



UTAH HEALTH POLICY PROJECT

Quality Health Care Coverage for All Utahns
(801) 433-2299 www.healthpolicyproject.org

UHPP Bill Tracker for Week 6, 2011 General Session

Updated 2/28/11

=UHPP-initiated bill. 1=UHPP plays leading role; 2=supporting; 3=monitoring

SB=monitored by Shelly Braun; SS=by Shanie Scott; JH=by Judi Hilman; KM=by Kim Myers

Priority Bills for UHPP (pro & con)	Cost	Description/Background	Status	Position
HB 128 (2 nd Substitute) Health Reform Amendments (Rep. Dunnigan)	\$3800	The main vehicle for state health reform (year 4), HB128 strengthens the Exchange; requires a yearly report comparing Utah's health care facilities on measures of quality, cost, and safety; and authorizes the state to regulate the insurance market as it conforms to federal health reform changes, including dependent coverage, pre-existing condition exclusion for kids, essential benefits, premium rate reviews and appeals, first-dollar coverage for preventive care, lifetime and annual limits. The bill also amends provisions related to state health reform, including NetCare and the Basic Health Plan, and oversight of payment and delivery system reform process. See UHPP's Talking Points . Be sure to listen to the audio debate .	Passed House on 3 rd reading, 68-0.	Support (1) SB
SB 41 Health Amendments for Legal Immigrant Children (Sen. Robles)	\$471,100	Amends the Medical Assistance Act and the Utah Children's Health Insurance Act to provide Medicaid coverage and health insurance coverage to legal immigrant children, regardless of the length of time that the child has been in the U.S. See UHPP's 2-4-11 brief . The fiscal note has been lowered a bit but is still too high.	Held in Rules	Support (1) JH
SB 103 Utah False Claim Act Amendments (Sen. B. McAdams)	\$130,000	Incentivizes citizens who witness Medicaid fraud to come forward and help stop it. Creates a <i>qui tam</i> provision in Utah's Medicaid False Claim Act, which will allow whistleblowers to share in the recovery. See UHPP's issue brief : SB 103 is co-sponsored by Sen. Liljenquist.	Senate received Fiscal Note	Support (1) JH/SS
SB 137 Medicaid Amendments (Sen. Christensen)	\$200K \$615 K	Removes <i>certain</i> restrictions on drugs that can be included on the state's preferred drug list, including psychotropics and immuno-suppressive drugs. Some of the savings will be used to backfill recent cuts to mental health providers and to restore emergency dental services (pulling teeth). Now working with mental health community on scenarios and additional safeguards for patients with serious mental illness. See UHPP's new factsheet: http://www.healthpolicyproject.org/Publications_files/Medicaid/SB137PDLFactsheet2-4-11.pdf . Also see Dr. Raymond Ward's excellent opinion piece in this weekend's Trib: http://www.sltrib.com/sltrib/opinion/51308245-82/medications-medicaid-psychiatric-bill.html.csp	Passed Senate 16-10 on 2 nd	Support (1) JH/Tom
SB 180 Medicaid Reform (Sen. Liljenquist)	\$3K	Requires the Department of Health to develop a proposal to modify the Medicaid program in a way that maximizes replacement of the fee-for-service delivery model with one or more risk-based delivery models. Key provisions of SB180 include the creation of Accountable Care Organizations (ACO); a bundled payment system based on a per member/per month spending cap, and a new Medicaid Rainy Day Account as a repository for any savings that may be generated by the proposed payment reforms. 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, support for SB180 is contingent on proposed amendments. See UHPP's Brief: http://www.healthpolicyproject.org/Publications_files/Medicaid/SB180MedicaidReform2-11-11.pdf	Recommended out of Business and Labor Committee 2/10/11 Senate 2 nd Reading Bill Substituted 2/22 House to Standing HHS committee	Pending (1) SS

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

HB 165 State Reimbursement for Required Medical Services Act (Rep. Herrod)	\$26 million	Modifies the Utah Health Code to provide for state reimbursement of required medical services provided to an individual not lawfully present in the United States and to seek repayment of the money from the federal government. This bill addresses a very narrow circumstance of payment for medical care for life-threatening emergency conditions that ends when the emergency ends. Medicaid <i>already pays</i> for emergency medical care provided to undocumented persons who would otherwise be eligible for Medicaid. The federal government <i>already reimburses</i> Utah for this medical care at the state's federal matching rate. It is NOT time to spend money going after funds the federal government is not, under law, able to "repay" to Utah. This bill puts a costly barrier between providers and the reimbursement they already receive, and could potentially increase costs to the hospitals that provide required, life-saving emergency care. See UHPP's talking points: http://www.healthpolicyproject.org/Publications_files/Medicaid/HB165TalkingPoints.pdf	Passed House 57-14 2/24/11	Oppose (1) SS
HB 174 Contracting for Medicaid Eligibility Determination Services (Rep. Harper)	\$0	This bill amends the Medicaid program to require the Department of Health to issue a request for proposal for a private entity to determine Medicaid eligibility on behalf of the state Medicaid program. Privatization in other states (Indiana, Texas, and Florida) has been an <i>expensive disaster!</i> Utah's WFS and e-ref/mycase are currently the national gold standard for efficient and cost effective eligibility determination. See UHPP Talking Points: http://www.healthpolicyproject.org/Publications_files/Medicaid/SB174Privatizing%20Eligibility-2-15-11.pdf	Passed House 69-6 Recommended out of Senate HHS committee 2/25/11	Oppose (2) SS
HB 211 Community Service Medicaid Pilot Program (Rep. Menlove)	TBD	This bill amends the Health Code and creates a pilot program in the state's medical assistance program. The State will have to submit a waiver request to CMS for approval of program. This would target certain clients of PCN, who would then be required to participate in a designated number of community hours in order to keep their PCN benefits..	Passed House 66-15. Passed Senate 22-3 Signed by Speaker/sent for enrolling	Oppose (1) SS
HB 212 Charges by Health Providers for Medical Records (Rep. Gibson). See 1 st Substitute		Requires a health care provider to provide medical records to a patient or a patient's personal representative (or a 3 rd party—investigating) within a reasonable period of time (30 days, according to 1st substitute bill) ; specifies maximum amount that can be charged for copies of these records.	Passed all the way thru.	Support (3) JH
House Bills				
HB 11 Inmate Health Insurance Amendments (Rep. Ray)		Recommended by the Judiciary, etc Committee, HB 11 does not allow insurance companies to cancel policies for inmates and other offenders. In-network providers may not be available, according to Ray. They will still go to University hospital. Any co-pay will be paid by the prison.	Failed in Committee 2-11	Oppose (3) JH
HB 14 Catastrophic Mental Health Coverage Sunset Act (Rep. Dunnigan)		Recommended by the Business and Labor Interim Committee, HB 14 addresses requirement to provide catastrophic mental health coverage. This will no longer be subject to review, in part because it may be duplicative of federal requirements.	Passed House 66-0-8. Passed Senate HHS 4-0. Passed Senate 26-0-3	Neutral SB
HB 16 Pharmacy Benefit Manager (PBM)		Recommended by the HHS Interim Committee, HB 16 requires a PBM to provide itemized	Passed House	Support (3)

Act (Rep. Vickers)		statement when accepting payment from a health plan. <i>HB 16 is part of a movement from insurers to require PBM's to be more transparent. The PBM's are the one aspect of healthcare that has successfully resisted transparency. They have a large army of lobbyists both in DC and in the states. The feeling is that if the Health Benefit Plans who are the payers and represent the employer/employee groups can have access to what the PBM is paying the pharmacy then they can determine how high of an upcharge they are being hit with from the PBM. There are a number of examples where state employee prescription plans, companies, universities, etc have been able to go to more transparent contracts, reduce the upcharge and save their clients millions. With HB 16 Rep. Vickers is trying to create a mechanism to provide this information so that the HBPs can in turn use it to reduce the cost of prescription coverage to their clients.</i>	HHS 5-3. Circled in House to complete compromise with PBMs.	JH
<u>HB 18</u> Health Reform – Cost Containment (Rep. Daw)—see <u>2nd Substitute</u>	\$0.	Recommended by the Health Reform Task Force, HB 18 requires a PEHP consumer-directed health plan to promote appropriate utilization of health care, including preventive health care services; gives the state flexibility, w/in federal requirements, to determine the appropriate actuarial value of consumer-directed health plans. <i>Rep. Daw and some of his colleagues are frustrated that the take up rate of high-deductible health plans is so low. HB 18 just offers public employees 1 additional HSA option. The substitute bill requires state employees to attend a health fair about HSAs and makes the HSA/HDHP the default plan. To put it bluntly, this is a waste of taxpayers' resources. We commend state employees for acknowledging their mortality and rejecting HSAs coupled with high-deductible health plans. Should this bill pass, we urge state employees to make a careful choice and reject the proposed default plan.</i> The 2 nd substitute offers an online training as an option.	Passed House 70-0 Passed Senate 26-0	Neutral (2) JH
<u>HB 19</u> Insurance-Related Amendments (Rep. Dunnigan)—see 1 st Substitute		This is this year's voluminous insurance department bill. Each year, as insurance laws and regulations change, a bill is needed to bring Utah's insurance code into alignment with these changes. This will require Utah's PPOs and HMOs to play by the same rules, namely, to offer a less expensive health plan option that does not cover out-of-network services (excepting medical emergency care). It also requires brokers who sell long-term-care policies to receive training about LTC.	Passed House 70-0 Passed Senate 24-0	Support SB
<u>HB 77</u> Medical Assistance Accountability (Rep. Clark)		Provides that an inspector general of Medicaid Services or the director of the Office of Internal Audit and Program Integrity is the presiding officer, and final department arbiter, of administrative appeal proceedings relating to Medicaid funds or services; describes duties and reporting requirements for the division relating to management and oversight of the state's Medicaid and medical assistance programs; places the Utah Office of Internal Audit and Program Integrity directly under the executive director of the Department of Health; and provides the Utah Office of Internal Audit and Program Integrity with full access to the records of the Division of Health Care Financing. <i>All of this is in response to the recent audit findings of fraud. It should take better advantage of new federal resources for going after fraud—we will explore this.</i>	In House Rules House substituted bill Recommended out of House HHS House substituted 2/22 Senate Rules	Support (2) SS
<u>HB 84</u> Office of Inspector General of Medicaid Services (Rep. Clark) <u>HB 84</u> Substitute Bill		In response to findings of significant fraud (and upcoding), creates within the Governor's Office a new Inspector General of Medicaid Services for purposes of detecting and preventing fraud, waste, and abuse within Utah Medicaid. Transfers staff resources from Human Services—investigating whether this is an undue burden.	Bill Substituted by Standing Committee Recommended out of House HHS	Support Pending (1) SS

			Senate Rules	
HB 217 Appointment of Director of Health Care Financing		Provides that Medicaid Division Director shall be appointed by Governor, in consultation with Senate.	Passed House 62-6; passed Senate Committee 4-0	Neutral (3)
HB 233 Insurance Coverage for Amino-Based Formula (Rep. Spackman-Moss)		Requires coverage of the use of an amino-acid based nutritional formula for the diagnosis or treatment of an eosinophilic gastrointestinal disorder.	In Rules	Support pending (3)
HB 240 Social Services – Employment First Priority (Rep. Menlove)		Requires Department of Workforce Services, State Office of Rehabilitation, and the Division of Services for People with Disabilities to give priority to providing services that assist the person in obtaining and retaining meaningful and gainful employment.	Passed House Committee 6-0	Support (3)
HB 256 Children's Health Insurance and Medicaid Administrative Simplification (Rep. Dunnigan)		Simplifies enrollment and renewal for Medicaid and other children's health insurance programs. requires Department of Health to apply for grants to fund simplified enrollment & renewal process for Medicaid, Utah Premium Partnership, and PCN Demo programs; if funding available, establish a simplified enrollment and renewal process for the programs in which the eligibility worker may, if the applicant provides consent, confirm the adjusted gross income of the applicant from the State Tax Commission; allows the Department of Health or its designee to: enter into agreements with financial institutions to develop and operate a data system to identify applicant/enrollee's assets; and pay a reasonable fee to financial institution for services; requires the CHIP to apply for grants to fund a simplified enrollment process.	Got fiscal note Bill substituted by Standing Committee Recommended out of House B and L Committee House passed 69-6 Recommended out of Senate HHS 2/25/11	Support (2) SS
HB 311 Recovery of Uncompensated Emergency Room Care (Rep. Dougall)		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?" This bill, inasmuch as the unpaid ER bills are the result of un- and under-insured Utahns using the ER for either emergency or primary care, takes the wrong approach to reducing costly and inappropriate use of the ER. The state should focus their resources on expanding coverage, not on punitive bills collection to Utah's hard working un- and under-insured. UHPP has requested a draft of this bill—will investigate and monitor.	Title only	Likely Oppose (2) SB
HB 355 Hospital-Acquired Infections (Rep. Draxler)		Requires ambulatory surgical facilities, general acute hospitals, and specialty hospitals to provide data on hospital-acquired infections; requires Department of Health to release quarterly reports on hospital-acquired infections.	Has fiscal note.	Support (2) JH
HB 381 Prescription Drug Amendments (Rep. Last)		This is new—investigating.	Title only	?
HB 382 Statewide Risk Adjuster Mechanism Amendments (Rep. Wimmer)		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 happen because the repeal is included in HB 128 (Health Reform Amendments, sponsored by Rep. Dunnigan). Much of the substance of this bill has been folded into Rep. Dunnigan's HB128, described above.	Title only	Neutral SB
HB 404 State Health Insurance Amendments (Rep. Ipson)		This bill requires the Retirement and Independent Entities Interim Committee to coordinate its study of health benefits for state employees with the study by Health System Reform Task Force of the operations of the Health Insurance Exchange on issues such as quality of health care, provision of health insurance to state employees, retirees, and their families, and controlling expenditures.		Support SB

Senate Bills					
SB 33 Health Disparities & Related American Indian Programs (Sen. Van Tassell)	\$0	Renames the Center for Multicultural Health to "Office of Health Disparities Reduction," and creates a new position, American Indian/Alaska Native Health Liaison under the Health Department Executive Director; clarifies duties. Slightly strengthens requirements related to cultural and language competency.	Passed all the way through	Support (2) JH	
SB 129 Licensing of Physician Educators (Sen. Urquhart). See Substitute Bill .	\$100-500	Provides for issuance of a temporary license for foreign-educated physicians invited to serve as faculty at a Utah medical school; allows a foreign-educated physician who has held a temporary license for at least 5 years to apply for a permanent license. The changes (mostly assurances of professional good conduct) are mostly positive.	Substituted	Support (3) JH	
Other Bills: to oppose or of interest					
HB70 Illegal-Immigration Enforcement Act (Rep. Sandstrom)		Current anti-immigrant legislation would require the elimination of programs that require presumptive eligibility, such as Baby your Baby.	Passed out of House on 2-18 Senate Rules	Oppose (3) SS	