

ONE HUNDRED FIFTH LEGISLATURE - SECOND SESSION - 2018
COMMITTEE STATEMENT
LB1119

Hearing Date: Wednesday February 07, 2018
Committee On: Government, Military and Veterans Affairs
Introducer: Riepe
One Liner: Adopt the Direct Primary Care Pilot Program Act

Roll Call Vote - Final Committee Action:
Advanced to General File

Vote Results:

Aye: 8 Senators Blood, Brewer, Briese, Hilgers, Lowe, Murante, Thibodeau, Wayne
Nay:
Absent:
Present Not Voting:

Verbal Testimony:

Proponents:

Senator Merv Riepe
Dr. Cliff Robertson
Dr. Joel Bessmer
Todd Johnson
Dr. Robert Wergin

Stephen Lazoritz
Dr. Joann Schaefer
Byron Diamond
Joni Cover
Arianna Wilkerson

Representing:

Introducer
CHI Health; Nebraska Hospital Association
Strada Healthcare
Access Family Medicine; Direct Primary Care
Nebraska Academy of Family Physicians; American Academy of Family Physicians
Nebraska Medical Association
Blue Cross and Blue Shield of Nebraska
Nebraska Department of Administrative Services
Nebraska Pharmacists Association
The Heartland Institute

Opponents:

Representing:

Neutral:

Representing:

Summary of purpose and/or changes:

LB 1119 adopts the Direct Primary Care Pilot Program Act.

Section 1 and 2 provide the Act's title and definitions respectively.

Section 3 establishes the Direct Primary Care Pilot Program. The program begins in FY 19-20 and runs through FY 21-22. The bill requires the State Health Insurance Program to include direct primary care through the pilot program. After the program concludes, DAS may choose whether to continue offering direct primary care.

Section 4 describes the details of direct primary care under the program. The program must include both a high deductible and low deductible option and may include wellness incentives.

Section 5 enables state employees to participate in the program on a first come first serve basis.

Section 6 requires plan administrators to cooperate with the implementation of the pilot program and share real time enrollee claims data with participating providers.

Section 7 establishes direct provider qualification standards and lays out how direct providers will be paid under the program.

In order to qualify for the program, a direct provider must

- Provide primary care to an enrollee
- Coordinate care across all care settings
- Oversee transition in care between settings
- Minimize the risk of gaps in coverage

Providers will receive monthly payments of a per-member, per-month fee for each enrollee for any month or portion of a month that the enrollee is in the pilot program.

Section 8 establishes minimum standard care quality and patient satisfaction measurements. A provider must continually monitor these measurements. The measurements must include, but are not limited to:

- Patient engagement measurement, which is the percentage of enrollees who have
 - Completed a health risk assessment
 - Completed a face to face visit to the patient's personal primary care physician, and
 - Refrained from visiting other fee for service providers in the community for primary care.
- Prevention measurement, which is the percentage of enrollees who have received appropriate screenings for their age or gender, including:
 - Breast, cervical, colon, lung, and prostate cancer screenings
 - Sexually transmitted disease, latent tuberculosis, hepatitis, and HIV screenings, and
 - Tobacco cessation and alcohol misuse screenings
- Chronic disease management measurement, which is the percentage of enrollees who are:
 - Diabetic patients who have HbA1C screenings
 - Diabetic patients who have HbA1C less than 9
 - Diabetic patients who have HbA1C less than 7
 - Diabetic patients who have LDL-C screening
 - Diabetic patients who have LDL-C less than 100, and
 - Hypertensive patients with blood pressure less than 140/90

Section 9 requires DAS to provide a report evaluating the clinical and financial performance of the pilot program to the Legislature and Governor by September 1st of each year.

John Murante, Chairperson