

**CONSUMER HEALTH CARE STUDY**

1998 GENERAL SESSION

STATE OF UTAH

**Sponsor: Trisha S. Beck**

AN ACT RELATING TO STATE COMMISSIONS AND COUNCILS; REQUIRING THE GOVERNOR'S HEALTH POLICY COMMISSION STUDY AND MAKE RECOMMENDATIONS ON HEALTH CARE CONSUMER EDUCATION, INFORMATION, AND ADVOCACY.

This act affects sections of Utah Code Annotated 1953 as follows:

AMENDS:

**63C-3-104**, as last amended by Chapter 97, Laws of Utah 1997

*Be it enacted by the Legislature of the state of Utah:*

Section 1. Section **63C-3-104** is amended to read:

**63C-3-104. Duties of commission.**

The Health Policy Commission shall report to the Legislature and the governor on the following issues in accordance with Section 63C-3-101:

(1) (a) Each year, the commission may consider and make recommendations on the following:

(i) federal health care reform and its impact on the state, including recommendations to respond to federal health initiatives;

(ii) proposals for Medicaid reform and federal Medicaid waivers;

(iii) evaluation of Medicare and its relationship to Utah's reform;

(iv) impact of state initiatives on access, quality, and cost;

(v) impact of market structure on competition;

(vi) simplification of the administrative process;

(vii) feasibility of establishing a statewide health information repository for the purpose of gathering statistical information about providers, practice parameters, cost, quality, and access, while protecting confidential information containing personal identifiers of patients from inclusion in any data base, except a data base created in accordance with Title 26, Chapter 33a, Utah Health

Data Authority Act;

(viii) review the need for, and revisions to benefit plans;

(ix) the impact of federal and state health care reform on the viability of academic health centers in Utah; and

(x) other issues that are discovered during the planning process.

(b) The commission may change the order in which it considers and makes recommendations on the issues described in Subsections (2) through (8) and may consider other issues as it [~~deems~~] considers necessary to promote the purposes of this chapter.

(2) By December 1, 1995:

(a) advisability of, and if recommended, formation of a purchasing cooperative for individuals and employers with 50 or fewer employees, including structure, membership, costs, benefit plans, and health plan approval criteria;

(b) impact of medical savings accounts in the health care market;

(c) address special population needs;

(d) continue the following insurance reform implementation and refinement:

(i) systemwide community rating;

(ii) portability;

(iii) guaranteed issue; and

(iv) risk adjustment mechanism;

(e) continue development of the rural health plan, including the study and monitoring of the impact of managed health care plans in frontier areas of the state, and any consequences such plans have on the cost of medical care and access to health care providers in rural-frontier areas of the state;

(f) continue development of cost/quality monitoring process; and

(g) health care provider education reform emphasizing primary care and financing the health care provider education system.

(3) By December 1, 1996:

(a) alternatives to capitated reimbursement;

- (b) final recommendations for rural health plan; and
- (c) feasibility of including the following in a benefit plan:
  - (i) alcohol and drug treatment;
  - (ii) long-term care; and
  - (iii) integrating worker's compensation and automobile/health insurance.
- (4) By December 1, 1997:
  - (a) mental health care reform;
  - (b) long-term care initiatives;
  - (c) advisability of, and if recommended, formation of a purchasing cooperative for the public sector; and
  - (d) advisability of rating health insurance premiums based on lifestyle choices that affect health care expenditures, including the consumption of alcohol or tobacco and other behaviors that increase health risks.
- (5) By December 1, 1998:
  - (a) feasibility of including Medicaid in a purchasing cooperative;
  - (b) continue development of mental health care reforms; [and]
  - (c) continue review of benefit plans[-]; and
  - (d) study and make recommendations on health care consumer education, information, and advocacy.
- (6) By December 1, 1999:
  - (a) evaluate the purchasing cooperatives;
  - (b) evaluate the advisability of expanding purchasing cooperative to employers with 50 to 100 employees;
  - (c) evaluate need for employer/individual mandates; and
  - (d) evaluate future needs of or for the uninsurable risk pool.
- (7) By December 1, 2000, a comprehensive report and review on the implementation and effectiveness of the state's health care reform.
- (8) The issues listed in this section are intended only to be study items for the commission.

They do not represent a predetermined final outcome of that study. Any implementation of recommendations resulting from the study remain the prerogative of the Legislature.