

1 **CHRONIC CONDITIONS SUPPORT AMENDMENTS**

2 2023 GENERAL SESSION

3 STATE OF UTAH

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

5 House Sponsor: Steve Eliason

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

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) is 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 to each
- 46 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) Each year the waiver is active, the department shall submit a report to the Health
60 and Human Services Interim Committee before November 30 detailing:

61 (a) the number of patients served under the waiver;

62 (b) the cost of the waiver; and

63 (c) any benefits of the waiver, 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.