

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2019

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SENATE BILL 3

Short Title: Close the Medicaid Coverage Gap. (Public)

Sponsors: Senators Clark, Blue, Robinson (Primary Sponsors); Chaudhuri, deViere, Fitch, Foushee, Garrett, J. Jackson, Lowe, Marcus, Mohammed, Nickel, Peterson, Searcy, Van Duyn, Waddell, and Woodard.

Referred to: Rules and Operations of the Senate

January 31, 2019

1 A BILL TO BE ENTITLED
2 AN ACT TO CLOSE THE MEDICAID COVERAGE GAP FOR FAMILIES AND
3 INDIVIDUALS IN NORTH CAROLINA.

4 The General Assembly of North Carolina enacts:

5 **SECTION 1.** Repeal of Prohibition on Closing the Coverage Gap. – Section 3 of
6 S.L. 2013-5 is repealed.

7 **SECTION 2.(a)** Article 2 of Chapter 108A of the General Statutes is amended by
8 adding a new section to read:

9 "**§ 108A-54.3B. Benefits provided to qualified individuals in the Medicaid coverage gap.**

10 (a) Individuals shall be considered part of the Medicaid coverage gap and eligible for
11 Medicaid benefits under this section if all of the following requirements are met:

12 (1) The individual has a modified adjusted gross income that is at or below one
13 hundred thirty-three percent (133%) of the federal poverty level.

14 (2) The individual is age 19 or older and under age 65.

15 (3) The individual is not entitled to or enrolled in Medicare benefits under Part A
16 or Part B of Title XVIII of the federal Social Security Act.

17 (4) The individual is not otherwise eligible for Medicaid coverage under the North
18 Carolina State Plan as it existed on January 1, 2019.

19 (b) Beneficiaries eligible for the Medicaid program under this section shall receive
20 benefits through an Alternative Benefit Plan that is established by the Department consistent with
21 federal requirements, unless that beneficiary is exempt from mandatory enrollment in an
22 Alternative Benefit Plan under 42 C.F.R. § 440.315.

23 (c) Co-payments for benefits provided under the Alternative Benefit Plan required by
24 subsection (b) of this section shall be the same as co-payments required for Medicaid
25 beneficiaries not under the Alternative Benefit Plan."

26 **SECTION 2.(b)** The Department of Health and Human Services is directed to
27 provide coverage for individuals who are eligible for Medicaid benefits under G.S. 108A-54.3B
28 in a manner consistent with S.L. 2015-245, as amended.

29 **SECTION 2.(c)** This section is effective on the date that capitated coverage as
30 required under S.L. 2015-245, as amended, begins. The Secretary of the Department of Health
31 and Human Services shall report to the Revisor of Statutes when the provision of capitated
32 coverage as required by S.L. 2015-245 has commenced.

33 **SECTION 3.** Medicaid Coverage Gap Assessment. – Consistent with Section 9 of
34 S.L. 2015-245, as amended by Section 2(e) of S.L. 2016-121, and with Section 9(a) of S.L.



1 2018-49, it is the intent of the General Assembly to enact legislation during the 2019 Regular
2 Session that will replace the Hospital Provider Assessment Act in Article 7 of Chapter 108A of
3 the General Statutes with a similar hospital provider assessment. In developing this similar
4 hospital provider assessment, it is the intent of the General Assembly to further impose upon
5 these same hospital providers a Medicaid Coverage Gap Assessment that will pay for the State
6 share of the program and administrative costs associated with Medicaid expansion.

7 **SECTION 4.** Except as otherwise provided, this act is effective when it becomes
8 law.