LEGISLATURE OF THE STATE OF IDAHO

Sixty-fourth Legislature Second Regular Session - 2018

IN THE SENATE

SENATE BILL NO. 1311

BY HEALTH AND WELFARE COMMITTEE

AN ACT

RELATING TO THE DIRECT PRIMARY CARE PILOT PROGRAM; AMENDING CHAPTER 4, TITLE 39, IDAHO CODE, BY THE ADDITION OF A NEW SECTION 39-427, IDAHO CODE, TO ESTABLISH PROVISIONS REGARDING THE DIRECT PRIMARY CARE PILOT PROGRAM; AND PROVIDING A SUNSET DATE.

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

SECTION 1. That Chapter 4, Title 39, Idaho Code, be, and the same is hereby amended by the addition thereto of a NEW SECTION, to be known and designated as Section 39-427, Idaho Code, and to read as follows:

39-427. DIRECT PRIMARY CARE PILOT PROGRAM. (1) There is hereby established in the public health districts the direct primary care pilot program. Public health district participation in the program shall be voluntary. Subject to available funding, each participating district shall pay for direct primary care services for program enrollees in such district according to the provisions of this section. As used in this section, "direct primary care services" shall have the same meaning as provided in section 39-9203, Idaho Code.

(2) A person is eligible to enroll in the program if the person:

(a) Is age eighteen (18) years or older;

(b) Earns one hundred eighty-five percent (185%) or less of the federal poverty limit at time of enrollment; and

(c) Attends a financial literacy course or health coaching program offered by a qualified nonprofit organization, as identified by the board of each participating public health district. The spouse of an enrollee that attends a financial literacy course or health coaching program also qualifies for direct primary care services under this section. A qualified nonprofit organization is an organization that:

(i) Qualifies for tax-exempt status under 501(c)(3) of the Internal Revenue Code;

(ii) Has at least two (2) years of experience in working with those in poverty and has a financial literacy course that covers the major areas of personal finance; or

(iii) Has at least two (2) years of experience in providing a health coaching program with a curriculum that has been successful in helping individuals who follow the course improve their health.

(3) The enrollee must remain in and complete the financial literacy course or health coaching program in order to continue to receive direct primary care services. Once the financial literacy course or health coaching program is completed, the enrollee must continue to participate in weekly or biweekly goal-setting or follow-up sessions that can be done in person or remotely depending upon the requirements of the nonprofit.

(4) If an enrollee, after beginning to receive direct primary care services, stops attending classes or after completion of the curriculum stops participating in weekly or biweekly follow-up sessions required by the nonprofit, the nonprofit will notify the enrollee, the participating public health district paying for the direct primary care services and the direct primary care provider that the enrollee will no longer be eligible for services after the end of the month in which the notice is sent.

(5) Participating public health districts shall pay for direct primary care services for program enrollees for no more than ten (10) months at a rate not to exceed seventy dollars ($70.00) per enrollee, per month.

(6) Each participating public health district may limit enrollment in the program based on available funding.

(7) Each participating public health district shall take such actions as are necessary to implement the provisions of this section, including:

(a) Paying for the direct primary care services of program enrollees after such enrollees enter agreements with direct primary care providers;

(b) Maintaining a list of qualified literacy course and health coaching providers in the community;

(c) Entering into negotiations with direct primary care providers; and

(d) Working with nonprofits to provide anonymous data on program enrollees, and evaluating whether the program assists enrollees in improving their health or financial situation.

(8) Participating public health districts may use up to thirty percent (30%) of the funds allocated under this section for administrative costs.

(9) By January 31 of each year, participating public health districts shall report to the senate and house of representatives health and welfare committees on the status and efficacy of the program.

SECTION 2. The provisions of Section 1 of this act shall be null, void and of no force and effect on and after July 1, 2023.