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:
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Enrolled Copy

(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) 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 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.
(5) Each year the waiver is active, the department shall submit a report to the Health and Human Services Interim Committee before November 30 detailing:

(a) the number of patients served under the waiver;
(b) the cost of the waiver; and
(c) any benefits of the waiver, including an estimate of:
(i) the reductions in emergency room visits or hospitalizations;
(ii) the reductions in 30-day hospital readmissions for the same diagnosis;
(iii) the reductions in complications related to qualified conditions; and
(iv) any improvements in health outcomes from baseline assessments.