ASSEMBLY BILL No. 391

Introduced by Assembly Members Chiu and Gomez

February 9, 2017

An act to add Article 1.6 (commencing with Section 14047) to Chapter 7 of Part 3 of Division 9 to the Welfare and Institutions Code, relating to Medi-Cal.

LEGISLATIVE COUNSEL'S DIGEST

AB 391, as introduced, 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 require the department to seek an amendment to its Medicaid state plan to include qualified asthma preventive services providers, as defined, as providers of asthma preventive services, as defined, under the Medi-Cal program. The bill would require the department to approve, at a maximum, 3 governmental or nongovernmental accrediting bodies with expertise in asthma to review and approve training curricula for qualified asthma preventive services providers, as specified, and would require the curricula to be, at a minimum, 16 hours of specified instruction on asthma education and home environmental asthma trigger assessment. 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 authorize 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 all necessary federal approvals are obtained.

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

The people of the State of California do enact as follows:

SECTION 1. Article 1.6 (commencing with Section 14047) is added to Chapter 7 of Part 3 of Division 9 of the Welfare and Institutions Code, to read:

Article 1.6. Asthma Preventive Services Program Act of 2017

14047. This article shall be known, and may be cited as, the Asthma Preventive Services Program Act of 2017.

14047.1. 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. Over 5 million, nearly 1 in 7, Californians have been diagnosed with asthma.

(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. Over 1.1 million Medi-Cal beneficiaries have been diagnosed with asthma at some point in their lives. When uncontrolled, patients with asthma may seek care in more expensive settings.

(c) There are also significant asthma disparities by race, ethnicity, and age. For example, African Americans have 40 percent higher asthma prevalence, four times higher asthma emergency department visit and hospitalization rates, and two times higher asthma death rates than Whites. Asthma prevalence among American Indian/Alaska Native adults is 1.5 to 2 times higher than among White adults. Hispanics have comparatively low asthma prevalence overall, but asthma hospitalization and

emergency department visit rates are higher in Hispanics than Whites, especially among children.

(d) Patient asthma education and home environmental asthma trigger assessments 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. These outcomes are consistent across a large body of research findings, from the federal Community Preventive Services Task Force to local programs throughout California.

(e) Increasing access to asthma education and home 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.

14047.2. For purposes of this article, the following definitions shall apply:

(a) "Asthma preventive services" means provision of asthma education and home environmental trigger assessments.

(b) "Asthma education" means providing to a patient information about the basic facts of asthma, including proper use of long-term controllers and quick relief 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), and any future updates of those guidelines.

(c) "Home 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.

(d) "Qualified asthma preventive services provider" means any individual who provides evidence-based asthma preventive services, including asthma education and home environmental asthma trigger assessments for individuals with asthma, and who meets all of the requirements described in Section 14047.4.

(e) "Supervision" or "supervising" means the supervision of a qualified asthma preventive services provider providing asthma preventive services, by any of the following Medi-Cal-rendering

providers who is acting within the scope of his or her respective practices:

(1) A licensed physician.

(2) A licensed nurse practitioner.

(3) A licensed physician assistant.

14047.3. The department shall approve, at a maximum, three governmental or nongovernmental accrediting bodies with expertise in asthma to review and approve training curricula for qualified asthma preventive services providers. The department shall approve the accrediting bodies in consultation 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, but not limited to, 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 difference among long-term control medication, quick relief medications, 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.

14047.4. In order to be a qualified asthma preventive services provider, an individual shall, at a minimum, satisfy all of the following requirements:

(a) (1) Successful completion of a training program approved by an accrediting body appointed by the department pursuant to Section 14047.3.

(2) An individual who has completed an approved training curricula program 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 considered as satisfying this training requirement.

(b) (1) Successful completion of, 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 observed and assessed by a licensed physician, nurse practitioner, or a physician assistant.

(2) 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 considered as satisfying this face-to-face client contact requirement.

(c) Successful completion of four hours of continuing education annually.

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

(e) Be employed by or under contract with an entity or a supervising licensed provider that meets the requirements described in Section 14047.5.

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

14047.5. Any entity or supervising licensed provider who employs or contracts with a qualified asthma preventive services provider shall:

(a) Maintain documentation that the qualified asthma preventive services provider has met all of the requirements described in Section 14047.4.

(b) Ensure that the qualified asthma preventive services provider is providing services consistent with Sections 14047.3 and 14047.6.

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

(d) Ensure documentation of the provision of services is provided to the treating physician.

14047.6. The department shall seek an amendment to its Medicaid state plan to include qualified asthma preventive services providers as providers of asthma preventive services in accordance with Section 1905(a)(13) of the federal Social Security Act (42 U.S.C. 1396d(a)(13)) and Section 440.130(c) of Title 42 of the Code of Federal Regulations.

14047.7. (a) The department may seek any federal waivers or other state plan amendments as necessary to implement this article.

(b) This article shall be implemented only if and to the extent that all necessary federal approvals are obtained.

O