

26 incorporate the Access Utah program.

- 27 ▶ amends the Utah Health Data Authority Act to facilitate:
  - 28 • the coordination of eligibility for health insurance benefits; and
  - 29 • cost and quality reports for episodes of care;
- 30 ▶ amends the health insurance navigator license chapter of the Insurance Code to:
  - 31 • create two types of navigator licenses;
  - 32 • establish different training for the types of licenses; and
  - 33 • add an exception to the license requirement for Indian health centers;
- 34 ▶ amends the state Comprehensive Health Insurance Pool to:
  - 35 • close the pool to new enrollees;
  - 36 • pay out claims incurred by enrollees; and
  - 37 • close down the business of the pool;

37a **H→** ▶ **permits an enrollee to re-new an insurance plan as long as permitted by federal**  
 37b **policy;** ←**H**

- 38 ▶ establishes the state option for calculating the cost to the state if the state mandates  
 39 additional benefits to the PPACA essential health benefits;
- 40 ▶ creates the Individual and Small Employer Risk Adjustment Act, which:
  - 41 • requires the insurance commissioner to work with stakeholders to develop a  
 42 state based risk adjustment program for the individual and small group market;
  - 43 • describes the risk adjustment models the commissioner may consider;
  - 44 • requires the commissioner to report to the Legislature before implementing a  
 45 risk adjustment model;
  - 46 • authorizes the commissioner to set fees for the operation of the risk adjustment  
 47 program; and
  - 48 • establishes an Individual and Small Employer Risk Adjustment Enterprise Fund  
 49 for the operation of the program;
- 50 ▶ requires the Office of Consumer Health Services, which runs the small employer  
 51 health insurance exchange, to provide the form required for the federal small  
 52 employer premium tax credit to small employers who purchase qualified health  
 53 plans; and
- 54 ▶ makes technical and conforming amendments.

55 **Money Appropriated in this Bill:**

56 None

429 Association;]

430 [~~(v) two representatives who are health insurers, appointed by the committee;~~]

431 [~~(vi) a representative from the Department of Health as designated by the executive~~

432 ~~director of the department;~~]

433 [~~(vii) a representative from the committee;~~]

434 [~~(viii) a consumer advocate appointed by the committee;~~]

435 [~~(ix) a member of the House of Representatives appointed by the speaker of the House;~~

436 and]

437 [~~(x) a member of the Senate appointed by the president of the Senate.]~~

438 [~~(c) The advisory panel shall elect a chair from among its members, and shall be~~

439 ~~staffed by the committee.]~~

440 [~~(2)(a)~~ (1) The committee shall, as funding is available:

441 [~~(i)~~ (a) establish a plan for collecting data from data suppliers, as defined in Section

442 26-33a-102, to determine measurements of cost and reimbursements for risk-adjusted episodes

443 of health care;

444 [~~(ii)~~ (b) share data regarding insurance claims and an individual's and small employer

445 group's health risk factor and characteristics of insurance arrangements that affect claims and

446 usage with [~~insurers participating in the defined contribution market created in Title 31A,~~

447 ~~Chapter 30, Part 2, Defined Contribution Arrangements]~~ the Insurance Department, only to the

448 extent necessary for:

449 (i) risk adjusting; and

450 (ii) the review and analysis of health insurers' premiums and rate filings; and

451 [~~(A) establishing rates and prospective risk adjusting in the defined contribution~~

452 ~~arrangement market; and]~~

453 [~~(B) risk adjusting in the defined contribution arrangement market; and]~~

454 [~~(iii)~~ (c) assist the Legislature and the public with awareness of, and the promotion of,

455 transparency in the health care market by reporting on:

456 [~~(A)~~ (i) geographic variances in medical care and costs as demonstrated by data

457 available to the committee; ~~H~~→ [f] and [f] ←~~H~~

458 [~~(B)~~ (ii) rate and price increases by health care providers:

459 [~~(F)~~ (A) that exceed the Consumer Price Index - Medical as provided by the United

460 States Bureau of Labor Statistics;

461 ~~[(H)]~~ (B) as calculated yearly from June to June; and

462 ~~[(H)]~~ (C) as demonstrated by data available to the committee[-]; and

463 ~~H~~→ ~~[(iii)]~~ (d) **provide on** ←~~H~~ at least a monthly basis, enrollment data collected by the  
 463a committee to a  
 464 not-for-profit, broad-based coalition of state health care insurers and health care providers that  
 465 are involved in the standardized electronic exchange of health data as described in Section  
 466 31A-22-614.5, to the extent necessary:

467 (A) for the department or the Medicaid Office of the Inspector General to determine  
 468 insurance enrollment of an individual for the purpose of determining Medicaid third part  
 469 liability;

470 (B) for an insurer that is a data supplier, to determine insurance enrollment of an  
 471 individual for the purpose of coordination of health care benefits; and

472 (C) for a health care provider, to determine insurance enrollment for a patient for the  
 473 purpose of claims submission by the health care provider.

474 (2) (a) The Medicaid Office of Inspector General shall annually report to the  
 475 Legislature's Health and Human Services Interim Committee regarding how the office used the  
 476 data obtained under Subsection (1)(c)(iii) and the results of obtaining the data.

477 (b) A data supplier shall not be liable for a breach of or unlawful disclosure of the data  
 478 obtained by an entity described in Subsection (1)(c)(iii).

479 ~~[(b)]~~ (3) The plan adopted under ~~[this]~~ Subsection ~~[(2)]~~ (1) shall include:

480 ~~[(i)]~~ (a) the type of data that will be collected;

481 ~~[(ii)]~~ (b) how the data will be evaluated;

482 ~~[(iii)]~~ (c) how the data will be used;

483 ~~[(iv)]~~ (d) the extent to which, and how the data will be protected; and

484 ~~[(v)]~~ (e) who will have access to the data.

485 Section 6. Section **26-33a-106.5** is amended to read:

486 **26-33a-106.5. Comparative analyses.**

487 (1) The committee may publish compilations or reports that compare and identify  
 488 health care providers or data suppliers from the data it collects under this chapter or from any  
 489 other source.

490 (2) (a) ~~[The]~~ Except as provided in Subsection (7)(c), the committee shall publish