

CONSTITUTIONAL AMENDMENT FULL TEXT

Ballot Title:

Provide Medicaid Coverage to Eligible Low-Income Adults

Ballot Summary:

Requires State to provide Medicaid coverage to individuals over age 18 and under age 65 whose incomes are at or below 138 percent of the federal poverty level and meet other nonfinancial eligibility requirements, with no greater burdens placed on eligibility, enrollment, or benefits for these newly eligible individuals compared to other Medicaid beneficiaries. Directs Agency for Health Care Administration to implement the initiative by maximizing federal financial participation for newly eligible individuals.

Article and Section Being Created or Amended:

Article X, Section 33

Full Text of the Proposed Amendment:

A new Section 33 is added to Article X of the State Constitution, as follows:

SECTION 33. Provide Medicaid Coverage to Eligible Low-Income Adults.–

(a) MEDICAID COVERAGE FOR LOW-INCOME ADULTS. The State shall provide Medicaid benefits to Low Income Adults over age 18 and under age 65 whose income is one-hundred thirty-eight percent (138%) of the federal poverty level or below, and who meet other nonfinancial eligibility requirements of the federal Medicaid statute. The State shall not impose on Low Income Adults any greater or additional burdens or restrictions on eligibility, enrollment, or benefits than on any other population eligible for medical assistance.

(b) DEFINITIONS. For the purposes of this section, the following words and terms shall have the stated meanings:

(1) "Low Income Adults" refers to those individuals over age 18 and under age 65, whose income is one-hundred thirty-eight percent (138%) of the federal poverty level or below, as described by and using the income methodology provided for by the federal Medicaid statute at 42 U.S.C. § 1396a(a)(10)(A)(i)(VIII), and who meet applicable non-financial eligibility conditions for Medicaid under 42 CFR Part 435, Subpart E.

(2) "Agency for Health Care Administration" or "Agency" refers to the single State agency responsible for administering Florida's Medicaid plan pursuant to 42 U.S.C. § 1396a(a)(5) and § 409.902, Fla. Stat.

(3) "State Plan Amendment" refers to the document(s) the State submits to the Centers for Medicare and Medicaid Services (CMS) for review and approval before making a change to its program policies, including setting forth the groups of individuals to be covered.

Initiative Information

Date Approved 12/12/2018

Serial Number 18-16

Sponsor Name: Florida Decides Healthcare, Inc.

Sponsor Address: 2 South Biscayne Boulevard Suite 3100, Miami, FL 33131

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(4) "Centers for Medicare and Medicaid Services" refers to the agency responsible for administering the Medicaid program at the federal level, including review and approval of State Plan Amendments.

(c) IMPLEMENTATION.

(1) Within 90 days of voter approval of this Section, in order to implement the provision of Medicaid coverage to Low Income Adults and obtain Federal Medical Assistance Percentage funds for the cost of their coverage, the Agency for Health Care Administration shall submit a State Plan Amendment and all other necessary documents, as well as take any additional necessary steps to seek required approvals from the Centers for Medicare and Medicaid Services to include Low Income Adults as a coverage group in Florida's Medicaid program.

(2) Nothing in this Section shall limit the Legislature from enacting laws consistent with this Section. Specifically, it is consistent with this section to add a new subsection (section (9) below) to Fla. Stat. 409.903 Mandatory payments for eligible persons.—

(9) A person over age 18 and under age 65 whose income is 138 percent of the poverty level or below.

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