced federal match):  <i>Any adult under 65 years of age who earns up to 138 percent FPL.</i></li> </ul>	Any adult under age 65 who is not pregnant, up to 138 percent FPL.	Any adult under age 65 whose income does not exceed 138 percent of the federal poverty level, to begin no later than January 1, 2021.
<b>Work Referrals</b>	All non-disabled adults who are unemployed or working fewer than 20 hours per week and who are not full-time students are referred to workforce programs.	All non-disabled adults who are unemployed or working fewer than 20 hours per week and who are not full-time students are referred to workforce programs. KDHE may exempt parents with minor children in the home.	KDHE evaluates applicants for education, employment status and factors impacting the applicant's employment status and refers all non-disabled adults who are unemployed or working fewer than 20 hours per week and who are not full-time students to workforce programs.	All non-disabled adults who are unemployed or working fewer than 20 hours per week and who are not full-time students are referred to workforce programs.	KDHE evaluates applicants for education, employment status and factors impacting the applicant's employment status and determines who should be referred to the Kansas Works Program.
<b>Premiums</b>	N/A	\$25 a month per enrollee, up to \$100 per household. KDHE may grant hardship exemptions.	No premium charged to enrollees with income up to 100 percent FPL.  Premiums of 5 percent of household income for enrollees over 100 percent FPL, capped at 5 percent in the aggregate for all members of the household.	Up to \$25 a month per enrollee, up to a maximum of \$100 per month per household. KDHE may grant hardship exemptions.	Up to \$25 a month per enrollee, up to \$100 per household, for enrollees from 100-138 percent FPL. KDHE may grant hardship exemptions.

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**Abridged Summary of Medicaid Expansion Proposals in Kansas (continued) As of Jan. 10, 2020**

	<b>House Bill 2102 / Senate Bill 54</b> <i>As introduced Jan. 29, 2019 (text of this bill replaced the contents of HB 2066 via amendment fa_2019_hb2066_h_1427).</i>	<b>House Bill 2066</b> <i>As amended by the House March 21, 2019.</i>	<b>Bill Draft 20rs1873</b> <i>As revised Oct. 23, 2019, by the Senate Select Committee on Healthcare Access.</i>	<b>Senate Bill 246</b> <i>As pre-filed Dec. 3, 2019.</i>	<b>SB 252 (Bipartisan Medicaid Expansion Bill)</b> <i>As outlined by Gov. Laura Kelly and Sen. Majority Leader Jim Denning and pre-filed Jan. 9, 2020.</i>
<b>Lockouts</b>	N/A	Coverage is suspended for three months following three consecutive months of nonpayment. Enrollees may apply for reinstatement once but will be permanently suspended following an additional three months of nonpayment.	Enrollees are ineligible if they have not made their first payment or if they are 60 or more days delinquent. Those who are 60 or more days delinquent will be ineligible for six months.  Past due premiums are subject to set off against state lottery or gaming winnings and tax refunds.	N/A	No lockouts, but unpaid premiums are collected through the established debt setoff program.
<b>Copays</b>	N/A	N/A	KDHE requests a waiver to charge a copayment for non-urgent emergency care in addition to premiums.	N/A	N/A
<b>Premium Assistance for Private Insurance</b>	Allows KDHE to establish a premium assistance program, with premiums capped at 2 percent of annual income.	Allows KDHE to establish a premium assistance program, with premiums capped at 2 percent of annual income.	Allows KDHE to establish a premium assistance program, with aggregate household premiums capped at 5 percent of household modified adjusted gross income.	Allows KDHE to establish a premium assistance program, with premiums capped at 2 percent of annual income.	Allows KDHE to implement a premium assistance program.
<b>“Poison Pill”</b>	Requires KDHE to terminate coverage under the program over 12 months if FMAP falls below 90 percent.	Requires KDHE to terminate coverage under the program over 12 months if FMAP falls below 90 percent.	Requires KDHE to terminate coverage under the program over 12 months if FMAP falls below 90 percent and specifies no new enrollment following a decrease in FMAP. The provision is non-severable from the remainder of the bill.	Requires KDHE to terminate coverage under the program over 12 months if FMAP falls below 90 percent.	Provides that if FMAP drops below 90 percent, Medicaid expansion will terminate. The provision is non-severable from the remainder of the bill.
<b>Hospital Surcharge</b>	N/A	N/A	Requires KDHE to impose a surcharge on each hospital provider in an amount necessary to generate, in the aggregate, \$31 million a year.	N/A	Creates a hospital assessment to begin on July 1, 2021, with funding capped at \$35 million annually. The assessment includes The University of Kansas Health System.
<b>Sect. 1332 State Innovation Waiver</b>	N/A	N/A	Calls for an accompanying 1332 innovation waiver to establish a reinsurance program (waiver also required for the option that would allow some individuals the choice of a marketplace plan).	N/A	Appropriates \$35 million to the State Finance Council in FY 2022 for the reinsurance program. The provision is independent of Medicaid expansion. Requires KID to complete a reinsurance waiver and an actuarial study to be submitted to the State Finance Council for approval before submission to CMS.
<b>Oversight</b>	Establishes the KanCare Bridge to a healthy Kansas working group to identify non-SGF sources to fund any shortfall of the program.	Establishes the KanCare Bridge to a healthy Kansas working group to identify non-SGF sources to fund any shortfall of the program.	Requires the Legislative Post Audit Committee to direct the Legislative Division of Post Audit (LPA) to conduct an audit of the direct economic impact of the program on the state general fund during the first two fiscal years of the program.	Establishes the KanCare Bridge to a healthy Kansas working group to identify non-SGF sources to fund any shortfall of the program.	Requires KDHE to report to Legislature summarizing cost savings and additional revenues. Requires LPA to complete an economic impact analysis within the first two years of expansion. Creates a task force to develop a plan to measure and report uncompensated care incurred in Kansas. Adds extra day to KanCare oversight committee.

Source: KHI analysis of HB 2102, SB 54, HB 2066, 20rs1873, SB 246, and Memorandum to the Senate Select Committee on Healthcare Access, Revisor of Statutes, November 6, 2019, SB 252.



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