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LEGISLATURE OF THE STATE OF IDAHO  
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AN ACT

1 RELATING TO HEALTH CARE; AMENDING CHAPTER 2, TITLE 56, IDAHO CODE, BY THE  
2 ADDITION OF A NEW SECTION 56-267, IDAHO CODE, TO PROVIDE A SHORT TI-  
3 TLE, TO CLARIFY THE APPLICATION OF CERTAIN DEFINITIONS, TO REQUIRE AND  
4 AUTHORIZE THE DIRECTOR OF THE STATE DEPARTMENT OF HEALTH AND WELFARE  
5 TO APPLY FOR A CERTAIN WAIVER FROM THE FEDERAL CENTERS FOR MEDICARE  
6 AND MEDICAID SERVICES, TO PROVIDE THAT THE STATE SHALL PROVIDE MANAGED  
7 MEDICAID SERVICES TO CERTAIN PERSONS, TO PROVIDE THAT THE STATE DEPART-  
8 MENT OF HEALTH AND WELFARE IS REQUIRED AND AUTHORIZATION TO TAKE ALL  
9 ACTIONS NECESSARY TO IMPLEMENT THE PROVISIONS OF THIS ACT AND TO PRO-  
10 VIDE THAT THE DIRECTOR SHALL PROVIDE CERTAIN REPORTS TO A LEGISLATIVE  
11 COMMITTEE; AMENDING CHAPTER 10, TITLE 56, IDAHO CODE, BY THE ADDITION  
12 OF A NEW SECTION 56-1055, IDAHO CODE, TO CREATE THE HEALTH GRANT PRO-  
13 GRAM FOR THE MEDICALLY UNDERSERVED, TO DEFINE TERMS, TO PROVIDE FOR THE  
14 AWARD OF A CERTAIN GRANT, TO REQUIRE A CERTAIN REPORT, TO PROVIDE FOR  
15 ADDITIONAL GRANT AWARDS AND REPORTS, TO PROVIDE THAT A GRANT AWARD IS  
16 CONDITIONAL AND TO PROVIDE LEGISLATIVE INTENT; PROVIDING A SUNSET DATE;  
17 PROVIDING LEGISLATIVE INTENT REGARDING SELF-SUFFICIENCY OF MEDICAID  
18 BENEFIT RECIPIENTS; PROVIDING LEGISLATIVE INTENT REGARDING AN UNSUC-  
19 CESSFUL WAIVER APPLICATION; PROVIDING LEGISLATIVE INTENT REGARDING A  
20 SUCCESSFUL WAIVER APPLICATION; PROVIDING LEGISLATIVE INTENT REGARDING  
21 IMPLEMENTATION; AND DECLARING AN EMERGENCY.  
22

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

24 SECTION 1. That Chapter 2, Title 56, Idaho Code, be, and the same is  
25 hereby amended by the addition thereto of a NEW SECTION, to be known and des-  
26 ignated as Section 56-267, Idaho Code, and to read as follows:

27 56-267. IDAHO ACCOUNTABLE CARE WAIVER ACT. (1) This section shall be  
28 known and may be cited as the "Idaho Accountable Care Waiver Act."

29 (2) The definitions provided in section 56-252, Idaho Code, shall apply  
30 to this section.

31 (3) The director is required and authorized to apply for a waiver from  
32 the federal centers for medicare and medicaid services that conforms to the  
33 provisions of this section. Upon receipt of approval of the waiver from the  
34 centers for medicare and medicaid services, the waiver shall be approved by  
35 the legislature by concurrent resolution before the director initiates en-  
36 rollment pursuant to this section.

37 (a) The waiver shall clearly articulate best practices for commu-  
38 nity-based coordinated care that emphasizes outcomes and elimination  
39 of the fee-for-service model and Idaho-based evidence for population  
40 management. Specifically, the department shall look to the out-  
41 come-based models for primary care medical homes as currently being  
42 demonstrated to improve utilization patterns and outcomes. The de-

1 department shall use the best aggregate data available for Idaho's gap  
2 population from Idaho's community health centers, current health and  
3 welfare data, and data available from the state health innovation plan.

4 (b) The waiver shall clearly articulate accountability for benefit re-  
5 cipients and providers. Using Idaho-based best practices, the waiver  
6 application shall clearly articulate risk-bearing, outcome-based in-  
7 centives for community care organizations to ensure that every effort  
8 is made to link Idahoans with primary care providers and reduce ineffi-  
9 cient care.

10 (c) The waiver shall clearly articulate best practices for population  
11 management being employed in Idaho community health centers and in co-  
12 ordination with the findings of the state health innovation plan. Care  
13 shall be coordinated between primary medical, specialty medical and  
14 mental health resources through an outcome-based primary care medical  
15 home.

16 (4) Upon receipt of approval from the centers for medicare and medic-  
17 aid services and the legislature, the state shall provide for managed medic-  
18 aid services to those persons under sixty-five (65) years of age whose modi-  
19 fied adjusted gross income is below one hundred percent (100%) of the federal  
20 poverty level and who are not otherwise eligible for any other coverage un-  
21 der the state plan, in accordance with sections 1902(a)(10)(A)(i)(VIII) and  
22 1902(e)(14) of the social security act.

23 (5) The department is required and authorized to take all actions nec-  
24 essary to implement the provisions of this act as soon as practicable.

25 (6) In addition to the responsibilities assigned to the director by  
26 subsection (3) of this section, the director shall provide a monthly report  
27 on the progress of the creation of the application for waiver. The report  
28 shall be made to a committee appointed by the speaker of the house of repre-  
29 sentatives and the president pro tempore of the senate. The committee shall  
30 consist of three (3) members of the majority party from each house and one (1)  
31 member of the minority party from each house and shall consult with the di-  
32 rector on the progress of the application. The monthly report shall be made  
33 in person or telephonically and shall be open to the public. After the waiver  
34 has been submitted, the committee shall disband. Expenses incurred by mem-  
35 bers of the committee shall be paid from moneys in the legislative account.

36 SECTION 2. That Chapter 10, Title 56, Idaho Code, be, and the same is  
37 hereby amended by the addition thereto of a NEW SECTION, to be known and des-  
38 ignated as Section 56-1055, Idaho Code, and to read as follows:

39 56-1055. HEALTH GRANT PROGRAM FOR THE MEDICALLY UNDERSERVED. (1)  
40 There is hereby created in the department a health grant program for the  
41 medically underserved, which program shall award the grants created by sub-  
42 sections (3) and (5) of this section.

43 (2) As used in this section:

44 (a) "Community health center network of Idaho" or "network" means the  
45 association of federally qualified health centers in Idaho, which asso-  
46 ciation was created on May 14, 2012.

47 (b) "Federally qualified health center" means a health care entity that  
48 receives grants pursuant to 42 U.S.C. 254b.

1 (c) "Medically underserved" means persons with income lower than one  
2 hundred percent (100%) of the federal poverty level, but not including  
3 those eligible for affordable employer-sponsored health coverage or  
4 those eligible for coverage under the state medicaid plan.

5 (3) Subject to appropriation, the director shall award a grant to the  
6 community health center network of Idaho by August 1, 2016. The purpose of  
7 the grant is to allow for the collection and analysis of data reported pur-  
8 suant to subsection (4) of this section.

9 (4) By March 15, 2018, the network shall submit a report to the direc-  
10 tor, the governor and the senate and house of representatives health and wel-  
11 fare committees. The focus of the report shall be to identify the number  
12 of medically underserved persons and the prevalence of various chronic di-  
13 agnoses for which medical services are both needed and provided within the  
14 state, and shall include:

15 (a) The number of medically underserved patients treated annually by  
16 the federally qualified health centers in the network;

17 (b) The number of visits made annually by such patients;

18 (c) Demographic information about such patients, including age, gender  
19 and ZIP code;

20 (d) Clinical diagnoses made regarding such patients, and the services  
21 provided to them;

22 (e) Quality of care indicators for such patients, including:

23 (i) Adult weight screening and follow-up;

24 (ii) Asthma pharmacological therapy;

25 (iii) Cervical cancer screening;

26 (iv) Childhood immunizations;

27 (v) Colorectal cancer screening;

28 (vi) Coronary artery disease lipid therapy;

29 (vii) Dental sealants;

30 (viii) Depression screening and follow-up;

31 (ix) Ischemic vascular disease aspirin or antithrombotic ther-  
32 apy;

33 (x) Referral for treatment for human immunodeficiency virus;

34 (xi) Tobacco use screening and cessation intervention;

35 (xii) Weight assessment and counseling for children and adoles-  
36 cents; and

37 (xiii) Other quality of care indicators for conditions deemed rel-  
38 evant by the network; and

39 (f) Health outcome indicators when available.

40 (5) In addition to the grant awarded by subsection (3) of this section,  
41 the director shall award, subject to appropriation and the network's accep-  
42 tance, one (1) grant for fiscal year 2017 and one (1) grant for fiscal year  
43 2018 for outreach and health care by the network to medically underserved  
44 Idahoans. The grant shall be distributed by August 1 of the respective fis-  
45 cal years. If a grant is awarded and accepted pursuant to this subsection,  
46 the network shall submit a report on how the grant moneys were used to the  
47 director and the legislature by August 15 following the close of the fiscal  
48 year for which the grant was awarded.

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1 (6) Grants awarded pursuant to this section shall be conditioned on the  
2 provision of the reports required by this section. Grant moneys that are not  
3 used in accordance with this section may be recovered by the director.

4 (7) In creating this program, the legislature intends to collect data  
5 related to medical care and health outcomes for medically underserved per-  
6 sons in order to evaluate additional options for providing access to medical  
7 care and preventative management for the medically underserved.

8 SECTION 3. The provisions of Section 2 of this act shall be null, void  
9 and of no force and effect on and after July 1, 2018.

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

17 SECTION 5. LEGISLATIVE INTENT - UNSUCCESSFUL WAIVER APPLICATION. If,  
18 after application is submitted in accordance with this act, the application  
19 is unsuccessful, the enabling language in section 1 of this act shall be null  
20 and void.

21 SECTION 6. LEGISLATIVE INTENT - FUTURE LEGISLATURES NOT BOUND. If, af-  
22 ter a waiver application is submitted in accordance with this act, the appli-  
23 cation is successful, future legislatures shall have the power to reject the  
24 successful waiver.

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

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