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## IN THE SENATE

## SENATE BILL NO. 1142

## BY JUDICIARY AND RULES COMMITTEE

AN ACT RELATING TO THE HEALTH CARE ASSISTANCE PROGRAM; AMENDING CHAPTER 2, TITLE 56, IDAHO CODE, BY THE ADDITION OF A NEW SECTION 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 ESTABLISH THE HEALTH CARE ASSISTANCE PROGRAM; AMENDING CHAPTER 2, TITLE 56, IDAHO CODE, BY THE ADDITION OF A NEW SECTION 56-272, IDAHO CODE, TO DEFINE TERMS; AMENDING CHAPTER 2, TITLE 56, IDAHO CODE, BY THE ADDITION OF A NEW SECTION 56-273, IDAHO CODE, TO PROVIDE ELIGIBILITY REQUIREMENTS FOR PROGRAM PARTICIPANTS; AMENDING CHAPTER 2, TITLE 56, IDAHO CODE, BY THE ADDITION OF A NEW SECTION 56-274, IDAHO CODE, TO PROVIDE ELIGIBIL-ITY REQUIREMENTS FOR HEALTH CARE PROVIDERS; AMENDING CHAPTER 2, TITLE 56, IDAHO CODE, BY THE ADDITION OF A NEW SECTION 56-275, IDAHO CODE, TO PROVIDE THAT PROGRAM PARTICIPANTS SHALL BE ANNUALLY ENROLLED BASED ON PROGRAM AVAILABILITY AND TO PROVIDE THAT PARTICIPANTS WILL BE ANNUALLY REASSESSED TO DETERMINE IF THEY SHALL CONTINUE IN THE PROGRAM; AMENDING CHAPTER 2, TITLE 56, IDAHO CODE, BY THE ADDITION OF A NEW SECTION 56-276, IDAHO CODE, TO PROVIDE FOR PAYMENT TO PROVIDERS AND TO PROVIDE THAT PRO-GRAM PARTICIPANTS WILL BE CHARGED FEES; AMENDING CHAPTER 2, TITLE 56, IDAHO CODE, BY THE ADDITION OF A NEW SECTION 56-277, IDAHO CODE, TO PRO-VIDE POWERS AND DUTIES OF THE DIRECTOR OF THE STATE DEPARTMENT OF HEALTH AND WELFARE; PROVIDING AN EFFECTIVE DATE; AND PROVIDING A SUNSET DATE.

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

SECTION 1. 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 56-270, Idaho Code, and to read as follows:

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

SECTION 2. 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 56-271, Idaho Code, and to read as follows:

56-271. PROGRAM ESTABLISHED. The legislature hereby establishes the health care assistance program and directs the state department of health and welfare to develop the program in a manner consistent with the provisions of this act. The purpose of the program is to provide coordination of primary and preventative care with a focus on managing, as provided in rule, the chronic conditions of 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.

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 56-272, Idaho Code, and to read as follows:

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

- (1) "Care coordination" means the management of a program participant's health to accomplish cost-effective care by coordination of health services.
  - (2) "Department" means the Idaho department of health and welfare.
- (3) "Director" means the director of the Idaho department of health and welfare.
- (4) "Health assessment" means an examination of a potential participant by a provider to determine if the potential participant's health status makes the potential participant eligible for the program.
- (5) "Health care assistance program" or "program" means the program established by this act, in which participants receive primary care, limited prescriptions and care coordination from eligible providers.
- (6) "Participant" means a person eligible for and enrolled in the program.
- (7) "Primary care" means professional health services, including health education and disease prevention, initial assessment of health problems, treatment of certain acute and chronic health problems and the overall management of an individual's health care services as provided by an Idaho-licensed provider.
- (8) "Provider" means an Idaho-licensed physician, physician assistant, nurse practitioner or clinical nurse specialist who is eligible to provide program services to participants.
- SECTION 4. 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. PARTICIPANT ELIGIBILITY. A person shall be eligible for enrollment in the health care assistance program upon a finding by the department that:
- (1) The department's application for the health care assistance 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 for 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;
- (5) The person's household composition and employment have been verified according to department rule;
- (6) The person's health assessment demonstrates that program eligibility criteria have been met; and
- (7) The person meets other eligibility criteria set by the department in rule.

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 56-274, Idaho Code, and to read as follows:

- 56-274. PROVIDER ELIGIBILITY. A provider shall be eligible for payment from the department for the provision of all primary care and care coordination services and limited prescriptions to program participants upon a finding by the director that the provider, whose clinic must engage in a coordinated care business model, has entered into a health care assistance 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 6. 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 56-275, Idaho Code, and to read as follows:
- 56-275. 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 fund 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.
- 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 56-276, Idaho Code, and to read as follows:
- 56-276. PAYMENTS AND FEES. (1) A provider participating in the program will receive a monthly fee for each eligible participant who receives primary care, limited prescriptions and care coordination services from the provider.
- (2) A provider participating in the program will charge a fee, not to exceed twenty dollars (\$20.00), according to criteria set forth in rule to each participant receiving primary care, limited prescriptions and care coordination services from the provider.
- SECTION 8. 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 56-277, Idaho Code, and to read as follows:
- 56-277. POWERS AND DUTIES OF THE DIRECTOR. The director shall and is hereby authorized to:
  - (1) Initiate and administer the health care assistance program;

(2) Establish eligibility criteria for providers and participants, including limits on qualifying chronic conditions as necessary to maintain the sustainability of the program;

- (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, limited prescriptions and care coordination services to participants consistent with the provisions of this act and any rules promulgated hereunder.
- SECTION 9. This act shall be in full force and effect on and after July 1, 2017. Participant enrollment in the program shall be effective January 1, 2018, and thereafter as determined by the provisions of this act.
- SECTION 10. The provisions of this act shall be null, void and of no force and effect after June 30, 2022.