

IN THE SENATE

SENATE BILL NO. 1082

BY HEALTH AND WELFARE COMMITTEE

AN ACT

1 RELATING TO HEALTH CARE; AMENDING TITLE 31, IDAHO CODE, BY THE ADDITION  
2 OF A NEW CHAPTER 59, TITLE 31, IDAHO CODE, TO ESTABLISH THE COMMUNITY  
3 PRIMARY CARE PROGRAM, TO PROVIDE QUALIFICATIONS FOR PARTICIPATION IN  
4 THE PROGRAM, TO PROVIDE FOR AN APPLICATION, TO PROVIDE FOR PROGRAM ORI-  
5 ENTATION, TO PROVIDE THAT PROGRAM PARTICIPANTS SHALL RECEIVE CERTAIN  
6 CARE, TO ESTABLISH PROVISIONS REGARDING PERSONAL IMPROVEMENT PLANS, TO  
7 PROVIDE FOR RE-ENROLLMENT AND TO PROVIDE A LIFETIME LIMIT FOR PROGRAM  
8 PARTICIPANTS, TO PROVIDE FOR TERMINATION FROM THE PROGRAM, TO ESTABLISH  
9 PROVISIONS REGARDING PROGRAM FUNDING AND TO ESTABLISH POWERS AND DUTIES  
10 FOR THE BOARD OF THE CATASTROPHIC HEALTH CARE COST PROGRAM; AND PROVID-  
11 ING A SUNSET DATE.  
12

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

14 SECTION 1. That Title 31, Idaho Code, be, and the same is hereby amended  
15 by the addition thereto of a NEW CHAPTER, to be known and designated as Chap-  
16 ter 59, Title 31, Idaho Code, and to read as follows:

17 CHAPTER 59

18 COMMUNITY PRIMARY CARE PROGRAM

19 31-5901. COMMUNITY PRIMARY CARE PROGRAM. (1) There is hereby estab-  
20 lished a community primary care program, hereinafter known as "program." The  
21 purpose of the program is to improve the health of low-income Idahoans and  
22 to assist them in developing economic self-sufficiency. The program shall  
23 be funded by the state, subject to appropriation, and be administered by the  
24 board of the catastrophic health care cost program.

25 (2) Participants may be enrolled in the program for up to three (3)  
26 years, which is the lifetime limit for participation in the program.

27 31-5902. QUALIFICATIONS FOR PARTICIPATION. To qualify for participa-  
28 tion in the community primary care program, a person must:

- 29 (1) Be a United States citizen;  
30 (2) Be at least eighteen (18) years old;  
31 (3) Have resided in Idaho for at least six (6) months prior to enrolling  
32 in the program;  
33 (4) Have an annual income of less than one hundred percent (100%) of the  
34 federal poverty level;  
35 (5) Have at least one (1) of the following chronic conditions:  
36 (a) Asthma;  
37 (b) Diabetes;  
38 (c) Heart disease;  
39 (d) Hypertension; or  
40 (e) Obesity;

1 (6) Not qualify for medicare, medicaid or health insurance subsidies  
2 under the federal patient protection and affordable care act, P.L. 111-148;  
3 and

4 (7) Not have access to employer-based health insurance.

5 31-5903. APPLICATION. (1) To participate in the program, a person must  
6 file an application with the state department of health and welfare on a form  
7 furnished by the board of the catastrophic health care cost program. The  
8 state department of health and welfare shall verify that the applicant:

9 (a) Has an annual income of less than one hundred percent (100%) of the  
10 federal poverty level; and

11 (b) Is not eligible for medicare, medicaid or health insurance subsi-  
12 dies as discussed in section 31-5902, Idaho Code.

13 (2) After receiving verification from the state department of health  
14 and welfare pursuant to subsection (1) of this section, the board of the  
15 catastrophic health care cost program shall determine whether an applicant  
16 meets the other eligibility qualifications as provided in section 31-5902,  
17 Idaho Code. Qualified applicants shall be approved by the board for program  
18 participation on a first-come, first-served basis, subject to available  
19 funding, and provided that each county shall have proportionate representa-  
20 tion among the participants, if possible.

21 31-5904. ORIENTATION. Persons approved for participation in the pro-  
22 gram must attend a program orientation. The board shall approve the per-  
23 son or organization providing the orientation. The orientation must include  
24 presentations and discussion on, at a minimum:

25 (1) How the program works;

26 (2) The purpose of the program;

27 (3) Available options in the community for direct primary care;

28 (4) Personal improvement plans, as defined in section 31-5906, Idaho  
29 Code, and their importance;

30 (5) Appropriate use of primary care, and appropriate use of the emer-  
31 gency department; and

32 (6) The lifetime program limit as provided in sections 31-5901 and  
33 31-5908, Idaho Code.

34 31-5905. DIRECT PRIMARY CARE. (1) Subject to available funding, the  
35 board of the catastrophic health care cost program shall pay for the direct  
36 primary care of program participants, up to six hundred dollars (\$600) annu-  
37 ally per participant for the duration of the participant's enrollment in the  
38 program.

39 (2) Program participants may receive direct primary care from a primary  
40 care provider willing to offer the following, on a direct care basis for up to  
41 six hundred dollars (\$600) annually, to be paid to the provider by the board  
42 on a quarterly basis:

43 (a) Services:

44 (i) Annual wellness exam;

45 (ii) Primary care visits;

46 (iii) Same day or next day visits;

- 1 (iv) Electronic communications (telephone, electronic mail, text  
 2 message, or video chat); and  
 3 (v) Weight management planning;  
 4 (b) Procedures:  
 5 (i) Electrocardiogram;  
 6 (ii) Injection fee (medication costs may not be covered);  
 7 (iii) Ingrown toenail removal;  
 8 (iv) Foreign body removal; and  
 9 (v) Skin lesion removal or destruction (cryotherapy);  
 10 (c) Complex care coordination:  
 11 (i) Diabetes management;  
 12 (ii) Hypertension management;  
 13 (iii) Hyperlipidemia (cholesterol) management;  
 14 (iv) Mental health screening;  
 15 (v) Hospital follow-up; and  
 16 (vi) Preoperative examinations;  
 17 (d) Labs and imaging:  
 18 (i) Urinalysis;  
 19 (ii) Urine pregnancy test; and  
 20 (iii) Rapid strep test; and  
 21 (e) Additional services:  
 22 (i) Discount prescription card and education about "goodRx" or  
 23 similar websites or services; and  
 24 (ii) Access to low-cost generic drugs.

25 (3) A primary care provider who is providing care to program partici-  
 26 pants shall offer to participants the following procedures and lab and imag-  
 27 ing services at the prices listed for the first year of the program, and at  
 28 prices set in rule by the board in subsequent years of the program, to be paid  
 29 by the participant:

- 30 (a) Procedures:  
 31 (i) Joint injections (knee, shoulder, trochanter, epicondyle):  
 32 ten dollars (\$10.00) each;  
 33 (ii) Skin lesion excision and biopsy: twenty dollars (\$20.00);  
 34 (iii) Pathology fee for removed skin lesions: sixty-five dollars  
 35 (\$65.00);  
 36 (iv) Laceration repair, sutures: twenty dollars (\$20.00);  
 37 (v) Laceration repair, glue: thirty dollars (\$30.00);  
 38 (vi) Pap smear: twenty-six dollars (\$26.00);  
 39 (vii) Human papillomavirus testing: forty dollars (\$40.00); and  
 40 (viii) Flu shot: ten dollars (\$10.00); and  
 41 (b) Labs and imaging:  
 42 (i) Wellness labs (cholesterol profile, CMET): ten dollars  
 43 (\$10.00);  
 44 (ii) Thyroid testing (TSH, free T4): ten dollars (\$10.00);  
 45 (iii) Urine culture (if infection): ten dollars (\$10.00);  
 46 (iv) Diabetes labs (cholesterol profile, CMET, A1C test): twenty  
 47 dollars (\$20.00); and  
 48 (v) Chest X-ray: forty-five dollars (\$45.00).

49 (4) A primary care provider who is providing care to program partici-  
 50 pants shall submit anonymous health data for such participants, as specified

1 in rule of the board, to assist the board in assessing whether participants'  
2 health improves during their enrollment in the program.

3 (5) For purposes of this section:

4 (a) "Direct primary care" shall have the same meaning as "direct pri-  
5 mary care services" as provided in section 39-9203, Idaho Code.

6 (b) "Primary care provider" means a physician or other health care  
7 practitioner authorized by a professional license to provide the care  
8 detailed in subsections (2) and (3) of this section.

9 31-5906. PERSONAL IMPROVEMENT PLAN. (1) A primary care provider of-  
10 fering direct primary care services under the program may qualify for an ad-  
11 ditional four hundred dollars (\$400) per program participant treated by the  
12 provider, per year, if the provider:

13 (a) Offers personal assistance to program participants in developing  
14 personal improvement plans, as defined in subsection (4) of this sec-  
15 tion;

16 (b) Provides ongoing support to program participants working to  
17 achieve goals specified in their personal improvement plans;

18 (c) Monitors the participants' progress under the personal improvement  
19 plans; and

20 (d) Offers life skills training, as defined in subsection (4) of this  
21 section.

22 (2) To assist in the development of a personal improvement plan, the  
23 primary care provider, or the provider's designee, shall work with each in-  
24 terested participant to establish such plan, which shall then be submitted  
25 to the board of the catastrophic health care cost program. The board shall  
26 pay four hundred dollars (\$400) annually, with one hundred dollars (\$100)  
27 paid per quarter, to the provider for each participant who submits a personal  
28 improvement plan.

29 (3) After establishing a personal improvement plan, a participant must  
30 routinely meet with the participant's provider, or the provider's designee,  
31 for as long as the participant is enrolled in the program in order to measure  
32 and evaluate progress on the personal improvement plan. For the first six  
33 (6) months after establishing the personal improvement plan, the partici-  
34 pant must have weekly meetings with the provider or the provider's designee.  
35 If weekly meetings are not possible, the participant must have weekly con-  
36 tact with the provider or the provider's designee by telephone or other re-  
37 mote means.

38 (4) For purposes of this section:

39 (a) "Designee" means an individual or organization designated by a pri-  
40 mary care provider who is trained to help individuals identify and reach  
41 life goals. The designee may be a social worker, a counselor, a life  
42 coach whose training complies with standards set forth by the interna-  
43 tional association of professional life coaches, or another person or  
44 organization that has a demonstrated record of success in assisting and  
45 coaching individuals in goal setting and escaping poverty.

46 (b) "Life skills training" means training intended to provide individ-  
47 uals with the knowledge and skills necessary for economic self-suffi-  
48 ciency, which training shall cover areas including, but not limited to:

49 (i) Budgeting and financial literacy;

- 1 (ii) Conflict resolution;
- 2 (iii) Cooking;
- 3 (iv) Employment-seeking strategies;
- 4 (v) Goal setting;
- 5 (vi) Parenting or other relationship building; and
- 6 (vii) Wellness.

7 (c) "Personal improvement plan" means a plan written by a participant,  
8 with the assistance of a primary care provider or the provider's de-  
9 signee, that identifies the individual's goals and the steps necessary  
10 to attain them. Goals may involve the individual's health, finances,  
11 relationships, and other personal matters. The goals must be suffi-  
12 ciently specific so as to assist the individual in understanding the  
13 steps, resources, and time necessary to attain them. The personal  
14 improvement plan shall also identify potential obstacles as well as  
15 strategies to overcome them and should include life skills training.

16 (5) A primary care provider may partner with a nonprofit or similar or-  
17 ganization to offer the assistance and training specified in this section.

18 (6) A program participant is not obligated to establish a personal im-  
19 provement plan.

20 31-5907. ANNUAL REVIEW -- RE-ENROLLMENT -- LIFETIME LIMIT. (1) If, at  
21 the end of the participant's first year in the program, the participant would  
22 like to continue in the program for another year, the participant shall sub-  
23 mit a request to continue to the board of the catastrophic health care cost  
24 program on a form furnished by the board, which form shall be accompanied  
25 by any documentation required by the board. The board shall review the re-  
26 quest to continue and determine if the participant should be re-enrolled in  
27 the program for another year. The participant may also submit a request to  
28 continue in the program after the participant's second year in the program,  
29 which request shall be reviewed and acted upon by the board.

30 (2) A participant may continue in the program for up to two (2) years af-  
31 ter the participant's initial enrollment year, if the participant continues  
32 to meet the eligibility qualifications provided in section 31-5902, Idaho  
33 Code, except that a participant's annual income may increase without such  
34 participant losing eligibility. Provided however, that if a participant's  
35 annual income exceeds two hundred and fifty percent (250%) of the federal  
36 poverty level, the participant may not be re-enrolled in the program at the  
37 conclusion of the participating year.

38 (3) No person may be enrolled in the program for more than three (3)  
39 years, regardless of whether the enrollment years are consecutive.

40 31-5908. TERMINATION. (1) Once enrolled in the program, a participant  
41 shall remain in the program for the duration of at least one (1) year, unless  
42 the participant:

- 43 (a) Moves out of state;
- 44 (b) Uses an emergency department for an injury or a condition that could  
45 be treated according to the provisions of section 31-5905, Idaho Code;
- 46 (c) Refuses to adhere to the treatment or care prescribed or recom-  
47 mended by the participant's primary care provider; or

1 (d) Refuses to adhere to any program requirement as specified in rules  
2 of the board of the catastrophic health care cost program.

3 (2) If any of the circumstances described in subsection (1) of this sec-  
4 tion applies to a participant, the participant's enrollment in the program  
5 shall be immediately terminated.

6 31-5909. FUNDING. (1) The state shall fund the program through appro-  
7 priations to the catastrophic health care cost program. The funds shall come  
8 from the millennium fund and from the general fund as needed.

9 (2) Participants may begin enrolling in the program in August 2017. In  
10 that month, the board shall enroll no more than ten percent (10%) of the per-  
11 sons who may be enrolled under available funding. In each subsequent month,  
12 the board shall enroll an additional ten percent (10%) of such persons, until  
13 such time as the program reaches the total enrollment that may be supported  
14 under available funding.

15 31-5910. POWERS AND DUTIES -- BOARD OF THE CATASTROPHIC HEALTH CARE  
16 COST PROGRAM. In addition to those powers and duties described elsewhere in  
17 this chapter, the board of the catastrophic health care cost program shall  
18 have the power and duty to:

19 (1) By June 30 of each year file with the legislature and the governor an  
20 annual report on the status of the program;

21 (2) Establish and oversee a program database that tracks, anonymously,  
22 the health data of program participants and the progress of participants on  
23 their personal improvement plans, as specified in rules promulgated by the  
24 board;

25 (3) Procure necessary property and services;

26 (4) Employ individuals to assist the board in its duties under this  
27 chapter; and

28 (5) Promulgate rules necessary to enforce the provisions of this chap-  
29 ter.

30 SECTION 2. The provisions of Section 1 of this act shall be null, void  
31 and of no force and effect on and after July 1, 2022.