

THE UTAH HEALTH POLICY PROJECT

HEALTH MATTERS

Utah *Health Matters* E-Newsletter

April 18, 2007

Hello Health Advocates!

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1. It's Time for Bold Solutions! Join us April 27, 11am, at Shriners' Hospital for Cover the Uninsured Week

Utah's uninsured rate for children increased by 26% in 2006. To raise awareness of and promote solutions to Utah's ever growing health care crisis, UHPP is holding a "Time for Bold Solutions" Press Conference, 11am at Shriners' Hospital.

Turn-out is critical. We are especially interested in families with uninsured children, children and youth who have been helped by CHIP & Medicaid, small business owners who can no longer afford to cover employees and their families.

If you can join us, please RSVP at 801-433-2299 or lincoln@healthpolicyproject.org

2. Interim Session of the Utah Legislature

The Interim Session provides an opportunity for legislators and the public to study and discuss topics in greater depth than is possible during the regular legislative session. It is where much of the legislation introduced during the regular session begins. Health and Human Services Interim Committee members will choose which of the 25+ health-related items submitted for potential study they wish to delve into further. As expected, several items are designed to explore cost benefit and access to quality care in Medicaid. Also drawing a lot of attention are efforts to reduce costs and improve the quality of long-term care by enhancing and expanding home and community-based care.

The co-chairs of the HHS Interim Committee are Senator Chris Butters and Representative Paul Ray. They will play a big part in setting the committee's agenda. For a preliminary analysis of the health-related items, visit www.healthpolicyproject.org/UHPP/actioncenter.html. For complete agendas and a full schedule of all of the interim committees, visit www.le.utah.gov.

Preferred Drug List Implementation

The Department of Health (DOH) is projecting an August 1st start date for the new Medicaid Preferred Drug List (PDL). DOH is planning to participate in Maine's multistate purchasing pool and is in the process of establishing a Pharmacy and Therapeutics committee to manage the PDL. We need to ensure that the P&T Committee is aware of the lessons learned by Maine, Michigan, Florida, and other states, and takes advantage of the regional and national expertise available to them as they design and implement the PDL. Also of critical importance is the inclusion of the voice of Medicaid consumers from each of the populations the program serves.

Most of the difficulties encountered by states that adopted the PDL early on can be attributed to a lack of outreach and education to enrollees and providers. The likelihood of a successful transition to the PDL can be greatly increased if significant time and resources are invested in keeping enrollees and providers up to date on the PDL and how to use it.

If we take anything away from the experience of other states, it should be the absolute necessity of an open and collaborative process in implementing and administering the PDL. It is our job over the spring and summer to work with the Department and those we represent to guarantee that, come August, the PDL benefits not only the state but those who work with and use it as well.

Sole-Source Vision Update

The Department of Health is concerned about the willingness of the Centers for Medicare and Medicaid Services to approve the waiver needed to implement the program if it contains the \$10 co-pay approved by the Legislature.

Generally, co-pays in Medicaid are limited to between \$1-3, and this is for good reason. The DOH is uncertain whether the flexibility around cost-sharing provided by the Deficit Reduction Act applies in this case. We will be working with the Department, Standard Optical, and the Legislature to try to resolve the issue.

3. CHIP, ICHIA, and the repeal of the Citizen Documentation Mandates

Before adjourning for their April recess, both the House and Senate passed their budget resolutions. Both chambers included a commitment of \$50 billion for CHIP. The \$50 billion will go a long way toward meeting our goal of providing health coverage to the 9 million children in this country without health insurance. It shows that Congress places a high priority on reauthorizing CHIP and on expanding coverage for children as we enter into the next phase of the debate over reauthorization.

The debate surrounding reauthorization of CHIP has provided the opportunity to make two additional policy changes that would help thousands of more Utah families. First, CHIP reauthorization could provide the vehicle to finally pass the Immigrant Children's Health Improvement Act (ICHIA). Under current law, newly arrived legal immigrants face a five-year bar from receiving federal health benefits under Medicaid or CHIP, even if they meet all the other requirements for the programs and have no other source of health care coverage. ICHIA would restore federally funded Medicaid and CHIP benefits to lawfully present immigrant children and pregnant women. Please encourage Sen. Hatch to include ICHIA in his re-authorization initiative

with Sen. Ted Kennedy.

Second, a new Federal law requiring documentation of citizenship on all Medicaid applications has exacerbated the barriers to health care coverage for many otherwise eligible Utahns. Utah is not alone. Since the law went into effect on July 1, 2006, state Medicaid caseloads have dropped precipitously. CHIP reauthorization could repeal this harmful mandate. For more information on the citizenship documentation mandate visit our [Publication Page](#) or [click here for our Fact Sheet](#).

4. Multicultural Health Network (MHN) Update



The Multicultural Health Network of Utah is off to a running start—and the new logo designed by MHN Coordinator Isabel Rojas (of comunidades unidas) is only the beginning! The committees have accomplished their first big task: to identify short and long-term priorities. Take a look...

| | Purpose | Short-term Goal 1yr term completion | Long-term Goal 3-5yr term completion |
|-------------------------------|--|---|---|
| Steering/ Planning | <ul style="list-style-type: none"> Oversee the entire network | | |
| | <ul style="list-style-type: none"> Plan and execute annual MHN conference | | |
| CLAS | <ul style="list-style-type: none"> To promote and monitor culturally and linguistically appropriate services in healthcare, social service and behavioral health facilities. To promote the national standards in healthcare interpretation and translation. | <u>Environmental Scan</u> <ul style="list-style-type: none"> Evaluation of current implementation of CLAS standards in healthcare, social service and behavioral health facilities. Level of proficiency of current interpreters. Training available for interpreters. | Certification of Medical Interpreters |
| Data/ Research | <ul style="list-style-type: none"> To examine promising practices locally and nationally, in disparities, data collection and usage. To expand the use of those promising practices and among policy makers, health | <u>Environmental Scan (6 mos)</u> <ul style="list-style-type: none"> Evaluation of most glaring disparities Capacity to collect, analyze and share data Capacity to address disparity using | <ul style="list-style-type: none"> Vast majority of providers and health plans are using data to improve health outcomes & reduce disparities related to inferior medical treatment. |

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|---|---|---|---|
| | plans, providers, and community based organizations. | the data <u>Year 1 Goal</u> Highlight 1 best practice w/respect to collecting data and using it to improve health outcomes for 1 indicator (ex: heart disease) | <ul style="list-style-type: none"> To be decided (will probably have to do with improving health outcomes for x # of indicators for specific populations in measurable ways) |
| Policy/ Coverage/ Access | <ul style="list-style-type: none"> To ensure that health equity/health disparities are part of the covering uninsured conversations and solution development processes. To ensure communities of color making good use of public (& private) programs; to ensure that outreach/marketing of programs are prepared to reach communities of color. To ensure real-time access to care. To create & promote initiatives known to address health disparities Make most of opportunities to improve access/address disparities at the Federal level: (ex: make ICHIA part of SCHIP Re-authorization, remove the new Citizenship Documentation Requirement in Medicaid. | <u>Environmental Scan (6 mos)</u> <ul style="list-style-type: none"> Evaluation of the extent to which current and proposed coverage/access initiatives are equipped to address health disparities. Analysis of other states health disparities initiatives and how Utah compares. <u>Year 1 Goal</u> Communities of color are enrolled in medical assistance programs at levels that reflect their poverty burdens. | Statewide health reform initiative has health disparities elimination as a central focus (along the lines of MA plan or better) |

Yes, it's an ambitious agenda: but together we can get it done. In this incarnation of the MHN it seems that much of the work will be at the committee level, involving key stakeholders, community leaders, and decision makers, etc. All of the committees warmly welcome new members (to get involved at whatever level is comfortable).

Upcoming Meetings

CLAS (Culturally and Linguistically Appropriate Services) meeting: this Wednesday April 18th 10:00-12:00 at Utah Dept of Health (288 N 1460 W. Room #236).
Data/Research Committee: Wed. April 25 1:00-2:30 pm in room 201, Dept of Health
Policy/Coverage/Access Committee: Wed. May 9 4:00-5:30 PM @ Office of Ethnic Affairs, 324 S. State St. 5th floor

Just show up. Lots of exciting work to do!

For more information or to participate in the Multicultural Health Network contact:

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www.mhn.cuutah.org

5. We're looking for Uninsured & under-insured Individuals and Families, and Small Business Owners

With the presidential election around the corner and a resurgence of interest in the Utah Health Cooperative (the UHPP/Dr. Jarvis' proposal for covering uninsured with sustainable financing), we have tremendous opportunities to address the health care crisis here in Utah. To make the most of this, we now need to meet and engage uninsured individuals and families. A core purpose of the UHPP is to find meaningful ways for uninsured and under-insured individuals (including Medicaid enrollees) to contribute to lasting solutions. For example, they/you can:

- share a story for the storybank
- talk to a reporter about what it's like to go without needed health care
- speak at a press conference (see Cover the Uninsured Week entry above)add link here
- learn about opportunities to serve on advisory committees, etc.
- volunteer at the office—we know how to have fun
- be in 1 of 2 documentaries now under production
- participate in an advocacy training
- tell your friends about us

We would also love to talk to providers (primary care or any specialty) who could talk about what happens when people don't have insurance--how their health care suffers and how it affects the community.

To get involved/share your story contact Lincoln Nehring: 801-433-2299

lincoln@healthpolicyproject.org

6. 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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