A BILL FOR AN ACT

RELATING TO HEALTH.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

1	SECTION 1.	The legislature	finds that	according to	the
2	American College	of Physicians:			

3	(1)	The United States (U.S.) health care system is
4		inadequately prepared to meet the current, let alone
5		the future health care needs of an aging population;
6	(2)	Health care costs are growing faster than the economy,
7		leaving employers, government, and individuals
8		straining under the financial burden; and
9	(3)	Health care outcomes in the U.S. are poorer than in
10		other industrialized nations that spend less on their

11 health care systems.

12 The legislature also finds that the U.S. system of private 13 and government-funded health insurance programs emphasize 14 uncoordinated, episodic treatment for acute care, where a 15 disproportionate amount of resources are paid for specialty or 16 in-patient procedures, or emergency department visits compared 17 to payments for primary and preventative care and care

18 management.



1	The	legislature further finds that a model sometimes termed	
2	"the patient-centered health care home" has resulted in better		
3	patient health and lower costs. This model is based on:		
4	(1)	Continuity in the relationship between the primary	
5		care provider and the patient;	
6	(2)	A whole-person/family orientation rather than a	
7		disease orientation;	
8	(3)	Integration and coordination of patient care;	
9	(4)	Processes that increase quality and reduce errors,	
10		including use of electronic health records, technology	
11		that improves communication, and the development and	
12		measurement of outcomes; and	
13	(5)	Timely access to care that also overcomes geographic,	
14		economic, and cultural barriers.	
15	The	legislature further finds that certain individuals and	
16	families	require additional help to navigate the health care	
17	delivery	system and to effectively make use of health care	
18	services.	The services that provide this additional assistance	
19	are refer	red to as "enabling services."	
20	The	federally qualified health centers located in medically	
21	underserv	ed areas or serving medically underserved populations	

22 have developed an appropriate model for a patient-centered



health care home that can effectively deliver this additional
 assistance. The key standards for the model are community
 participation, cultural appropriateness, training and economic
 development, and enabling services.

5 The purpose of this Act is to direct payment of funds to 6 federally qualified health centers to support these federally 7 qualified health centers as patient-centered health care homes 8 to improve patient care, reduce errors, and reduce the overall 9 fiscal burden on the state's health care system.

SECTION 2. (a) The department of health shall establish a federally qualified health center pilot project for fiscal years 2010-2011 and 2011-2012.

13 (b) As used in this section "enabling services" includes:
14 (1) Case management assessment: a non-medical assessment
15 that includes the use of an acceptable instrument
16 measuring socioeconomic, wellness, or other non17 medical health status;

18 (2) Case management treatment facilitation: a meeting with
19 a center-registered patient or their household/or
20 family member, where the patient's treatment plan is
21 developed or facilitated by a case manager. The plan



1		must incorporate the services of multiple providers or
2		health care disciplines;
3	(3)	Case management referral: the facilitation of a visit
4		for a registered patient of the center to a health
5		care or social service provider;
6	(4)	Financial counseling/eligibility assistance: the
7		counseling of a patient presumed to have a family
8		income of three hundred per cent of poverty level or
9		less, which results in a completed application to a
10		sliding fee scale or health insurance program
11		including medicaid or medicare;
12	(5)	Health education/supportive counseling-individual: the
13		provision of health education or supportive services
14		to individuals in which wellness, preventive disease
15		management, or other improved health outcomes are
16		sought through behavior change methodology;
17	(6)	Health education/supportive counseling-group: the
18		provision of health education or supportive services
19		to groups of twelve or fewer individuals in which
20		wellness, preventive disease management, or other
21		improved health outcomes are sought through behavior
22		change methodology;



Page 5

H.B. NO. \375

1	(7)	Interpretation: the provision of interpreter services
2		by a third party (other than the primary care giver)
3		intended to reduce barriers to a limited English-
4		proficient patient, or a patient with documented
5		limitations in writing or speaking skills sufficient
6		to affect the outcome of a medical visit or procedure;
7	(8)	Outreach: patient services that result in the
8		conversion of a patient without a primary care
9		provider to one who has been accepted into a
10		provider's panel;
11	(9)	Transportation: the provision of direct assistance to
12		a patient by an employee or contractor of a primary
13		care center to reduce barriers for a patient assigned
14		to a primary care panel at a community health center;
15		and
16	(10)	Other: any other services provided by an employee or
17		contractor of a primary care center that reduces
18		access barriers for a patient assigned to a primary
19		care panel at a community health center.
20	(C)	The pilot project shall be funded through available
21	sources a	s follows:



Page 6

H.B. NO. 1375

1	(1)	Up to seventy-five per cent of funds shall be used to		
2	а.	pay for uninsured services on a fee-for-service basis		
3		as follows:		
4		(A)	Level I: \$95 per visit, during which the	
5			federally qualified health center provides a	
6			primary medical, behavioral health, or dental	
7			clinic visit, and all enabling services	
8			delineated above, as needed. In addition, the	
9			federally qualified health center will assist	
10			uninsured patients with public insurance	
11			applications, and track and report data regarding	
12			patients who remain uninsured;	
13		(B)	Level II: \$100 per visit, during which all Level	
14			I services are provided. In addition, the	
15			federally qualified health center shall report on	
16			no less than one process or clinical outcome	
17			measure, as negotiated with the department of	
18			health;	
19		(C)	Level III: \$105 per visit, during which all Level	
20			I services are provided. In addition, the	
21			federally qualified health center shall report on	



1 not less than six performance measures, as negotiated with the department of health; and 2 At least twenty-five per cent of funds, in addition to (2)3 4 those funds not used for uninsured services on a feefor-service basis, shall be used to strengthen and 5 improve federally qualified health centers in terms of 6 7 quality improvement, care management, health 8 information, enhanced access systems, emergency 9 preparedness, and facility improvement. The department of health shall submit a report of its 10 (d) 11 findings and recommendations to the legislature no later than twenty days prior to the convening of the regular sessions of 12

- 13 2011, 2012, and 2013.
- 14 SECTION 3. This Act shall take effect upon its approval.
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INTRODUCED BY:

ele Carrul



JAN 2 7 2009

Report Title:

Federally Qualified Health Centers; Patient-centered Health Care

Description:

Directs the Department of Health to establish a pilot project funding federally qualified health centers to provide services based on a patient-centered health care home model.

