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Meetings to address health care

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Written by David DeMille

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ST. GEORGE - Legislators and health care policy advocates are inviting public input during public meetings across Utah today as they try to shape the state's health care plans around impending federal changes.

While the nation waits for the Supreme Court to hand down its ruling on President Barack Obama's sweeping reform of the health insurance system - a decision could come this week - statewide leaders continue to plan ahead for what some of the new reforms could mean.

That effort starts today with the Legislature's Health System Reform Task Force hosting a public hearing, scheduled for 4:30 to 7 p.m., on how the state will define its "essential health benefits package," a baseline that sets the minimum insurance benefits required for policies sold on Utah's health exchange.

Lawmakers have a list of 10 potential plans to choose from, and whichever is chosen will be the starting point for developing the state's minimum requirements.

"What we want to hear tomorrow is which of these 10 plans do people prefer, and why," said Rep. James Dunnigan, R-Taylorsville, chairman of the task force.

Lawmakers must then make sure the plan that is chosen meets new federal requirements.

Residents may not know the ins and outs of the health-care law, and many of the steps ahead are murky - the actual rules for how to implement the benchmarks haven't even come down yet - but the hope is to see what



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people are concerned about and how they would like to balance coverage with cost, Dunnigan said.

"We don't expect people to be experts on the law. We just want them to voice their opinions," he said.

Insurance companies, hospitals and other groups are sure to have representation at the forum, so residents need to make sure to attend and have their say, said Shelly Braun, reform initiatives director at the Utah Health Policy Project, a consumer advocacy and policy group based in Salt Lake City.

"This becomes the public's chance to say, 'hey, we're consumers and these are the benefits that we want,'" she said.

The task force is assigned to take the public input and use it to recommend a benchmark to the Utah insurance commissioner, who will then enact an administrative rule designating Utah's benchmark plan.

Officials believe the benchmark plan must be selected by the third quarter of this year in order to be ready for 2014 and 2015.

Under the new federal guidelines, specific benefits must be included in any baseline pack age, including ambulatory patient services; emergency services; hospitalization; maternity and newborn care; mental health and substance-use disorder services, including behavioral health treatment; prescription drugs; rehabilitative and habilitative services and devices; laboratory services; preventative and wellness services and chronic disease management; and pediatric services, including oral and vision care.



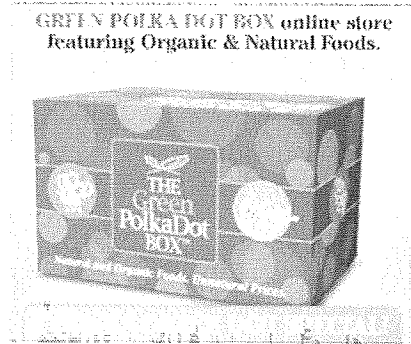
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