

THE UTAH HEALTH POLICY PROJECT

HEALTH MATTERS

Utah *Health Matters* for August 24, 2007

Hello Health Advocates & Friends!

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1. U-SHARE because Utah Health Reform is a Shared Responsibility!

Join U-SHARE TODAY! (Email Joanna@healthpolicyproject.org).

Why Join? Utah has started down the road towards systemic health care reform. This past Spring Governor Huntsman announced he was proposing the Utah Health Insurance Exchange. In its simplest terms, the Exchange is like a matchmaker: it connects eligible Utah residents with approved health insurance plans and helps them pay for the plans. Depending on how it is designed it could also help individuals join a health plan and find providers that meet their needs. If the reform process goes according to plan, almost all health insurance (with a few exceptions for IRISA) will be bought on the Exchange. Governor Huntsman has tapped longtime health care expert John T. Nielsen to become the executive director and help shepherd the plan through the legislature.

If done right, the Exchange could make great strides towards making quality affordable health care coverage available for all Utahns. But to accomplish this laudable goal will be very difficult.

Over the Summer the United Way Financial Stability Council has been shaping the exchange, tackling big questions like "community rating," "Individual Responsibility," and basic benefit package. The Council will be releasing a draft proposal to the public after it disbands in a couple of weeks.

In an effort to continue and build on what the Financial Stability Council has accomplished, we are building a new coalition called Utahns for Sustainable Health Reform and a Responsible Exchange (U-SHARE) to ensure that the Exchange succeeds by:

- Providing Health Care that is affordable and accessible by all
- Making sure reform packages are financially sustainable for employers, individuals, and families.
- current Medicaid and CHIP enrollees are protected in the reform process;

- Medicaid/CHIP financing is leveraged appropriately so that the working poor can afford to participate in the Exchange;
- the PCN is phased out and its enrollees moved into Medicaid, CHIP, or the Exchange. Right now about half of the key players 'get' the need to replace the PCN (to consider this population uninsured going into the reforms), the other half are out to lunch, foggy around such details or unclear of the meaning of the word "universal."
- Medicaid eligibility levels are raised so that low-income working parents can use Medicaid coverage as they work toward self sufficiency.

In short, U-SHARE will be a watchdog during the reform process, making sure that the system Utah develops satisfies our criteria for accessibility, affordability, and sustainability. We recently codified these criteria in "*Guiding Principles of Health System Reform*," a yardstick by which to evaluate Utah's reform efforts (*attached*).

We also expect that U-SHARE will be the most effective way to get the word out about how the Exchange works, and how people can use it to get the health care resources they need. But, like the Exchange, it needs the involvement of people like you.

Join Today: Joanna@healthpolicyproject.org

2. CHIP Woes ...CHIP Still Needs Help!

Despite the best efforts of Utah Senator Hatch and Representative Matheson, President Bush and HHS Secretary Mike Leavitt are doing everything they can to block CHIP Reauthorization.

It wasn't enough that Bush has threatened to veto Congress' effort this summer to provide coverage for an additional 4 million uninsured kids. Thanks in large part to strong leadership from Senator Hatch, the Senate defied Bush on Aug. 2 by passing a \$35 billion bipartisan bill with enough votes to override any veto threat. The House passed an even more substantial \$50 billion package that includes coverage for legal immigrant children. (House and Senate leaders are now working on compromise language). See [Zion Bank CEO Scott Anderson's Opinion Piece on the benefits of covering legal immigrant children in Sunday Trib here.](#)

The administration on Tuesday announced new rules that will make it practically impossible for states to expand coverage to children whose families make over 250% percent of the federal poverty level, as many states already do (and Utah will need to do if the Exchange is to be truly successful. See *U-SHARE above*). The changes allow states to expand their programs only if they demonstrate that they have "enrolled at least 95 percent of children in the state below 200 percent of the federal poverty level."

How many states currently meet that standard? None. Zero. The national average is 72 percent.

The renewal deadline for the federal program is Sept. 30. The Senate must not only reach a compromise with the House on how much the SCHIP program should be expanded, but also find the votes to overturn Bush's new regulations.

What you can do RIGHT NOW

Call Senator Hatch: (801) 524-4380

Thank him for all his hard work. Remind him how important CHIP is and tell him to keep fighting until the program is reauthorized.

Call Senator Bennett: (801) 524-5933

Ask him to reconsider his “no” vote on CHIP. Ask him to Join Senator Hatch in supporting CHIP reauthorization.

Call Rep. Matheson: Phone: (801) 524-4394

Thank him for all his hard work. Remind him how important CHIP is and tell him to keep fighting until the program is reauthorized.

3. Multicultural Summit Recap

4. MCAC Legislative Priorities

5. Health Action Calendar

Happenings in the Health Advocacy World can be found on the Utah Health Policy Project [HEALTH ACTION CALENDAR](#)

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