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1. Medicaid Matters on the Hill
   A. Building Blocks for Fiscal Year 2012

Three weeks into the session and we are still facing serious cuts to Medicaid programs. This week has seen a flurry
of presentations during the Social Services Appropriations hearings regarding funding for Health and Human
Services programs, including review of building block investments. With all of the Medicaid cuts on the table this
year, we want to highlight 2 important building blocks for serious consideration in FY 2012. The chart below
describes these programs, the cost to the state, and the federal match for each:

<table>
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<tr>
<th>Building Blocks</th>
<th>State $</th>
<th>Federal $</th>
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<tbody>
<tr>
<td>CHIP (Children’s Health Insurance Program) Funding</td>
<td>$3.4 million</td>
<td>$13.5 million</td>
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CHIP (Children’s Health Insurance Program) Funding
From the standpoint of Utah’s children, state health reforms can be called a success. Early in Utah’s reform process, lawmakers made the wise decision to keep CHIP open for children. As a result, the state has seen a 33% decline in uninsured kids since 2006. As we look for ways to stabilize family coverage in the private market, CHIP should be kept open.
### Audiology

Audiology services are generally used to identify, evaluate, and rehabilitate those who have hearing problems. Eliminated at the end of FY2009, these services are critical to helping people with disabilities and seniors manage their hearing impairments. Without hearing aids, recipients will have difficulty getting or holding a job or living with dignity in the community. Access to audiology services is critical for those needing assistance in learning to speak or swallow after a stroke, for example, or those who cannot speak because of a hearing disorder or developmental delay. A [1999 National Academy on an Aging Society report](https://www.nationalacademies.org/~/media/Files/NAP/2019/2019-National-Academy-on-an-Aging-Society-Report.pdf) found that “untreated hearing impairments cost the U.S. economy $56 billion in lost productivity, special education, and medical care – an annual per capita tax of $216.”

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<td></td>
<td>$134,644</td>
<td>$403,932</td>
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<tr>
<td>Total:</td>
<td>$3.5 million</td>
<td>$13.9 million</td>
</tr>
</tbody>
</table>
The final decision on how far to backfill or invest in critical building blocks depends on 2 things: the Executive Appropriation Committee’s willingness to accept the Social Services Appropriation Sub-Committee’s recommendations AND the February 22 revenue projections. If the projections are more positive than anticipated, legislative leaders should backfill further. **NOW IS THE TIME TO INTERACT WITH MEMBERS OF LEADERSHIP—in bold on our Excel sheet: http://www.healthpolicyproject.org/Publications_files/legislative/UtahElectedOfficials2-8-11.**

**C. On the Road to State Medicaid Reform**

Yesterday Senator Dan Liljenquist released his much anticipated Medicaid Reform bill (SB180), which was immediately heard in the Senate Business and Labor Committee and passed with unanimous, bipartisan support.

This bill will fundamentally reform the way Medicaid services are paid for and delivered in Utah—and not a moment too soon. The premise for this legislation cannot be disputed: Medicaid spending is on an unsustainable trajectory and proven strategies are needed to ensure that beneficiaries and taxpayers are getting good value for the Medicaid dollar. While the overall intent of SB180 is positive, critical details have yet to be seen, and some of the language on spending caps and expectations for consumer behavior sets off alarm bells. For these reasons, UHPP is cautiously optimistic about SB180.

UHPP supports thoughtful, well-planned Medicaid reform that controls cost while increasing quality and access. SB180 appears headed in this direction, and Sen. Liljenquist has been quite responsive to advocates’ concerns. Yesterday, in fact, he agreed to 3 positive changes from UHPP and key Medicaid partners to be introduced on the Senate floor. Get our updated brief [here](http://www.healthpolicyproject.org/Publications_files/legislative/UtahElectedOfficials2-8-11).

Given the aggressive timeframe for SB180, we do know this will be a very busy summer for Utah Medicaid Partnership and all Medicaid stakeholders! ...stay tuned.
# 2. State Health Reform Front

**HB128: Health Reform Amendments, sponsored by Rep. J. Dunnigan**

New and *not* improved: HB128 Health Reform Amendments, sponsored by Rep. Dunnigan has been re-drafted--again. It is now available to the public [here](#). Cultural competency training for Brokers who sell on the Exchange and real consumer representation and small business representation on the Exchange Advisory Board have been *taken out* of HB 128.

UHPP asked why these items were taken out of HB128...

**Question:** Why take out information about working with culturally diverse populations?

**Answer:** The Exchange training for the brokers is too long already—there’s no room for information about Utah’s diverse populations.

But over 8000 refugees have been welcomed to Utah since 2000, and more than 40 different languages spoken in Utah homes. These are the very people—Utah’s residents from all over the world— who work for Utah’s 67,000 small businesses, and information about linguistic and cultural competency will help brokers who sell on the Exchange help them navigate their health insurance choices.

**Question:** Why shouldn’t consumers and small business employees be represented on the Utah Health Exchange Advisory Board?

**Answer:** The board is too big already.

But a strong Exchange is the key to Utah’s reform of the health care system. The Utah Health Exchange staff have been charged with the task of creating a “good shopping experience” for consumers—one in which people can base their health care choices on quality information, filtered according to their health care priorities. Consumer and small business employee input—input from the very people who are using the Exchange—is *vital* to a strong exchange.

**URGE Rep. Dunnigan to put consumers and small business owners back on the Board. Their perspective and input is very important to making Utah’s Exchange work for Utahns.**

New Bills— a few new bills, numbered but not yet written, have appeared on the legislative website, and this is what we know so far:

**HB311: Recovery of Uncompensated Emergency Room Care, sponsored by Rep. Dougall**

No substance, yet. UHPP has requested a draft of this bill.

Sneak Peak—Rep. Dougall says this bill will ask the question: “Should the State become a collection agency for unpaid emergency room bills when hospitals do not pursue payment?”

Unpaid emergency department (ED) bills are not the cause of our health care system’s problems, but a symptom of the fundamental problem that people, especially low income people, do not have health insurance. When people don’t have insurance, they delay care and often end up in the ED with costly medical problems. This bill, inasmuch as the unpaid ED bills are the result of un- and under-insured Utahns using the ED for either emergency or primary care, takes the wrong approach to reducing costly and inappropriate use of the ED. The state should focus their resources on expanding coverage, not on punitive bills collection to Utah’s hard working un- and under-insured.


No substance, yet.

This bill would repeal the Statewide Risk Adjuster slated to begin in 2013. This would *not* affect the Risk Adjuster now operating in the Exchange. News on the street is that this bill will not be written because the repeal is included in HB 128 (Health Reform Amendments, sponsored by Rep. Dunnigan).
3. Federal Health Reform Updates

- **Medicaid Reform Guidance from Federal HHS.** Secretary of Health and Human Services Kathleen Sebelius issued a letter to state governors this week addressing state budget concerns especially as related to Medicaid. She emphasized that Medicaid has a unique and important role in the US as it provides important health care for the nation’s most vulnerable citizens and a diverse group of people who do not have other health care options. She stressed that the federal government has worked hard to provide appropriate support for states to manage their Medicaid and CHIP programs, including Obama’s work to provide and enhance the Federal match for Medicaid. She recognized that states are re-examining Medicaid programs and told governors that the administration is willing to meet with states individually and discuss options for flexibility. Read the full guidance here.

- **Federal Reform Court Challenges:**

  - **Request for expedited appeal:** In a letter to President Obama, 28 governors, including Utah’s Governor Herbert, expressed strong support for an expedited appeal of the court challenges to the Affordable Care Act. Stating there is little doubt that the issues will ultimately be decided by the Supreme Court and a final determination would be useful as soon as possible, the letter took no stance on the Affordable Care Act, but tasked to avoid years of litigation in circuit and appellate courts.

  - **Another win for ACA in the courts:** The Affordable Care Act found itself in court again, this time in Mississippi. Federal Judge Keith Starrett threw out a suit challenging the constitutionality of the bill. He stated, “The Court finds that the allegations of Plaintiffs' First Amended Petition, as stated therein, are insufficient to show that they have standing to challenge the minimum essential coverage provision of the PPACA [Patient Protection and Affordable Care Act]. Therefore, the Court dismisses Plaintiffs’ First Amended Petition without prejudice.”

  - **Utah’s position on Florida ruling:** According to an article in today’s Salt Lake Tribune, Utah Gov. Herbert is taking a careful approach to evaluating Utah’s position in regarding to the Affordable Care Act. Attorney General Mark Shurtleff has said that the law is no longer valid and Utah has no legal obligation towards implementation. Gov. Herbert is not so confident that that is the case: “I think we need to be methodical about this. We need to get on more solid footing before we make decisions one way or the other” stated the governor, in regards to the language of the Florida ruling. “Just saying ‘we think it is’ doesn’t mean it was an injunction.”

  - **White House weighs in on Florida ruling:** Assistant to President and Deputy Senior Advisor Stephanie Cutter responded to the Florida ruling on the Affordable Care Act on the White House Blog, stating that the ruling is outside of mainstream judicial opinions and was a plain case of “judicial overreaching and judicial activism.” Cutter also reinforced the fact that the ACA’s individual responsibility provision is necessary to prevent cost shifting billions of dollars of uncompensated care from those who do not obtain insurance to those who do. She went on to say that 83% of Americans already have coverage and are taking responsibility for their health care. Of the 17%
that do not, most, if not all, want health coverage and, because of the ACA, will get assistance in obtaining it either through public program expansion or new premium subsidies. The Congressional Budget Office estimates that only 1% of Americans are expected to pay a penalty for not having health insurance in 2016.

4. Health Bill Tracker for Week 4
It's that time in the Session when bills start getting stuck in the bottleneck of...TOO MANY BILLS. The good news is that it's too late for new bills or threatening bill titles to come out. Be sure to check out this week's Health Bill Tracker [here](#).

5. Check this Out!
Judi Hilman Receives the Families USA Consumer Health Advocate of the Year Award!

A quick staff announcement for those who don’t already know:

Judi Hilman was presented with the Consumer Health Advocate of the Year Award at the Families USA annual Health Action conference in DC January. The award, presented every year since 1998, recognizes outstanding contributions on behalf of our nation’s health care consumers. The award was presented to Hilman for her commitment to improving access to quality, affordable health care for all Utah Residents.

Join us in congratulating Judi for her leadership, dedication, and hard work!

Join UHPP on Facebook
Love Facebook? Then become a fan of UHPP’s [Facebook page](#) and join our [Facebook Cause](#)!

We’re working to bring you essential information in the easiest way possible. Receive up-to-date information in our work, upcoming events, and more!

Help us reach our goal of 500 Fans by the end of the session, March 10th!

6. Advocacy Toolkit

Health Action Calendar: Keep track of health-related events happening during the session. UHPP’s [Health Action Calendar](#) has dates, time, and information. Please join us for weekly meetings of Utah Medicaid Partnership and U-SHARE (Health Reform Coalition) every Wednesday 1:15-2:00 PM in the Olmstead Room of East Capitol Bldg. A wonderful chance to compare notes and coordinate strategy on the many Medicaid, CHIP, and health reform issues for the Session.

Legislator Contact List!
Check out our handy 2011 spreadsheet of legislators and their contact information. Use it to track your conversations with legislators, find out who sits on the committees that oversee health issues, count votes on bills, or mail merge to contact legislators individually! To download in Excel, click here: [http://www.healthpolicyproject.org/Publications_files/legislative/UtahElectedOfficials1-23-11.xls](http://www.healthpolicyproject.org/Publications_files/legislative/UtahElectedOfficials1-23-11.xls)

Getting to the Utah State Capitol
Public Transportation: If you are downtown, the UTA bus is a great option to get up to the Hill. Route 500 will take you right to the East Building’s front door! The Capitol is in the Downtown Free Zone and buses run every 15 minutes. The bus schedule is posted here, along with the route map here. UTA has a great [trip planner tool](#), as well.
Driving from outside of Salt Lake: take I-15 (either north or south) to the 600 South exit and head east on 600 South. Turn left on State Street and head up the hill to the State Capitol.

**Where to park?**
There are two parking lots available to the public. The largest is on the NE Corner of the Capitol Complex. The second lot is right next to East Building (now also known as the Senate Building). Thus, there should much more street parking available to the public this year. If you must drive, your best bet is to carpool and arrive early.