

MEETING OUTLINE

for the Wednesday, May 15, 2019, 8:30 a.m. meeting of the
Health and Human Services Interim Committee
of the Utah Legislature
Room 30 House Building, State Capitol Complex, Salt Lake City, Utah
(Version: 05/13/19)

Approximate
Time Frame

8:30 1. Committee Business

Background

- [Draft minutes of the November 26, 2018 meeting](#)
- [Meeting schedule](#) (Source: Legislative Management Committee)
- [Studies assigned to committee](#) (Source: Legislative Management Committee)
- [2019 General Session legislation related to health and human services](#) (Source: OLRGC)
- [Statutorily required reports related to health and human services](#) (Source: OLRGC)
- [Open and Public Meetings Act: Overview](#) (Source: OLRGC)

Presenters

- Chair Christensen and Chair Daw
 - Approval of the minutes of the November 26, 2018, meeting
 - Review of Legislative Management Committee assignments
 - Other studies
 - Meeting schedule
- Staff
- Open and Public Meetings Act

Potential Action

- Adopt study items by motion (JR7-1-401).
 - “(3) During the interim committee’s first meeting of each calendar year, the interim committee:

- (a) shall review the interim committee's study items described in Subsection (1)(a);
 - (b) may, by majority vote, modify or add to the study items described in Subsection (1)(a), provided any modification or addition is within the interim committee's subject area; and
 - (c) shall adopt the study items described in Subsection (1)(a), with any modifications or additions, by majority vote."
- Authorize chairs to open bill files.

"JR7-1-602. Interim committee chairs' authority to open committee bill files.

During an interim committee's first meeting of a calendar year, the interim committee may, by motion and majority vote, authorize the chairs to do one of the following:

- (1) open one or more committee bill files related to any study item adopted by the interim committee under JR7-1-401(3), as the chairs deem necessary; or
- (2) open one or more committee bill files related to one or more study items that are:
 - (a) adopted by the interim committee under JR7-1-401(3); and
 - (b) specified in the motion."

8:40

2. Christensen et al. v. Miner et al. – Update on Settlement Agreement and Action Plan

H.J.R. 28 approved the settlement agreement negotiated by the Disability Law Center, the Utah Department of Health, and the Utah Department of Human Services, and approved by the governor in the case Christensen et al. v. Miner et al., Case No. 2:18-cv-0037 (United States District Court for the District of Utah). Utah Code Section 63G-10-303 requires the Legislature to approve a settlement agreement that legally binds the state to take action that might cost government entities more than \$1,000,000 to implement.

H.J.R. 28 required the Department of Health and the Department of Human Services to:

- *Move approximately 300 intellectually disabled people from ICFs to HCBS in 6 years;*
- *Provide more education about HCBS for those in ICFs;*
- *Place permanent moratorium on licensing additional ICF beds;*
- *Reduce total number of licensed ICF beds;*
- *Create policies to serve the needs of those under 22 in ICFs; and*
- *Establish advisory committee through administrative rule.*

Background

- [Summary of Christensen et al. v. Miner et al. settlement agreement](#) – (Source: Office of Legislative Research and General Counsel)
- [2019 H.J.R. 28 “Joint Resolution Regarding Approval of Settlement Agreement”](#)

Issues

- How is implementation of the settlement agreement action plan proceeding?
- Are there implementation issues that need resolution or further action by the Legislature?

Presenters

- Utah Department of Health
 - Dr. Joseph K. Miner, Executive Director
 - Mr. Nate Checketts, Deputy Director
- Utah Department of Human Services
 - Ms. Angie Pinna, Director, Division of Services for People With Disabilities

Potential Action

- Identify issues that need resolution by the Legislature.

- Request additional information.

8:50

3. Medicaid – Oversight of Eligibility Expansion

On April 1, 2019, enrollment in Utah's Medicaid Program was expanded to include all adults who have a household income below 100% of the federal poverty guidelines and were not previously eligible for the program. The expansion:

- *was implemented pursuant to [2019 S.B. 96, Medicaid Expansion Adjustments](#);*
- *is funded with a 30% participation rate by the federal government;*
- *includes a self-sufficiency requirement;*
- *includes authorization to limit enrollment to available state funding;*
- *does not cover early and periodic screening, diagnostic and treatment (EPSDT) services covered for certain other Medicaid enrollees; and*
- *beginning January 1, 2020, requires an enrollee offered coverage by an employer to enroll in the coverage.*

With respect to the April 1 expansion population, S.B. 96 also directed the program to seek federal approval for:

- *90% funding by the federal government;*
- *a cap on federal participation based on a per capita funding formula developed by the Department of Health;*
- *12-month continuous eligibility;*
- *use of Medicaid funds for housing support;*
- *a lock-out provision for violations of program requirements; and*
- *excluding determination of presumptive eligibility by hospitals.*

Background

- Utah Department of Health
 - [Medicaid Expansion: At a Glance](#)
 - [Utah's Medicaid Expansion: Implementation Toolkit](#)
- Centers for Medicare and Medicaid Services
 - [Federal approval letter](#)

Issues

- What type of outreach efforts have been employed to notify individuals eligible for enrollment?
- How many individuals have enrolled under the expansion? How many are projected to enroll? Is enrollment likely to be closed in FY19?
- What are the demographic characteristics of those who have enrolled?
- When will the waiver request for 90% federal participation, a per capita cap on federal funding, and other provisions be submitted to CMS?

Presenters

- Mr. Nate Checketts, Deputy Director, Utah Department of Health

Potential Action

- Request additional information.

4. Medical Cannabis – Implementation of Recent Amendments

On November 6, 2018, voters approved Proposition 2, a statewide ballot initiative amending Utah law related to medical cannabis. On December 3, 2018, the Legislature passed, and the Governor signed, H.B. 3001, Utah Medical Cannabis Act, which further amended the state's medical cannabis law. The committee will be briefed on the implementation of both amendments, which were a continuation of efforts since 2014 to address the availability and use of cannabis products for medical purposes.

Background

- Office of Legislative Research and General Counsel
 - [Overview Graphic](#)
 - [Summary](#)
- Utah Department of Agriculture and Food
 - [Utah Medical Cannabis Program Act: Program Update](#)
- Utah Department of Health
 - [Fact Sheet](#)
 - [FAQs](#)
- Related legislation
 - [2018 H.B. 3001, Utah Medical Cannabis Act](#) (Hughes)
 - [2019 S.B. 161, Medical Cannabis Act Amendments](#) (Escamilla)
 - [2019 S.B. 105, Hemp and Cannabinoid Act Amendments](#) (Vickers)
 - [2019 S.C.R. 7, Concurrent Resolution Urging Legal Medical Cannabis Banking](#) (Anderegg)

Issues

- How is implementation of the voter initiative and 2018 H.B. 3001 proceeding?
- Are there implementation issues that need resolution by the Legislature?
- What steps are underway to prepare qualified medical providers to recommend treatment with cannabis in medicinal dosage form?
- How is the Utah Science Technology and Research Initiative study of the effects of cannabidiol and tetrahydrocannabinol on pain proceeding?

Presenters

- Utah Department of Agriculture and Food
 - Ms. Melissa Ure, Senior Policy Analyst
- Utah Department of Health
 - Dr. Marc Babitz, Deputy Director

- Mr. Rich Oborn, Director, Center for Medical Cannabis
- Division of Occupational and Professional Licensing, Utah Department of Commerce
 - Ms. Deborah Blackburn, Regulatory and Compliance Officer
- Utah Cannabinoid Product Board
 - Dr. Ed Redd, Chair
- University of Utah
 - Dr. Deborah Yurgelun-Todd, Professor of Psychiatry
 - Dr. Perry Renshaw, Professor of Psychiatry

Potential Action

- Identify issues that need resolution by the Legislature.
- Request additional information.

11:00 **5. Adjourn**

The official agenda for this meeting is available [here](#).