1

2

3

4 5

6

7

8

9 10

11

12

13

14 15

16

17

18 19

20

21

22

23

24 25

26

27

28

29

30

31

34

35 36

37 38

39

40

41 42

IN THE HOUSE OF REPRESENTATIVES

HOUSE BILL NO. 484

BY HEALTH AND WELFARE COMMITTEE

AN ACT RELATING TO THE PRIMARY CARE ACCESS PROGRAM; AMENDING SECTION 56-201, IDAHO CODE, TO REVISE DEFINITIONS; AMENDING SECTION 56-203, IDAHO CODE, TO PROVIDE THAT THE STATE DEPARTMENT OF HEALTH AND WELFARE SHALL HAVE THE POWER TO INITIATE AND ADMINISTER THE PRIMARY CARE ACCESS PROGRAM; AMENDING CHAPTER 2, TITLE 56, IDAHO CODE, BY THE ADDITION OF A NEW SEC-TION 56-270, IDAHO CODE, TO PROVIDE A SHORT TITLE; AMENDING CHAPTER 2, TITLE 56, IDAHO CODE, BY THE ADDITION OF A NEW SECTION 56-271, IDAHO CODE, TO PROVIDE LEGISLATIVE INTENT; AMENDING CHAPTER 2, TITLE 56, IDAHO CODE, BY THE ADDITION OF A NEW SECTION 56-272, IDAHO CODE, TO ES-TABLISH THE PRIMARY CARE ACCESS PROGRAM FUND; AMENDING CHAPTER 2, TITLE 56, IDAHO CODE, BY THE ADDITION OF A NEW SECTION 56-273, IDAHO CODE, TO DEFINE TERMS; AMENDING CHAPTER 2, TITLE 56, IDAHO CODE, BY THE ADDITION OF A NEW SECTION 56-274, IDAHO CODE, TO PROVIDE POWERS AND DUTIES OF THE DIRECTOR OF THE STATE DEPARTMENT OF HEALTH AND WELFARE; AMENDING CHAP-TER 2, TITLE 56, IDAHO CODE, BY THE ADDITION OF A NEW SECTION 56-275, IDAHO CODE, TO PROVIDE ELIGIBILITY REQUIREMENTS FOR PROGRAM PARTICI-PANTS; AMENDING CHAPTER 2, TITLE 56, IDAHO CODE, BY THE ADDITION OF A NEW SECTION 56-276, IDAHO CODE, TO PROVIDE ELIGIBILITY REQUIREMENTS FOR HEALTH CARE PROVIDERS; AMENDING CHAPTER 2, TITLE 56, IDAHO CODE, BY THE ADDITION OF A NEW SECTION 56-277, IDAHO CODE, TO PROVIDE THAT PROGRAM PARTICIPANTS SHALL BE ANNUALLY ENROLLED BASED ON PROGRAM AVAILABILITY, TO PROVIDE THAT PARTICIPANTS WILL BE ANNUALLY REASSESSED TO DETERMINE IF THEY SHALL CONTINUE IN THE PROGRAM, TO PROVIDE THAT PROGRAM PARTICI-PANTS SHALL BE ASSIGNED A PROVIDER BASED ON LOCATION AND TO PROVIDE THAT PROGRAM PARTICIPANTS SHALL RECEIVE PRIMARY CARE ACCESS AND CARE COORDI-NATION SERVICES FROM THAT PROVIDER; AMENDING CHAPTER 2, TITLE 56, IDAHO CODE, BY THE ADDITION OF A NEW SECTION 56-278, IDAHO CODE, TO PROVIDE FOR PAYMENT TO PROVIDERS AND TO ESTABLISH FEES FOR PROGRAM PARTICIPANTS; PROVIDING AN EFFECTIVE DATE; AND PROVIDING A SUNSET DATE.

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

32 SECTION 1. That Section 56-201, Idaho Code, be, and the same is hereby 33 amended to read as follows:

56-201. DEFINITIONS. As used in this act:

- (a) "State department" means the state department of health and welfare;
- (b) "Director" means the director of the department of health and welfare;
 - (c) "Public welfare" means public assistance and social services;
- (d) "Social services" means activities of the department in efforts to bring about economic, social and vocational adjustment of families and persons;

(e) "Public assistance" includes general assistance, old-age assistance, aid to the blind, assistance to families with children, aid to the disabled, primary care access and medical assistance;

- (f) "General assistance" means direct assistance in cash, direct assistance in kind, and supplementary assistance;
- (g) "Direct assistance in cash" means money payments to eligible people not classified as old-age assistance, or aid to the blind, or assistance to families with children, or aid to the disabled, or medical assistance;
- (h) "Direct assistance in kind" means payments to others on behalf of a person or family for food, rent, clothing, and other normal subsistence needs;
- (i) "Supplementary assistance" means payments to others on behalf of a person or family for transportation and costs incidental to vocational adjustment or employment;
- (j) "Old-age assistance" means money payments to or on behalf of needy aged people;
- (k) "Aid to the blind" means money payments to or on behalf of blind people who are needy;
- (1) "Assistance to families with children" means money payments, direct assistance in kind, supplementary assistance, and social services targeted toward self-sufficiency with respect to or on behalf of eligible families with children;
 - (m) "Aged" means any person sixty-five (65) years or older;
- (n) "Aid to the disabled" means money payments to or on behalf of needy individuals who are disabled, and whose disability prevents self-support through employment for a period of at least one (1) year from the date of onset of the disability;
- (o) "Medical assistance" means payments for part or all of the cost of such care and services allowable within the scope of title XIX of the federal social security act as amended as may be designated by department rule;
- (p) "Provider" means any individual, partnership, association, corporation or organization, public or private, who provides residential or assisted living services, certified family home services, nursing facility services, services offered pursuant to the medicaid program, or services offered pursuant to titles IV or XX of the social security act;
- (q) "Needy" means the condition where a person or family does not have income and available resources in accordance with the provisions of section 56-210, Idaho Code;
- (r) "Primary care access" means a program in which payments are made to eligible providers for the primary care management and care coordination of adults between nineteen (19) and sixty-four (64) years of age whose income is under one hundred percent (100%) of the federal poverty level.
- SECTION 2. That Section 56-203, Idaho Code, be, and the same is hereby amended to read as follows:
- 56-203. POWERS OF STATE DEPARTMENT. The state department shall have the power to:
- (1) Enter into contracts and agreements with the federal government through its appropriate agency or instrumentality whereby the state of Idaho shall receive federal grants-in-aid or other benefits for public assistance

or public welfare purposes under any act or acts of congress heretofore or hereafter enacted;

- (2) Cooperate with the federal government in carrying out the purposes of any federal acts pertaining to public assistance or welfare services, and in other matters of mutual concern;
- (3) Cooperate with county governments and other branches of government and other agencies, public or private, in administering and furnishing public welfare services;
- (4) Enter into reciprocal agreements with other states relative to the provisions of public assistance and welfare services to residents and non-residents;
- (5) Initiate and administer public assistance and social services for persons with physical or mental disabilities;
- (6) Establish such requirements of residence for public assistance under this act as may be deemed advisable, subject to any limitations imposed in this act;
- (7) Define persons entitled to medical assistance in such terms as will meet requirements for federal financial participation in medical assistance payments;
- (8) Accept the legal custody of children committed to it by district courts of this state under the Child Protective Act, to provide protective supervision as defined therein, to place children for adoption when such children are in the legal custody of the state department and are legally available for adoption and to exercise consent to adoption when the authority to do so is vested in the department by court order or legally authorized parental relinquishment;
- (9) Determine the amount, duration and scope of care and services to be purchased as medical assistance on behalf of needy eligible individuals;
- (10) Manage and operate the southwest Idaho treatment center at Nampa, Idaho; and
 - (11) Initiate and administer the primary care access program.
- SECTION 3. That Chapter 2, Title 56, Idaho Code, be, and the same is hereby amended by the addition thereto of a $\underline{\text{NEW SECTION}}$, to be known and designated as Section 56-270, Idaho Code, and to read as follows:
- 56-270. SHORT TITLE. Sections 56-270 through 56-278, Idaho Code, shall be known and may be cited as the "Primary Care Access Act."
- SECTION 4. That Chapter 2, Title 56, Idaho Code, be, and the same is hereby amended by the addition thereto of a <u>NEW SECTION</u>, to be known and designated as Section 56-271, Idaho Code, and to read as follows:
- 56-271. LEGISLATIVE INTENT. The legislature finds that Idahoans whose income is under one hundred percent (100%) of the federal poverty level, who are not eligible for medicaid or the advanced premium tax credit and who are not otherwise eligible or enrolled in an employer-sponsored or a government-subsidized health care plan do not have adequate access to primary care and care coordination. The legislature further finds that these Idahoans would benefit from access to community resources to strengthen their self-reliance. It is therefore the intent of the legislature to provide pri-

mary care access and care coordination to these Idahoans in order to improve their health outcomes, reduce demand for emergency room treatment and the need for hospitalization, and assist them in accessing community resources to improve self-reliance. The legislature hereby creates the primary care access program and directs the state department of health and welfare to develop the program in a manner consistent with the provisions of this act.

SECTION 5. That Chapter 2, Title 56, Idaho Code, be, and the same is hereby amended by the addition thereto of a $\underline{\text{NEW SECTION}}$, to be known and designated as Section 56-272, Idaho Code, and to read as follows:

56-272. CREATION OF PRIMARY CARE ACCESS PROGRAM FUND. There is hereby created and established in the state treasury a fund to be known as the primary care access program fund. All moneys now or hereafter in the primary care access program fund are hereby dedicated for the purpose of providing enhanced care coordination of primary and preventative care with a focus on managing chronic conditions for uninsured individuals whose income falls below one hundred percent (100%) of the federal poverty level and who are not currently eligible for medicaid or for tax credits that would enable such individuals to purchase private insurance on the Idaho health insurance exchange. The state department of health and welfare is charged with the administration of this fund for the purposes specified in this act. The current fiscal year's appropriation and any moneys in excess thereof shall be carried over to the next fiscal year for the purpose of this fund. The moneys expended on behalf of this program shall not exceed the moneys in the fund. All claims against the fund shall be examined, audited and allowed in the manner now or hereafter provided by law for claims against the state of Idaho.

SECTION 6. That Chapter 2, Title 56, Idaho Code, be, and the same is hereby amended by the addition thereto of a $\underline{\text{NEW SECTION}}$, to be known and designated as Section 56-273, Idaho Code, and to read as follows:

56-273. DEFINITIONS. As used in this act:

- (1) "Care coordination" means the management of a program participant's primary care to accomplish cost-effective care by coordination of health services.
 - (2) "Department" means the state department of health and welfare.
- (3) "Director" means the director of the state department of health and welfare.
- (4) "Participant" means a person eligible for and enrolled in the primary care access program as created by this act.
- (5) "Primary care" means professional comprehensive health services, including health education and disease prevention, initial assessment of health problems, treatment of acute and chronic health problems and the overall management of an individual's health care services as provided by an Idaho-licensed provider.
- (6) "Primary care access program" or "program" means the program established by this act, in which participants receive primary care access and care coordination from eligible providers.

(7) "Provider" means an Idaho-licensed physician, physician assistant, nurse practitioner or clinical nurse specialist who is eligible to provide primary care access program services to participants.

- (8) "Sliding fee" means the contribution by a participant for primary care received under the program, which fee shall be determined based on the participant's income.
- SECTION 7. That Chapter 2, Title 56, Idaho Code, be, and the same is hereby amended by the addition thereto of a $\underline{\text{NEW SECTION}}$, to be known and designated as Section 56-274, Idaho Code, and to read as follows:
- 56-274. POWERS AND DUTIES OF THE DIRECTOR. The director shall and is hereby authorized to:
 - (1) Initiate and administer the primary care access program;
 - (2) Establish eligibility criteria for providers and participants;
- (3) Establish provider reporting requirements for participant management and health quality outcomes;
- (4) Promulgate, adopt and enforce such rules as may be necessary or proper to carry out the provisions of this act; and
- (5) Enter into contracts with eligible providers who will provide primary care access and care coordination services to participants consistent with the provisions of this act and any rules promulgated hereunder.
- SECTION 8. That Chapter 2, Title 56, Idaho Code, be, and the same is hereby amended by the addition thereto of a $\underline{\text{NEW SECTION}}$, to be known and designated as Section 56-275, Idaho Code, and to read as follows:
- 56-275. PARTICIPANT ELIGIBILITY. A person shall be eligible for enrollment in the primary care access program upon a finding by the department that:
- (1) The department's application for the primary care access program has been completed and signed by the person or the person's authorized representative;
- (2) The person's income is verified to be less than one hundred percent (100%) of the federal poverty level according to department rule;
- (3) The person is not eligible for medicaid or the advanced premium tax credit and is not eligible or enrolled in an employer-sponsored or government-subsidized health care plan;
- (4) The person is verified to be a United States citizen and an Idaho resident according to department rule; and
- (5) The person's household composition and employment have been verified according to department rule.
- SECTION 9. That Chapter 2, Title 56, Idaho Code, be, and the same is hereby amended by the addition thereto of a $\underline{\text{NEW SECTION}}$, to be known and designated as Section 56-276, Idaho Code, and to read as follows:
- 56-276. PROVIDER ELIGIBILITY. A provider shall be eligible for payment from the department for the provision of primary care access and care coordination services to program participants upon a finding by the director that the provider has entered into a primary care access program agreement

with the department. As part of the agreement, the provider shall submit certain information, as provided in rule, to the department regarding program participants on a periodic basis. This information shall include, but shall not be limited to:

- (1) Utilization data, such as the number of participants assessed; and
- (2) Clinical data, such as the number of participants with a diabetes diagnosis.
- SECTION 10. That Chapter 2, Title 56, Idaho Code, be, and the same is hereby amended by the addition thereto of a $\underline{\text{NEW SECTION}}$, to be known and designated as Section 56-277, Idaho Code, and to read as follows:
- 56-277. PROGRAM TERM, ENROLLMENT AND SERVICES. (1) Persons determined by the department to be eligible for the program shall be annually enrolled in the program based on availability. If a person is eligible but cannot be enrolled due to lack of availability, the person shall be placed on a waiting list and enrolled if and when possible.
- (2) Participants will be annually reassessed for eligibility and must satisfy the criteria for active participation, as set forth in rule, in order to continue in the program.
- (3) Participants will be assigned by the department to a provider participating in the primary care access program based on location and will receive primary care access and care coordination services from that provider.
- SECTION 11. That Chapter 2, Title 56, Idaho Code, be, and the same is hereby amended by the addition thereto of a $\underline{\text{NEW SECTION}}$, to be known and designated as Section 56-278, Idaho Code, and to read as follows:
- 56-278. PAYMENTS AND SLIDING FEES. (1) A provider participating in the program will receive a monthly fee for each participant who receives primary care access and care coordination services from the provider.
- (2) A provider participating in the program will charge a sliding fee to each participant receiving primary care access and care coordination services from the provider, which fee shall be based on the participant's income and according to criteria set forth in rule.
- SECTION 12. This act shall be in full force and effect on and after July 1, 2016. Participant enrollment in the program shall be effective January 1, 2017, and thereafter as determined by the provisions of this act.
- SECTION 13. The provisions of this act shall be null, void and of no force and effect on and after June 30, 2021.