

LEGISLATURE OF NEBRASKA  
ONE HUNDRED FIFTH LEGISLATURE  
SECOND SESSION

**LEGISLATIVE BILL 1119**

Introduced by Riepe, 12; Geist, 25; Hilgers, 21; Hughes, 44; Kolterman,  
24; Stinner, 48.

Read first time January 18, 2018

Committee: Government, Military and Veterans Affairs

- 1 A BILL FOR AN ACT relating to state government; to adopt the Direct
- 2 Primary Care Pilot Program Act.
- 3 Be it enacted by the people of the State of Nebraska,

1           Section 1. This act shall be known and may be cited as the Direct  
2 Primary Care Pilot Program Act.

3           Sec. 2. For purposes of the Direct Primary Care Pilot Program Act:

4           (1) Department means the Department of Administrative Services;

5           (2) Direct primary care health plan means a health plan which  
6 includes primary care services provided by a participating provider and  
7 health care coverage for medical specialists, hospitals, pharmacy, and  
8 other medical coverage the department deems appropriate;

9           (3) Direct provider has the same meaning as in section 71-9503;

10          (4) Enrollee means a state employee or his or her dependent who is  
11 enrolled in the pilot program;

12          (5) Nebraska State Insurance Program means the health insurance  
13 offered to state employees and their dependents under sections 84-1601 to  
14 84-1615;

15          (6) Participating provider means a direct provider who is  
16 participating in the pilot program;

17          (7) Pilot program means the Direct Primary Care Pilot Program  
18 established under the Direct Primary Care Pilot Program Act;

19          (8) Primary care has the same meaning as in section 71-9503; and

20          (9) State employee means an employee participating in the Nebraska  
21 State Insurance Program.

22          Sec. 3. The Direct Primary Care Pilot Program is established within  
23 the Nebraska State Insurance Program. The pilot program shall begin in  
24 fiscal year 2019-20 and continue through fiscal year 2021-22. Through the  
25 pilot program the Nebraska State Insurance Program shall include direct  
26 primary care health plans. Thereafter the department may continue to  
27 offer the direct primary care health plans.

28          Sec. 4. For the pilot program, the department shall provide  
29 enrollees at least two different direct primary care health plans  
30 including a high-deductible option and a low-deductible option. The  
31 department may include wellness incentives in the direct primary care

1 health plans.

2 Sec. 5. A state employee may participate at open enrollment in the  
3 pilot program on a first-come, first-served basis dependent on  
4 participation by participating providers and limitations on enrollees  
5 served per participating providers.

6 Sec. 6. Any plan administrator for health care plans offered under  
7 the Nebraska State Insurance Program shall cooperate with the  
8 implementation of the pilot program and shall share real-time claims data  
9 for state employees participating in the pilot program with participating  
10 providers.

11 Sec. 7. (1) To qualify for participation in the pilot program, a  
12 direct provider shall:

- 13 (a) Provide primary care to an enrollee;
- 14 (b) Coordinate care across all care settings;
- 15 (c) Oversee transitions in care between settings; and
- 16 (d) Minimize the risk of gaps in care;

17 (2) The participating providers shall receive a monthly payment of a  
18 per-member, per-month fee for each enrollee for any month or portion of a  
19 month in which he or she is enrolled in the pilot program.

20 Sec. 8. A participating provider shall continuously monitor care  
21 quality in accordance with a standardized set of care quality and patient  
22 satisfaction measurements. Such care quality measurements shall include,  
23 but not be limited to, the following:

24 (1) Patient engagement measurement, the percentage of enrollees who  
25 have:

- 26 (a) Completed a health risk assessment;
- 27 (b) Completed a face-to-face visit to the patient's personal primary  
28 care physician; and
- 29 (c) Refrained from visiting other fee-for-service providers in the  
30 community for primary care;

31 (2) Prevention measurement, the percentage of enrollees who have

1 received appropriate screenings for their age or gender, including:

2 (a) Breast, cervical, colon, lung, and prostate cancer screenings;

3 (b) Sexually transmitted disease, latent tuberculosis, hepatitis,

4 and human immunodeficiency virus screenings; and

5 (c) Tobacco cessation and alcohol misuse screenings; and

6 (3) Chronic disease management, the percentage of enrollees who are:

7 (a) Diabetic patients who have HbA1C screening;

8 (b) Diabetic patients who have HbA1C less than nine;

9 (c) Diabetic patients who have HbA1C less than seven;

10 (d) Diabetic patients who have LDL-C screening;

11 (e) Diabetic patients who have LDL-C less than one hundred; and

12 (f) Hypertensive patients with blood pressure less than 140/90.

13 Sec. 9. Beginning in fiscal year 2021-22, the department shall  
14 provide a report to the Governor and the Legislature by September 1 of  
15 each year. The report shall evaluate the clinical and financial  
16 performance of the pilot program. The report shall be submitted to the  
17 Legislature electronically.

18 Sec. 10. The department may adopt and promulgate rules and  
19 regulations as necessary to implement the Direct Primary Care Pilot  
20 Program Act.