

CHRONIC CONDITIONS SUPPORT AMENDMENTS

2023 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: David P. Hinkins

House Sponsor: Steve Eliason

LONG TITLE**General Description:**

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

Highlighted Provisions:

This bill:

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

Money Appropriated in this Bill:

None

Other Special Clauses:

None

Utah Code Sections Affected:

ENACTS:

26-18-430, Utah Code Annotated 1953

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

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

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



(1) As used in this section:

(a) "Qualified condition" means:

(i) diabetes;

(ii) high blood pressure;

(iii) congestive heart failure;

(iv) asthma;

(v) obesity;

(vi) chronic obstructive pulmonary disease; or

(vii) chronic kidney disease.

(b) "Qualified enrollee" means an individual who:

(i) is enrolled in the Medicaid program;

(ii) has been diagnosed as having a qualified condition; and

(iii) §→ ~~resides in a county of the fourth or fifth class as described in Section 17-50-501~~ is not enrolled in an accountable care organization ←§ .

(2) Before January 1, 2024, the department shall apply for a Medicaid waiver with the Centers for Medicare and Medicaid Services to implement the coverage described in

Subsection (3) §→ for a three-year pilot program ←§ .

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

to each qualified enrollee:

(a) a telemedicine platform for the qualified enrollee to use;

(b) an in-home initial visit to the qualified enrollee;

(c) daily remote monitoring of the qualified enrollee's qualified condition;

(d) all services in the qualified enrollee's language of choice;

(e) individual peer monitoring and coaching for the qualified enrollee;

(f) available access for the qualified enrollee to video-enabled consults and voice-enabled consults 24 hours a day, seven days a week;

(g) in-home biometric monitoring devices to monitor the qualified enrollee's qualified condition; and

(h) at-home medication delivery to the qualified enrollee.

(4) The Medicaid program may not provide the coverage described in Subsection (3) until the waiver is approved.

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