

CHRONIC CONDITIONS SUPPORT AMENDMENTS

2023 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: David P. Hinkins

House Sponsor: _____

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).

(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) The department shall submit a report to 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.