



A Look at Health Policy in Utah

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Utah Health Policy Project
is a non-profit, non-partisan organization advancing sustainable health care solutions for underserved Utahns, through better access, education, and public policy

Twitter: @UHPP | Facebook: @UTHPP

www.HealthPolicyProject.org

Direct Service: Where can Utahns find help?

<http://www.healthpolicyproject.org/remote-enrollment-options/>



For questions regarding eligibility and FREE assistance with enrollment, contact our Take Care Utah health access assisters.

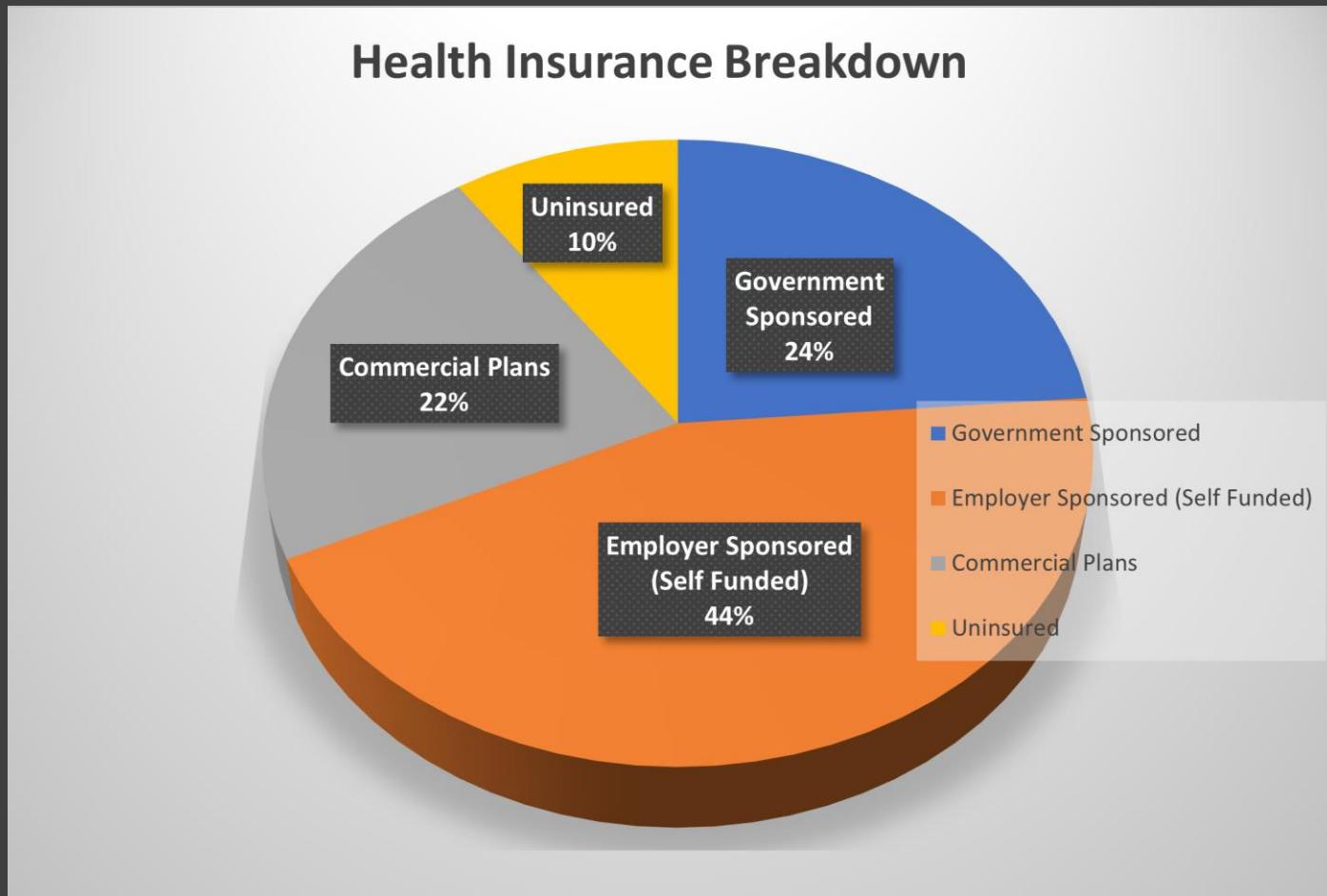
Click Here to Book An Appointment Today!

Haz Clic Aquí Para Hacer Una Cita!

During this time of social distancing, UHPP's Take Care Utah health access assisters have a variety of remote enrollment options, including phone appointments, video chat assistance, and screen sharing capabilities.

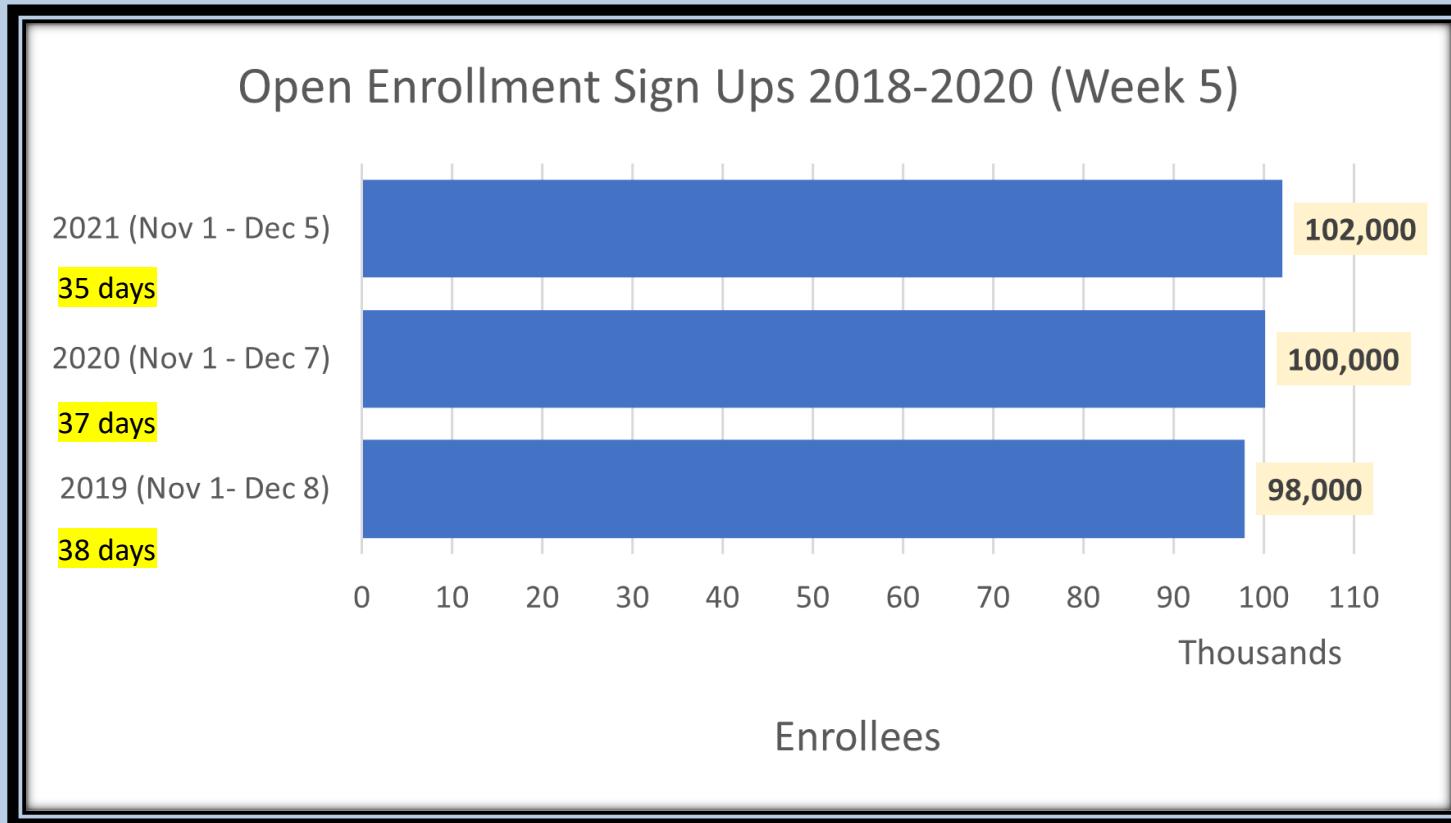
www.TakeCareUtah.org or 2-1-1

Where do Utahns get health insurance?



Data Sources: Centers for Medicare & Medicaid Services, Deseret Mutual Benefit Administrators, Public Employee Health Program, Utah Department of Health, Utah Insurance Department, and the U.S. Census Bureau.

ACA Enrollment Info



~90% Eligible to receive subsidies

86% can find a plan for \$50 or less per month

Average Marketplace Premium (2020)
\$424 before subsidies
\$104 after subsidies

ACA Plan Options

2015-2021 Individual On Exchange



2015



2016



2017



2018



2019



2020



2021

Count of Insurers

| |
|---|
| 1 |
| 2 |
| 3 |
| 4 |
| 5 |
| 6 |

9

2021 Participants

Individual Market

| Insurer | On/Off | 2020 Enrollment |
|---------------|--------|-----------------|
| SelectHealth | Both € | 179,742 |
| UUHIP | Both | 16,078 |
| Cigna | Both | 6,306 |
| Molina | Both | 3,954 |
| Regence BCBS* | Both | 1,450 |
| BridgeSpan | Both | 16 |
| TOTAL | | 207,546 |

<https://le.utah.gov/interim/2020/pdf/00004417.pdf>

Who Is covered by the ACA?

Utahns covered by ACA Marketplace plans: more than **200,000**
([Source: CMS, UHPP's statement](#))

Utahns receiving subsidies to help pay for Marketplace plans: more than **176,000**
Utahns covered by Medicaid Expansion: more than **70,000**

([Source: Utah Medicaid Department](#))

Essential workers covered by Medicaid: **19,000**
([Source: CBPP, UHPP's statement](#))

Utahns with pre-existing conditions: estimates vary, between **438,000 to 1.2 million**
(Sources: [Kaiser Family Foundation](#) and [Center for American Progress](#))

Utahns with COVID-19: more than **225,000**
(source: <https://coronavirus.utah.gov/case-counts/> as of December 11)

Who Is covered on Medicaid?

20,321 Parents

47,501 Adults w/out
Dependent Children
6,919 Targeted Adult

74,741
TOTAL
Expansion

372,975 TOTAL Medicaid

15,932 Kids on CHIP

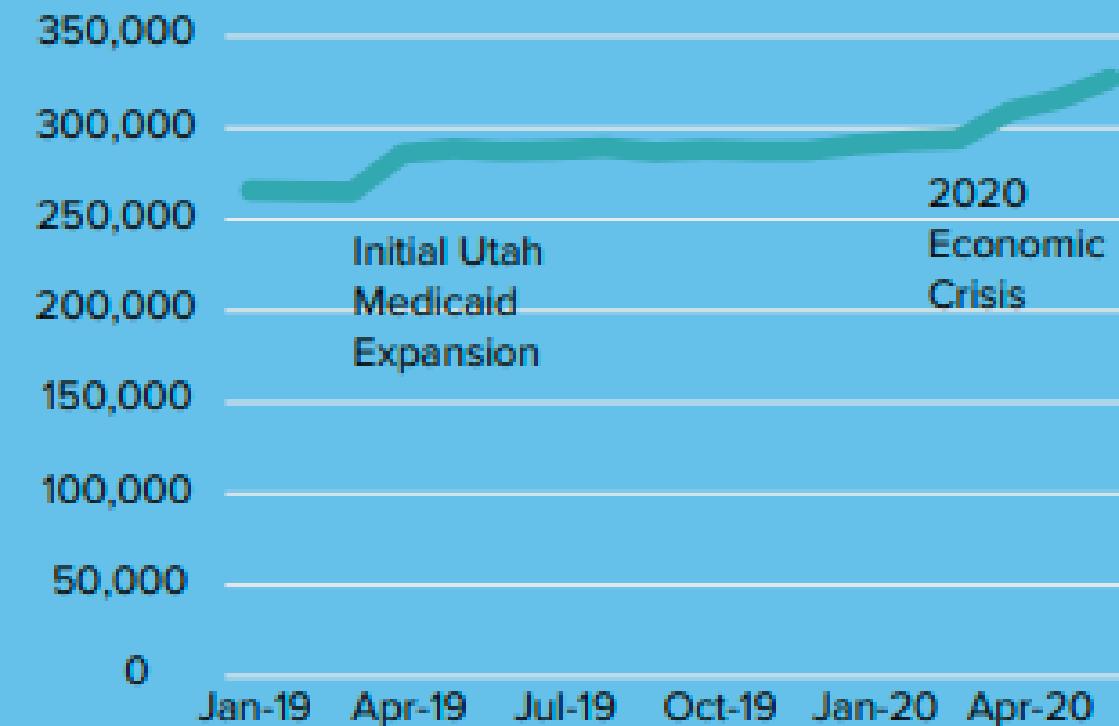
4,514 Uninsured Testing

[http://www.healthpolicyproject.org/
medicaid-enrollment-data/](http://www.healthpolicyproject.org/medicaid-enrollment-data/)

Utah Sees High Increase in Medicaid Enrollment in 2020

The increase in Medicaid enrollment during the pandemic is larger than the initial filings under Medicaid expansion in 2019.

Figure 2: Number of People Enrolled in Medicaid, Utah



Source: Utah Department of Health.

Graph from Utah Foundation, *Utah Priority No. 1: Health Care (Costs and Accessibility)*, August 2020, p. 2 .

WHY is Utah Seeing Steep Enrollment Increase?

Continuous Coverage

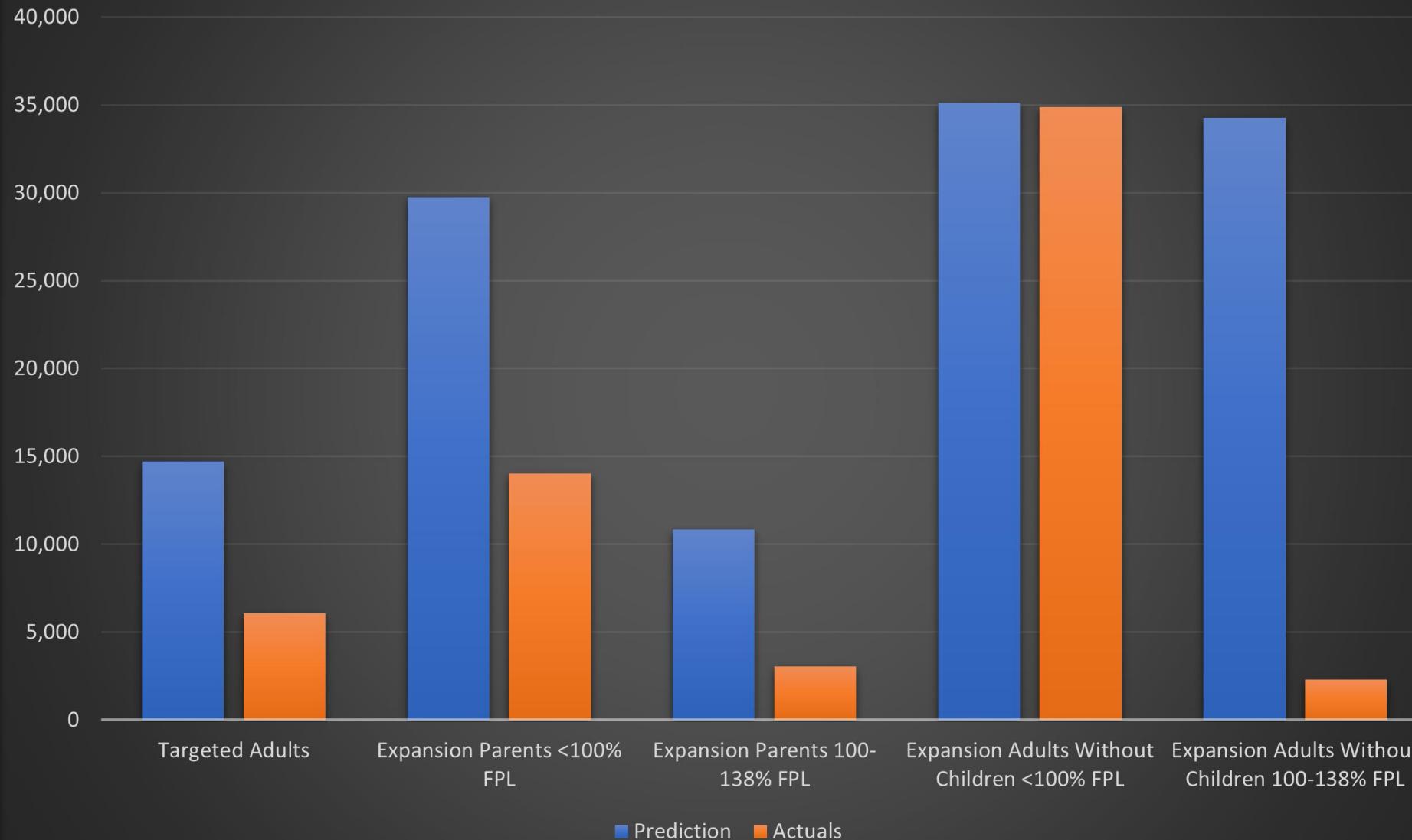
- New rules in the Families First Coronavirus Response Act offer 6.2% boost in federal funding (FMAP).... **WITH 'MOE' CONDITIONS** that protect enrollees:
 - No new restrictions, cost-sharing, benefit cuts
 - Continuous coverage through the end of federal emergency period
 - **However**, that is a short-term solution, while continuous coverage for kids, which passed 2020 session, was **rescinded** in special session.

Medicaid Expansion/New Enrollees

- Enrollment increase is normal during recession – from 2008-09, Utah had **15% increase** in Medicaid without new policy change
- Other states with new expansions are seeing high enrollment as well
- Utah is unique because there is an increase in enrollment despite comparatively low unemployment increase during COVID-19 – this is **GOOD** and means gap population is accessing care

Enrollment Projections vs Actuals

Enrollment Prediction vs Actuals in Fallback Waiver Yr 1



Data from the Utah
Department of Health

Health Disparities in Utah

What is a health disparity?

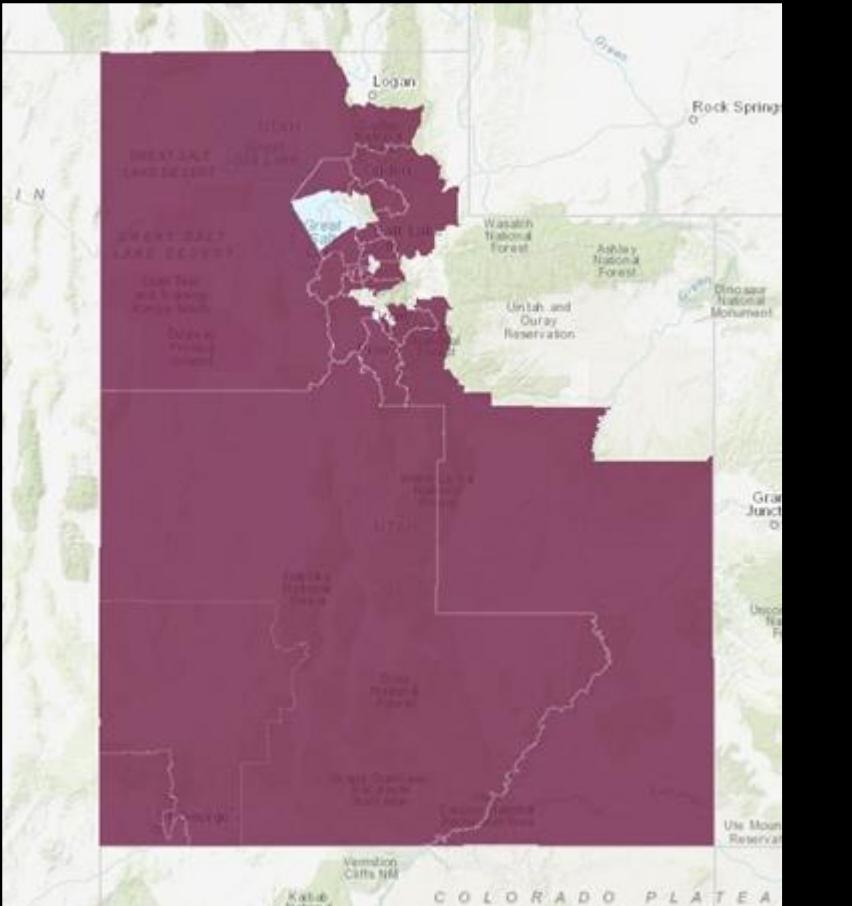
Health disparities are more than adverse health outcomes. Although all health disparities are adverse health outcomes, not all adverse health outcomes are health disparities. A “disparity” implies that the difference is avoidable, unfair, and unjust. Health disparities are differences in health outcomes closely linked to economic, socio-cultural, environmental, and geographic disadvantage.

From Utah Department of Health Office of Health Disparities

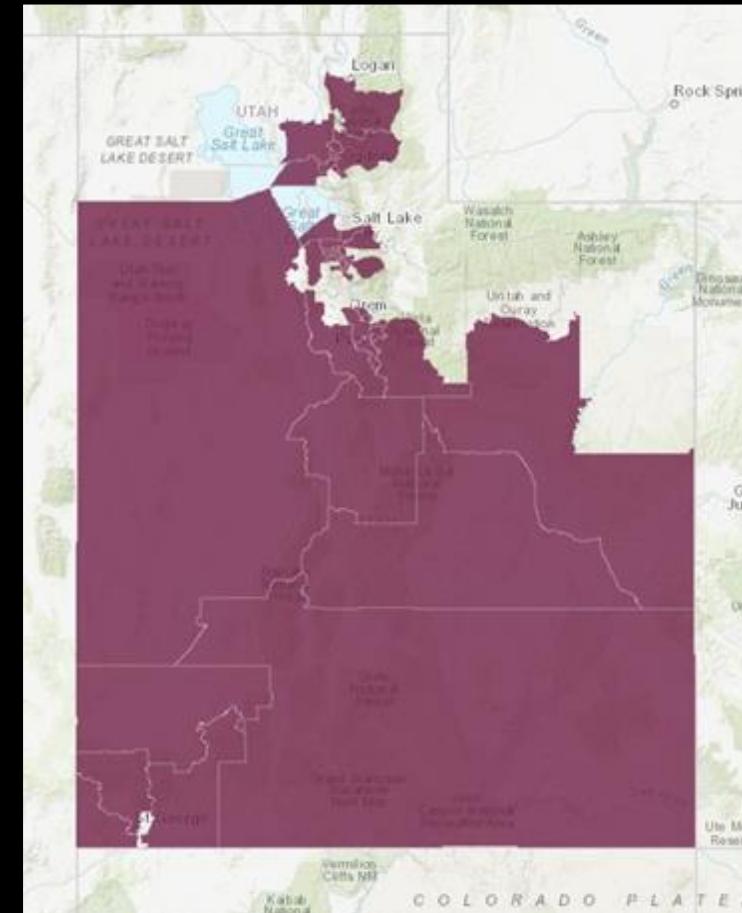
- Health disparities are **MORE** than poor health outcomes.
- Although all health disparities are poor health outcomes, not all poor health outcomes are health disparities.
- A “disparity” implies that difference is **avoidable, unfair, and unjust**.

Where are Health Disparities in Utah?

76% of Senate Districts



57% of House Districts

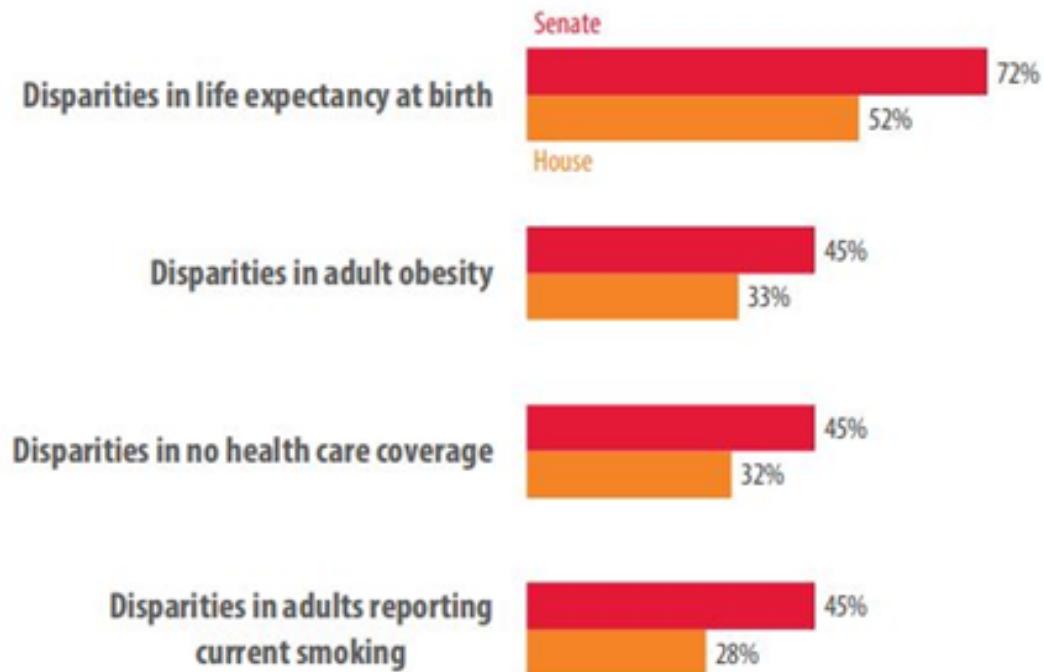


Senate and House districts in Utah experience gaps in opportunities for their constituents to live long, healthy, quality lives.

Findings



Senate and House districts in Utah experience gaps in opportunities for their constituents to live long, healthy, quality lives.



Health Care Continues to Be Top Issue for Voters



The logo for the Utah Foundation Research Brief. It features a circular graphic of orange and yellow dots in the upper left. To the right, the word "UTAH FOUNDATION" is written in a bold, sans-serif font, with "RESEARCH • ANALYZE • INFORM" in smaller capital letters below it.

**Utah Foundation
Research Brief**

August 13, 2020

Utah Priority No. I: Health Care (Costs and Accessibility)

Utah Foundation found that health care was the top issue for Utah voters in 2020.

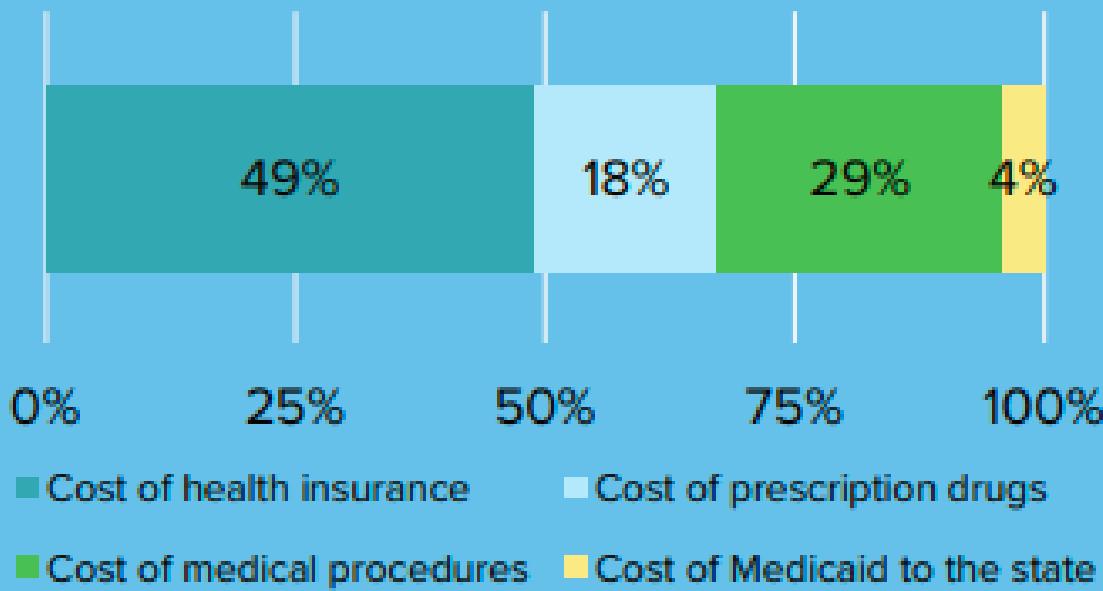
Altarum and UHPP conducted a survey in 2018 and found that:

- More than half experienced healthcare affordability burdens in the past year;
- Even more are worried about affording healthcare in the future; and
- Across party lines, they express strong support for policymakers to address these problems.

What about health care are Utahns concerned about?

Nearly half of Utah voters focus on the cost of health insurance when thinking about health care costs.

Figure 1: Utah Voters Response to "When thinking about health care costs, what is your top priority?"



- **Cost of Insurance**

- **58%** of uninsured adults cited “too expensive” as the major reason for not having coverage, far exceeding reasons like “don’t need it,” “don’t know how to get it” and other reasons.

- **Cost of Rx Drugs**

- **30%**—Skipped a recommended medical test or treatment
- **24%**—Did not fill a prescription
- **19%**—Cut pills in half or skipped doses of medicine

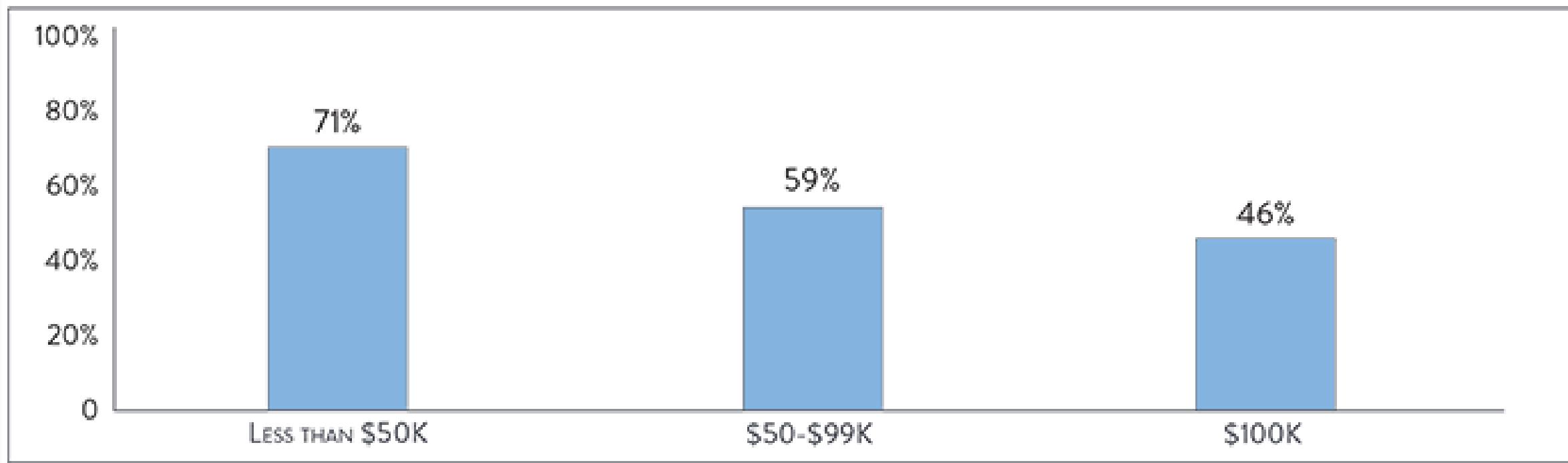
- **Transparency**

- **93%**—Show what a fair price would be for specific procedures
- **93%**—Require insurers to provide upfront cost estimates consumers
- **92%**—Require hospitals and doctors to provide up front patient cost estimates

High Health Care Costs Impact Most Households

Figure 2

Percent of Utah Adults with Any Healthcare Affordability Burden in Past Year, by Household Income

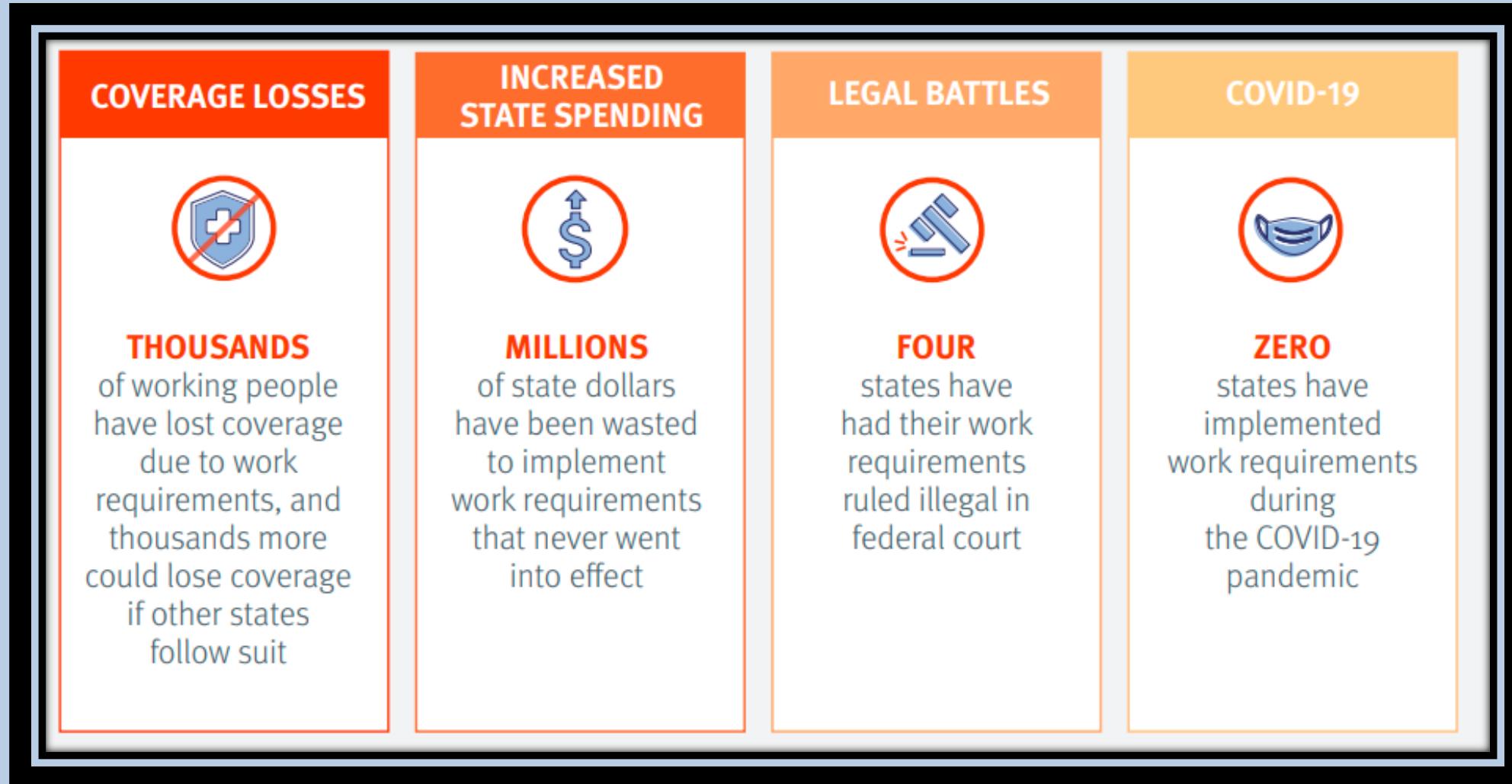


Source: 2018 Poll of Utah Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

What Can Be Done?

Increase Access

By (permanently) eliminating Medicaid work reporting requirements



From Families USA "Medicaid Work Requirements are Still a Bad Idea"

<https://familiesusa.org/resources/by-the-numbers-medicaid-work-requirements-are-still-a-bad-idea/>

Strengthen Governmental Programs through Outreach and Enrollment

- Kaiser Family Foundation published results on enrollment assistance in August 2020 and found:
 - "Nearly one in five (18%) consumers who looked for coverage or actively renewed their coverage, or about seven million people, received consumer assistance in the past year.
 - "Another 12% of target consumers—nearly five million people—tried to find help but did not get it, suggesting there is a shortage of consumer assistance"
 - "Roughly one in four marketplace enrollees who were helped by a broker or commercial health plan representative said they were offered a non-ACA compliant policy as an alternative or supplement to a marketplace policy."
 - **Role of Take Care Utah** <http://www.healthpolicyproject.org/remote-enrollment-options/>

Eliminate Surprise Billing

- Data presented to the Health Reform Task Force in 2019 from John Hopkins University showed an estimated **19% of all emergency department visits can result in this surprise out-of-network billing**
- Three policy "musts":
 - Hold patients harmless by restricting the financial obligation of the patient to their expected in network cost-sharing amount
 - Requires the insurance company to work out the payment with the hospital or physician
 - Sets a fair price to be paid by the insurer for the services provided in emergency departments

Price Transparency Across the Supply Chain

- Transparency policy must be thorough, but not decrease competition among manufacturers.
- NASHP model legislation mandates reporting triggered by:
 - For brand-name drugs: A 20 percent increase per WAC (wholesale acquisition cost) unit during any 12-month period;
 - For generics: A WAC unit price of \$10 or more, and a 20 percent increase per WAC unit during any 12-month period
 - For new drugs: A WAC of \$670 or more
 - Used for Pharmacy Benefit Managers (PBMs) and wholesalers: The state will require PBMs and wholesalers to report on specific drugs identified as being of interest following state review of manufacturer and insurer reports.

Re-Fund H.B. 195 - Low Value Care Calculator

- H.B. 195 (2020) Identifying Wasteful Health Care Spending
- The American Board of International Medicine (ABIM) created the *Choosing Wisely* campaign to identify low value health care tests and procedures. The campaign identified 550 services that are used broadly and have little, to no, benefits for consumers, but still add significant budgetary strain to the system
- Virginia and Washington, have implemented this tool and have been able to identify hundreds of millions of dollars going towards low value care every year
- Utah has a robust All Payer Claims Database, making us a great candidate for this tool.

Stop Mid-Year Formulary Changes

- Consumers are locked into their coverage plan for the contracted year, while insurance companies are not.
- Insurers sometimes make mid-year changes to prescription drug formularies, which can come at a surprise to a consumer when they attempt to purchase their prescription.
- California, Illinois, Louisiana, Maine and Nevada have passed legislation to prevent insurance companies from making mid-year changes.

Prescription Drug Reimportation

- PEHP's Pharmacy Tourism is cool, but.....
- Rx drug reimportation is one of the few policies that directly targets manufacturers that are responsible for setting prices.
- Recent legal issues have caused widespread concern about the potential for success.

Thank you!

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