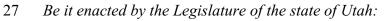
1	PREVENTATIVE PRIMARY CARE PILOT PROGRAM
2	2022 GENERAL SESSION
3	STATE OF UTAH
4	Chief Sponsor: Jacob L. Anderegg
5	House Sponsor:
6	
7	LONG TITLE
8	General Description:
9	This bill authorizes the Department of Health to apply for a Medicaid waiver to create a
10	pilot program to deliver primary care services to certain individuals and families.
11	Highlighted Provisions:
12	This bill:
13	<ul><li>defines terms; and</li></ul>
14	directs the Department of Health to:
15	• apply for a waiver to the state Medicaid plan to implement a pilot program to
16	provide primary care services to low-income individuals and families; and
17	<ul> <li>make administrative rules defining services that will be delivered through the</li> </ul>
18	pilot program.
19	Money Appropriated in this Bill:
20	None
21	Other Special Clauses:
22	None
23	<b>Utah Code Sections Affected:</b>
24	ENACTS:
25	<b>26-18-427</b> , Utah Code Annotated 1953
26	





02-18-22 3:54 PM S.B. 230

28	Section 1. Section 26-18-427 is enacted to read:
29	26-18-427. Low-income primary care pilot program.
30	(1) As used in this section:
31	(a) "County" means a county of the first class as defined in Section 17-50-501.
32	(b) "Federal poverty level" means the same as that term is defined in Section
33	<u>26-18-411.</u>
34	(c) "Pilot population" means an individual or family that:
35	(i) has an income that is below 175% of the federal poverty level based on family size;
36	(ii) is housed; and
37	(iii) is a county resident.
38	(2) By January 1, 2023, the department shall apply for a Medicaid waiver with CMS to
39	offer a pilot program to provide virtual, at-home, and on-site primary care services with
40	increased case management to a pilot population within a county.
41	(3) (a) If the waiver described in Subsection (2) is approved, the department shall
42	provide a written report to the Health and Human Services Interim Committee before
43	November 1 each year that the waiver is in effect.
44	(b) The report shall provide:
45	(i) the number of qualified individuals and families served under the program;
46	(ii) the cost of the program; and
47	(iii) the effectiveness of the program, including:
48	(A) any reduction in the number of emergency room visits or hospitalizations by the
49	pilot population;
50	(B) any reduction in the cost of prescription drugs used for disease management;
51	(C) any improvements in key health indicators, including blood pressure, body mass
52	index, and average blood glucose levels; and
53	(D) any improvements in adherence rates for medications for chronic conditions.
54	(4) In accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, the
55	department shall determine what services the program will offer in accordance with Subsection
56	(2).