

Duties of the Health System Reform Task Force

(Excerpts from 2012 H.B. 144. Headings in **bold** have been added, duties have been reordered, and underlining has been omitted.)

May 17, 2012

- (1) The committee shall review and make recommendations on the following issues:

Federal Health Care Reform — State Response

- (a) the state's response to federal health care reform;
- (c) the role and regulation of navigators assisting individuals with the selection and purchase of health benefit plans;
- (e) the governance structure of...any other health exchange developed in the state;
- (f) no later than September 1, 2012, a recommendation to the Insurance Commissioner regarding a benchmark plan for the essential health benefit plan in the individual and small employer group market in the state;
- (g) the role of the state's high risk pool as a provider of a high risk product and its role in the establishment of a transitional reinsurance program;
- (h) the risk adjustment mechanism for the health exchange and methods to develop and administer a risk adjustment system that limits the administrative burden on government and health insurance plans, and creates stability in the insurance market;
- (i) whether the state should consider developing and offering a basic health plan in to provide coverage options for individuals from 133% to 200% of the federal poverty level;
- (j) strategies to manage Medicaid expansion in 2014, including whether the Medicaid benefit plan should be the same as, or different from, the essential health benefit plan in the private insurance market;

State Health Care Reform (may also impact response to federal reform)

Utah Health Exchange

- (d) health insurance plans available on the Utah Health Exchange, including dental and vision plans and whether dental and vision plans can be included on the exchange in 2013;
- (e) the governance structure of the Utah Health Exchange, including advisory boards for the Utah Health Exchange...;
- (k) individuals with dual health insurance coverage and the impact on the

market;

- (l) cost containment strategies for health care, including durable medical equipment and home health care cost containment strategies;
- (m) analysis of cost effective bariatric surgery coverage; and
- (n) Medicaid behavioral and mental health delivery and payment reform models, including:
 - (i) identifying and eliminating barriers to the delivery of effective mental, behavioral, and physical health care delivery systems;
 - (ii) the costs and financing of mental and behavioral health care, including current cost drivers, cost shifting, cost containment measures, and the roles of local government programs, state government programs, and federal government programs; and
 - (iii) innovative service delivery models that facilitate access to quality, cost effective and coordinated mental, behavioral, and physical health care.

Other

- (b) health coverage for children in the state;

(2) A final report, including any proposed legislation shall be presented to the Health and Human Services and Business and Labor Interim Committees before November 30, 2012.

Section 12. Section 31A-30-116 is enacted to read:

31A-30-116. Essential health benefits.

- (1) For purposes of this section, the "Affordable Care Act" is as defined in Section 31A-2-212 and includes federal rules related to the offering of essential health benefits.
- (2) The state chooses to designate its own essential health benefits rather than accept a federal determination of the essential health benefits required to be offered in the individual and small group market for plans renewed or offered on or after January 1, 2014.
- (3) (a) Subject to Subsections (3)(b) and (c), to the extent required by the Affordable Care Act, and after considering public testimony, the Legislature's Health System Reform Task Force shall recommend to the commissioner, no later than September 1, 2012, a benchmark plan for the state's essential health benefits based on:

- (i) the largest plan by enrollment in any of the three largest small employer group insurance products in the state's small employer group market;
 - (ii) any of the largest three state employee health benefit plans by enrollment;
 - (iii) the largest insured commercial non-Medicaid health maintenance organization operating in the state; or
 - (iv) other benchmarks required or permitted by the Affordable Care Act.
- (b) Notwithstanding the provisions of Subsection 63M-1-2505.5(2), based on the recommendation of the task force under Subsection (3)(a), and within 30 days of the task force recommendation, the commissioner shall adopt an emergency administrative rule that designates the essential health benefits that shall be included in a plan offered or renewed on or after January 1, 2014, in the small employer group and individual markets.
- (c) The essential health benefit plan:
- (i) shall not include a state mandate if the inclusion of the state mandate would require the state to contribute to premium subsidies under the Affordable Care Act; and
 - (ii) may add benefits in addition to the benefits included in a benchmark plan described in Subsection (3)(b) if the additional benefits are mandated under the Affordable Care Act.