{deleted text} shows text that was in SCR008 but was deleted in SCR008S01.

Inserted text shows text that was not in SCR008 but was inserted into SCR008S01.

DISCLAIMER: This document is provided to assist you in your comparison of the two bills. Sometimes this automated comparison will NOT be completely accurate. Therefore, you need to read the actual bills. This automatically generated document could contain inaccuracies caused by: limitations of the compare program; bad input data; or other causes.

Senator Daniel Hemmert proposes the following substitute bill:

HEALTH CARE FREEDOM CONCURRENT RESOLUTION

2017 GENERAL SESSION STATE OF UTAH

Chief Sponsor: Daniel Hemmert

House Sponsor: \(\) \(\) \(\) Michael S. Kennedy

LONG TITLE

General Description:

This concurrent resolution encourages the federal government to give states greater control over Medicaid policies by providing Medicaid funding in the form of a federal block grant.

Highlighted Provisions:

This resolution:

- asserts that Utah is best suited to make decisions regarding Medicaid policy for the residents of this state, including prioritizing state Medicaid spending to reflect the unique needs of Utah and setting eligibility standards that reflect state priorities; and
- calls upon the federal government to provide Medicaid funding through a federal block grant that would give states greater flexibility to manage the state Medicaid budget and tailor the program to meet state objectives.

Special Clauses:

None

Be it resolved by the Legislature of the state of Utah, the Governor concurring therein:

WHEREAS, the American governing principles of self government and federalism require that states, municipalities, and the private sector be empowered to pursue community-driven solutions that reflect the will of the people;

WHEREAS, the pursuit of community-driven solutions has proven to be the most effective way to create the elevated dialogue needed to find practical, sustainable solutions to pressing issues that involve strong political disagreement;

<u>WHEREAS</u>, the federal Medicaid program started in 1965 and in 2016, provided assistance to an average of over 310,000 Utah residents each month, of which 63% were children;

WHEREAS, the federal government is not situated well geographically, politically, or culturally to understand the specific health care needs of Utah families, individuals, and businesses;

WHEREAS, <u>in 2016</u>, total Medicaid spending in the United States {in 2016 } exceeded \$530 <u>billion and in the state of Utah exceeded \$2.5</u> billion;

WHEREAS, the share of federal Medicaid funding provided to the states is determined by a state-by-state matching percentage, and the actual amount of federal funds sent to the states is determined by how much states spend in order to get those matching dollars;

WHEREAS, Medicaid policy is heavily controlled by the federal government, requiring states to apply for waivers if they want the flexibility to reform Medicaid programs to better meet state needs;

WHEREAS, states are encouraged to expand Medicaid programs and spend more to get additional federal funds;

WHEREAS, the United States Government Accountability Office projects that Medicaid spending will grow by 224% between 2007 and 2032, and at the same time, Medicare and Social Security will put significant pressure on the federal budget;

WHEREAS, these cost trends and projections for Medicaid, Medicare, and Social Security are unsustainable and will likely lead to difficult cost shifting in the Medicaid program

from the federal government to the states, which will result in states struggling to support their individual Medicaid programs without meaningful control over the policy;

WHEREAS, current Medicaid funding arrangements fail to reward states based on performance, but give states additional funding based on outright government appropriations;

WHEREAS, Medicaid growth is fueled by an interest in gaining additional federal funding, which also makes reductions in state Medicaid spending more difficult due to the accompanying loss of federal funding;

WHEREAS, welfare reform changed the way states managed welfare programs by giving states performance expectations, more policy control, and a <a href="mailto:fixed]set amount of money each year;

WHEREAS, because welfare reform has proven to be a success since its passage more than 20 years ago, states should ask for a similar arrangement with Medicaid that would give states more policy flexibility, \(\frac{\fixed}{a \text{ set}} \) state funding \(\frac{\text{amount}}{a \text{ mount}} \), and broad performance goals; and

WHEREAS, federal funding for the Children's Health Insurance Program (CHIP) is allocated to states based on a matching rate up to a total <code>{fixed}set</code> amount of federal funding determined by state need, providing clear precedent for giving states greater latitude in setting eligibility standards and a <code>{fixed}set</code> amount of funding for similar programs:

NOW, THEREFORE, BE IT RESOLVED that the Legislature of the state of Utah, the Governor concurring therein, maintains that Utah is best suited to make decisions regarding Medicaid policy for the residents of this state, including prioritizing state Medicaid spending to reflect the unique needs of Utah and setting eligibility standards that reflect state priorities.

BE IT FURTHER RESOLVED that the Legislature and the Governor call upon the federal government to provide Medicaid funding through a federal block grant { that would} including a per capita allocation, and work with states to redesign the Medicaid program to give states greater flexibility to manage the state Medicaid budget and tailor the program to meet state objectives.

BE IT FURTHER RESOLVED that copies of this resolution be sent to Utah's congressional delegation, the President of the United States, the Speaker of the United States House of Representatives, the Majority Leader of the United States Senate, and the Secretary of the United States Department of Health and Human Services.

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Legislative Review Note

Office of Legislative Research and General Counsel}