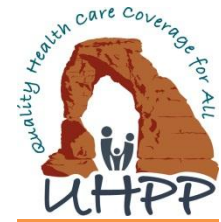


HB144 1st Sub Health System Reform Amendments (Rep. Dunnigan)

Fiscal note: \$40,000 FY2012; \$7,100 FY 2013



SECTION/LINE (1-31-12 draft)	TITLE/CONTENT	😊 or 😞	QUESTIONS/COMMENT?	SOLUTIONS?
Section 1	"Simplified enrollment + renewal process for Medicaid and other state medical programs— financial institutions"			
Lines 73+	DOH may accept donations (in addition to writing grants) and, if funding is available the DOH may conduct an actuarial analysis of basic health plan (BHP) for 133-200% FPL	😊	This population (133-200% FPL) is particularly vulnerable to "churning," that is, having an income changes that would cause them to be in and out of Medicaid over the course of the year. We are pleased that our leaders want to carefully consider the best solution to creating continuity of coverage and care for this population. <i>But what if they can find the funding (grants and donations)? How serious is Utah about addressing this issue?</i>	
Section 2	"UPP Medicaid Waiver" (Utah Premium Partnership)			
Lines 133-120	Directs the DOH to amend the Medicaid Waiver to increase adult eligibility for UPP to 200%FPL. <i>It's everything we asked for!</i>	😊😊😊	This is a Utah solution to helping worker with low wages enroll in health insurance offered through their employers. See our fact sheet about UPP .	

Section 3	"Health care cost and reimbursement data"			
Lines 149-152	Allows sharing data regarding health claims and an individual's and small employer group's risk factor...only to the extent necessary for establishing rates and prospective risk adjusting in the defined contribution market (UHE)		This does not explicitly state that individual risk factor data will be de-identified, as required by HIPAA. <i>Does the bill need language about this or is HIPAA enough?</i> No. UHPP checked into this and the risk factor that will be shared is just a number, and the insurance companies who share it are subject to HIPAA.	
Section 4	"Comparative analysis"			
	Just some "clean up" (getting rid of expired stuff)			
Section 5	"Program Benefits"			
Lines 278-280	Adds the word "medical" to the benchmarked plan			
Lines 285-287	Excepts orthodontia from the CHIP dental benchmark except for medical necessity. Dental CHIP program benefits will be adjusted every 3 years.		This addresses the problem that orthodontia (non-medically necessary) is eating up preventive and restorative care CHIP dental dollars. The federal guidelines protect the basic benchmark package.	

Section 6	"Price and value comparison of health insurance"			
Lines 353-4	Adds and organization that provides "multi-payer and multi-provider quality assurance and data collection" in developing information for consumers to compare health insurers and health plans on UHE	☺		
Section 7	Uniform Application- Uniform Waiver of Coverage- Information on UHE			
418-426	Insurers may offer dental and vision plans on the Exchange if DOH adopts admin rules to regulate the offer of such after study, recommendation to Task Force, establishing standards and whether risk adjuster is necessary.			
Section 8	Licensee compensation			
Lines 541-546	Requires brokers			

	("producers") to obtain signed acknowledgment from customers of disclose regarding broker compensation			
Section 9	"Small Employer Premium –Rating Restrictions- Disclosure"			
Lines 622-623	Allows up to 20% discount group participation in a wellness program for a small employer group.		Incentivizes wellness programs at employer level, discount applied at employer, not individual, level. Participation, not outcome, based.	
Section 10	Essential Health Benefit			
Lines 715-719	Requires Utah to determine own EHB following Federal Guidelines		We strongly encourage a "value-based" essential health benefit package.	
Lines 720-723	The Health System Reform Task Force shall recommend to the commissioner (by Sep 1, 2012) a benchmark plan for Utah's EHB based on the Federal HHS guidelines and considering public input.	☺	<i>We asked for public input into the EHB process. This doesn't define the process, but does include it.</i>	This could be stronger. As written it could be only public testimony at the HSR Task Force interim meetings. Add language that requires a public input process (including consumer groups, small business, and medical and behavioral health testimony) around the state's determination of EHB. Specify how this will be publicized, how far in advance of decision and so forth
Line 730-739	The commissioner shall adopt an			

	emergency administrative rule upon the recommendation of the HSR Task Force re: EHB for individual and small business market.			
Lines 530-532	EHB shall not include a state mandate if the that would require the state to contribute to premium subsidies under the ACA		ACA includes a “tax credit” premium subsidy in the individual market in the American Health Benefits Exchange. This is a federal tax credit, not state.	
Lines 533-534	Utah may include benefits in addition to the EHB Utah chooses, if they are required by ACA	☺		
Section 11	Repeal Dates			
Lines 742-743	Extends the Defined Risk Contribution Risk Adjuster Act to July 1, 2013 (was to be repealed Jan 1, 2013)			

Section 12		Creation of OCHS		
Line 792-793	UHE may establish and collect a fee from the employers for the "cost of the exchange transaction" (including funding a call center, already in statute).		<p>Statute already allows UHE to "establish and collect a fee" for processing applications, premium aggregation, and providing a filter and comparison tools for consumers to use. This adds in "funding a call center" as a reason to collect fees. The intent is to make the UHE financially self-sufficient. Lines 596-7 indicate the fee is part of the cost for employers selecting coverage on UHE, in other words, a built in fee, not an individual fee.</p> <p><i>But could this be interpreted to allow charging customers for calls to the call center? Especially worrying after the stunt the UHE pulled with the UHE advisory board this past summer, justifying pushing consumer advocates out and putting in EDs and VPs as "community-based nonprofits" claiming they are consumer representatives.</i></p>	<p>Change language to disallow charging customers when they call the call center. --added to specify employer, not employee (customer)</p> <p><i>The Exchange Planning Grant can, and should be used for this. Consumers should not be charged at all.</i></p>
Line 796-797	Premium Aggregation (already in statute)		<i>This is not yet happening!! Why not?</i>	Add language that requires UHE educate the small business community about the option to aggregate premiums.
Section 13		Repealer		
Lines 805-807	Repeals health system reform demonstration projects and the health care delivery and payment reform demonstration			

	projects.			
Section 14	Health System Reform Task Force			
Line 810+	Task Force is renewed for 2012	☺		
Section 15	Duties—Interim Report			
Lines 829-866	Duties of Task Force include to review and make recommendations on: the state response to federal health care reform; health coverage for children in the state; navigators; UHE plans including dental + vision; governance + advisory board for UHE and future exchanges; EHB; role of state's HIP; risk adjustment that limits burden on government and insurers and stabilizes the market; Basic Health Plan; Medicaid Expansion; impact on market of individuals with	☺☺	<p>We applaud that the Task Force is ready to push up their sleeves and take on these important reform issues.</p> <p>Rep. Dunnigan: intent is to have a productive Task Force during the interim, with work/study groups pulling in necessary expertise. Fiscal note will include a request for funding to hold the Task Force on non-interim days to facilitate its efficiency.</p> <p><i>We asked for health coverage for children and we got it!</i></p> <p><i>We asked for "behavioral health" language and we got it!</i></p>	

	dual health insurance; Cost Containment strategies; Medicaid mental + behavioral health integration.			
Section 16	Appropriation			
Lines 868-880	Asking for \$35,000 in order to support the Task Force		The intent is to support the Task Force to work on not interim day for more productive meetings and better use of leg. counsel time.	
Section 17	Repeal Date			
Line 882	HSR Task Force Repealed Dec 31, 2012			