	PRIMARY CARE GRANTS AMENDMENTS
	2014 GENERAL SESSION
	STATE OF UTAH
	Chief Sponsor: Allen M. Christensen
	House Sponsor: Michael S. Kennedy
LON	G TITLE
Gene	ral Description:
	This bill amends provisions of the Utah Health Code related to primary care grants.
High	ighted Provisions:
	This bill:
	 creates the Primary Care Grant Committee;
	 directs the committee to evaluate applications for primary care grants and make
recom	mendations to the department;
	 directs the department to review and rank applications for primary care grants;
	 allows the department to use up to 5% of funds appropriated by the Legislature for
prima	ry care grants to pay the department's costs to administer the primary care
grant	program;
	 recodifies provisions related to community outreach and education contracts;
	 adds the primary care grant program to the list of programs with nonlapsing funds;
and	
	 makes technical and conforming amendments.
Mone	y Appropriated in this Bill:
	This bill appropriates in fiscal year 2014-15:
	 to the Department of Health - Primary Care Grants as an ongoing appropriation:
	• from General Fund, \$2,000,000.
Othe	· Special Clauses:



28	None
29	Utah Code Sections Affected:
30	AMENDS:
31	26-1-7 , as last amended by Laws of Utah 2003, Chapter 246
32	26-10b-101 , as renumbered and amended by Laws of Utah 2010, Chapter 340
33	26-10b-102 , as last amended by Laws of Utah 2012, Chapter 347
34	26-10b-103 , as renumbered and amended by Laws of Utah 2010, Chapter 340
35	26-10b-104 , as renumbered and amended by Laws of Utah 2010, Chapter 340
36	63J-1-602.1, as last amended by Laws of Utah 2013, Chapter 394
37	ENACTS:
38	26-10b-106, Utah Code Annotated 1953
39	26-10b-107, Utah Code Annotated 1953
40	
41	Be it enacted by the Legislature of the state of Utah:
42	Section 1. Section 26-1-7 is amended to read:
43	26-1-7. Committees within department.
44	(1) There are created within the department the following committees:
45	(a) Health Facility Committee;
46	(b) State Emergency Medical Services Committee;
47	(c) Health Data Committee; [and]
48	(d) Utah Health Care Workforce Financial Assistance Program Advisory Committee[-];
49	and
50	(e) Primary Care Grant Committee.
51	(2) The department shall:
52	(a) review all committees and advisory groups in existence before July 1, 2003 that are
53	not listed in Subsection (1) or Section 26-1-7.5, and not required by state or federal law; and
54	(b) beginning no later than July 1, 2003:
55	(i) consolidate those advisory groups and committees with other committees or
56	advisory groups as appropriate to create greater efficiencies and budgetary savings for the
57	department; and
58	(ii) create in writing, time-limited and subject-limited duties for the advisory groups or

59	committees as necessary to carry out the responsibilities of the department.
60	Section 2. Section 26-10b-101 is amended to read:
61	26-10b-101. Definitions.
62	As used in this [part] chapter:
63	(1) "Committee" means the Primary Care Grant Committee created in Section 26-1-7
64	and described in Section 26-10b-105.
65	[(1)] (2) "Community based organization":
66	(a) means a private entity; and
67	(b) includes for profit and not for profit entities.
68	[(2)] (3) "Cultural competence" means a set of congruent behaviors, attitudes, and
69	policies that come together in a system, agency, or profession and enables that system, agency,
70	or profession to work effectively in cross-cultural situations.
71	(4) "Executive director" means the executive director of the department.
72	[(3)] (5) "Health literacy" means the degree to which an individual has the capacity to
73	obtain, process, and understand health information and services needed to make appropriate
74	health decisions.
75	[(4)] (6) "Institutional capacity" means the ability of a community based organization
76	to implement public and private contracts.
77	[(5)] (7) "Medically underserved population" means the population of an urban or rural
78	area or a population group [designated by the department as having] that the committee
79	determines has a shortage of primary health care [services].
80	(8) "Primary care grant" means a grant awarded by the department under Subsection
81	<u>26-10b-102(1).</u>
82	[(6)] (9) (a) "Primary health care" means:
83	[(a)] (i) basic and general health care services given when a person seeks assistance to
84	screen for or to prevent illness and disease, or for simple and common illnesses and injuries;
85	and
86	[(b)] (ii) care given for the management of chronic diseases.
87	[(7)] (b) "Primary health care" [services" include] includes:
88	[(a)] (i) services of physicians, nurses, physician's assistants, and dentists licensed to
89	practice in this state under Title 58, Occupations and Professions;

90	[(b)] (ii) diagnostic and radiologic services;
91	[(c)] (iii) preventive health services including perinatal services, well-child services,
92	and other services that seek to prevent disease or its consequences;
93	[(d)] (iv) emergency medical services;
94	$\left[\frac{(\mathbf{e})}{(\mathbf{v})}\right]$ preventive dental services; and
95	[(f)] (vi) pharmaceutical services.
96	(10) "Program" means the primary care grant program created under this chapter.
97	Section 3. Section 26-10b-102 is amended to read:
98	26-10b-102. Department to award grants Applications.
99	(1) $[(a)]$ Within appropriations specified by the Legislature for this purpose, the
100	department may [make grants to public and nonprofit entities for the cost of operation of
101	providing], in accordance with the recommendation of the committee, award a grant to a public
102	or nonprofit entity to provide primary health care [services] to a medically underserved
103	[populations] population.
104	[(b) The department may, as funding permits, contract with community based
105	organizations for the purpose of developing culturally and linguistically appropriate programs
106	and services for low income and medically underserved populations through a pilot program to
107	accomplish one or more of the following:]
108	[(i) to educate individuals:]
109	[(A) to use private and public health care coverage programs, products, services, and
110	resources in a timely, effective, and responsible manner;]
111	[(B) to make prudent use of private and public health care resources;]
112	[(C) to pursue preventive health care, health screenings, and disease management; and]
113	[(D) to locate health care programs and services;]
114	[(ii) to assist individuals to develop:]
115	[(A) personal health management;]
116	[(B) self-sufficiency in daily care; and]
117	[(C) life and disease management skills;]
118	[(iii) to support translation of health materials and information;]
119	[(iv) to facilitate an individual's access to primary care services and providers,
120	including mental health services; and]

121	[(v) to measure and report empirical results of the pilot project.]
122	[(2) (a) Grants by the department shall be awarded based on:]
123	(2) When awarding a grant under Subsection (1), the department shall, in accordance
124 <u>w</u>	with the committee's recommendation, consider:
125	[(i) applications] (a) the content of a grant application submitted to the department;
126	(b) whether an application is submitted in the manner and form prescribed by the
127 d	department; and
128	[(ii)] (c) the criteria established in Section 26-10b-103.
129	[(b)] (3) The application for a grant under Subsection (2)(a) shall contain:
130	[(i)] (a) a requested award amount;
131	[(ii)] <u>(b)</u> a budget; and
132	[(iii)] (c) a narrative plan of the manner in which the applicant intends to provide the
133 p	primary health care [services] described in Subsection [26-10b-101(7)] (1).
134	[(c) A contract bid for a service under Subsection (1)(b):]
135	[(i) shall be awarded in accordance with Title 63G, Chapter 6a, Utah Procurement
136 C	Code;]
137	[(ii) shall include the information described in Section 26-10b-103; and]
138	[(iii) is subject to Subsection (3).]
139	[(3) (a) An applicant under this chapter shall demonstrate to the department that the
140 a	applicant will not deny services to a person because of the person's inability to pay for the
141 s	services.]
142	[(b) Subsection (3)(a) does not preclude an applicant from seeking payment from the
143 p	person receiving services, a third party, or a government agency if:]
144	[(i) the applicant is authorized to charge for the services; and]
145	[(ii) the person, third party, or government agency is under legal obligation to pay the
146 c	charges.]
147	[(4) The department shall maximize the use of federal matching funds received for
148 s	services under Subsection (1)(b) to fund additional contracts under Subsection (1)(b).]
149	Section 4. Section 26-10b-103 is amended to read:
150	26-10b-103. Content of grant applications.
151	[Applications for grants] An applicant for a grant under this chapter shall include, in an

152	application:
153	(1) a statement of specific, measurable objectives, and the methods [to be used] the
154	applicant will use to assess the achievement of those objectives;
155	(2) the precise boundaries of the area [to be served by the entity making the
156	application] the applicant will serve, including a description of the medically underserved
157	population [to be served by] the applicant will serve using the grant;
158	(3) the results of [an assessment of need demonstrating] a need assessment that
159	demonstrates that the population [to be served] the applicant will serve has a need for the
160	services provided by the applicant;
161	(4) a description of the personnel responsible for carrying out the activities of the grant
162	along with a statement justifying the use of any grant funds for the personnel;
163	[(5) letters and other forms of evidence showing that efforts have been made to secure
164	financial and professional assistance and support for the services to be provided under the
165	grant;]
166	(5) evidence that demonstrates the applicant's existing financial and professional
167	assistance and any attempts by the applicant to obtain financial and professional assistance;
168	(6) a list of services [to be provided by] the applicant will provide;
169	(7) the schedule of fees [to be charged by], if any, the applicant will charge;
170	(8) the estimated number of [medically underserved persons to be served] individuals
171	the applicant will serve with the grant award; and
172	(9) [other provisions as determined] any other information required by the department
173	in consultation with the committee.
174	Section 5. Section 26-10b-104 is amended to read:
175	26-10b-104. Process and criteria for awarding primary care grants.
176	(1) The department shall review and rank applications based on the criteria in this
177	section and transmit the applications to the committee for review.
178	(2) The committee shall, after reviewing the applications transferred to the committee
179	under Subsection (1), make recommendations to the executive director.
180	(3) The executive director shall, in accordance with the committee's recommendations,
181	decide which applications to award grants under Subsection 26-10b-102(1).
182	[(1)] (4) The department shall establish rules in accordance with Title 63G, Chapter 3,

183	Utah Administrative Rulemaking Act, governing the application form, the process, and the
184	criteria [it] the department will use in [awarding] reviewing, ranking, and awarding grants and
185	contracts under this chapter.
186	[(2)] (5) When reviewing, ranking, and awarding a primary care grant under Subsection
187	26-10b-102(1)[(a)], the department shall consider the extent to which [the] an applicant:
188	(a) demonstrates that the area or a population group [to be served] the applicant will
189	serve under the application has a shortage of primary health care and that the [services] primary
190	health care will be located so that [they will provide] it provides assistance to the greatest
191	number of [persons residing in the area or included] individuals in the population group;
192	(b) utilizes other sources of funding, including private funding, to provide primary
193	health care;
194	(c) demonstrates the ability and expertise to serve [traditionally] a medically
195	underserved [populations] population; [including persons of limited English-speaking ability,
196	single heads of households, the elderly, persons with low incomes, and persons with chronic
197	diseases;]
198	[(d) demonstrates that it will assume financial risk for a specified number of medically
199	underserved persons within its catchment area for a predetermined level of care on a prepaid
200	capitation basis; and]
201	(d) agrees to submit a report to the committee annually; and
202	(e) meets other criteria determined by the department in consultation with the
203	committee.
204	[(3) When awarding a contract for community based services under Subsection
205	26-10b-102(1)(b), the department shall:]
206	[(a) consider the extent to which the applicant:]
207	[(i) demonstrates that the area or a population group to be served under the application
208	is a medically underserved area or population and that the services will be located so that they
209	will provide assistance to the greatest number of persons residing in the area or included in the
210	population group;]
211	[(ii) utilizes other sources of funding, including private funding, to provide the services
212	described in Subsection 26-10b-102(1)(b);]
213	[(iii) demonstrates the ability and expertise to serve traditionally medically underserved

214	populations including persons of limited English-speaking ability, single heads of households,
215	the elderly, persons with low incomes, and persons with chronic diseases;]
216	[(iv) meets other criteria determined by the department; and]
217	[(v) demonstrates the ability to empirically measure and report the results of all
218	contract supported activities;]
219	[(b) consider the extent to which the contract increases the applicant's institutional
220	capacity;]
221	[(c) consult with the state's:]
222	[(i) Medicaid program;]
223	[(ii) Children's Health Insurance Program; and]
224	[(iii) other assistance programs within the Department of Workforce Services and the
225	Department of Human Services; and]
226	[(d) as funding permits, implement the community based service contract as a pilot
227	program for which the department shall enter into contracts for services as follows:]
228	[(i) two contracts in the amount of \$50,000 each to be awarded to experienced and
229	established applicants; and]
230	[(ii) three contracts in the amount of \$30,000 each to be awarded to applicants that:]
231	[(A) are not as established or experienced as the applicants under Subsection (3)(d)(i);
232	or]
233	[(B) represent smaller community based approaches than the applicants described in
234	Subsection (3)(d)(i).]
235	[(4) Once a contract has been awarded under Subsection (3), the department shall
236	provide technical assistance to the contractee to familiarize the contractee with public and
237	private resources available to support wellness, health promotion, and disease management.]
238	(6) The department may use up to 5% of the funds appropriated by the Legislature to
239	the primary care grant program under this chapter to pay the costs of administering the
240	program.
241	Section 6. Section 26-10b-106 is enacted to read:
242	<u>26-10b-106.</u> Primary Care Grant Committee.
243	(1) The Primary Care Grant Committee created in Section 26-1-7 shall:
244	(a) review grant applications forwarded to the committee by the department under

245	Subsection 26-10b-104(1);
246	(b) recommend, to the $\hat{S} \rightarrow \underline{executive} \leftarrow \hat{S}$ director, grant applications to award under
246a	Subsection
247	<u>26-10b-102(1);</u>
248	(c) evaluate:
249	(i) the need for primary health care in different areas of the state;
250	(ii) how the program is addressing those needs; and
251	(iii) the overall effectiveness and efficiency of the program;
252	(d) review annual reports from primary care grant recipients;
253	(e) meet as necessary to carry out its duties, or upon a call by the committee chair or by
254	a majority of committee members; and
255	(f) make rules, in accordance with Title 63G, Chapter 3, Utah Administrative
256	Rulemaking Act, that govern the committee, including the committee's grant selection criteria.
257	(2) The committee shall consist of:
258	(a) as chair, the $\hat{S} \rightarrow \underline{executive} \leftarrow \hat{S}$ director or an individual designated by the $\hat{S} \rightarrow$
258a	<u>executive</u> ←Ŝ <u>director; and</u>
259	(b) six members appointed by the governor to serve up to two consecutive, two-year
260	terms of office, including:
261	(i) four licensed health care professionals; and
262	(ii) two community advocates who are familiar with a medically underserved
263	population and with health care systems, where at least one is familiar with a rural medically
264	underserved population.
265	(3) The $\hat{S} \rightarrow \underline{\text{executive}} \leftarrow \hat{S}$ director may remove a committee member:
266	(a) if the member is unable or unwilling to carry out the member's assigned
267	responsibilities; or
268	(b) for a rational reason.
269	(4) A committee member may not be compensated for the member's service, except a
270	committee member may be reimbursed for reasonable travel expenses related to the member's
271	committee responsibilities.
272	Section 7. Section 26-10b-107 is enacted to read:
273	<u>26-10b-107.</u> Community education and outreach contracts.
274	(1) The department may, as funding permits, contract with community based

275 organizations for the purpose of developing culturally and linguistically appropriate programs

276	and services for low income and medically underserved populations to accomplish one or more
277	of the following:
278	(a) to educate individuals:
279	(i) to use private and public health care coverage programs, products, services, and
280	resources in a timely, effective, and responsible manner;
281	(ii) to pursue preventive health care, health screenings, and disease management; and
282	(iii) to locate health care programs and services;
283	(b) to assist individuals to develop:
284	(i) personal health management;
285	(ii) self-sufficiency in daily care; and
286	(iii) life and disease management skills;
287	(c) to support translation of health materials and information;
288	(d) to facilitate an individual's access to primary care and providers, including mental
289	health services; and
290	(e) to measure and report empirical results of the pilot project.
291	(2) When awarding a contract for community based services under Subsection (1), the
292	department shall consider the extent to which the applicant:
293	(a) demonstrates that the area or a population group to be served under the application
294	is a medically underserved population and that the services will be located to provide
295	assistance to the greatest number of individuals residing in the area or included in the
296	population group;
297	(b) utilizes other sources of funding, including private funding, to provide the services
298	described in Subsection (1);
299	(c) demonstrates the ability and expertise to serve medically underserved populations,
300	including individuals with limited English-speaking ability, single heads of households, the
301	elderly, individuals with low income, and individuals with a chronic disease;
302	(d) meets other criteria determined by the department; and
303	(e) demonstrates the ability to empirically measure and report the results of all contract
304	supported activities.
305	(3) The department may only award a contract under Subsection (1):
306	(a) in accordance with Title 63G, Chapter 6a, Utah Procurement Code;

307	(b) that contains the information described in Section 26-10b-103, relating to grants;
308	and
309	(c) that complies with Subsections (4) and (5).
310	(4) An applicant under this chapter shall demonstrate to the department that the
311	applicant will not deny services to a person because of the person's inability to pay for the
312	services.
313	(5) Subsection (4) does not preclude an applicant from seeking payment from the
314	person receiving services, a third party, or a government agency if:
315	(a) the applicant is authorized to charge for the services; and
316	(b) the person, third party, or government agency is under legal obligation to pay for
317	the services.
318	(6) The department shall maximize the use of federal matching funds received for
319	services under Subsection (1) to fund additional contracts under Subsection (1).
320	Section 8. Section 63J-1-602.1 is amended to read:
321	63J-1-602.1. List of nonlapsing accounts and funds General authority and Title
322	1 through Title 30.
323	(1) Appropriations made to the Legislature and its committees.
324	(2) The Percent-for-Art Program created in Section 9-6-404.
325	(3) The Martin Luther King, Jr. Civil Rights Support Restricted Account created in
326	Section 9-18-102.
327	(4) The LeRay McAllister Critical Land Conservation Program created in Section
328	11-38-301.
329	(5) An appropriation made to the Division of Wildlife Resources for the appraisal and
330	purchase of lands under the Pelican Management Act, as provided in Section 23-21a-6.
331	(6) Award money under the State Asset Forfeiture Grant Program, as provided under
332	Section 24-4-117.
333	(7) Funds collected from the emergency medical services grant program, as provided in
334	Section 26-8a-207.
335	(8) The Prostate Cancer Support Restricted Account created in Section 26-21a-303.
336	
550	(9) State funds appropriated for matching federal funds in the Children's Health

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338	(10) The Utah Health Care Workforce Financial Assistance Program created in Section
339	26-46-102.
340	(11) The primary care grant program created in Section <u>26-10b-102</u> .
341	Section 9. Appropriation.
342	Under the terms and conditions of Title 63J, Chapter 1, Budgetary Procedures Act, for
343	the fiscal year beginning July 1, 2014, and ending June 30, 2015, the following sums of money
344	are appropriated from resources not otherwise appropriated, or reduced from amounts
345	previously appropriated, out of the funds or accounts indicated. These sums of money are in
346	addition to any amounts previously appropriated for fiscal year 2015.
347	To Department of Health - Primary Care Grants
348	From General Fund \$2,000,000
349	Schedule of Programs:
350	Primary Care Grants \$2,000,000

Legislative Review Note as of 2-21-14 5:46 PM

Office of Legislative Research and General Counsel