

Moved by Hagedorn

Seconded by Thayn

IN THE SENATE
SENATE AMENDMENT TO S.B. NO. 1142

AMENDMENT TO THE BILL

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2 On page 1 of the printed bill, delete lines 24 through 40; delete pages 2
3 through 4, and insert:

4 "SECTION 1. That Chapter 2, Title 56, Idaho Code, be, and the same is
5 hereby amended by the addition thereto of a NEW SECTION, to be known and des-
6 ignated as Section 56-270, Idaho Code, and to read as follows:

7 56-270. SHORT TITLE. Sections 56-270 through 56-277, Idaho Code,
8 shall be known and may be cited as the "Health Care Assistance Act."

9 SECTION 2. That Chapter 2, Title 56, Idaho Code, be, and the same is
10 hereby amended by the addition thereto of a NEW SECTION, to be known and des-
11 ignated as Section 56-271, Idaho Code, and to read as follows:

12 56-271. PROGRAM ESTABLISHED. The legislature hereby establishes the
13 health care assistance program and directs the state department of health
14 and welfare to develop the program in a manner consistent with the provisions
15 of this act. The purpose of the program is to provide coordination of primary
16 and preventive care with a focus on managing the chronic conditions of unin-
17 sured individuals whose income falls below one hundred percent (100%) of the
18 federal poverty level and who meet other criteria as provided in this act and
19 department rule.

20 SECTION 3. That Chapter 2, Title 56, Idaho Code, be, and the same is
21 hereby amended by the addition thereto of a NEW SECTION, to be known and des-
22 ignated as Section 56-272, Idaho Code, and to read as follows:

23 56-272. DEFINITIONS. As used in this act:

24 (1) "Care coordination" means the management of a program partici-
25 pant's health to accomplish cost-effective care by coordination of health
26 services.

27 (2) "Department" means the Idaho department of health and welfare.

28 (3) "Director" means the director of the Idaho department of health and
29 welfare.

30 (4) "Health assessment" means an examination of a potential partici-
31 pant by a provider to determine if the potential participant's health status
32 makes the potential participant eligible for the program.

33 (5) "Health care assistance program" or "program" means the program es-
34 tablished by this act, in which participants receive primary care, limited
35 prescriptions and care coordination from eligible providers.

1 (6) "Participant" means a person eligible for and enrolled in the pro-
2 gram.

3 (7) "Primary care" means professional health services, including
4 health education and disease prevention, initial assessment of health
5 problems, treatment of certain acute and chronic health problems and the
6 overall management of an individual's health care services as provided by an
7 Idaho-licensed provider.

8 (8) "Provider" means an Idaho-licensed physician, physician assis-
9 tant, nurse practitioner or clinical nurse specialist who is eligible to
10 provide program services to participants.

11 SECTION 4. That Chapter 2, Title 56, Idaho Code, be, and the same is
12 hereby amended by the addition thereto of a NEW SECTION, to be known and des-
13 ignated as Section 56-273, Idaho Code, and to read as follows:

14 56-273. PARTICIPANT ELIGIBILITY. A person shall be eligible for an-
15 nual enrollment in the health care assistance program upon a finding by the
16 department that:

17 (1) The department's application for the health care assistance pro-
18 gram has been completed and signed by the person or the person's authorized
19 representative;

20 (2) The person's income is verified to be less than one hundred percent
21 (100%) of the federal poverty level according to department rule;

22 (3) The person is not:

23 (a) Covered by health insurance;

24 (b) Eligible for employer-assisted health insurance; or

25 (c) Eligible for subsidies or tax credits that would enable the person
26 to purchase insurance;

27 (4) The person is verified to be a United States citizen and an Idaho
28 resident according to department rule;

29 (5) The person's household composition and employment have been veri-
30 fied according to department rule;

31 (6) The person's health assessment demonstrates that program eligibil-
32 ity criteria have been met; and

33 (7) The person meets other eligibility criteria set by the department
34 in rule.

35 SECTION 5. That Chapter 2, Title 56, Idaho Code, be, and the same is
36 hereby amended by the addition thereto of a NEW SECTION, to be known and des-
37 ignated as Section 56-274, Idaho Code, and to read as follows:

38 56-274. PROVIDER ELIGIBILITY. (1) A provider shall be eligible for
39 payment from the department for the provision of all primary care and care
40 coordination services and limited prescriptions to program participants
41 upon a finding by the director that the provider, whose clinic must engage in
42 a coordinated care business model, has entered into a health care assistance
43 program agreement with the department.

44 (2) The department shall not exclude any provider from entering an
45 agreement as long as the provider is willing to comply with the provisions of
46 this section.

1 (3) As part of the agreement, the provider shall submit certain infor-
2 mation, as provided in rule, to the department regarding program partici-
3 pants on a periodic basis; provided however, that any data and information on
4 participants must be provided in a manner that preserves patient confiden-
5 tiality. This information shall include, but shall not be limited to:

- 6 (a) Utilization data, such as the number of participants assessed; and
7 (b) Clinical data, such as the number of participants with a diabetes
8 diagnosis.

9 SECTION 6. That Chapter 2, Title 56, Idaho Code, be, and the same is
10 hereby amended by the addition thereto of a NEW SECTION, to be known and des-
11 ignated as Section 56-275, Idaho Code, and to read as follows:

12 56-275. PROGRAM ENROLLMENT AND SERVICES. (1) Persons determined by
13 the department algorithm to be eligible for the program shall be annually
14 enrolled in the program based on fund availability. If a person is eligible
15 but cannot be enrolled due to lack of fund availability, the person shall be
16 placed on a waiting list and enrolled if and when possible.

17 (2) Participants will be annually reassessed for eligibility and must
18 satisfy the criteria for active participation, as set forth in rule, in
19 order to continue in the program. If, during enrollment in the program, a
20 participant's income rises above one hundred percent (100%) of the federal
21 poverty level, the participant shall not immediately become ineligible but
22 may remain in the program during a transition period of six (6) to twelve (12)
23 months as set forth in department rule.

24 (3) The scope of primary care that must be offered by a primary care
25 provider to enter a health care assistance program agreement with the de-
26 partment must include at least the following:

27 (a) Services:

- 28 (i) Annual wellness exam;
29 (ii) Primary care visits;
30 (iii) Same-day or next-day visits;
31 (iv) Electronic communications (telephone, electronic mail, text
32 message or video chat); and
33 (v) Weight management planning;

34 (b) Procedures:

- 35 (i) Electrocardiogram; and
36 (ii) Injection fee;

37 (c) Complex care:

- 38 (i) Diabetes management;
39 (ii) Hypertension management;
40 (iii) Hyperlipidemia (cholesterol) management;
41 (iv) Mental health screening;
42 (v) Hospital follow-up; and
43 (vi) Pre-operative examinations; and

44 (d) Limited prescriptions as specified in department rule. Prescrip-
45 tion drugs intended for use by participants shall be procured at the
46 lowest possible price through the federal 340B drug pricing program or
47 through other procurement arrangements made by the department.

1 (4) Subject to available funding, the department shall pay for the care
2 coordination of participants. Care coordination for a participant must be
3 provided by the participant's primary care provider or by someone designated
4 by such provider. Under no circumstances may the department or a department
5 employee coordinate care for a participant.

6 (5) Subject to available funding, the department shall pay for the care
7 management of a subgroup of two hundred and fifty (250) participants whose
8 health status is moderate or high risk according to a classification system
9 established in department rule and who meet other selection criteria set
10 forth in department rule. Care management must be provided by the partic-
11 ipant's primary care provider or by someone designated by such provider.
12 Under no circumstances may the department or a department employee provide
13 care management for a participant.

14 (a) Care managers shall assist participants in developing personal
15 improvement plans. Such a plan shall identify the participant's goals,
16 which may be related to health, finances, relationships and other per-
17 sonal matters, and the behaviors or actions necessary to attain the
18 goals. Personal improvement plans shall be filed with the primary care
19 provider and be subject to annual review to monitor the participant's
20 progress in accomplishing goals articulated in the participant's plan.
21 The department shall establish by rule procedures for annual review of
22 personal improvement plans.

23 (b) A primary care provider or the provider's designee shall monitor
24 and enforce measures for participant accountability, which measures
25 shall be established by the department and shall be used to encourage
26 participants to be active in their own health maintenance instead of
27 passively receiving care. Accountability measures shall incentivize
28 healthy lifestyle choices and the use of wellness and preventive re-
29 sources made available to participants by the primary care provider.
30 Measures may also include penalties for failure to use available
31 wellness resources or for failure to otherwise engage in health mainte-
32 nance.

33 SECTION 7. That Chapter 2, Title 56, Idaho Code, be, and the same is
34 hereby amended by the addition thereto of a NEW SECTION, to be known and des-
35 ignated as Section 56-276, Idaho Code, and to read as follows:

36 56-276. PAYMENTS AND FEES. (1) A provider will receive a monthly fee
37 for each participant who receives primary care, limited prescriptions and
38 care coordination services from the provider.

39 (2) A provider participating in the program will charge a fee, not to
40 exceed twenty dollars (\$20.00), according to criteria set forth in rule to
41 each participant receiving primary care, limited prescriptions and care co-
42 ordination services from the provider.

43 SECTION 8. That Chapter 2, Title 56, Idaho Code, be, and the same is
44 hereby amended by the addition thereto of a NEW SECTION, to be known and des-
45 ignated as Section 56-277, Idaho Code, and to read as follows:

1 56-277. POWERS AND DUTIES OF THE DIRECTOR. (1) The director shall and
2 is hereby authorized to:

3 (a) Initiate and administer the health care assistance program;

4 (b) Establish eligibility criteria for providers and participants, in-
5 cluding limits on qualifying chronic conditions as necessary to main-
6 tain the sustainability of the program;

7 (c) Establish provider reporting requirements for participant manage-
8 ment and health quality outcomes;

9 (d) Promulgate, adopt and enforce such rules as may be necessary or
10 proper to carry out the provisions of this act;

11 (e) Enter into contracts with eligible providers who will provide
12 primary care, limited prescriptions, care management and care coordi-
13 nation services to participants consistent with the provisions of this
14 act and any rules promulgated hereunder;

15 (f) Enforce the provisions of this act and carry out such acts as are
16 necessary for enforcement; and

17 (g) Seek any federal waivers or grants necessary to enforce the provi-
18 sions of this act or to qualify for additional federal funding; provided
19 however, that the legislature must have final approval before a waiver
20 or grant is used as a source for funding for additional care under sub-
21 section (2) of this section.

22 (2) Participants of the program may be provided with care and services
23 in addition to those specified in section 56-275, Idaho Code, if funding is
24 available, and the director may enter contracts to provide such care with
25 coordinated care organizations, subject to the requirements of subsection
26 (1) (g) of this section.

27 SECTION 9. This act shall be in full force and effect on and after July
28 1, 2017. Participant enrollment in the program shall be effective January 1,
29 2018, and thereafter as determined by the provisions of this act.

30 SECTION 10. The provisions of this act shall be null, void and of no
31 force and effect after June 30, 2022."

32 CORRECTION TO TITLE

33 On page 1, delete lines 14 and 15; in line 16, delete "REASSESSED TO DE-
34 TERMINE IF THEY SHALL CONTINUE IN THE PROGRAM" and insert: "ESTABLISH PRO-
35 VISIONS REGARDING PROGRAM ENROLLMENT AND SERVICES"; and in line 22, follow-
36 ing "WELFARE" insert: "AND TO PROVIDE THAT CARE AND SERVICES IN ADDITION TO
37 THOSE SPECIFIED IN THIS ACT MAY BE PROVIDED TO PROGRAM PARTICIPANTS UNDER
38 CERTAIN CIRCUMSTANCES".