

IN THE HOUSE OF REPRESENTATIVES

HOUSE BILL NO. 644

BY HEALTH AND WELFARE COMMITTEE

AN ACT

1 RELATING TO HEALTH CARE; AMENDING CHAPTER 10, TITLE 56, IDAHO CODE, BY THE  
2 ADDITION OF A NEW SECTION 56-1055, IDAHO CODE, TO CREATE THE HEALTH  
3 GRANT PROGRAM FOR THE MEDICALLY UNDERSERVED, TO DEFINE TERMS, TO PRO-  
4 VIDE FOR THE AWARD OF A CERTAIN GRANT, TO REQUIRE A CERTAIN REPORT, TO  
5 PROVIDE FOR ADDITIONAL GRANT AWARDS AND REPORTS, TO PROVIDE THAT A GRANT  
6 AWARD IS CONDITIONAL AND TO PROVIDE LEGISLATIVE INTENT; AND PROVIDING A  
7 SUNSET DATE.  
8

9 Be It Enacted by the Legislature of the State of Idaho:

10 SECTION 1. That Chapter 10, Title 56, Idaho Code, be, and the same is  
11 hereby amended by the addition thereto of a NEW SECTION, to be known and des-  
12 ignated as Section 56-1055, Idaho Code, and to read as follows:

13 56-1055. HEALTH GRANT PROGRAM FOR THE MEDICALLY UNDERSERVED. (1)  
14 There is hereby created in the department a health grant program for the  
15 medically underserved, which program shall award the grants created by sub-  
16 sections (3) and (5) of this section.

17 (2) As used in this section:

18 (a) "Community health center network of Idaho" or "network" means the  
19 association of federally qualified health centers in Idaho, which asso-  
20 ciation was created on May 14, 2012.

21 (b) "Federally qualified health center" means a health care entity that  
22 receives grants pursuant to 42 U.S.C. 254b.

23 (c) "Low-income person" means a person eighteen (18) years of age or  
24 older with an income lower than one hundred percent (100%) of the fed-  
25 eral poverty level.

26 (d) "Medically underserved" means a low-income person without health  
27 care insurance and not enrolled in or known to be eligible for the state  
28 medicaid plan or medicare.

29 (3) Subject to appropriation, the director shall award a grant to the  
30 community health center network of Idaho by August 1, 2016. The purpose of  
31 the grant is to allow for the collection and analysis of data reported pur-  
32 suant to subsection (4) of this section.

33 (4) By March 15, 2018, the network shall submit a report to the direc-  
34 tor, the governor and the senate and house of representatives health and wel-  
35 fare committees. The focus of the report shall be to identify the number  
36 of medically underserved persons and the prevalence of various chronic di-  
37 agnoses for which medical services are both needed and provided within the  
38 state, and shall include:

39 (a) The number of medically underserved patients treated annually by  
40 the federally qualified health centers in the network;

1 (b) The number of low-income persons who were treated annually and had  
2 health insurance or were enrolled in or known to be eligible for medic-  
3 aid or medicare;

4 (c) The number of visits made annually by medically underserved pa-  
5 tients;

6 (d) Demographic information about medically underserved patients, in-  
7 cluding age and gender;

8 (e) Clinical diagnoses made regarding medically underserved patients,  
9 and the services provided to them;

10 (f) Quality of care indicators for medically underserved patients, in-  
11 cluding:

12 (i) Adult weight screening and follow-up;

13 (ii) Asthma pharmacological therapy;

14 (iii) Cervical cancer screening;

15 (iv) Colorectal cancer screening;

16 (v) Coronary artery disease lipid therapy;

17 (vi) Depression and mental health screening and follow-up;

18 (vii) Diabetes screening and follow-up;

19 (viii) Ischemic vascular disease aspirin or antithrombotic ther-  
20 apy;

21 (ix) Referral for treatment for human immunodeficiency virus;

22 (x) Tobacco use screening and cessation intervention; and

23 (xi) Any other quality of care indicators for medically under-  
24 served patients deemed relevant by the network; and

25 (g) Health outcome indicators when available.

26 (5) In addition to the grant awarded by subsection (3) of this section,  
27 the director shall award, subject to appropriation and the network's accep-  
28 tance, one (1) grant for fiscal year 2017 and one (1) grant for fiscal year  
29 2018 for outreach and health care by the network to medically underserved  
30 Idahoans. The grant shall be distributed by August 1 of the respective fis-  
31 cal years. If a grant is awarded and accepted pursuant to this subsection,  
32 the network shall submit a report on how the grant moneys were used to the  
33 director and the legislature by August 15 following the close of the fiscal  
34 year for which the grant was awarded. Rural health clinics that serve unin-  
35 sured individuals and offer a sliding fee based on income are also eligible  
36 to apply to the director for grant funding to provide outreach and health  
37 care to the medically underserved under this subsection, subject to appro-  
38 priation. Any rural health clinic awarded a grant by the director shall sub-  
39 mit a report on how the grant moneys were used to the director and the legis-  
40 lature by August 15 following the close of the fiscal year for which the grant  
41 was awarded.

42 (6) Grants awarded pursuant to this section shall be conditioned on the  
43 provision of the reports required by this section. Grant moneys that are not  
44 used in accordance with this section may be recovered by the director.

45 (7) In creating this program, the legislature intends to collect data  
46 related to medical care and health outcomes for medically underserved per-  
47 sons in order to evaluate additional options for providing access to medical  
48 care and preventive management for the medically underserved.

49 SECTION 2. The provisions of this act shall be null, void and of no force  
50 and effect on and after July 1, 2018.