

28 (1) As used in this section:
 29 (a) "Qualified condition" means:
 30 (i) diabetes;
 31 (ii) high blood pressure;
 32 (iii) congestive heart failure;
 33 (iv) asthma;
 34 (v) obesity;
 35 (vi) chronic obstructive pulmonary disease; or
 36 (vii) chronic kidney disease.
 37 (b) "Qualified enrollee" means an individual who:
 38 (i) is enrolled in the Medicaid program;
 39 (ii) has been diagnosed as having a qualified condition; and
 40 (iii) ~~is~~ **→** [resides in a county of the fourth or fifth class as described in Section 17-50-501] **is**
 40a **not enrolled in an accountable care organization ←~~is~~ .**

41 (2) Before January 1, 2024, the department shall apply for a Medicaid waiver with the
 42 Centers for Medicare and Medicaid Services to implement the coverage described in
 43 Subsection (3) ~~is~~ **→** for a three-year pilot program ←~~is~~ .

44 (3) If the waiver described in Subsection (2) is approved, the Medicaid program shall
 45 contract with a single entity to provide coordinated care for the following services ~~is~~ **→** [for one
 45a year] ←~~is~~

46 to each qualified enrollee:
 47 (a) a telemedicine platform for the qualified enrollee to use;
 48 (b) an in-home initial visit to the qualified enrollee;
 49 (c) daily remote monitoring of the qualified enrollee's qualified condition;
 50 (d) all services in the qualified enrollee's language of choice;
 51 (e) individual peer monitoring and coaching for the qualified enrollee;
 52 (f) available access for the qualified enrollee to video-enabled consults and
 53 voice-enabled consults 24 hours a day, seven days a week;
 54 (g) in-home biometric monitoring devices to monitor the qualified enrollee's qualified
 55 condition; and

56 (h) at-home medication delivery to the qualified enrollee.
 57 (4) The Medicaid program may not provide the coverage described in Subsection (3)
 58 until the waiver is approved.

59 (5) ~~§~~→ ~~[The]~~ Each year the waiver is active, the ~~←§~~ department shall submit a report to
59a the Health and Human Services Interim
60 Committee before November 30 ~~§~~→ ~~[,2025,]~~ ~~←§~~ detailing:
61 (a) the number of patients served under the waiver;
62 (b) the cost of the waiver ~~§~~→ ~~[or state plan amendment]~~ ~~←§~~ ; and
63 (c) any benefits of the waiver ~~§~~→ ~~[or state plan amendment]~~ ~~←§~~ , including an estimate of:
64 (i) the reductions in emergency room visits or hospitalizations;
65 (ii) the reductions in 30-day hospital readmissions for the same diagnosis;
66 (iii) the reductions in complications related to qualified conditions; and
67 (iv) any improvements in health outcomes from baseline assessments.