AB-391 Medi-Cal: asthma preventive services. (2017-2018)

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CALIFORNIA LEGISLATURE— 2017–2018 REGULAR SESSION

ASSEMBLY BILL NO. 391

Introduced by Assembly Members Chiu and Gomez

February 09, 2017

An act to add Section 14132.08 to the Welfare and Institutions Code, relating to Medi-Cal.

LEGISLATIVE COUNSEL'S DIGEST

AB 391, Chiu. Medi-Cal: asthma preventive services.

Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income persons receive health care benefits. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing federal law authorizes, at the option of the state, preventive services, as defined, to be provided by practitioners other than physicians or other licensed practitioners.

This bill, which would be known as the Asthma Preventive Services Program Act of 2017, would include asthma preventive services, as defined, as a covered benefit under the Medi-Cal program. The bill would require the department, in consultation with external stakeholders, to develop a coverage policy consistent with specified federal and clinically appropriate guidelines. The bill would require the entity supervising qualified asthma services providers to ensure that the providers satisfy specified requirements, including the successful completion of, at a minimum, 16 hours of instruction on specified topics. The bill would

require an individual to satisfy specified educational and experience requirements in order to become a qualified asthma preventive services provider and would require any entity or supervising licensed provider who employs or contracts with a qualified asthma preventive services provider to comply with specified requirements. The bill would require the department to seek any federal waivers or other state plan amendments as necessary to implement these provisions and would require these provisions to be implemented only if and to the extent that any necessary federal approvals are obtained and federal financial participation is available, as specified.
Vote: majority Appropriation: no Fiscal Committee: yes Local Program: no

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. The Legislature finds and declares all of the following:

(a) Asthma is a significant public health problem with notable disparities by race, ethnicity, and income.

(b) Asthma is of particular concern for low-income Californians enrolled in Medi-Cal. Low-income populations have higher asthma severity, poorer asthma control, and higher rates of asthma emergency department visits and hospitalizations. When uncontrolled, patients with asthma may seek care in more expensive settings.

(c) There are also significant asthma disparities by race, ethnicity, and age.

(d) Patient asthma education and environmental asthma trigger assessments may reduce more costly emergency department visits and hospitalizations, improve asthma control, decrease the frequency of symptoms, decrease work and school absenteeism, and improve quality of life.

(e) Providing access to asthma education and environmental asthma trigger assessments will help fulfill California's quadruple aim goal of providing strengthening health care quality, improving health outcomes, reducing health care costs, and advancing health equity.

SEC. 2. Section 14132.08 is added to the Welfare and Institutions Code, to read:

14132.08. (a) This section shall be known, and may be cited, as the Asthma Preventive Services Program Act of 2017.

(b) Commencing January 1, 2019, "asthma preventive services," which includes the provision of asthma education and environmental asthma trigger assessments, are a covered benefit, subject to utilization controls, as provided in this section.

(c) The following definitions apply for purposes of this section:

(1) "Asthma education" means providing information to a patient about basic asthma facts, the use of medications, self-management techniques and self-monitoring skills, and actions to mitigate or control environmental exposures that exacerbate asthma symptoms, consistent with the National Institutes of Health's 2007 Guidelines for the Diagnosis and Management of Asthma (EPR-3), any future updates of those guidelines, and other clinically appropriate guidelines.

(2) "Environmental asthma trigger assessment" means the identification of environmental asthma triggers commonly found in and around the home, including allergens and irritants. This assessment shall guide the self-management education about actions to mitigate or control environmental exposures.

(3) "Qualified asthma preventive services provider" means an individual who renders evidence-based asthma preventive services, including asthma education and environmental asthma trigger assessments for individuals with asthma, and who meets all of the requirements described in subdivision (e).

(4) "Supervision" or "supervising" means the supervision of a qualified asthma preventive services provider providing asthma preventive services, by any of the following licensed, enrolled Medi-Cal providers who is acting within the scope of his or her respective practice:

(A) A licensed physician.

(B) A licensed nurse practitioner.

(C) A licensed physician assistant.

(d) Consistent with the limitations contained in subdivisions (g) and (h), the department, in consultation with external stakeholders, shall develop a coverage policy consistent with the National Institutes of Health's 2007 Guidelines for the Diagnosis and Management of Asthma (EPR-3), any future updates of the guidelines, and any other clinically appropriate guidelines.

(e) In order to be a qualified asthma preventive services provider, the supervising entity, as defined in paragraph (4) of subdivision (c), shall ensure that an individual satisfies, at a minimum, all of the following requirements:

(1) Successfully complete a training program consistent with the department's coverage policy.

(2) (A) Successfully complete, at a minimum, 16 hours of face-to-face client interaction training focused on asthma management and prevention within a six-month period. This training shall be overseen and assessed by a licensed physician, nurse practitioner, or physician assistant.

(B) An individual who has completed the minimum face-to-face client contact after 2007, the year of the most recent update of the National Institutes of Health's Guidelines for the Diagnosis and Management of Asthma (EPR-3), shall be deemed to have satisfied this face-to-face client contact requirement.

(3) Successfully complete four hours of continuing education annually.

(4) Provide asthma preventive services under the supervision of a licensed provider.

(5) Be employed by or under contract with an entity or a supervising licensed provider that meets the requirements described in subdivision (f).

(6) Be 18 years of age or older and have a high school education or the equivalent.

(f) An entity or supervising licensed provider who employs or contracts with a qualified asthma preventive services provider shall do all of the following:

(1) Maintain documentation that the qualified asthma preventive services provider has met all of the requirements described in subdivision (e).

(2) Ensure that the qualified asthma preventive services provider is providing services consistent with subdivision (d).

(3) Maintain written documentation of services provided by the qualified asthma preventive services provider.

(4) Ensure that documentation of the provision of services is provided to the supervising entity, as defined in paragraph (4) of subdivision (c), the referring licensed medical provider, and, if different, the patient's licensed primary care provider.

(g) The department shall seek any federal approvals necessary to implement this section, including, but not limited to, approval of revisions to existing federal Medicaid authorities that the department determines are necessary to implement this section.

(h) This section shall be implemented only to the extent that federal financial participation is available and not otherwise jeopardized, and any necessary federal approvals have been obtained.

(i) This section does not alter the scope of practice for any health care professional or authorize the delivery of health care services in a setting or in a manner that is not authorized under any provision of the Health and Safety Code or the Business and Professions Code.