



UTAH HEALTH POLICY PROJECT

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Health Bill Tracker for 2008 General Session

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☐ = UHPP-led initiatives or Top Priority. ☐ = concerning development ✓ bill passed all the way through
 1=high interest 2=moderate interest 3= monitor Issue #9 3/07/08

Numbered Bills	Cost	Summary / Analysis	Status	Position	Who
✓ HB15 Control & Prevention of Sexually Transmitted Diseases (Rep. Riesen)	\$350,000 \$175,000	Requires the Department of Health and local health departments to provide information to health professionals about 1) the health consequences of sexually transmitted diseases or STDs (like gonorrhea and chlamydia) and 2) treatment options; 3) services and benefits available to treat STDs. <i>UHPP: A long overdue basic public health initiative. Responding to astronomical increases in chlamydia & gonorrhea cases, this bill protects the fertility of young Utah women.</i>	Passed all the way, but with unfortunate amendments & reduced funding. HB15 Status	Support (3)	JH
✓ HB16 Medicaid Coverage for Certain Telehealth Services (Rep. Last)	None	Requires the state Medicaid program to allow the use of telemedicine for certain services that are otherwise reimbursable under the state Medicaid plan. <i>UHPP: This bill has the potential to disrupt the state's Medicaid managed care plans.</i>	Passed all the way. HB16 Status	Neutral (3)	LN
HB17 Cancer Screening and Mortality Reduction Program (Rep. Ray)	\$2,300,000	Bill expands Dept of Health's breast cancer screening program to include recommended screenings for other types of cancers. All screenings would be available to individuals <250% of poverty level. <i>UHPP: Funding covers screenings that are recommended because effective.</i>	Passed Senate 26-0, but tabled because not funded. HB17 Status	Support (3)	JH
✓ HB24 Amendments to Utah Digital Health Service Commission Act (Rep. Menlove)	\$0	Amends the Utah Digital Health Service Commission Act: renaming it the Utah Digital Health Service Committee; requiring the chairperson to report to the executive director of the Department of Health; requiring the committee to make recommendations on patient privacy and place an emphasis on helping rural health care providers and special populations. <i>UHPP: These changes are positive.</i>	Passed all the way. HB24 Status	Support (2)	EG
✓ HB47 Standards for Exchange of Electronic Health Information (Rep. Menlove)	\$0 in the bill, but Rep. Clarks bill has \$	Requires the Department of Health to develop standards for the secure exchange of electronic health information. <i>UHPP: Has the potential to be very positive for consumers, keeps health information secure while making it available electronically.</i>	Passed all the way. HB47 Status	Support (2)	EG
✓ HB60 Legislative Review of Health Insurance Mandates (Rep. Dunnigan)	\$0	Modifies provisions related to the Business and Labor Interim Committees review of health insurance mandates on an annual basis. Deletes the Health and Human Services Committee's requirement to also review the mandates on an annual basis. <i>UHPP: Amended to include Health and Human Services Committee's responsibility for reviewing the mandates. This is a positive amendment.</i>	Passed all the way. HB60 Status	Neutral (2)	EG
✓ HB74 Medicaid 340B Drug Pricing Programs (Rep. Litvack)	\$0	340B limits the cost of covered outpatient drugs for Community Health Centers and Disproportionate Share Hospitals (like the U of U). While in other states this has yielded savings, because only 1/3 of Utah's Community Health Centers and U of U clinics caseloads are Medicaid Patients, not enough patients would be eligible under the program to see significant savings.	Passed all the way HB74 Status	Support (3)	LN
✓ HB82 Notice of Changes to the State Medicaid Plan (Rep. Newbold)	\$0	Clarifies what the Department of Health must report to the Legislature when it makes changes to the state's Medicaid plan or to an existing or proposed Medicaid waiver. The Department of Health views this a "friendly" bill. <i>At this time</i>	Passed all the way	Neutral (3)	LN

PLEASE NOTE: Our positions on the various bills are tentative, pending further research and approval/refinement by UHPP's Board of Trustees

For Fact sheets and position papers on UHPP priority bills, visit www.healthpolicyproject.org

To obtain more information on bills and appropriations or to watch live coverage of floor debates and committee hearings, go to www.le.utah.gov

		<i>the UHPP agrees with Department</i>			
HB108 Prosthetic Limb Health Insurance Parity (Rep. Litvack)		Amends the Insurance Code to require accident and health insurers to provide coverage for prosthetic and orthotic devices and establishes the terms of coverage and minimum requirements for access to providers. <i>UHPP: Ensures people who need prosthetics can receive necessary equipment, instruction and long term care for the device.</i>	The bill died in House Business and Labor. HB108 Status	Support (3)	EG
✓ HB 131 Community-Based Self Sufficiency Mini-Grants (Rep. Seelig)	\$401,500 \$175,000 In 1-time \$	Establishes new line of funding (\$175,000) to distribute mini-grants to nonprofit, community-based organizations to provide outreach and eligibility assistance for populations under-enrolled in Medicaid/CHIP and workplace insurance coverage. Priority goes to groups that can target under-enrolled population (ex: ethnic minorities) and w/demonstrated ability to teach target populations how to make cost-effective use of primary & preventive care and benefits.	Passed all the way!! Hooray! HB131 Status	Support (1) Factsheet (NEW!)	JH
✓ HB 133 Health System Reform (Rep. Clark)	\$615,000 ongoing for health care cost & quality data collection; \$500,000 for electronic medical records; \$350,000 for actuarial analysis.	The bill creates a framework for health reform in the state. The Department of Health, Insurance Department, Department of Workforce Services, Governor's Office of Economic Development and a Legislative Committee are directed to work together on the development and implementation of a strategic plan for health system reform. This includes: <ul style="list-style-type: none"> • Developing one or more new insurance products, • Creating the office of Consumer Health Insurance Services to: <ul style="list-style-type: none"> • facilitate the purchase of insurance, • create an internet-based health insurance application process, • facilitate the collection of premiums from multiple sources, and • assist employers establish mechanisms for employees to use pre-tax dollars for the purchase of health insurance, • Studying potential sources to fund health reform, benefit packages, cost saving innovations, best practices, tort reform, rating and issue practices of health insurers, wellness initiatives, individual mandate enforcement, • Studying different forms of mandates for individual responsibility by January 1, 2010, • Mandating employers to adopt mechanisms to allow employees to use pre-tax dollars for health insurance by January 1, 2010. The bill also: <ul style="list-style-type: none"> • Increases the eligibility levels for individuals qualifying for the state's Comprehensive Health Insurance Pool (making it harder for an insurer to deem an individual high risk), • Changes the Utah Premium Partnership (UPP) Program eligibility requirements, • Establishes a tax credit for individuals who pay for health insurance premiums with taxed \$, • Appropriates \$ to the Department of Health for health care cost and quality data collection, analysis and distribution, and for the development of health information electronic exchange standards. 	Passed all the way & fully funded HB133 Status	Support (1) See our Factsheet .	EG
HB168 Health Insurance Market Choices (Rep. Dunnigan)		Amends the insurance code to permit a new health insurance product offering for accident and health insurers and health maintenance organizations. <i>UHPP: This</i>	Time ran out, so the bill was not heard and	Support (2)	EG

		<i>bill is seen by legislators as one of the table setting measures for health reform.</i>	therefore died on the calendar. HB168 Status		
✓ HB258 Medicaid Drug Utilization Amendments (Rep. Lockhart)	\$0	Bill would exclude from the Preferred Drug List (PDL) anti-rejection transplant drugs. It appears this is an effort to weaken the success the PDL has had in containing cost (\$300,000 in the first two months), but we are investigating the full intent. What is clear from other states' experience, is that amendments to the PDL are an open door for efforts to undermine the PDL.	Passed out of the House & Senate HB258 Status)	Oppose (2)	LN
✓ HB263 New Title: Utah Registry of Autism and other Developmental Disabilities(Rep. Hutchings)	\$149,800	Provides for the study of and public awareness campaign regarding causes & risk factors of autism & immune system disorders of infants & toddlers; encourages preventive measures, reviews scientific data, creates advisory panel & autism registry	\$ request ranked well in HHS Appropriations, but so far NOT prioritized for \$. HB263 Status	Support (3)	JH
✓ HB268 Health Facility Committee Membership (Rep. Herrod)	\$0	Adds ambulatory surgical facilities to the membership list of the Dept of Health's Health Facility Committee. <i>UHPP: Part of the ongoing effort by ambulatory surgery centers to join the mainstream of American medicine.</i>	Passed all the way. HB268 Status Get our new fact sheet.	Neutral (3)	JH
HB 276 Health Professional Authority-Death and Disability (Rep. Last)	\$0	Authorizes physician's assistant (PA) or nurse practitioner (NP) to certify cause of death & complete death certificate; also allows PA or NP to certify that person has a disability for purposes of obtaining a special disability license plate, etc.	Bill failed HB276 Status	Neutral (3)	LN
✓ HB281 Grants to Rural Hospitals-Oversight Responsibilities (Rep. Newbold)	\$0	Directs the State Tax Commission rather than the Dept of Health to distribute monies from Rural Health Care Facilities Fund to local governments. <i>New analysis from UHPP: According to health department officials, this bill just cleans up awkward language from last year. There exists some taxation system (not new) that funds the Rural Health Care Facilities Fund. For some strange reason, there was language put in last year's bill that said that the UDOH would distribute these monies to qualifying rural facilities (a pre-determined formula that requires no "judgment"). Basically, the UDOH said that this was a responsibility of the Tax Commission who collects the money and they didn't need to be in the middle of the distribution process.</i>	Passed all the way. HB281 Status	Neutral (3)	JH
✓ HB 301 Comprehensive Health Insurance Pool Amendments (Rep. Dunnigan)	\$0	Amends the Comprehensive Health Insurance Pool Act and the Individual, Small Employer, and Group Health Insurance Act. Many of the changes are technical. Changes a few definitions to ensure that people who are only offered mini-med benefits from their employers, but who have significant health care needs, are able to access HIP. Increases the points required to be considered uninsurable. <i>UHPP: The changes that are not technical are positive for those needing HIP and will allow some currently uninsurable people to reenter the private market.</i>	Passed all the way HB 301 Status	Support (3)	EG
✓ HB326 Children's Health Insurance Program (Speaker Curtis)	\$0	Requires the Department of Health to keep the CHIP program open so no eligible child is denied coverage. <i>UHPP: This an important step in the effort to ensure all Children in Utah have health coverage. The state, however, must ensure their continues to be sufficient funding for the CHIP program</i>	Passed all the way & fully funded. HB326 Status	Support (2)	LN
HB337 Access to Children's Health Insurance Program (Rep. Ray)	\$0	Requires CHIP program to contract with Ambulatory Care centers who agree to CHIP's fee schedule. <i>This bill is likely to have a large fiscal note and has the potential to interfere with existing CHIP Managed Care contracts. The legislation also has unpredictable costs to Utah's CHIP program in the future as the State seeks contracts with new Managed Care providers.</i>	Bill never voted on. HB337	Oppose (2)	LN

✓ HB342 Insurance Code Amendments (Rep. Dunnigan)		Amends several sections of the Insurance Code by clarifying, modifying and changing sections. Mostly technical changes, but the bill also allows businesses to exclude employees who have insurance from the group participation laws, makes enrollment in UPP a life event. <i>UHPP: These are great changes for the small business owner and for individuals eligible for UPP.</i>	The bill has been passed and signed by both the House and the Senate. Waiting for Governor's action. HB342 Status	Support (2)	EG
HB355 Cigarette Tax Increase and Appropriations for Preventive Health Activities (Rep. Ray)	+\$3.9 mil to be raised for Restricted Acct	Bill was substituted by Rep. Harper to be revenue neutral: amount raised by 50¢ cigarette tax increase is now offset by similar decrease in sales tax. Substitute bill only allocates minimum amount of funding to cancer screening and Gold Medal Schools. <i>UHPP: The original bill proposed additional funding for several worthy programs & initiatives, including the minigrants (HB131). Rep. Harper's substitute was unfortunate.</i>	Substituted bill passed House Revenue & Tax Committee but then did not go any further HB355 Status Get our new fact sheet (is for old bill).	Support Neutral (1)	JH
✓ HB364 Promotion of Health Care Coverage (Rep. Holdaway)	\$60,000 on going	Makes it easier for hard-working families to enroll in Medicaid, CHIP, & UPP in 2 ways: 1) Requires Departments of Health & Workforce Services to work with Office of Childcare and school districts to identify & help enroll uninsured children and families in public programs if qualify; 2) changes UPP program to encourage enrollment and simplify the application process by: <ul style="list-style-type: none"> Defining UPP qualification as a <i>qualifying life event</i> (like a marriage, divorce, or birth of a child) which would allow families to enroll for UPP and get insurance outside employers' open enrollment periods. Provides a \$60,000 budget to market the UPP program 	Bill Passed All the way Thru! HB364 Status Get our fact sheet .	Support (1)	LN
HB366 , 1 st Subst. Medicaid Long Term Care Amendments (Rep. Newbold)		Solidifies the cap on new long-term Medicaid beds, by changing the law that allows long-term care facilities from expanding by 30% when the remodel or update a facility. Rep. Newbold, however, has warned us that it may include other provisions. We will continue to monitor this bill as it develops.	Bill died HB366 Status	Support (2)	LN
HB370 Children's Health Insurance Program Amendments (Rep. Dunnigan)	\$0=fiscal note, speculates savings	Requires the Children's Health Insurance Program to use a managed care system and to submit to a competitive bidding process. This may be an attempt to take CHIP business away from the Public Employee Health Plan, which is a model of efficiency and risk management. Final position pending further investigation.	Bill was substituted in committee & passed. It went no further. HB370 Status	Pending (2)	JH
HB428 Statewide Standards for Health Care Interpreting (Rep. Chavez-Houck)	\$4,000	Initiates planning process to establish parameters and procedures for the use of qualified health care interpreters, starting with state medical assistance programs. An initiative of the Utah Multicultural Health Network.	Died in House Health & Human Svcs Committee but intent language to study issue over Interim Session.	Support (1)	JH
HB479 Health Care Patient Identity Protections (Rep. Sandstrom)	\$0	Requires a general acute hospital to request identification from a patient prior to providing services; prohibits a hospital from denying services to an individual if does not provide identification when requested; prohibits the imposition of penalties if a hospital does not request documentation. Bill was requested by Intermountain Healthcare. <i>UHPP: On its face, seems innocuous, so it's really about how it might be implemented. Since a hospital can't be penalized for <u>not</u> checking ID, and has to provide services even if someone doesn't provide ID, the law seems more</i>	Passed House 66-0. But went no further.	Pending (probably Oppose) due to concerns re-implementation (2)	JH

		aspirational than operational. Questions to consider: What kind of identification would be requested? Is it a picture ID? Would a hospital be more likely to ask some folks (ie people of color) for ID than others? Could a hospital say identification includes one's immigration status? Depending on how interpreted and applied, there could be Title VI violations if its application ends up discriminating against, for example, immigrants or people of color (ie if a hospital decides that its "those" people who are more likely to be stealing identity). 2nd, there's a federal non-profit charitable organization exemption that was written into the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. This means that any non-profit can't be forced to verify someone's immigration status prior to providing federal public benefits (Medicare, Medicaid -- including emergency Medicaid, SCHIP). To the extent that Utah hospitals are non-profit, they won't be able to check identity for immigrants for federal public benefits, making it much harder for a hospital to figure out whom to ask for info. NOTE: This does NOT apply to state/local funded benefits. See guidance .			
HB483 Medicaid Patient Protection (Rep. Ray)		There is no content yet to this bill. Under full investigation	Legislation was never introduced	Pending	LN
HB485 Legislators Health Plan (Rep. Hutchings)		The bill adds Health Reimbursement Accounts (HRA) to the options of health plans a legislator has. UHPP: HRA's are inadequate health plans.	Introduced. The bill was not prioritized on the calendar and died in Rules. HB485 Status	Oppose	EG
HB491 Health Plan Exemption from Selected Requirements (Rep. Hutchings)		This bill allows foreign insurers to provide health insurance in Utah and exempts them from multiple state patient protection laws. UHPP: This erodes current patient protection laws.	Passed out of House HHS. The bill was not prioritized on the calendar and died in Rules. HB491 Status Get our new fact sheet .	Oppose (2)	EG
Senate Bills					
SB50 Medical Benefits Recovery Amendments (Sen. Christensen)	\$0	Puts lien on long term-care patient's real property if they enter long-term care for more than 180 days. The lien will not be enforced until after the death of the patient. This exempts a patient's resource. UHPP: The bill is designed to make it more difficult for long-term care patients to avoid making their property subject to sale to cover costs of care. Bill has too many problems, tabled for the best.	Passed 3rd reading in Senate 22-7-0. Tabled in House Committee SB50 Status	<u>Oppose</u> unless cleaned up (3)	JH
✓ SB 62 Health Insurance – Medical Complication Exclusions (Sen. Knudson)	\$0	Amends the Insurance Code to require health insurers to provided written notice to an enrollee of exclusions from coverage of secondary medical conditions resulting from an excluded condition or procedure. UHPP: Will benefit consumers and put the responsibility on insurers.	Substitute bill passed in the House and the Senate concurred. The bill was signed by both Houses. Waiting for Governor's action. SB62 Status	Support (2)	EG
SB74 Health Care Provider Access (Sen. Butters)		Does not allow a hospital with 25% or more of the licensed beds in a county to provide discounts to an insurer in return for the insurer restricting its provider network; or otherwise restrict the ability of an insurer to contract with providers. An	The bill was not prioritized and died in Rules Committee.	Neutral (3)	EG

		apparent variation on 'any willing provider.' <i>UHPP: the intent is laudable (to address costs and improve competition), however this could have big hidden costs and could lead to increased costs in the system for patients.</i>	SB74 Status		
SB81 Illegal Immigration (Sen. Hickman)	\$1.3 mil	An omnibus bill modeled after the Oklahoma Taxpayer and Citizen Protection Act of 2007, includes employee verification, in-state tuition, cross-deputization, denial of state, local and federal benefit. Talking points against the bill: SB 81 is loaded with punitive policies that may affect negatively many US citizens based on their race and ethnicity Similar legislation that has been enacted in other states and local municipalities are facing lawsuits for civil rights violations—not to mention the cost. The way to deal with serious immigration issues is not this way, but through SB97 by Senator Jenkins: the creation of a taskforce. This study allows legislators to act in a more objective and better educated way when dealing with immigration.	Passed all the way heavily amended (requires cross-deputization) SB81 Status fact sheet (posted 2-15-08).	Oppose (2)	JH
SB82 Ambulatory Surgical Centers Amendments (Sen. Christensen)		Amends the Medical Assistance Act to require the state Medicaid program to contract with ambulatory surgical centers that agree to accept certain reimbursement for services. According to current health plans that serve Medicaid, this would harm access and ultimately increase costs to Medicaid. Fiscal note (yet to be released) should reflect this. <i>Because of the large fiscal note, the Sponsor would now like to do a more limited pilot program for one or two procedures.</i> <i>The Bill was replaced with Intent Language passed by the Executive Appropriations Committee to create a pilot program.</i>	Bill Held, awaiting amendments SB82 Status	Oppose (2)	LN
SB101 Utah Comprehensive Health Insurance Pool Funding (Sen. Davis)	\$0	Requires a portion of the premium tax paid by admitted insurers to be deposited each year into the Comprehensive Health Insurance Pool Enterprise Fund to maintain the fund's actuarial soundness. <i>UHPP: This will provide a secure funding mechanism for HI, which is appropriate for the short term. However, a commitment is needed to eventually and carefully phase out HIP. The ultimate success of reforms can be measured by the extent to which a high-risk pool (dumping ground for uninsurable individuals) is still needed.</i>	The bill was not prioritized and died in Rules Committee. SB101 Status	Support (3)	EG
SB121 Access to Qualified Health Care Providers (Sen. Buttars)	\$0	Amends the Health Maintenance Organizations and Preferred Provider Organization Chapters of the Insurance Code related to accessing qualified health care providers. Allows patients enrolled in HMO or PPO's to access out of network providers and sets reimbursement rates for those providers. <i>UHPP: This could have big hidden costs and could lead to increased costs in the system for patients.</i>	The bill was not prioritized and died in Rules Committee. SB121 Status	Oppose (2)	EG
SB133 Medicaid Medical Home (Sen. Bell)	\$250,000	Bill would establish a Medical Home. Senate HHS has sent the bill to study.	Sent to Medicaid Interim Committee for study. SB133 Status	Support (1)	LN
SB172 Funding for Medicaid Vision Care (Rep. Christensen)	\$??	Allows the Department of Health to spend excess Medicaid allocations (FY 2008) on eyewear for Medicaid enrollees.	Passed Senate 2nd reading 27-2. Bill died, however, the legislature passed intent language	Support (1)	LN

			<i>allowing the Department of Health to use funds allocated last year to provide vision for FY2008 and if use base budget funding for FY2009</i> SB172 Status		
SB197 Preferred Drug List Revisions (Sen. Christensen)		SB197 corrects a technical error in last year's legislation that implemented Utah's Medicaid Preferred Drug List program. Last year's legislation intended to exempt medication from the list when it is used to treat mental illness. To accomplish this, however, the legislation exempted all "psychotropics" from being included. Unfortunately, the definition of a psychotropic is much too broad and includes many drugs not used to treat mental disorders. SB197 tightens this definition to reflect the original intent of the legislation which will allow Utah to include many more classes of drugs on the PDL.	<i>Unfortunately this bill was not permitted a vote in the house. While there appeared to be majority of representatives who supported the legislation, PHARMA was able to keep the bill from being heard.</i>	Support (1)	LN
✓ SCR1 Resolution Supporting Obesity Awareness (Sen. Buttars)	\$0	Designates 3 months of the year (!) as obesity awareness months; urges all health care suppliers, communities, businesses, and schools throughout the state to develop awareness campaigns. <i>UHPP: a worthwhile educational campaign.</i>	Passed all the way thru-ready for enrollment. SCR1 Status	Support (3)	JH