

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2015

H

1

HOUSE BILL 828

Short Title: Medicaid Coverage/Emergency Rural Counties. (Public)

Sponsors: Representatives Tine, Dobson, Lambeth, and Brisson (Primary Sponsors).
For a complete list of Sponsors, refer to the North Carolina General Assembly Web Site.

Referred to: Appropriations.

April 15, 2015

A BILL TO BE ENTITLED

AN ACT TO PROVIDE MEDICAID COVERAGE TO PEOPLE UNDER AGE SIXTY-FIVE WHO HAVE INCOMES EQUAL TO OR BELOW ONE HUNDRED THIRTY-THREE PERCENT OF THE FEDERAL POVERTY LEVEL AND WHO LIVE IN RURAL COUNTIES THAT ARE EXPERIENCING AN EMERGENCY DUE TO INSUFFICIENT ACCESS TO HEALTH CARE SERVICES.

The General Assembly of North Carolina enacts:

SECTION 1. Medicaid Coverage for Individuals Residing in Certain Counties. – Notwithstanding Section 3 of Session Law 2013-5, the Department of Health and Human Services, Division of Medical Assistance, shall provide Medicaid coverage to all people under age 65 who have incomes equal to or less than one hundred thirty-three percent (133%) of the federal poverty guidelines and who live in rural counties meeting the criteria in Section 2 of this act. The medical assistance provided to persons receiving coverage under this section shall consist of the coverage described in 42 U.S.C. § 1396a(k)(1).

SECTION 2. Emergency Rural Counties. – Medicaid coverage provided for under Section 1 of this act shall be available only for individuals residing in rural counties determined by the Department of Health and Human Services to be facing an emergency due to insufficient access to health care services. The Department may determine that a county is experiencing an emergency due to insufficient access to health care services based on the number of residents in the county who are unserved, the geographic proximity of available health care services, the Tier 1 designation of the county, and other relevant factors.

SECTION 3. Submission of Medicaid Waiver. – The Department shall submit to the Centers for Medicare and Medicaid Services (CMS) all Waivers and State Plan Amendments necessary to accomplish the requirements of this act. The Waivers and State Plan Amendments required to implement this act shall not be subject to the 90-day prior submission requirement of G.S. 108A-54.1A(e).

SECTION 4. Appropriation to Pay for the Cost of Medicaid Coverage. – It is the intent of the General Assembly to appropriate the funds necessary to provide the Medicaid coverage required by this act.

SECTION 5. Effective Date. – Section 1 of this act becomes effective 30 days after the date CMS approves all Medicaid State Plan Amendments and Waivers submitted by the Department of Health and Human Services pursuant to Section 3 of this act. The Secretary of the Department of Health and Human Services shall report to the Revisor of Statutes when CMS approval is obtained and the date of the approval. Section 1 of this act shall not become effective if CMS disapproves the Medicaid State Plan Amendment submitted by the



1 Department of Health and Human Services pursuant to Section 3 of this act. The remainder of
2 this act is effective when it becomes law.