

Summary of Medicaid Expansion Proposals in Kansas as of March 3, 2020

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	House Bill 2102 / Senate Bill 54	House Bill 2066	Bill draft 20rs1873		Senate Bill 246	Senate Bill 252	
	<i>As introduced (the text of this bill replaced the contents of HB 2066 via amendment fa_2019_hb2066_h_1 427)</i>	<i>As amended March 21, 2019, by the House</i>	<i>As introduced Oct. 23, 2019</i>	<i>As revised Oct. 23, 2019, by the Senate Select Committee on Healthcare Access</i>	<i>As pre-filed Dec. 3, 2019</i>	<i>As outlined by Gov. Laura Kelly and Sen. Majority Leader Jim Denning and pre-filed Jan. 9, 2020.</i>	<i>As amended Feb. 20, 2020, by the Senate Public Health and Welfare Committee (work was suspended and the bill died in committee without receiving final action).</i>
Eligibility	Any adult under 65 years of age who is not pregnant and whose income does not exceed 133 percent* of the federal poverty level	Any adult under 65 years of age who is not pregnant and whose income does not exceed 133 percent* of the federal poverty level	Any adult under 65 years of age who is not pregnant and who earns up to 100 percent FPL - Or (if previous option not approved with enhanced federal match): 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 - Or (if previous option not approved with enhanced federal match): Any adult under 65 years of age who earns up to 138 percent FPL	Any adult under 65 years of age who is not pregnant and who earns up to 100 percent FPL - Or (if previous option not approved with enhanced federal match): 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 - Or (if previous option not approved with enhanced federal match): Any adult under 65 years of age who earns up to 138 percent FPL	Any adult under 65 years of age who is not pregnant and whose income does not exceed 138 percent of the federal poverty level	Any adult under 65 years of age whose income does not exceed 138 percent of the federal poverty level to begin no later than January 1, 2021.	<i>No change</i>
Work referrals	As a condition of coverage, KDHE refers all non-disabled adults in the program who are unemployed or working fewer than 20 hours per week to the state's existing workforce programs, including but not limited to, Kansas Works or K-GOAL. Would exclude full-time students enrolled in a postsecondary education institution or technical school.	As a condition of coverage, KDHE refers all non-disabled adults in the program who are unemployed or working fewer than 20 hours per week to the state's existing workforce programs, including but not limited to, Kansas Works or K-GOAL. Would exclude full-time students enrolled in a postsecondary education institution or technical school. Parents with minor children in the home may be exempted at KDHE's discretion.	As a condition of coverage, KDHE evaluates each applicant for education and employment status and factors impacting the applicant's employment status. KDHE refers all non-disabled adults in the program who are unemployed or working fewer than 20 hours per week to the state's existing workforce programs, including but not limited to, Kansas Works program. Would exclude full-time students enrolled in a postsecondary education institution or technical school The Kansas Department of Commerce maintains a unique database of Medicaid expansion Kansas Works participants.	As a condition of coverage, KDHE evaluates each applicant for education and employment status and factors impacting the applicant's employment status. KDHE refers all non-disabled adults in the program who are unemployed or working fewer than 20 hours per week to the state's existing workforce programs, including but not limited to, Kansas Works program. Would exclude full-time students enrolled in a postsecondary education institution or technical school The Kansas Department of Commerce maintains a unique database of Medicaid expansion Kansas Works participants. 1	As a condition of coverage, KDHE refers all non-disabled adults in the program who are unemployed or working fewer than 20 hours per week to the state's existing workforce programs, including but not limited to, Kansas Works or K-GOAL. Would exclude full-time students enrolled in a postsecondary education institution or technical school	As a condition of coverage, KDHE evaluates each applicant for education and employment status and factors impacting the applicant's employment status. The KEES program will then be used to determine who should be referred to the Kansas Works Program which will, in turn, maintain a unique identifier for these individuals so reports can be made to the Legislature on how many individuals gain employment through this program after referral.	Amended to establish a 20 hour per month "participation requirement" for able bodied adults to participate in part time work, caring for a child, volunteering, or other related activities.

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Premiums	N/A	KDHE charges to each covered individual a \$25 monthly fee, up to \$100 per family household.	No premium is charged to a covered individual whose household income is up to 100 percent FPL or less. -or- For those with income greater than 100 percent FPL, KDHE charges a premium of 5 percent of household modified adjusted gross income.	The premium charged to covered individuals whose income is greater than 100 percent of the federal poverty level would be equal to 5.0 percent of modified adjusted gross income assessed on an individual basis, but the aggregate premium cannot exceed 5.0 percent of the modified adjusted gross income of the household.	KDHE charges a monthly fee not to exceed \$25, up to a maximum of \$100 per month per family household. The department may grant a hardship exemption from the requirements of this subsection, as determined by the secretary of KDHE.	KDHE shall charge individuals between 100-138 percent FPL a monthly premium not to exceed \$25 per person or \$100 per family. KDHE will also be allowed to grant hardship exceptions based on criteria set by the Secretary of KDHE.	<i>No change</i>
Lockouts	N/A	An individual's coverage is suspended for three months following three consecutive months of nonpayment. An individual may apply for reinstatement once but shall be permanently suspended following an additional three months of nonpayment. ⁱ	An individual is ineligible if they have not made their first payment or if they are 60 or more days delinquent. An individual who is 60 or more days delinquent in making a premium payment shall be ineligible for six months. Past due premiums are subject to set off against state lottery or gaming winnings and tax refunds in accordance with current Kansas law.	An individual is ineligible if they have not made their first payment or if they are 60 or more days delinquent. An individual who is 60 or more days delinquent in making a premium payment shall be ineligible for six months. Past due premiums are subject to set off against state lottery or gaming winnings and tax refunds in accordance with current Kansas law.	N/A	No lockouts but unpaid premiums are collected through the established debt setoff program.	<i>No change</i>
Copays	N/A	N/A	KDHE requests a waiver to charge a copayment for non-urgent emergency care in addition to the premium.	KDHE requests a waiver to charge a copayment for non-urgent emergency care in addition to the premium.	N/A	N/A	N/A
Premium assistance for private insurance	KDHE may establish a premium assistance program for individuals whose household income does not exceed 133* percent FPL or who is eligible for coverage	KDHE may establish a premium assistance program for individuals whose household income does not exceed 133* percent FPL or who is eligible for coverage through an employer but	KDHE may establish a premium assistance program for individuals whose household income does not exceed 138 percent FPL and who is eligible for coverage through an employer but cannot afford premiums. Premiums capped at five percent of household modified adjusted gross income; an individual's	KDHE may establish a premium assistance program for individuals whose household income does not exceed 138 percent FPL and who is eligible for coverage through an employer but cannot afford premiums. Premiums capped at five percent of household modified adjusted gross income; not to exceed,	KDHE may establish a premium assistance program for individuals whose household income does not	Allows KDHE to implement a Premium Assistance program. A cost effectiveness evaluation is performed for any	<i>No change</i>

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	through an employer but cannot afford premiums. Premiums capped at 2 percent of an individual's annual income	cannot afford premiums. Premiums capped at 2 percent of an individual's annual income	payment for a health insurance coverage premium may not exceed five percent of the individual's household modified adjusted gross income.	in the aggregate with any premium changed to any other household individual participating in the premium assistance program, five percent of the household's modified adjusted gross income.	exceed 138 percent FPL or who is eligible for coverage through an employer but cannot afford premiums. Premiums capped at 2 percent of an individual's annual income	group health insurance policy that is known to be available for the benefit of a Medicaid beneficiary. All information received is evaluated to determine whether a particular insurance policy is cost-effective for Kansas Medicaid to buy.	
Managed care	N/A	N/A	Requires KDHE administer Medicaid using a managed care delivery system.	Requires KDHE administer Medicaid using a managed care delivery system.	N/A	Requires KDHE administer Medicaid using a managed care delivery system.	<i>No change</i>
"Poison pill"	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 that there shall be no new enrollment following a decrease in FMAP. The "poison pill" 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 and specifies that there shall be no new enrollment following a decrease in FMAP. The "poison pill" 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 the federal match drops below 90 percent, Medicaid expansion shall terminate. This provision is non-severable from the remainder of the act.	<i>No change</i>
Hospital surcharge	N/A	N/A	Requires KDHE to impose a surcharge on each hospital provider in an amount necessary to generate, in the aggregate, \$31M per fiscal year, collected once per calendar quarter on a basis determined by KDHE rules and regulations.	Requires KDHE to impose a surcharge on each hospital provider in an amount necessary to generate, in the aggregate, \$31M per fiscal year, collected once per calendar quarter on a basis determined by KDHE rules and regulations. The Select Committee requested the Kansas Hospital Association develop a plan to analyze any current cost shifting to commercial insurance plans and a plan to measure in detail uncompensated care (e.g., charity, bad debt, in-kind donations) on an allowable, not a gross charge, perspective net of disproportionate share hospital (DSH) payments.	N/A	Creates an assessment to begin on July 1, 2021 to be collected and remitted to the state for purposes of funding Medicaid Expansion. The funding is capped at \$35 million annually. This assessment includes The University of Kansas Health System.	<i>No change</i>

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Inmate coverage	N/A	N/A	Requires the secretary of corrections to coordinate with county sheriffs to facilitate enrollment of an inmate incarcerated in a Kansas jail for state Medicaid services during any time period that the inmate is eligible (offsite hospitalization for longer than 24 hours).	Requires the secretary of corrections to coordinate with county sheriffs to facilitate enrollment of an inmate incarcerated in a Kansas jail for state Medicaid services during any time period that the inmate is eligible (offsite hospitalization for longer than 24 hours).	N/A	Requires the secretary of corrections to coordinate with county sheriffs to facilitate enrollment of an inmate incarcerated in a Kansas jail for state Medicaid services during any time period that the inmate is eligible (offsite hospitalization for longer than 24 hours).	<i>No change</i>
Drug Rebate revenues	Requires KDHE to remit all Medicaid expansion drug rebate revenue for deposit into a new special revenue fund administered by KDHE to be used for medical assistance payments for expansion beneficiaries.	Requires KDHE to remit all Medicaid expansion drug rebate revenue for deposit into a new special revenue fund administered by KDHE to be used for medical assistance payments for expansion beneficiaries.	Requires KDHE to remit all Medicaid drug rebate revenue for deposit into the state general fund	Requires KDHE to remit all Medicaid drug rebate revenue for deposit into the state general fund	Requires KDHE to remit all Medicaid expansion drug rebate revenue for deposit into a new special revenue fund administered by KDHE to be used for medical assistance payments for expansion beneficiaries.	Requires KDHE to deposit all moneys received from drug rebates for the entire Medicaid program into SGF. KDHE is required to certify the amount of drug rebates received from the Medicaid program, and this will be a separate line item on a monthly report to the legislature. This money will be used to fund caseload estimates.	<i>No change</i>

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FMAP stabilization fund	N/A	N/A	Includes provisions of 2019 SB 2 creating the FMAP stabilization fund http://kslegislature.org/li/b2019_20/measures/documents/sb2_00_0000.pdf	Includes provisions of 2019 SB 2 creating the FMAP stabilization fund http://kslegislature.org/li/b2019_20/measures/documents/sb2_00_0000.pdf	N/A	Includes provisions of 2019 SB 2 creating the FMAP stabilization fund http://kslegislature.org/li/b2019_20/measures/documents/sb2_00_0000.pdf	<i>No change</i>
Abortion coverage	N/A	Prohibits program coverage or reimbursement for any abortion services	N/A	N/A	Prohibits program coverage or reimbursement for any abortion services	N/A	Amended to prohibit the use of Medicaid funds for abortions. <i>Also see "Contingency" below.</i>
Sect. 1332 State Innovation Waiver	N/A	N/A	Calls for an accompanying 1332 innovation waiver to establish a reinsurance program; waiver also required for the scenario that would allow individuals with income between 100-138 percent FPL a choice of a marketplace plan.	Calls for an accompanying 1332 innovation waiver to establish a reinsurance program; waiver also required for the scenario that would allow individuals with income between 100-138 percent FPL a choice of a marketplace plan. (To the extent possible under the law, the Select Committee requested and encouraged the Kansas Insurance Department to begin work on a Section 1332 waiver.)	N/A	Appropriates \$35 million to the State Finance Council in FY 2022 for the reinsurance program. The provision concerning expansion of Medicaid eligibility is separate from the reinsurance program and is not dependent on approval of reinsurance. Requires KID to complete a reinsurance waiver and an actuarial study to be submitted to the State Finance Council for approval. If approved by the State Finance Council, KID will submit the reinsurance waiver to CMS.	<i>No change</i>

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Oversight	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 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, and requires LPA to submit the audit to the legislature.	Requires the legislative post audit committee to direct the legislative division of post audit 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, and requires LPA to submit the audit to the legislature.	Establishes the KanCare Bridge to a healthy Kansas working group to identify non-SGF sources to fund any shortfall of the program.	Requires the Secretary of KDHE to submit reports to the legislature summarizing cost savings achieved by moving covered individuals from the MediKan program to coverage under Medicaid Expansion and additional revenues generated by Medicaid Expansion. Requires Legislative Post Audit to complete an economic impact analysis of Medicaid Expansion within the first two years of expansion. Creates an uncompensated care task force within KDHE in coordination with the Kansas Hospital Association, Kansas Medical Society, Community Care Network of Kansas and other private stakeholders to develop a plan to measure and report uncompensated care incurred in Kansas.	<i>No change</i>

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						Adds an extra day to the KanCare Oversight Committee to review the expansion population.	
IMD Exclusion Waiver	NA	NA	NA	The Select Committee requested that KDADS provide testimony to the committee that hears bill draft 20rs1873, as revised, and to apply for a waiver via statute on the Institutions for Mental Disease (IMD) exclusion recommended by the Task Force on Mental Health and also use the guidelines the Centers for Medicare and Medicaid Services (CMS) published in their November 1, 2017, letter to state Medicaid directors on that subject that integrated crisis stabilization centers into the IMD exclusion.	NA	Requires KDHE to submit a waiver request to CMS to allow for Medicaid reimbursement for inpatient psychiatric acute care.	<i>No change</i>
Rural health	NA	NA	NA	The Select Committee requested the Kansas Department of Commerce initiate a rural health care task force, in the vein of the model established in Tennessee, to investigate the health care issues in rural Kansas. The Select Committee requested that KHA work with the University of Kansas Health System to evaluate applying to CMS for a demonstration project for a modified rural health delivery system. The Select Committee recommended the Kansas Congressional delegation be asked to improve the fiscal health and modify the delivery system of rural hospitals and providers.	NA	Establishes the "Rural primary health center pilot initiative" and has KDHE establish an advisory committee to oversee that program.	<i>No change</i>

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Provider Conscience protections	NA	NA	NA	NA	NA	NA	Amended to protect conscience and religious exemptions for providers
Contingency	NA	NA	NA	NA	NA	NA	Amended to make the enactment of Medicaid expansion contingent upon passage of a constitutional amendment to allow legislative regulation of abortion and upon the outcome of the Texas v. United States lawsuit; and makes committee amendments non-severable

*Note: A five percent income disregard would be applied on top of 133 percent of FPL to determine eligibility.

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