



UTAH HEALTH POLICY PROJECT

Quality Health Care Coverage for All Utahns

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UHPP Bill Tracker: Week 3 (2013 General Session)

1=UHPP plays lead role; 2=supporting; 3=monitoring. **R**= possible red flag in otherwise good bill

MS=monitored by Matt Slonaker; JS=by Jason Stevenson; JH=by Judi Hilman; RS=Randal Serr

Note: This will be the session of health-related box cars (bills that show up suddenly leaving little time for a thoughtful response). Please be on the lookout for these! If you spot one, email [Judi Hilman](mailto:judi@uhpp.org) or call 801-870-3887. To contact a legislator, check out UHPP's updated [2013 Legislative Roster](#).

Priority Bills for UHPP (in priority order)	Cost	Description/Background (UHPP Publication and/or analysis)	Status	Position (UHPP lead)
HBXX Medicaid Amendments (Rep. Chavez-Houck)	~\$_____	Will have a circuit breaker if federal matching funds diminish, like Arizona . Also tries it for three years to study system impacts.	Drafting	Support 1 (MS)
HBXX Health System Reform Amendments (Rep. J. Dunnigan)	\$_____	Rep. D has been waiting to craft his 2 nd draft until decisions about the ACA-compliant exchanges are sorted out. Utah wants a partnership exchange, where the Feds will handle the individual market exchange, and the state will run the SHOP exchange, expanding Avenue H. This means much of Rep. D's original bill draft will be scrapped, including the navigator sections (according to Gov. Herbert, the Feds will oversee this). Rep. D's bill should still include governance language and renew Reform Task Force for one year.	Re-drafting	Pending 1 (JS)
SBXX Health Promotion Amendments (Sen. L. Robles)	?	Creates a Community Health Worker (CHW) program and assigns responsibility for further designing and operating the program to the Bureau of Health Promotion, Utah Department of Health; defines Community Health Worker by adapting the American Public Health Association definition. Assigns to UT Department of Health responsibility to identify the best approach to CHW certification and training. Allocates funding through mini-grants and maximizes navigator and enrollment assistor funding, depending on whether states operate ACA-compliant exchanges; facilitates use of Medicaid funding by giving incentives to Medicaid accountable care organizations to utilize CHW; measures those results. Establishes and supports a public-private sector advisory committee (50% of members employ or utilize or are themselves community health workers). Measures cost effectiveness of CHW initiatives; includes these measures in all forthcoming ACO quality measures.	Draft #2 is ready	Support 1 (JH)
HB XX Children's Health Insurance Program and Medicaid Emergency Room Use Amendments (Rep. M. Kennedy)		Intended to incentive more appropriate use of emergency rooms by clarifying authority of accountable care organizations to audit providers if they deliver non-emergent care in emergent settings; allows ACOs to retro-actively recover payments to such providers and then re-invest recoveries in better access to primary care. <i>Draft of 1/23/13 put cart before horse: Utah has not done enough as a state to create more primary care access points such that providers will have enough alternatives to E.R. use. We should not punish providers for access problems they may be powerless to change; it makes even less sense to charge higher co-pays to consumers who use the E.R. Our saving grace: CMS will not approve the latter. UHPP has been working to amend this bill.</i>		Pending/Amending (JC) but re-work
HB57 Mental and Behavioral Health Amendments (Rep. D. Sanpei)		Promotes integration of mental, behavioral, and physical health care; evaluates effectiveness and impact of programs on E.R. dept utilization, jail and prison populations, homeless populations and child welfare. Learn what this is all about in yesterday's Trib feature .	Passed House 70-0 Passed Sen. committee 4-0	Support (1)
SB42 Medical School Admissions Funding (Sen. J. Valentine)		Appropriates money to increase the number of students admitted to the University of Utah School of Medicine by 40. But these 40 students must demonstrate a "strong connection" to the state of Utah. <i>UHPP: What does "strong connection" mean? Why not spell out what Utah needs: more primary care</i>	Passed Senate 28-0 on 2 nd	Support (2) with sig.changes

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

		access points, more providers willing to serve in medically underserved areas, willing to serve Medicaid, etc. Utah is 45th in the nation in terms of the number of primary care physicians per 100,000. We have 89.4 physicians per 100,000 population. National average is 119.9. Massachusetts has the best with 194.5 per 100,000 and Idaho has the worst with 77.5 per 100,000. http://statehealthstats.americashealthrankings.org/#/country/US/2012/Primary-Care-Physicians		(JH)
SBXX Charity Care Amendments Commission (Sen. S. Adams)		On 2/12 this bill was changed to a commission. Still, we have concerns remain that this is some sort of foil/alternative to Medicaid expansion. Let's face it: Charity care cannot adequately fulfill the need. At best, charity care is episodic and unreliable for families who need a consistent and continuous source of health care. The Utah-based Sutherland Institute concept of " authentic charity care " has been in circulation in Utah policy circles since 2004. It's had enough time to prove its merits—and if there was one community that could give it a go, it was Utah. That model has failed. Cancer patients and others needing chronic care management cannot rely on charity care. If they must, there are dire consequences. Across the nation, 26,100 people between the ages 25-64 died prematurely due to a lack of health coverage in 2010. Astoundingly, 687 25-64 year old Utahns died due to lack of health care coverage from 2005 to 2010 (learn more here).		Opposed 1 (MS)
HB292 Premium Assistance under Medicaid & CHIP (Rep. Sanpei)		Directs the Dept of Health to seek to maximize the use of Medicaid and CHIP funds for assistance in the purchase of private health insurance coverage for Medicaid-eligible and non-Medicaid eligible individuals.	<i>Assigned to HHS Standing</i>	Support 2 (MS)
HBXX Nullification of the Affordable Care Act (Rep. L. Perry)		Asked sponsor for details. Mobilizing lawmaker's constituents to inquire.	<i>Leg Research is drafting</i>	Oppose 2 (JS)
House Bills				
HB 56 Behavioral Health Care Workforce Amendments (Rep. Menlove)		Allows mental health and substance use disorder therapists to engage in therapy via internet, telephone, or other means. UHPP: As long as we're not headed in this direction (http://webtherapyshow.com), we're okay with it.	Passed House 68-0 ----- On Senate 2nd Reading	Support 2 (JH)
HB106 Medicaid Inspector General Amendments (Rep. Wilcox)		Turns this position into an at-will employee of the state auditor. Right now this position is hired for a two-year renewable term. Politics behind this may be interfering with sound judgment about the MIG and the value (we're talking millions in savings) this position has brought to Medicaid.		Oppose 2 (JH)
HBXX Medicaid Vision Amendments (Rep. Menlove)		Investigating		? MS
HBXX Patient Information Protection Act (Rep. Urquhart)		Inquiring	<i>Is drafting</i>	? RS
HJRXX Resolution Requesting Repeal of the Affordable Care Act (Rep. Anderreg)		Guess there's room for more posturing! Mobilizing lawmaker's constituents to inquire.	<i>Still in process</i>	Oppose (JS)
Senate Bills				
SB20 State Security Standards for Personal Information (Sen. S. Reid)	\$800K if DTS pass cost to state	Requires health care providers to inform patients that their personal information may be shared with Medicaid or CHIP. Also consults best practices on how personal information should be shared. UHPP: This has broad support of stakeholders, including UHPP's good friend Sheila Walsh-McDonald (now the breach czar)	<i>House 3rd Reading</i>	Support 2 (RS)

SB166 Hospital Provider Assessment Amendments (Sen. Hillyard)	\$?	The current hospital assessment expires June 30, 2013. This simply extends it another three years and caps it at the current annual amount collected. A couple of technical changes to conform to the funds passing through ACO plans now instead of directly to each hospital but otherwise same program we have today with three-year renewal.	Passed Sen committee 4-0...Senate 2 nd Reading	Neutral (JC)
SB XX Office of Medicaid Inspector General Amendments (Sen. Christensen).	\$0	Not sure what's in this, but the title is intriguing. Have inquired with sponsor.		In process