

1                   **CHRONIC CONDITIONS SUPPORT AMENDMENTS**

2                   2023 GENERAL SESSION  
3                   STATE OF UTAH

4                   **Chief Sponsor: David P. Hinkins**

5                   House Sponsor: Steve Eliason

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7                   **LONG TITLE**

8                   **General Description:**

9                   This bill requires the Department of Health and Human Services to apply for a  
10 Medicaid waiver to provide additional services for individuals with certain conditions.

11                   **Highlighted Provisions:**

12                   This bill:

- 13                   ▶ defines terms;
- 14                   ▶ requires the Department of Health and Human Services to apply for a Medicaid
- 15                   waiver to provide additional services for individuals with certain conditions; and
- 16                   ▶ creates a reporting requirement.

17                   **Money Appropriated in this Bill:**

18                   None

19                   **Other Special Clauses:**

20                   None

21                   **Utah Code Sections Affected:**

22                   ENACTS:

23                   **26-18-430**, Utah Code Annotated 1953

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

26                   Section 1. Section **26-18-430** is enacted to read:

27                   **26-18-430. Medicaid waiver for rural healthcare for chronic conditions.**



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) §→ [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 ←§ .  
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) §→ for a three-year pilot program ←§ .  
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 §→ [for one  
45a        year] ←§  
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) ~~S~~ → [The] Each year the waiver is active, the ~~S~~ department shall submit a report to  
59a the Health and Human Services Interim  
60 Committee before November 30 ~~S~~ → [, 2025,] ~~S~~ detailing:  
61       (a) the number of patients served under the waiver;  
62       (b) the cost of the waiver ~~S~~ → [or state plan amendment] ~~S~~ ; and  
63       (c) any benefits of the waiver ~~S~~ → [or state plan amendment] ~~S~~ , 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.