

**Effective 5/12/2015**

**63N-11-105 Strategic plan for health system reform.**

The state's strategic plan for health system reform shall include consideration of the following:

- (1) legislation necessary to allow a health insurer in the state to offer one or more health benefit plans that:
  - (a) allow an individual to purchase a policy for individual or family coverage, with or without employer contributions, and keep the policy even if the individual changes employment;
  - (b) incorporate rating practices and issue practices that will sustain a viable insurance market and provide affordable health insurance products for the most purchasers;
  - (c) are based on minimum required coverages that result in a lower premium than most current health insurance products;
  - (d) include coverage for immunizations, screenings, and other preventive health services;
  - (e) encourage cost-effective use of health care systems;
  - (f) minimize risk-skimming insurance benefit designs;
  - (g) maximize the use of federal and state income tax policies to allow for payment of health insurance products with tax-exempt funds;
  - (h) may include other innovative provisions that may lower the costs of health insurance products;
  - (i) may incorporate innovative consumer-driven provisions, including:
    - (i) an exemption from selected state health insurance laws and regulations;
    - (ii) a range of benefit and cost sharing provisions tailored to the health status, financial capacity, and preferences of individual consumers; and
    - (iii) varying the amount of cost sharing for a service based on where the service falls along a continuum of care ranging from preventive care to purely elective care; and
  - (j) encourage employers to allow their employees greater control of the employee's health care benefits by providing tax-exempt defined contributions for the purchase of health insurance by either the employer or the employee;
- (2) current rating and issue practices by health insurers and changes that may be necessary to achieve the goals of Subsection (1)(b);
- (3) methods to decrease cost shifting from the uninsured and under-insured to the insured, health care providers and taxpayers, including:
  - (a) eligibility and benefit levels for entitlement programs;
  - (b) reimbursement rates for entitlement programs; and
  - (c) the Utah Premium Partnership for Health Insurance Program and the Children's Health Insurance Program's enrollment and benefit policies, and whether those policies provide appropriate and effective coverage for children;
- (4) providing public employees an option that gives them greater control of their health care benefits through a system of defined contributions for insurance policies;
- (5) giving public employees access to an option that provides individually selected and owned policies;
- (6) encouraging the use of health care quality measures and the adoption of best practice protocols by health care providers for the benefit of consumers, health care providers, and third party payers;
- (7) providing some protection from liability for health care providers who follow best practice protocols;
- (8) promoting personal responsibility through:
  - (a) obtaining health insurance;
  - (b) achieving self reliance;

- (c) making healthy choices; and
- (d) encouraging healthy behaviors and lifestyles to the full extent allowed by the Health Insurance Portability and Accountability Act;
- (9) studying the costs and benefits associated with:
  - (a) different forms of mandates for individual responsibility; and
  - (b) potential enforcement mechanisms for individual responsibility;
- (10)
  - (a) increasing the number of affordable health insurance policies available to a person responsible for obtaining health insurance under Subsection (8)(a) by creating a system of subsidies and Medicaid waivers that bring more people into the private insurance market; and
  - (b) funding subsidies to support bringing more people into the private insurance market, which may include:
    - (i) imposing assessments on:
      - (A) health care facilities;
      - (B) health care providers;
      - (C) health care services; and
      - (D) health insurance products; or
    - (ii) relying on other funding sources;
- (11) investigating and applying for Medicaid waivers that will promote the use of private sector health insurance;
- (12) identifying federal barriers to state health system reform and seeking collaborative solutions to those barriers;
- (13) maximizing the use of pre-tax dollars for health insurance premium payments;
- (14) requiring employers in the state to adopt mechanisms that allow an employee to use tax-exempt earnings, other than pre-tax contributions by the employer, to purchase a health insurance product;
- (15) extending a preference under the state procurement code for bidders who offer goods or services to the state if the bidder provides health insurance benefits or a defined contribution for health insurance to the bidder's employees; and
- (16) requiring insurers to accept premium payments from multiple sources, including state-funded subsidies.

Renumbered and Amended by Chapter 283, 2015 General Session