

UTAH HEALTH POLICY PROJECT

HEALTH MATTERS

on the Hill...



Utah *Health Matters* E-Newsletter
2011

March 14,

(Post-Session Wrap Up & Reflection)

Overview

We/you made it! If you came up to the Hill, called up your legislator, wrote emails, or responded in some other way to our many calls for action, **THANK YOU**. We hope it's clear to all of you: ***your efforts really paid off this year***. In this post-Session issue of *Matters* we summarize wins and losses and reflect on implications for our work as we move forward towards our goal to create quality, affordable, comprehensive, and financially sustainable health care coverage for all Utahns.

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1. Medicaid Matters on the Hill

The State of Medicaid after the 2011 Legislative Session

Utah Medicaid survived largely unscathed this session. With higher than projected revenues this year, the budget was brought into balance without *any* cuts in eligibility or services. For a good part of the Session we stood to lose access to cost-effective breast and cervical cancer treatment for low-income women, interpreter services, hospice care, and dental and vision care for low income pregnant women. Fortunately, by the end of the process ongoing funding was found to keep these programs intact.



Carol Pastor (patient served by the Medicaid Breast and Cervical Cancer Treatment and Prevention Program) with Dr. Brent Parkinson (radiologist and Director of Intermountain Medical Center's Breast Care program).

Medical interpreting kept falling off the backfill list—until we brought in teams of physicians and interpreters...



*The Medicaid Interpreting "Dream Team":
Top row, from left: Shanie Scott, Dr. Tom Metcalf, Judi Hilman, Shelly Braun (UHPP); Dr. Mara Rabin (physician to refugees) with Dr. Mazen Hamoudi and interpreter Maisa Ali.
Bottom row: Sheila Walsh-McDonald (SL CAP) and Dr. Logan Clausen (U of U pediatric resident).*

However, despite these remarkable victories, Utah Medicaid is left with serious challenges, including:

- (1) Failure to restore critical services eliminated over the last two and half years, for example audiology (remember audiology?), podiatry, and, of course, eyeglasses and

dental services for aged/blind/disabled.

- (2) Limiting cost growth: how are we to sustain the state's investment in Medicaid, much less prepare for the 56% increase in Medicaid enrollment anticipated in 2014?

Critical Services Not Restored

Since the beginning of the recession in late 2007, Medicaid has lost a number of critical services for people with disabilities, low-income seniors, and parents, including dental, vision care and audiology. None of these services were considered for restoration this session—in fact, it may not have escaped your attention that the entire Social Services Appropriations process was orchestrated to consider solely what *cuts* could be made.

In order for Medicaid to provide high quality care as cost-effectively as possible, these services must be restored. With state revenues likely to grow in the coming year, it is time to push for a more comprehensive and data-driven approach to prioritizing building blocks.

Over the next year we will try to build our case for these services into the emerging Medicaid reform process. In the scheme of things, the cost of these services is minimal, yet the benefits they bring in terms of cost avoidance, care, and disease management could make them critical to the success of the proposed accountable care organizations.

Medicaid's Fiscal Imbalance —Hope on the Horizon in Senate Bill 180

In the last two sessions the Legislature has funded Medicaid enrollment growth using one-time and ongoing funds. However, there is no indication that enrollment in Medicaid is slowing down. In fact, all indications suggest enrollment will continue to grow through FY2012. But there is hope on the horizon: Senator Liljenquist was able to pass his SB180 Medicaid Reform all the way through the process.

SB180 will fundamentally reform the way Medicaid services are paid for and delivered in Utah—and not a moment too soon. 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. Still, payment reforms for Medicaid cannot wait another day, and SB180 may be the best way forward. To read more about Medicaid Reform click [here](#).

Medicaid/CHIP Wins	Medicaid Losses
Medicaid Interpreter Services were maintained through ongoing funds.	Failure to restore critical services including audiology, comprehensive dental services, vision care.
The Primary Care Grants Program was partially restored with \$200,000 in one time money . Advocacy will be needed next session to restore the rest and switch back to ongoing funds.	Net loss of \$238,000 for Primary Care Grants.
Eligibility for Breast and Cervical Cancer treatment was kept whole and completely funded with ongoing monies.	Failure to pass critical bill SB137 which would have saved over \$5 million in the Medicaid pharmacy budget.
Outpatient OT and PT services for working parents and people with disabilities maintained for FY2012 (ongoing funds!).	
"Optional" Coverage of Transplant Surgeries maintained after planned cut.	
"Optional" Hospice Services fully funded with ongoing monies.	
Dental and Vision services for pregnant women over age 21 funded.	
CHIP (cornerstone of state health reform) fully funded to stay open.	



The Dahlquist Family: A CHIP Success Story.

2. State Health Reform Front

Utah's Health System Reform: one step forward, two steps back.

State health reform took one step forward but two steps back in the 2011 General Session—even more steps backward if we include missed opportunities to “customize” the Affordable Care Act for

Utah. HB128 2nd Substitute (Health Reform Amendments, sponsored by Rep. Dunnigan) nudges Utah's private market ever so gently towards one of the most critical health system reform goals—promoting prudent consumer choice by providing full and accurate information on the Exchange. However, SB294 2nd Substitute (Patient Access Reform, sponsored by Sen. Adams) and HB 354 2nd Substitute (Insurance Amendments relating to Abortion, sponsored by Rep. Wimmer) hold it back.

One step forward...

➤ HB128 2nd Substitute: Health Reform Amendments sponsored by Rep. Dunnigan.

A veritable tome at 85 pages, this bill sailed through the Session, largely due to Rep. Dunnigan's reputation for listening to and incorporating stakeholders' input—including ours. HB128 2nd Sub clarifies and streamlines the operations of the Exchange; for example, it requires OCHS (the Office of Consumer Health Services) to develop and implement a mechanism for consumers to compare health benefit plans featured on the Exchange and filter the plans based on consumer preferences.

Two steps back...

➤ Step One: SB294 2nd Substitute: Patient Access Reform sponsored by Senator Adams.

SB294 2nd Sub was a last minute bill that undermines Utah's private market health system reform and carries a fiscal note of \$109,700. This bill was introduced on the Senate floor on Feb 23rd and saw no action until it was reintroduced on the Senate floor as SB294 1st Substitute—a completely new bill—on the last day Session. It never had a committee hearing, but was heard nonetheless in both the Senate and the House, amended at 10 minutes before midnight, and passed without so much as a whimper. This short little dagger of a bill increases the standard slope ratio range for age band rating and for family tiers to 6:1 (the standard is 4:1, and ACA guidelines, coming online in 2014, restrict the ratio to 3:1) in an effort to bring in the “young immortals” by allowing carriers to lower rates for the young immortals—but at greater cost to the older and sicker insureds. It also adds a family tier (increasing the number of tiers from 4 to 5), which admittedly benefits single parents with only one child but extends the premium-inflating 6:1 ratio even more.

This reminds us of our unfinished business in state health reform: the way to bring in the “young immortals” is through affordability standards and mechanisms, yet Utah has so far avoided these issues. The state may be taking the easy way out with SB294 2nd Sub. Utah can bring more people into the private market, where most Utahns want to get their coverage, with meaningful premium subsidies that are well used within and outside the Exchange. Rep. Dunnigan has promised to focus on the affordability issues in this coming year—let's prepare to hold him to this.

➤ Step Two: HB354 2nd Substitute: Insurance Amendments Related to Abortion sponsored by Rep. Wimmer.

HB354 2nd Sub was also a last minute bill, designed to further disrupt the private insurance market and to undermine Utah's private market health system reform. This bill prohibits all insurance plans in Utah (outside and within the current and any future Exchange) from covering abortion unless the abortion is: medically necessary to avert the death or severe health impairment of the woman; aborts a fetus with a diagnosable, lethal defect; or aborts a pregnancy that is the result of rape or incest. UPP (Utah Premium Partnership) implemented this restriction last summer, with the result that 50% of insurance plans were dropped from the program! This bill will have the same, significant effect on the plans offered in Utah's struggling Exchange. In addition, premiums may go up, because the restriction will result in more high risk (costly) pregnancies that would otherwise be terminated for good reason.

What's Going on in State Reform?

Utah's leaders *say* they want to reform Utah's health system in ways that build on the private market, the premise being that with access to good information consumers will make good choices, thus driving the market to bring down costs and increase access to health insurance. Never mind whether such expectations are realistic in the first place, this Session's legislation was a mixed bag even in this respect, so we leave this session a little confused about the path forward for state health system reform. On the one hand, there is some encouraging movement forward with the Exchange: increasing transparency and choice for the small businesses that get their insurance through the Exchange. On the other hand, the rising cost of health insurance just got a leg up with legislation that both loosens restrictions on insurers (increase the band ratio to 6:1) yet mandates benefit packages (no abortion coverage).

It seems that (and it's no surprise) an important thread through all the debate on health system reform during the 2011 session was that Utah is not interested in compliance with Federal reform (ACA). For example, Rep. Wimmer's rationale for HB354 2nd Sub is that it opts Utah out of having to fund abortions "if" federal reform isn't repealed and Utah's Exchange has to meet federal standards (which allow payment for abortion). Even worse, Rep. Dunnigan's HB128 2nd Sub contains language that opts Utah out of the obligation to implement any part of the ACA which is "found invalid."

Utah's 2011 Legislative Session's Wins and Losses for State Health Reform

Possible wins and losses (time will tell) are indicated in *italics*.

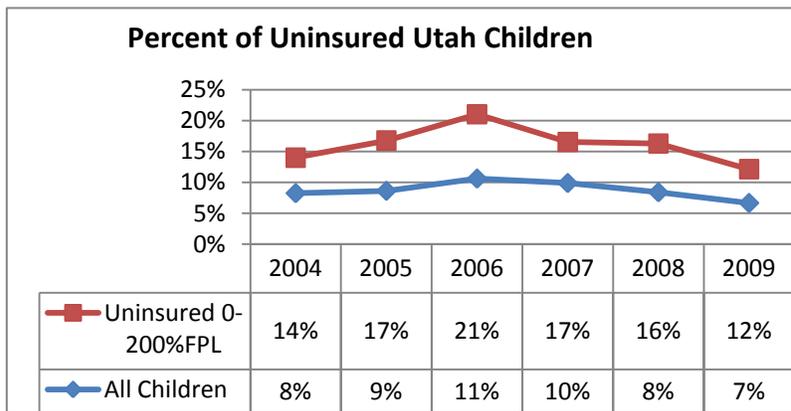
State Health Reform WINS	State Health Reform LOSSES
Health Data Committee must publish a yearly report about Utah's health facilities and institutions about cost, quality, and safety.	Gender rating (wherein women are charged higher premiums) in the individual market will continue and be extended to the small group market.
Large employer pilot in the Exchange is discontinued, forcing the Exchange to focus on the small business market. <i>Maybe this will make it easier for the individual market to be considered as the next group to be brought in to the Exchange?</i>	Insurers, via last minute HB354 2 nd sub, are disallowed from offering abortion coverage unless medically necessary to avert the death or severe health impairment of the woman; to abort a fetus with a diagnosable, lethal defect; or to abort a pregnancy that is the result of rape or incest.
Insurers in the defined contribution market are prohibited from treating renewing groups as new business, subject to premium rate increases.	Age bands are stretched to 6-to-1 via last minute SB294 2 nd sub. Note: This is worse than last year's (5:1), which was worse than the status quo (4:1) and even further away from the ACA standard of 3:1.
Requires that insurers use a simple, uniform application process in a timely manner on the Exchange.	<i>Affordability is still not yet addressed</i> (and it's already year 4).
Premium subsidy training is added into the required training for Brokers who sell on the Exchange, per UHPP's request.	

Insurers are required to post price and value comparisons of their policies and clear, accurate information about benefit packages on the Exchange.

Small business owners will have 1 seat on the Exchange Advisory Committee, per UHPP's and partners' request.

Where are We Now? Where did We Hope to Be?

Sustainable Health System Reform *must* address cost, access, and quality. So far, Utah's reform fails on all counts except access for children: the CHIP expansion early in the reform process resulted in a 33% decline in uninsured kids since 2006.



Source: Utah Department of Health, 2005-2010

One problem may be that the Utah Health Exchange gets all the attention when talk turns to State Reform, but it remains largely a web portal for brokers to use for small businesses shopping for insurance for their employees. The only thing the businesses inside the Exchange gain over those outside of it is choice: their employees can choose from a variety of plans offered by any of the insurers who sell in the Exchange. That's a good thing. But, with a lack of affordability standards and no real risk pooling, cost has not gone down; in fact, at first, premiums tended to be higher in the Exchange than in the outside market and small businesses remain at risk for increasing premiums if just one of their employees requires costly medical care. The result? There are 67,000 small businesses in Utah, but as of March 1, only 68 small businesses buy insurance coverage for their employees through Utah's Health Exchange.

Do Utah's small business owners want a reformed health system? The answer is a resounding "YES!" according to a survey conducted by the Small Business Majority in 2009 (see the full report [here](#)). And, the number one need for Utah's small business owners regarding reform is controlling costs, followed by having coverage that is guaranteed and covers everybody. They want relief from rising and unpredictable health insurance rates.

3. Federal Health Reform I: ANNIVERSARY EVENTS NOT TO BE MISSED!

“Federal Health Reform for Utah Elders”

Are you a senior and confused about what federal health reform means for you?
Join the party and get your questions answered!

WHEN: Monday March 21st at 11:00am

WHERE: Sunday Anderson Senior Center
868 West 900 South, Salt Lake City

WHAT: Learn about Federal Health Reform and YOU!
Get YOUR Questions Answered!
Enjoy cake, live entertainment, and line dancing!

“The Future of the Utah Health Exchange: Conference Call with Joel Ario from HHS”

WHEN: Wednesday, March 23rd 9:00-10:00 AM

Utah is ahead of most other states with the development of the Utah Health Exchange. While Utah’s Exchange is generally on the right track, it has yet to:

- Allow small businesses to pool their risk
- Deliver lower prices for small businesses, the engine of Utah’s economy
- Create affordability standards with triggers to premium assistance and public programs

These issues are important, because small business owners really care about the quality and cost of benefits for their employees. Learn about the future of the Utah Health Exchange by joining a conference call with Joel Ario, Federal HHS Exchange Director. On the call, Mr. Ario will clarify [his appraisal of Utah’s Exchange](#) and his expectations for Utah’s Exchange moving forward.

To RSVP, please send email with complete contact info to kim@healthpolicyproject.org. You will get the conference call information upon RSVP. **This conference call is closed to members of the media. SPACE WILL BE LIMITED to ensure a productive dialogue with Mr. Ario.**

To participate, you must sign up by March 22, 12 noon.

“Health Reform: It’s a Celebration!”

WHEN: Wednesday March 23rd from 5:00pm to 6:30pm

WHERE: Tony Caputo’s Market and Deli 314 W 300 S Salt Lake City

WHAT: Join us to celebrate state health reform and federal health reform!
Join us to celebrate how patient protections are already benefiting Utahns!
Learn about and celebrate state and federal health reform accomplishments!
Enjoy complimentary food and drinks!

Significant reform accomplishments thus far include:

- The Utah Health Exchange
- CHIP: Utah has 33% fewer uninsured kids since we decided to keep CHIP open for good!
- Ban on pre-existing condition exclusions and insurance discrimination based on health status
- Free preventive care with insurance and Medicare
- Small business tax credits for insurance premiums
- Medicare drug rebate
- Young adults covered on parents insurance until age 26
- And MORE!

“University of Utah: Healthcare for U!”

When: Wednesday March 30th 11:00am to 1:00pm
Where: Outside the Student Union Building on the University of Utah campus
What: Learn about how federal health reform impacts YOU!
Live music, food, and games!

4. Federal Health Reform II: MOVING FORWARD!

What Health Reform Means for YOU

March 23rd marks the one-year anniversary of the Affordable Care Act. While some members of Congress want to re-fight the same old political fights and give control of *your* health care back to insurance companies, it's time to move forward to protect health care and coverage for everyone.

Moving forward means that people with chronic diseases and pre-existing conditions will no longer be at the mercy of insurance companies – giving peace of mind to over 129 million Americans that they will have coverage they can count on when they need it most. Moving forward means that insurance companies will not be able to drop your coverage when you get sick, or limit the care you receive. It means making sure insurance companies spend your premium dollars on care, not profits, and cracking down on excessive premium rate hikes.

It's time to move forward...our family and friends cannot afford to go back.

- **The Affordable Care Act ends the worst insurance company abuses such as denying coverage because of a pre-existing condition.** Already, the law bans insurance companies

from dropping coverage when you get sick and excluding children with pre-existing conditions from coverage. Those protections will be extended to everyone in 2014. [see WhiteHouse.gov, Fact Sheet: The Six Month Anniversary of the Affordable Care Act, 9/22/10]

- **The Affordable Care Act lowers premiums for you and your family.** The nonpartisan Congressional Budget Office examined provisions in the Affordable Care Act and found that it will cut premiums for millions of Americans, particularly those in the individual market. Those in the individual market who get help to pay for their premiums are expected to see their premiums drop an average of 59 percent compared to what they would pay had the law not been passed. Another report showed families will save \$2,500 by 2019 compared to what they would pay had the law not been passed. [CBO, 11/30/09; Commonwealth Fund/Center for American Progress, May 2010]
- **The Affordable Care Act Ends lifetime limits on your coverage.** Because of the Affordable Care Act, insurance companies can no longer put lifetime limits on the amount of health care you can receive. It also restricts annual limits and eliminates all caps by 2014. [WhiteHouse.gov, Fact Sheet: The Six Month Anniversary of the Affordable Care Act, 9/22/10]
- **The Affordable Care Act cracks down on excessive premium rate increases.** The Affordable Care Act holds insurance companies responsible for and cracks down on unreasonable premium rate hikes. Because of the law, the federal government has made \$250 million available to states to help them develop and implement the tools necessary to crack down on excessive rate hikes. In addition, insurers that are found to raise rates too much can be banned from participating in the new health exchanges that will be available in 2014. [Healthcare.gov, Rate Review Fact Sheet, 2/24/11]
- **The Affordable Care Act gives you the freedom to choose your doctor.** The Affordable Care Act gives you, not your insurance company, the power to choose your doctor. Now, when you purchase a new plan you have the freedom to choose your own doctor in your insurer network. The benefit of protecting primary care provider choice is expected to help up to 88 million people by 2013. [WhiteHouse.gov, Fact Sheet: The Six Month Anniversary of the Affordable Care Act, 9/22/10]
- **The Affordable Care Act ensures your premium dollars are spent on your care, not insurance company profits.** The Affordable Care Act holds insurance companies accountable. Because of the law, insurers in the large group market must spend at least 85% of *your* premium dollars on care, not administrative costs, like their profits. For the individual and small group markets, insurers must spend 80% of *your* premium dollars on care. In addition, insurers will be required to publicly disclose their rates on a new national consumer website –HealthCare.gov. [Healthcare.gov, Patient's Bill of Rights]

Moving Forward...protecting seniors' health.

- Moving forward means strengthening Medicare and saving seniors money by continuing to crack down on waste, fraud and abuse.
- Moving forward means giving seniors peace of mind that their prescription drug costs will be lower because they won't ever fall back into the Medicare prescription drug coverage gap, or "donut hole."
- Moving forward means keeping seniors healthy by allowing them to get preventive care such as annual check-ups, mammograms, and cancer screenings with no co-pay.

Moving Forward...protecting small businesses.

- Moving forward means giving small businesses the level playing field they deserve by giving them the choice and the freedom to band together to get the same rates as larger companies.
- Moving forward means lowering the costs of health insurance so that small businesses can use the money saved to create more jobs.
- Moving forward means that small businesses know that they can afford to offer their employees health insurance and that there are tax breaks to make it possible.

Moving Forward...protecting our care.

- Moving forward means that people with chronic diseases and pre-existing conditions can no longer be denied coverage by insurance companies – giving peace of mind to 129 million Americans that they will never again be unable to find coverage.
- Moving forward means that insurance companies will not be able to drop your coverage when you get sick, or limit the care you receive.
- Moving forward means giving millions of Americans access to the same health care coverage members of Congress get.

Moving Forward...protecting women's health care.

- Moving forward means insurance companies can no longer charge a woman more just because of her gender.
- Moving forward means no longer branding a woman with a pre-existing condition, simply because of a Caesarean section or because she was a victim of domestic violence.
- Moving forward means women can no longer be dropped from insurance because they get sick, their children can no longer be denied care because of a pre-existing condition, and women and their families can receive preventive health care without a co-pay.

Moving Forward...protecting young adults.

- Moving forward means giving recent graduates the peace of mind that they can get coverage even if they haven't found a job.
- Moving forward means young people know that they will never again be denied care because of preexisting conditions or have their coverage dropped because they got too sick.
- Moving forward means that every young adult will know that he or she will be the one in control of his or her health care – not insurance companies.

What Health Reform Means for Utah

The Patient Protection and Affordable Care Act (ACA) works to ensure that all Utahns have access to quality, affordable health insurance. The non-partisan Congressional Budget Office reports that the ACA will bend the health care cost curve and reduce the deficit by \$143 billion over the next ten years, increasing savings over the next decade. The ACA puts control over health care decisions in YOUR hands instead of the insurance companies'.

Key Benefits for Utah:

- Provide tax credits for up to 40,531 Utah small businesses to help make coverage more affordable [Internal Revenue Service, 4/19/10]
- Prohibit insurance companies from excluding coverage of pre-existing conditions for the 868,824

- children in Utah, starting this year [U.S. Census Bureau, 1/7/10]
- Close the “donut hole” and improve other Medicare benefits for 262,000 Utah seniors [HealthReform.gov, accessed 6/15/10]
 - Reduce Medicare premiums for the 192,000 Utah seniors who are not enrolled in Medicare Advantage; no longer subsidize these private insurance plans [Senate Finance Committee]
 - Reduce health care costs for as many as 38,500 retirees in Utah who have health insurance through their former employer and are not yet eligible for Medicare [WhiteHouse.gov, accessed 6/15/10]
 - Ensure affordable coverage options for 389,000 Utahns who are uninsured and 186,000 Utahns who purchase health insurance through the individual market [HealthReform.gov, accessed 6/15/10]
 - Ensure immediate access to affordable insurance options for as many as 52,394 uninsured Utahns who have a pre-existing condition [staff estimate using Agency for Healthcare Research and Quality (AHRQ), 4/09 and HealthReform.gov, accessed 3/20/10]; starting July 1, 2010, approximately \$40 million will be available to operate this program in Utah. [Department of Health and Human Services, accessed 6/15/10]
 - Provide tax credits for up to 248,000 Utahns to help make health insurance more affordable, bringing \$4 billion in premium and cost-sharing tax credits into Utah during the first five years the health insurance Exchange operates [HealthReform.gov, accessed 6/15/10; Senate Finance Committee]
 - Reduce family health insurance premiums by \$1,310 - \$1,870 for the same benefits, as compared to what they would be without health reform, by 2016 [Senate Finance Committee estimate based on CBO, 11/30/09]
 - Provide access to Medicaid for 174,702 newly-eligible Utahns, and provide \$800 million in federal funding for the cost of their coverage [Urban Institute, 1/25/10; Senate Finance Committee]
 - Allow as many as 334,942 young adults aged 19 to 25 to stay on their parents’ insurance plans [U.S. Census Bureau, 1/7/10]; will help approximately 11,600 young adults in Utah who could now have health insurance coverage through their parents if not for their age [WhiteHouse.gov, accessed 6/7/10]
 - Create 1,800 - 2,900 jobs by reducing health care costs for employers [U.S. Public Interest Research Group, 1/20/10]
 - Provide more federal funding for 47 Community Health Centers in Utah [National Association of Community Health Centers, 2009]

5. Health Bill FINAL Tracker for 2011 General Session

Be sure to check out our final Health Bill Tracker [here](#).

See our reflections on priorities moving forward based on what happened with certain key bills.

6. Important Announcements

Free and Open to the Public! Panel Discussion of Federal Health Reform

“Transformation of Health Care Delivery Under Health Care Reform: Prospects and Challenges”

When: April 1, 2011 (no foolin')

12:00 noon - 1:30 pm

Gould Auditorium, Marriott Library, The University of Utah ([see map](#))

The goals of health care reform of generating near-universal access at affordable cost, while also improving quality of care, will require transformation of health care delivery and finance. To what extent does health care reform, as currently configured, hold the prospects for such transformation of delivery of care? What are the lingering challenges? Three internationally recognized expert panelists will address these issues, with expert commentary by one of the most prominent figures on the stage of health care policy of the 20th century, Philip R. Lee.

Featured Panelists:

[Kevin Grumbach](#), M.D., Professor and Chair of the Department of Family and Community Medicine at the University of California, San Francisco and Chief of Family and Community Medicine at San Francisco General Hospital

[Richard J. Sperry](#), M.D. Ph.D., Governor Scott M. Matheson Presidential Endowed Chair in Health Policy and Management, Director of the Matheson Center for Health Care Studies, Professor of Anesthesiology and Associate Vice President of Health Sciences at the University of Utah

[Lucy Savitz](#), Ph.D. M.B.A., Director of Research and Education at the Institute for Health Care Delivery Research of Intermountain Healthcare, Associate Professor of Clinical Epidemiology, and Adjunct Associate Professor of Nursing and Pediatrics at Family & Preventive Medicine, and Director of CCTS Community Engagement Core at the University of Utah

Moderator: [Robert Huefner](#), Doctor of Business Administration, Professor Emeritus at the University of Utah

7. **Post-Session Tips for Advocates**

Health Action Calendar

Based on our results this Session, protecting Medicaid and more, you've all earned a break! We hope you come back refreshed to take on the immense reform implementation challenges in front of us—lots of work to do on rate review process, Medicaid reform, the Exchange, and more.

Check in with UHPP's [Health Action Calendar](#) for important implementation events.

We will be re-convening the Utah Medicaid Partnership and U-SHARE (separately post-Session) within the next few weeks to begin tackling the Medicaid reform process (SB180).

Thank Legislators!

Be sure to thank legislators for their efforts to maintain Medicaid, continue on the path of reform, and anything else that deserves your commendation—focus on the positive! To download the latest legislator contact sheet, click [here](#).

