

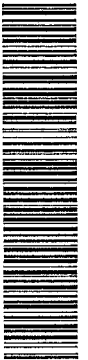
LEGISLATIVE COUNSEL'S DIGEST

Bill No. _____
as introduced, _____.
General Subject: 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 healthcare 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 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 an entity or supervising licensed Medi-Cal provider and the Medi-Cal asthma services provider to satisfy specified requirements. The bill would authorize the department to implement, interpret, or make specific its provisions without taking regulatory action until regulations are adopted. The bill would require the department to adopt regulations by July 1, 2020, and to provide semiannual status reports to the Legislature until regulations have been adopted. The bill would require the department to seek any federal waivers or other state plan amendments as necessary, and would require these provisions to be implemented if federal approvals are obtained, as specified.

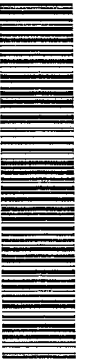
Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.



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An act to add Sections 14132.08, 14132.085, and 14132.09 to the Welfare and Institutions Code, relating to Medi-Cal.



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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) 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.

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

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

14132.08. (a) It is the intent of the Legislature that the department develop and implement asthma preventive services to assist Medi-Cal beneficiaries in asthma management and prevention.

(b) 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) "Asthma preventive services" means asthma education, environmental asthma trigger assessments, and environmental asthma trigger remediation, as defined in this subdivision.

(3) "Asthma preventive services provider" means an individual who renders evidence-based asthma preventive services, including asthma education and environmental asthma trigger assessments for a Medi-Cal beneficiary with asthma, and who meets all of the requirements described in subdivision (a) of Section 14132.09.

(4) "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.

(5) "Minor to moderate environmental asthma trigger remediation" means conducting specific actions to mitigate or control environmental exposures.

(A) Minor remediation includes low-level interventions, such as providing and putting on dust-proof mattress and pillow covers, and providing low-cost products such as high-efficiency particulate air vacuums and asthma-friendly cleaning products.

(B) Moderate remediation includes mid-level interventions, such as providing dehumidifiers and small air filters, and utilizing integrated pest management, including



performing minor repairs to the home's structure, such as patching cracks and small holes through which pests can enter.

(6) "Supervision," "supervising," or "supervise" means the supervision of an asthma preventive services provider who is providing asthma preventive services by any of the following licensed, enrolled Medi-Cal providers acting within the scope of their respective practices:

- (A) A licensed physician.
- (B) A licensed nurse practitioner.
- (C) A licensed physician assistant.

(c) An asthma preventive services provider shall provide asthma education, environmental trigger assessments, and minor to moderate environmental asthma trigger remediation to Medi-Cal beneficiaries in order to manage asthma and prevent asthma exacerbations that may result in hospitalization or death.

(d) No later than July 1, 2020, asthma preventive services shall be a covered benefit to Medi-Cal beneficiaries with poorly controlled asthma for whom a licensed provider has recommended the provision of these services.

SEC. 3. Section 14132.085 is added to the Welfare and Institutions Code, to read:

14132.085. The department shall approve at least two governmental or nongovernmental accrediting bodies with expertise in asthma to review and approve training curricula for asthma preventive services providers rendering services in the Medi-Cal program. In approving the accrediting bodies, the department shall consult with external stakeholders. The accrediting bodies shall approve training curricula that align with the National Institutes of Health's 2007 Guidelines for the Diagnosis and Management of Asthma (EPR-3) and any future updates of the guidelines. The curricula shall be, at a minimum, 16 hours, and shall include, but not be limited to, all of the following:

(a) Basic facts about asthma, including contrasts between airways of a person who has and a person who does not have asthma, airflow obstruction, and the role of inflammation.

(b) Roles of medications, including the differences among long-term control medication, quick-relief medications, any other medications demonstrated to be effective in asthma management or control, medication skills, and device usage.

(c) Environmental control measures, including how to identify, avoid, and mitigate environmental exposures, such as allergens and irritants, that worsen the patient's asthma.

(d) Asthma self-monitoring to assess level of asthma control, monitor symptoms, and recognize the early signs and symptoms of worsening asthma.

(e) Understanding the concepts of asthma severity and asthma control.

(f) Educating patients on how to read an asthma action plan and reinforce the messages of the plan to the patient.

(g) Effective communication strategies, including, at a minimum, cultural and linguistic competency and motivational interviewing.

(h) The roles of various members of the care team and when and how to make referrals to other care providers and services, as appropriate.

SEC. 4. Section 14132.09 is added to the Welfare and Institutions Code, to read:



14132.09. (a) An enrolled Medi-Cal provider shall supervise, as defined in paragraph (6) of subdivision (b) of Section 14132.08, an asthma preventive services provider, and the supervising Medi-Cal provider shall ensure that an asthma preventive services provider, at a minimum, complies with all of the following requirements:

(1) Successfully complete a training program approved by an accrediting body, as described in Section 14132.085.

(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 the face-to-face client contact requirement of subparagraph (A).

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

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

(5) Be employed by or under contract with an entity or a supervising licensed Medi-Cal provider that meets the requirements described in paragraph (6) of subdivision (b) of Section 14132.08.

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

(b) An entity or supervising licensed Medi-Cal provider who employs or contracts with an asthma preventive services provider shall do all of the following:

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

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

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

(4) Ensure that documentation of the provision of services is provided to the supervising entity, as defined in paragraph (6) of subdivision (b) of Section 14132.08, the referring licensed medical provider, and, if different, the patient's licensed primary care provider.

(c) The department shall pursue funding opportunities, including general funds, to develop payment methodologies for minor to moderate remediation when indicated necessary by the asthma preventive services provider that conducted the environmental asthma trigger assessment.

(d) The department shall seek any federal approvals necessary to implement Sections 14132.08 and 14132.085 and this section, including the approval of revisions to existing federal Medicaid authorities that the department determines are necessary to implement this section.

(e) Sections 14132.08 and 14132.085 and 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.

(f) (1) Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, the department, without taking any further regulatory action, shall implement, interpret, or make specific in Sections



14132.08 and 14132.085 and this section, policies and procedures pertaining to the asthma preventive services, and applicable waivers and state plan amendments, by means of all-county letters, plan letters, plan or provider bulletins, or similar instructions until the time regulations are adopted.

(2) Thereafter, the department, by July 1, 2020, shall adopt regulations in accordance with the requirements of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code.

(3) Beginning six months after the effective date of Sections 14132.08 and 14132.085 and this section, and notwithstanding Section 10231.5 of the Government Code, the department shall provide a status report to the Legislature on a semiannual basis until regulations have been adopted.

(g) This section neither alters the scope of practice for a healthcare professional nor authorizes the delivery of healthcare services in a setting or in a manner that is not authorized under the Health and Safety Code or the Business and Professions Code.

