

IN THE SENATE

SENATE BILL NO. 1142, As Amended

BY JUDICIARY AND RULES COMMITTEE

AN ACT

1 RELATING TO THE HEALTH CARE ASSISTANCE PROGRAM; AMENDING CHAPTER 2, TITLE  
2 56, IDAHO CODE, BY THE ADDITION OF A NEW SECTION 56-270, IDAHO CODE,  
3 TO PROVIDE A SHORT TITLE; AMENDING CHAPTER 2, TITLE 56, IDAHO CODE,  
4 BY THE ADDITION OF A NEW SECTION 56-271, IDAHO CODE, TO ESTABLISH THE  
5 HEALTH CARE ASSISTANCE PROGRAM; AMENDING CHAPTER 2, TITLE 56, IDAHO  
6 CODE, BY THE ADDITION OF A NEW SECTION 56-272, IDAHO CODE, TO DEFINE  
7 TERMS; AMENDING CHAPTER 2, TITLE 56, IDAHO CODE, BY THE ADDITION OF A  
8 NEW SECTION 56-273, IDAHO CODE, TO PROVIDE ELIGIBILITY REQUIREMENTS FOR  
9 PROGRAM PARTICIPANTS; AMENDING CHAPTER 2, TITLE 56, IDAHO CODE, BY THE  
10 ADDITION OF A NEW SECTION 56-274, IDAHO CODE, TO PROVIDE ELIGIBILITY  
11 REQUIREMENTS FOR HEALTH CARE PROVIDERS; AMENDING CHAPTER 2, TITLE 56,  
12 IDAHO CODE, BY THE ADDITION OF A NEW SECTION 56-275, IDAHO CODE, TO ES-  
13 TABLISH PROVISIONS REGARDING PROGRAM ENROLLMENT AND SERVICES; AMENDING  
14 CHAPTER 2, TITLE 56, IDAHO CODE, BY THE ADDITION OF A NEW SECTION 56-276,  
15 IDAHO CODE, TO PROVIDE FOR PAYMENT TO PROVIDERS AND TO PROVIDE THAT PRO-  
16 GRAM PARTICIPANTS WILL BE CHARGED FEES; AMENDING CHAPTER 2, TITLE 56,  
17 IDAHO CODE, BY THE ADDITION OF A NEW SECTION 56-277, IDAHO CODE, TO PRO-  
18 VIDE POWERS AND DUTIES OF THE DIRECTOR OF THE STATE DEPARTMENT OF HEALTH  
19 AND WELFARE AND TO PROVIDE THAT CARE AND SERVICES IN ADDITION TO THOSE  
20 SPECIFIED IN THIS ACT MAY BE PROVIDED TO PROGRAM PARTICIPANTS UNDER CER-  
21 TAIN CIRCUMSTANCES; PROVIDING AN EFFECTIVE DATE; AND PROVIDING A SUNSET  
22 DATE.  
23

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

25 SECTION 1. That Chapter 2, Title 56, Idaho Code, be, and the same is  
26 hereby amended by the addition thereto of a NEW SECTION, to be known and des-  
27 ignated as Section 56-270, Idaho Code, and to read as follows:

28 56-270. SHORT TITLE. Sections 56-270 through 56-277, Idaho Code,  
29 shall be known and may be cited as the "Health Care Assistance Act."

30 SECTION 2. That Chapter 2, Title 56, Idaho Code, be, and the same is  
31 hereby amended by the addition thereto of a NEW SECTION, to be known and des-  
32 ignated as Section 56-271, Idaho Code, and to read as follows:

33 56-271. PROGRAM ESTABLISHED. The legislature hereby establishes the  
34 health care assistance program and directs the state department of health  
35 and welfare to develop the program in a manner consistent with the provisions  
36 of this act. The purpose of the program is to provide coordination of primary  
37 and preventive care with a focus on managing the chronic conditions of unin-  
38 sured individuals whose income falls below one hundred percent (100%) of the

1 federal poverty level and who meet other criteria as provided in this act and  
2 department rule.

3 SECTION 3. That Chapter 2, Title 56, Idaho Code, be, and the same is  
4 hereby amended by the addition thereto of a NEW SECTION, to be known and des-  
5 ignated as Section 56-272, Idaho Code, and to read as follows:

6 56-272. DEFINITIONS. As used in this act:

7 (1) "Care coordination" means the management of a program partici-  
8 pant's health to accomplish cost-effective care by coordination of health  
9 services.

10 (2) "Department" means the Idaho department of health and welfare.

11 (3) "Director" means the director of the Idaho department of health and  
12 welfare.

13 (4) "Health assessment" means an examination of a potential partici-  
14 pant by a provider to determine if the potential participant's health status  
15 makes the potential participant eligible for the program.

16 (5) "Health care assistance program" or "program" means the program es-  
17 tablished by this act, in which participants receive primary care, limited  
18 prescriptions and care coordination from eligible providers.

19 (6) "Participant" means a person eligible for and enrolled in the pro-  
20 gram.

21 (7) "Primary care" means professional health services, including  
22 health education and disease prevention, initial assessment of health  
23 problems, treatment of certain acute and chronic health problems and the  
24 overall management of an individual's health care services as provided by an  
25 Idaho-licensed provider.

26 (8) "Provider" means an Idaho-licensed physician, physician assis-  
27 tant, nurse practitioner or clinical nurse specialist who is eligible to  
28 provide program services to participants.

29 SECTION 4. That Chapter 2, Title 56, Idaho Code, be, and the same is  
30 hereby amended by the addition thereto of a NEW SECTION, to be known and des-  
31 ignated as Section 56-273, Idaho Code, and to read as follows:

32 56-273. PARTICIPANT ELIGIBILITY. A person shall be eligible for an-  
33 nual enrollment in the health care assistance program upon a finding by the  
34 department that:

35 (1) The department's application for the health care assistance pro-  
36 gram has been completed and signed by the person or the person's authorized  
37 representative;

38 (2) The person's income is verified to be less than one hundred percent  
39 (100%) of the federal poverty level according to department rule;

40 (3) The person is not:

41 (a) Covered by health insurance;

42 (b) Eligible for employer-assisted health insurance; or

43 (c) Eligible for subsidies or tax credits that would enable the person  
44 to purchase insurance;

45 (4) The person is verified to be a United States citizen and an Idaho  
46 resident according to department rule;

1 (5) The person's household composition and employment have been veri-  
2 fied according to department rule;

3 (6) The person's health assessment demonstrates that program eligibil-  
4 ity criteria have been met; and

5 (7) The person meets other eligibility criteria set by the department  
6 in rule.

7 SECTION 5. That Chapter 2, Title 56, Idaho Code, be, and the same is  
8 hereby amended by the addition thereto of a NEW SECTION, to be known and des-  
9 ignated as Section 56-274, Idaho Code, and to read as follows:

10 56-274. PROVIDER ELIGIBILITY. (1) A provider shall be eligible for  
11 payment from the department for the provision of all primary care and care  
12 coordination services and limited prescriptions to program participants  
13 upon a finding by the director that the provider, whose clinic must engage in  
14 a coordinated care business model, has entered into a health care assistance  
15 program agreement with the department.

16 (2) The department shall not exclude any provider from entering an  
17 agreement as long as the provider is willing to comply with the provisions of  
18 this section.

19 (3) As part of the agreement, the provider shall submit certain infor-  
20 mation, as provided in rule, to the department regarding program partici-  
21 pants on a periodic basis; provided however, that any data and information on  
22 participants must be provided in a manner that preserves patient confiden-  
23 tiality. This information shall include, but shall not be limited to:

24 (a) Utilization data, such as the number of participants assessed; and

25 (b) Clinical data, such as the number of participants with a diabetes  
26 diagnosis.

27 SECTION 6. That Chapter 2, Title 56, Idaho Code, be, and the same is  
28 hereby amended by the addition thereto of a NEW SECTION, to be known and des-  
29 ignated as Section 56-275, Idaho Code, and to read as follows:

30 56-275. PROGRAM ENROLLMENT AND SERVICES. (1) Persons determined by  
31 the department algorithm to be eligible for the program shall be annually  
32 enrolled in the program based on fund availability. If a person is eligible  
33 but cannot be enrolled due to lack of fund availability, the person shall be  
34 placed on a waiting list and enrolled if and when possible.

35 (2) Participants will be annually reassessed for eligibility and must  
36 satisfy the criteria for active participation, as set forth in rule, in  
37 order to continue in the program. If, during enrollment in the program, a  
38 participant's income rises above one hundred percent (100%) of the federal  
39 poverty level, the participant shall not immediately become ineligible but  
40 may remain in the program during a transition period of six (6) to twelve (12)  
41 months as set forth in department rule.

42 (3) The scope of primary care that must be offered by a primary care  
43 provider to enter a health care assistance program agreement with the de-  
44 partment must include at least the following:

45 (a) Services:

46 (i) Annual wellness exam;

47 (ii) Primary care visits;

- 1 (iii) Same-day or next-day visits;  
2 (iv) Electronic communications (telephone, electronic mail, text  
3 message or video chat); and  
4 (v) Weight management planning;
- 5 (b) Procedures:  
6 (i) Electrocardiogram; and  
7 (ii) Injection fee;
- 8 (c) Complex care:  
9 (i) Diabetes management;  
10 (ii) Hypertension management;  
11 (iii) Hyperlipidemia (cholesterol) management;  
12 (iv) Mental health screening;  
13 (v) Hospital follow-up; and  
14 (vi) Pre-operative examinations; and
- 15 (d) Limited prescriptions as specified in department rule. Prescrip-  
16 tion drugs intended for use by participants shall be procured at the  
17 lowest possible price through the federal 340B drug pricing program or  
18 through other procurement arrangements made by the department.
- 19 (4) Subject to available funding, the department shall pay for the care  
20 coordination of participants. Care coordination for a participant must be  
21 provided by the participant's primary care provider or by someone designated  
22 by such provider. Under no circumstances may the department or a department  
23 employee coordinate care for a participant.
- 24 (5) Subject to available funding, the department shall pay for the care  
25 management of a subgroup of two hundred and fifty (250) participants whose  
26 health status is moderate or high risk according to a classification system  
27 established in department rule and who meet other selection criteria set  
28 forth in department rule. Care management must be provided by the partic-  
29 ipant's primary care provider or by someone designated by such provider.  
30 Under no circumstances may the department or a department employee provide  
31 care management for a participant.
- 32 (a) Care managers shall assist participants in developing personal  
33 improvement plans. Such a plan shall identify the participant's goals,  
34 which may be related to health, finances, relationships and other per-  
35 sonal matters, and the behaviors or actions necessary to attain the  
36 goals. Personal improvement plans shall be filed with the primary care  
37 provider and be subject to annual review to monitor the participant's  
38 progress in accomplishing goals articulated in the participant's plan.  
39 The department shall establish by rule procedures for annual review of  
40 personal improvement plans.
- 41 (b) A primary care provider or the provider's designee shall monitor  
42 and enforce measures for participant accountability, which measures  
43 shall be established by the department and shall be used to encourage  
44 participants to be active in their own health maintenance instead of  
45 passively receiving care. Accountability measures shall incentivize  
46 healthy lifestyle choices and the use of wellness and preventive re-  
47 sources made available to participants by the primary care provider.  
48 Measures may also include penalties for failure to use available  
49 wellness resources or for failure to otherwise engage in health mainte-  
50 nance.

1 SECTION 7. That Chapter 2, Title 56, Idaho Code, be, and the same is  
2 hereby amended by the addition thereto of a NEW SECTION, to be known and des-  
3 ignated as Section 56-276, Idaho Code, and to read as follows:

4 56-276. PAYMENTS AND FEES. (1) A provider will receive a monthly fee  
5 for each participant who receives primary care, limited prescriptions and  
6 care coordination services from the provider.

7 (2) A provider participating in the program will charge a fee, not to  
8 exceed twenty dollars (\$20.00), according to criteria set forth in rule to  
9 each participant receiving primary care, limited prescriptions and care co-  
10 ordination services from the provider.

11 SECTION 8. That Chapter 2, Title 56, Idaho Code, be, and the same is  
12 hereby amended by the addition thereto of a NEW SECTION, to be known and des-  
13 ignated as Section 56-277, Idaho Code, and to read as follows:

14 56-277. POWERS AND DUTIES OF THE DIRECTOR. (1) The director shall and  
15 is hereby authorized to:

16 (a) Initiate and administer the health care assistance program;

17 (b) Establish eligibility criteria for providers and participants, in-  
18 cluding limits on qualifying chronic conditions as necessary to main-  
19 tain the sustainability of the program;

20 (c) Establish provider reporting requirements for participant manage-  
21 ment and health quality outcomes;

22 (d) Promulgate, adopt and enforce such rules as may be necessary or  
23 proper to carry out the provisions of this act;

24 (e) Enter into contracts with eligible providers who will provide  
25 primary care, limited prescriptions, care management and care coordi-  
26 nation services to participants consistent with the provisions of this  
27 act and any rules promulgated hereunder;

28 (f) Enforce the provisions of this act and carry out such acts as are  
29 necessary for enforcement; and

30 (g) Seek any federal waivers or grants necessary to enforce the provi-  
31 sions of this act or to qualify for additional federal funding; provided  
32 however, that the legislature must have final approval before a waiver  
33 or grant is used as a source for funding for additional care under sub-  
34 section (2) of this section.

35 (2) Participants of the program may be provided with care and services  
36 in addition to those specified in section 56-275, Idaho Code, if funding is  
37 available, and the director may enter contracts to provide such care with  
38 coordinated care organizations, subject to the requirements of subsection  
39 (1)(g) of this section.

40 SECTION 9. This act shall be in full force and effect on and after July  
41 1, 2017. Participant enrollment in the program shall be effective January 1,  
42 2018, and thereafter as determined by the provisions of this act.

43 SECTION 10. The provisions of this act shall be null, void and of no  
44 force and effect after June 30, 2022.