

UTAH HEALTH POLICY PROJECT

HEALTH MATTERS

on the Hill...



Utah *Health Matters* E-Newsletter

February 7, 2011 (Week 3)

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1. Medicaid *really* Matters on the Hill

Action Items for Medicaid Defense

Last Monday the Social Services Appropriations (SSA) Subcommittee recommended to backfill most of the cuts proposed by the fiscal analyst the week before. Still, this consensus is no guarantee, and the decision now moves to Executive Appropriations Committee, or EAC (leadership of the Utah Legislature). This group must accept the SSA's recommendation to tap 2 revenue sources instead of cutting critical services. Certain items did not make it onto the "backfill" list, *including Medicaid Interpreting*. Come to an advocacy training on Tuesday, Feb. 8th 5:30-7:00 PM to help get this on the list. Details [below](#).

The final decision on how far to backfill or invest in critical building blocks depends on 2 things: EAC's willingness to accept SSA's recommendations AND the mid-February revenue projections. If the latter are more positive than anticipated, legislative leaders should backfill further.

SAVE THE DATE: February 16th 9:30-10:00 AM Utah Medicaid Matters Press Conference in State Capitol Board Room (2nd floor, east side of Rotunda)

Action Items for February 7-8

- **Sign on to the Utah Medicaid Partnership/U-SHARE coalition’s Principles for Guiding Medicaid Budget Decisions and the Structural Deficit.** See the latest principles here:

http://www.healthpolicyproject.org/Publications_files/Medicaid/UMP/UMPprinciplesFINALfor1-24-11.pdf

To sign on, send email to [mailto:stacey@healthpolicyproject.org?subject=Endorse Medicaid Budget Principles](mailto:stacey@healthpolicyproject.org?subject=Endorse%20Medicaid%20Budget%20Principles) (please specify the name of your organization or your full name if you are endorsing as an individual).

- Thank SSA Subcommittee members for their “backfill” recommendations and encourage them to see them through. Call representatives at (801) 538-1029 and senators at (801) 538-1035. If the operator cannot patch you through to their phone, ask to leave a message on their blackberry: leave a short message and ask the member to call you back. Please call in this order...

Prefix	First	Last Name	Party	Dist	City	Home Phone	Public Cell	EMAIL
Senator	Allen	Christensen	R	19	N. Ogden	(801) 782-5600		achristensen@utahsenate.org
Senator	Peter	Knudson	R	17	Brigham City	(435) 723-2035	435-730-4569	pknudson@utahsenate.org
Rep	Brad	Last	R	71	Hurricane	(435) 635-7334		blast@utah.gov
Rep	Dave	Clark	R	74	Santa Clara	(435) 628-5108		dclark@utah.gov
Rep	Johnny	Anderson	R	34	Taylorville	(801)205-7574		janderson34@utah.gov
Rep	Jim	Bird	R	42	West Jordan	(801) 280-9056		jbird@utah.gov
Senator	Daniel	Liljenquist	R	23	Bountiful	(801) 294-2378		dliljenquist@utahsenate.org
Rep	John	Dougall	R	27	American Fork	(801) 492-1365		jdougall@utah.gov
Rep	Ronda	Menlove	R	1	Garland	(435) 458-9115	(435) 760-2618	rmenlove@utah.gov
Rep	Kraig	Powell	R	54	Heber City	(435) 654-5986		kraig@housepowell.com
Senator	Wayne	Niederhauser	R	9	Sandy	(801) 742-1606		wniederhauser@utahsenate.org
Senator	Patricia	Jones	D	4	Holladay	(801) 322-5722		pjones@utahsenate.org
Senator	Luz	Robles	D	1	Salt Lake City	(801) 5506434		lrobles@utahsenate.org
Rep	Rebecca	Chavez-Houck	D	24	Salt Lake City		(801) 891-9292	rchouck@utah.gov
Rep	David	Litvack	D	26	Salt Lake City	(801) 596-0187	(801) 792-7172	dlitvack@utah.gov
Rep	Larry	Wiley	D	31	West Valley City	(801) 487-8095		lwiley@utah.gov
Senator	Margaret	Dayton	R	15	Orem	(801) 221-0623		mdayton@utahsenate.org

For a complete contact sheet, click here:

http://www.healthpolicyproject.org/Publications_files/legislative/UtahElectedOfficials1-23-11.xls (legislators are shown in **bold**). Please use the [Principles](#) as Talking Points.

SB 137 (Preferred Drug List) Medicaid Amendments (Sen. Christensen)

SB 137 will be heard THIS THURSDAY 2:00 PM in Room 250 State Capitol. This is a top priority for UHPP, as it is now built into the budget recommendations of the SSA Committee. See our new brief here:

http://www.healthpolicyproject.org/Publications_files/Medicaid/SB137PDLFactsheet2-4-11.pdf.

STILL ON THE CHOPPING BLOCK

Medicaid: Eliminate medical interpreter services. Get out new Brief [here](#):

- If cut, Utah's non-English speaking legal immigrant and refugee Medicaid population could lose access to quality medical care. Communication is *vital* to quality and effective medical care.
- It is *imperative* that non-English speakers, while in the process of learning the English language, continue to have quality interpreter services.
- Patients who cannot adequately understand what their doctor is saying will either give up on medical care, or fail to follow medical care instructions accurately, resulting in **poor health outcomes**.
- If cut, will Utah's health care providers be able to keep non-English speaking Utahns as their patients? Is the liability for medical harm due to lack of compliance resulting for poor communication a risk our providers are willing to take?
- This cut will result in **long term costs** as Utahns whose English language skills are not yet adequate for quality medical communication delay care and use Emergency Departments for basic medical care.
- This is a **cost shift**, not a cost savings, strategy.

Recommended for Restoration by the SSA Committee (but no guarantees!):

1. Medicaid: Reduce eligibility for breast and cervical cancer treatment and prevention from 250% FPL to 133%FPL.
 - If caught and treated early, these 2 conditions can be quite treatable.
 - The 4-to-1 federal match for this program serving uninsured women should make this a no-brainer.
1. Medicaid: Eliminate dental and vision services to pregnant women over the age of 21.
 - Good dental health is a proven, **cost effective** strategy to improve pregnancy outcomes.
 - If cut, the elimination of dental and vision services will end up **costing more** as a result of increased complications and poor pregnancy outcomes.
 - This is really a **cost shift**, not a cost saving, strategy.
2. Medicaid: Reduce Primary Care Network and Utah Premium Partnership eligibility from 150% to 133% FPL.
 - If cut, individuals no longer eligible for these subsidies (also not eligible for Medicaid) will join the ranks of the expensive uninsured who delay care and rely on expensive emergency room visits for basic care.
 - PCN and UPP subsidies are vital for maintaining health care access to working Utahns in low paying jobs.
 - This, too, is a **cost shift**, not a cost saving, strategy.
3. Medicaid: Eliminate physical and occupational therapy.
 - Physical and occupational therapy are proven strategies to promote swift recovery from injury and illness, and self-sufficiency.
 - If cut, individuals who would otherwise be able to return to health and self-care will remain in costly medical care, requiring assistance for daily living activities they could otherwise accomplish on their own.

- This is...you guessed it...a **cost shift**, not a cost saving, strategy.
4. Medicaid: Limit optional coverage of transplant surgeries to achieve 20% savings.
 - This puts clinical decisions in the hands of bureaucrats, in effect creating a “death panel” in Utah’s Medicaid program.
 - Coverage of transplants should be decided as it is today, by medical expertise: if the patient is a good candidate, he or she should be placed on the transplant list.
 - The transplant list should not be reserved for people with the good fortune to have private insurance.
 5. Medicaid: Limit optional Hospice services to achieve 20% savings.
 - Along the same lines as above, this will amount to rationing hospice services.
 - Bureaucrats will find themselves in the impossible position of having to decide who shall die with dignity (at home, surrounded by family) and who shall die in institutional settings, without the comprehensive and humane approach to palliative care that hospice care typically offers.
 6. Medicaid: Limit optional personal care services to achieve 20% savings.
 - Personal care services make it possible for certain individuals with physical disabilities—like our good friend and fellow advocate Andrew Riggle— to live independently and work in the community.
 - Typically, a personal care attendant helps people with disabilities get showered and dressed and ready for work. This makes it possible for people with disabilities to contribute their skills and talents (and income taxes) to the workforce.

Building Blocks for Better Health

Now is the time in the Session to consider building blocks: investments we can make to achieve worthy health reform goals or to support independent living and employability. Given competing demands for limited revenues, we will recommend 2 hot spots for consideration. **CHIP** (\$3.4 million) will keep state health reform on the path of success and **audiology** will maximize independence and for people with disabilities and low-income seniors. Click here to see our new [Hot Spots for 2011](#).

Stay Current with UMP/U-SHARE

The Utah Medicaid Partnership meets every Wednesday during the legislative session from 1:15 to 2:00 in the Olmstead room in the East building of the Capitol Complex. UMP’s next meeting is this Wednesday February 2. Please join us!

2. State Health Reform Front

HB128 [Health Reform Amendments](#), sponsored by Rep. Dunnigan, is now even stronger! The bill now includes a requirement that the Health Data Committee publish—free and easily accessible to the public—a yearly report comparing Utah’s health care facilities and institutions on quality standards, charges, and patient safety standards. In addition, the bill includes cultural competency and premium subsidy program (UPP) training for brokers who sell through the Exchange, and a trigger to UPP (Utah Premium Partnership) for employees who may be eligible and are enrolling for coverage through the Exchange.

This bill brings Utah's own Health System Reform closer to meeting its essential task--providing useful information to consumers so that they can make informed health care choices. Utah began health care reform in 2008 with HB133, which was a response to a 2006 United Way report that found that rising health care and health insurance costs contribute to financial instability and bankruptcy in Utah. HB 133 established the Health System Reform Task Force, starting Utah on the road to market-based Health System Reform, and created Utah's [Health Exchange](#), which is a key piece in Utah's reform strategy. The Exchange is a web-based portal where Utah's small businesses can shop for health insurance, pooling risk to bring down the price of premiums and increasing employee choice of insurance plans. HB128 strengthens the Exchange.

Recently the Exchange added a large employee pilot to the Exchange, in hopes that adding big businesses would help bring down premium costs. Rep. Dunnigan's HB 128 puts a stop to this program, in essence telling the Exchange to focus on expanding access to health care coverage to Utah's 67,000 small businesses. We agree. Exchange resources should focus on Utah's un- and under-insured employees of small businesses. When it's time to expand, the Exchange should bring in the individual market, including the 100,000 self-employed Utahns.

Utah Health Policy Project supports HB128 Health Reform Amendments. We laud Rep. Jim Dunnigan's commitment to increasing access to the un- and under-insured in Utah and containing costs.

But we also offer this caution: the Utah Health Exchange is only ONE STEP on the road to quality, affordable, comprehensive health care coverage for all people in Utah. To really meet Utah's needs, the Exchange will have to include the individual market and screening + enrollment for public programs as well as premium subsidies.

3. Federal Health Reform Front

This week saw several more rounds in what seems to be a very long boxing match for the Affordable Care Act (federal health reform). In a multi state case, Florida Judge Roger Vinson issued a ruling against the Affordable Care Act and The U.S. Senate voted against health reform repeal.

The Jan. 31st ruling, *Florida et al. v. DHHS et al.*, is a disappointing and misguided ruling based on a well-funded and politically orchestrated effort to overturn the current health care law and to deny citizens the health security and protections they want and need.

Opponents of the Affordable Care Act are working to deny Americans, including Utahns, the benefits they are already starting to see. If the ACA is thrown out:

- Over 37,000 Utah Small Businesses will lose their chance at the Insurance premium tax credit.
- About 11,000 young adults under 26 could lose health insurance while they strive to find work in this tough economic environment.
- Utah will lose access to federal funds aimed at fighting waste, fraud, and abuse in Medicare and Medicaid. Insurance companies would be free to resume annual double-digit premium increases without any public accountability.
- Over 1.5 million Utah residents would again be susceptible to lifetime limits placed on them by insurance companies limiting the care they can receive.
- Utah residents would also be vulnerable to losing their coverage the moment they need it most, when they or a family member becomes ill or is in an accident, through insurance rescission--one of the most egregious of insurance industry abuses.
- Seniors and people with disabilities would again face a large and growing gap in their Medicare prescription

drug coverage and would lose access to no-cost prevention visits.

- Millions of Americans with pre-existing conditions, including children, would again be turned down from coverage by insurance companies.

Bob Cole works for Progressive Remodelers Inc., a local small business that provides home remodeling services. He stated, "We have really been questioning whether we can continue to provide health coverage for our employees, and have had to look seriously at whether or not we can continue to provide insurance benefits. We have decided to continue to offer insurance this year largely in part to the small business premium tax credit we will receive thanks to the Affordable Care Act." The ACA is already helping Utahns such as Bob Cole and we should not be rash in taking that help away.

Two courts have already ruled the ACA constitutional and twelve others have dismissed the challenge to the current law outright. This puts the score at 14-2. The Florida ruling should have little impact in states already moving ahead with implementation. Many questions have been posed about implementation and the responsibilities of states. Did the Judge grant an injunction? (No.) Do states need to implement the law? (Yes.) Will DOJ appeal to the 11th circuit? (Yes.) Various legal minds are trying to sort through these questions – however, current analyses suggest that because Vinson issued a declaratory judgment, there is no need for a “stay” –a requirement that until the appeals process is complete, the law stays put on the books. In a few days we will know how Governor Herbert will respond to Attorney General Mark Shurtleff and far right conservatives’ plea to halt implementation of the ACA in response to the Florida ruling. Based on his remarks in last week’s House Republican caucus, we expect he will take a more moderate stance and stand by the ACA’s Medicaid maintenance of effort requirements.

4. Advocacy Training for Multicultural Health Priorities

We invite you to attend a special advocacy training and “boot camp” to defend Medicaid coverage of interpreting services and to push for passage of Sen. Luz Robles’ SB 41 (Health Care Amendments for Legal Immigrant Children).

When: February 8th 5:30-7:00 PM
Where: Multipurpose Room 1st floor, State Capitol (main building, beside north entrance)
RSVP: kim@healthpolicyproject.org

Though state revenues are in the black, legislative leaders are determined to address the structural deficit all at once. Medicaid makes an enticing target because it consumes an ever greater portion of the state budget. All discretionary and “optional” areas have been targeted for elimination or reduction—including interpreting for non-English speaking Medicaid clients.

On Monday, Social Service Appropriations Committee members recommended to backfill most of the cuts proposed by the fiscal analyst—but *not Medicaid interpreting*.

There are steps we can take, as a community, to protect this critical service. Given the less than favorable climate for issues impacting diverse communities this year, we need to be very precise in our messaging and framing. THIS IS NOT TO BE MISSED.

For further information and talking points on SB41 click [here](#).

Space is limited: please reserve your seat now.

5. Health Bill Tracker for Week 3

It's that time in the Session when bills and curious bill titles come tumbling out of the woodwork. Be sure to check out this week's Health Bill Tracker [here](#). Lots of investigating to do!

6. Tools for Advocates 2011

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, 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

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 know 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.