

**PREVENTATIVE PRIMARY CARE PILOT PROGRAM**

2022 GENERAL SESSION

STATE OF UTAH

**Chief Sponsor: Jacob L. Anderegg**

House Sponsor: \_\_\_\_\_

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**LONG TITLE**

**General Description:**

This bill authorizes the Department of Health to apply for a Medicaid waiver to create a pilot program to deliver primary care services to certain individuals and families.

**Highlighted Provisions:**

This bill:

- ▶ defines terms; and
- ▶ directs the Department of Health to:
  - apply for a waiver to the state Medicaid plan to implement a pilot program to provide primary care services to low-income individuals and families; and
  - make administrative rules defining services that will be delivered through the pilot program.

**Money Appropriated in this Bill:**

None

**Other Special Clauses:**

None

**Utah Code Sections Affected:**

ENACTS:

**26-18-427**, Utah Code Annotated 1953

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*Be it enacted by the Legislature of the state of Utah:*





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 [26-18-411](#).

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).