Second Regular Session - 2016

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## Seconded by Martin

## IN THE SENATE SENATE AMENDMENT TO H.B. NO. 644

## AMENDMENT TO THE BILL

On page 1 of the printed bill, following line 9, insert:

"SECTION 1. 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 56-267, Idaho Code, and to read as follows:

- 56-267. IDAHO ACCOUNTABLE CARE WAIVER ACT. (1) This section shall be known and may be cited as the "Idaho Accountable Care Waiver Act."
- (2) The definitions provided in section 56-252, Idaho Code, shall apply to this section.
- (3) The director is authorized to apply for a waiver from the federal centers for medicare and medicaid services that conforms to the provisions of this section. Upon receipt of approval of the waiver from the centers for medicare and medicaid services, the waiver shall be approved by the legislature before the director initiates enrollment pursuant to this section.
  - (a) The waiver shall clearly articulate best practices for community-based coordinated care that emphasizes outcomes and elimination of the fee-for-service model and Idaho-based evidence for population management. Specifically, the department shall look to the outcome-based models for primary care medical homes as currently being demonstrated to improve utilization patterns and outcomes. The department shall use the best aggregate data available for Idaho's gap population from Idaho's community health centers, current health and welfare data, and data available from the state health innovation plan.
  - (b) The waiver shall clearly articulate accountability for benefit recipients and providers. Using Idaho-based best practices, the waiver application shall clearly articulate risk-bearing, outcome-based incentives for community care organizations to ensure that every effort is made to link Idahoans with primary care providers and reduce inefficient care.
  - (c) The waiver shall clearly articulate best practices for population management being employed in Idaho community health centers and in coordination with the findings of the state health innovation plan. Care shall be coordinated between primary medical, specialty medical and mental health resources through an outcome-based primary care medical home.
- (4) Upon receipt of approval from the centers for medicare and medicaid services and upon approval of the legislature by concurrent resolution pursuant to subsection (3) of this section, the state shall provide for managed medicaid services to those persons under sixty-five (65) years of age whose modified adjusted gross income is below one hundred percent

(100%) of the federal poverty level and who are not otherwise eligible for any other coverage under the state plan, in accordance with sections 1902(a)(10)(A)(i)(VIII) and 1902(e)(14) of the social security act. If at any time the federal financial participation rate falls below the ninety percent (90%) commitment described in 42 U.S.C. 1396d(y), then the provisions of this section shall be null and void.

- (5) The director is required and authorized to take the actions necessary to implement the provisions of this act.
- (6) In addition to the responsibilities assigned to the director by subsection (3) of this section, the director shall provide a monthly report on the progress of the creation of the application for waiver. The report shall be made to a committee appointed by the speaker of the house of representatives and the president pro tempore of the senate. The committee shall consist of three (3) members of the majority party from each house and one (1) member of the minority party from each house and shall consult with the director on the progress of the application. The monthly report shall be made in person or telephonically and shall be open to the public. After the waiver has been approved by the legislature, the committee shall disband. Expenses incurred by members of the committee shall be paid from moneys in the legislative account.";

and in line 10, following "SECTION" delete "1" and insert: "2".

On page 2, in line 49, delete "2" and insert: "3"; and following line 50, insert:

"SECTION 4. LEGISLATIVE INTENT -- BENEFIT RECIPIENTS. It is the intent of the Legislature that the provisions of this act will promote self-sufficiency among any benefit recipients. The Legislature recognizes that those impacted by this act do not have the ability to change circumstances leading to their eligibility for any benefit, but in no way intends that the benefits derived from this shall impede job-creation or wage-increasing initiatives that might change the eligibility status of benefit recipients.

SECTION 5. LEGISLATIVE INTENT -- UNSUCCESSFUL WAIVER APPLICATION. If, after a waiver application is submitted in accordance with this act, the application is unsuccessful, the enabling language in Section 1 of this act shall be null and void.

SECTION 6. LEGISLATIVE INTENT -- FUTURE LEGISLATURES NOT BOUND. If, after a waiver application is submitted in accordance with this act, the application is successful, future legislatures shall have the power to reject the successful waiver.

SECTION 7. LEGISLATIVE INTENT. It is the intent of the Legislature that should a successful waiver under Section 1 of this act be accepted by the Legislature and implemented, then the state will work with hospitals and community care organizations to eliminate the use of county medical indigent and CAT fund programs as safety nets.

SECTION 8. An emergency existing therefor, which emergency is hereby declared to exist, this act shall be in full force and effect on and after its passage and approval.".

## CORRECTION TO TITLE

On page 1, in line 2, following "CARE;" insert: "AMENDING CHAPTER 2, TITLE 56, IDAHO CODE, BY THE ADDITION OF A NEW SECTION 56-267, IDAHO CODE, TO PROVIDE A SHORT TITLE, TO CLARIFY THE APPLICATION OF CERTAIN DEFINITIONS, TO AUTHORIZE THE DIRECTOR OF THE STATE DEPARTMENT OF HEALTH AND WELFARE TO APPLY FOR A CERTAIN WAIVER FROM THE FEDERAL CENTERS FOR MEDICARE AND MEDICAID SERVICES, TO PROVIDE THAT THE STATE SHALL PROVIDE MANAGED MEDICAID SERVICES TO CERTAIN PERSONS, TO PROVIDE THAT THE DIRECTOR IS REQUIRED AND AUTHORIZED TO TAKE CERTAIN ACTIONS AND TO PROVIDE THAT THE DIRECTOR SHALL MAKE CERTAIN REPORTS TO A LEGISLATIVE COMMITTEE"; in line 7, following "INTENT;" delete "AND"; and in line 8, following "DATE" insert: "PROVIDING LEGISLATIVE INTENT REGARDING SELF-SUFFICIENCY OF MEDICAID BENEFIT RECIPIENTS; PROVIDING LEGISLATIVE INTENT REGARDING AN UNSUCCESSFUL WAIVER APPLICATION; PROVIDING LEGISLATIVE INTENT REGARDING A SUCCESSFUL WAIVER APPLICATION; PROVIDING LEGISLATIVE INTENT REGARDING IMPLEMENTATION; AND DECLARING AN EMERGENCY".