

THE UTAH HEALTH POLICY PROJECT

HEALTH MATTERS

Utah *Health Matters* for December 10, 2007

Hello Health Advocates & Friends:

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1. Robert Wood Johnson Foundation site visit for grant to support U-SHARE's work around health reform in Utah

In September UHPP submitted a grant application to the Robert Wood Johnson Foundation (RWJF) to support the work of USHARE, the big tent coalition we are developing to ensure health reform in Utah works for all Utahns. Many of you have been great supporters of this grant and our work, and for this we cannot thank you enough! Thanks to our strong collaboration across sectors (business community, provider community, and advocates) and commitment to work together through the difficult years ahead, UHPP was selected as one of the fifteen finalists.

RWJF received 44 grants from 40 states. Ultimately only 10 applicants will receive funding. Part of the decision making process included a site visit with the 15 finalists. Last week UHPP had a very successful site visit. Four people from the selection committee met with UHPP, the USHARE Leadership team and other community members. Please join us in thanking Gov. Huntsman for joining us at the site visit. We are hopeful about our chances. Award announcements will be made on December 17. Regardless of the outcome, UHPP and USHARE will work tirelessly to ensure health reform is done right in Utah.

2. Health System Reforms: What to Expect in Year 1, How & When to Weigh in

The Governor and Legislative leadership are embarking on health system reforms that should take about 3 years. UHPP has been working hard with our coalition partners and the Governor's team to make sure that the reforms are bold and meaningful for all Utahns, especially the low-income community.

We have a tremendous opportunity to address long standing issues in Medicaid and CHIP (like under-utilization and deficits in quality). The [Governor's budget](#) (just released) sketches many of these opportunities. We will release our final recommendations for health system reforms tomorrow along with analysis of the Governor's budget proposals later today. The draft legislation for year 1 of reforms will be released around the new year, according to main sponsor Rep. Dave Clark.

What you can do now

It is never too soon to make the case to fully fund Medicaid and CHIP (policymakers are beginning to understand their importance for the broader reforms!). Also, UHPP will be making the case to raise Medicaid parents' eligibility to 150% FPL. Members of leadership are encouraging us to move forward on this in January. Obviously, lots of work to do here.

Stay tuned for further updates.

3. One-year extension of SCHIP likely, long term reauthorization still needed.

In the world of Federal SCHIP Reauthorization, the last few months have been very difficult. While bipartisan support has been building for a strong SCHIP reauthorization bill that will provide \$35 billion over 5 years to cover 10 million children, the super-majority needed in the House to overcome the President's veto has proved too much.

Congress is now looking towards a one-year extension of SCHIP. While we are disappointed, we want to take this opportunity to acknowledge the heroic efforts that Senator Orrin Hatch has made in making SCHIP reauthorization a reality. Please join us in encouraging the good Senator, along with the rest of the Utah Congressional Delegation, to make the best of an unfortunate situation by passing a one-year extension that will fully fund all of the states' current SCHIP programs.

4. Fix for Tripped up Medicaid Vision Benefit in the Works

Representative Dave Clark has promised to bring to the floor in the first week of the 2008 session legislation that will allow the Health Department to partner with Standard Optical to provide eyeglasses to Medicaid's Age Blind disabled with the standard \$3 co-pay. This 'fix' addresses the Centers for Medicare & Medicaid Services denial of the state's original plan to use a \$10 co-pay. If the Health Department starts the process of seeking the necessary Medicaid waiver for the sole source provider arrangement from the federal government now, the vision benefit could be available in early 2008.

PLEASE TAKE ACTION NOW

Please call Rep. Merlynn Newbold and ask her to support the fix (the restoration that includes sole source provider *and* \$3 co-pay).

Phone: (801) 254-0142 Email: merlynnnewbold@utah.gov

She is insisting that the co-pay stay at \$10 even though the Bush-Leavitt Administration have said they will not allow this.

We still have work to do on a long-term solution to this issue. Finding ongoing money for the vision benefit is a priority for the UHPP this upcoming session.

5. The PDL is Saving Money & Strengthening Medicaid

Last year UHPP and coalition partners worked to pass a Preferred Drug List (PDL) for the Medicaid program that will save the state millions of dollars in the future. The PDL has recently been implemented. While it currently only covers two drug classes (statins and proton inhibitors), in the first month of implementation **the program saved Utah Medicaid \$127,000!** As the program continues to add drug classes, the savings will only continue to grow. As an added bonus, the PDL savings are being reinvested in Medicaid for increased provider rates which will help improve health access to care for Utah's low-income population. Please keep your eye on the PDL through the Legislative Session and make sure that it stays on track.

6. UHPP Releases New Report with HealthInsight "Bringing Quality into Utah Health System Reforms.

Download our new report, [Integrating Quality into Utah's Health System Reforms](#), a collaboration with HealthInsight.

From the report...

Health reform is not about getting more health care; it is about making sure that everyone has access to the right health care, at the right time, every time. To make that happen, we have to pay attention to quality of care. Utah has joined the long list of states considering broad health system reforms. If Utah hopes to stem the tide of escalating costs, quality improvement must be a top priority. Utah's ranking on quality varies, from strong, according to the Agency for Health Care Research and Quality (AHRQ, 2006) to very low (48th) by a recent Commonwealth Fund report. The different results relate primarily to the specific measures emphasized. However, the majority of reports rank Utah fairly high in quality when compared to other states. Still, no matter what measures are used or where Utah ranks, there is tremendous room for improvement. Here in Utah alone, by conservative estimates, hundreds of people die unnecessarily each year due to the failures and limitations of our health care system. By building on local expertise and previous successes, Utah can bridge the state's 'quality chasm,' improve health outcomes, and achieve our goals for financially sustainable health system reforms.

This report marks the debut of UHPP's newest initiative, **Quality Watch**. **QW** engages local expertise to promote 'best practices' in the delivery of quality, cost-effective, and culturally appropriate health care. Utah has joined the long list of states considering broad

health system reforms. If Utah hopes to stem the tide of escalating costs, quality improvement must be a top priority. Quality impacts cost in health care, and cost limits our opportunity to extend access to all Utahns. Health system reform thus begins—and necessarily never ends—with quality improvement.

7. Health Action Calendar

Happenings in the Health Advocacy World can be found on the Utah Health Policy Project [HEALTH ACTION CALENDAR](#)

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