House Bill 2510 creates the Regional Response Health Collaborative. This legislation requires the Department of Human Services (department) to divide the state into six regions, to solicit proposals from health collaboratives to protect residents in long-term care facilities from COVID-19 and to contract with at least one health collaborative in each region. Each health collaborative shall:

1. Promote health and stabilize the economy by directly supporting COVID-19 readiness and response in facilities;

2. Improve the quality of care related to infection prevention and other conditions common in facilities; and

3. Expand COVID-19 testing to include asymptomatic staff and residents in facilities to expand public health surveillance.

The bill requires each collaborative to perform daily strategic reviews of the region’s facilities and to form plans for the facilities’ unmet needs. The health collaborative must provide for enhanced testing capability, infection control including contact tracing, and advanced clinical care including remote monitoring and physician care. Facilities include assisted living residences, long-term care facilities and personal care homes.

House Bill 2510 appropriates $500 million in federal funds received through the Coronavirus Aid, Relief, and Economic Security (CARES) Act to the department for these purposes.

In addition to the appropriation for health collaboratives, House Bill 2510 provides appropriations to the department totaling $767 million from the federal CARES Act for Long-Term Care, Long-Term Care Managed Care, Community HealthChoices, Intellectual Disabilities – Community Waiver Program and Autism Intervention and Services.
FISCAL IMPACT:

The Department of Human Services (department) is able to accommodate the administrative requirements of HB 2510 within existing staffing and budget levels.

Additionally, House Bill 2510 provides for the distribution of nearly $1.3 billion of federal funding that was provided through the CARES Act.