

1 **CONCURRENT RESOLUTION ON FEDERAL**
2 **HEALTH CARE REFORM**

3 2010 GENERAL SESSION

4 STATE OF UTAH

5 **Chief Sponsor: David Clark**

6 Senate Sponsor: Wayne L. Niederhauser

7 Cosponsors: Eric K. Hutchings Paul Ray

8
9 **LONG TITLE**

10 **General Description:**

11 This concurrent resolution of the Legislature and Governor urges Congress to refuse to
12 pass any health care legislation that contains certain provisions, urges Congress to pass
13 health care legislation with specific provisions, and urges Congress, should it pass
14 health reform legislation that further restricts states, to grandfather certain state laws,
15 regulations, and practices.

16 **Highlighted Provisions:**

17 This resolution:

18 ▶ urges Congress to refuse to enact, and the President of the United States to refuse to
19 sign, any legislation that imposes further restrictions on any state's ability to
20 regulate the payment and delivery of health care, imposes additional financial
21 burden related to health care on any state, or limits the ability of consumers and
22 businesses to create innovative models for higher quality, lower cost health care;

23 ▶ urges Congress to pass, and the President to sign, legislation that grants states
24 greater flexibility under federal laws and regulations related to health care and
25 encourages states to create health reform demonstration projects with the potential
26 for replication elsewhere; and

27 ▶ urges that should Congress pass, and the President sign, legislation that further
28 restricts states in any manner, the legislation recognize states' efforts to reform
29 health care by grandfathering any state laws, regulations, or practices intended to

30 contain costs, improve quality, increase consumerism, or otherwise implement health system
31 reform concepts.

32 **Special Clauses:**

33 None



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

36 WHEREAS, people's health affects not only their sense of well being, but their
37 capacity to contribute to their families, to their employers, and to society at large;

38 WHEREAS, the improvement and maintenance of individual health depends to a
39 significant extent on the widespread availability of affordable, high quality health care;

40 WHEREAS, the widespread availability of affordable, high quality health care is
41 threatened by long-term runaway spending in a system that too often delivers suboptimal care;

42 WHEREAS, runaway spending and suboptimal care are attributable to various factors,
43 but are perpetuated to a large extent by a third-party payer system that fails to reward
44 individual effort to preserve and improve one's health and that fails to reward delivery of the
45 most effective care at the lowest cost;

46 WHEREAS, for many years, Utah has been laying the foundation for genuine
47 long-term health system reform;

48 WHEREAS, this foundation includes the creation of the Utah Health Data Authority in
49 1990 and the subsequent collection and publication of hospital charges by facility and
50 adjusted for risk;

51 WHEREAS, this foundation includes the establishment in 1993 of the Utah Health
52 Information Network, a nationally recognized statewide system for processing health insurance
53 claims at a small fraction of the cost often charged by other claims processors;

54 WHEREAS, this foundation includes the 2005 requirement that the Utah Health Data
55 Authority publish reports that compare health care facilities based on charges, quality, and
56 safety;

57 WHEREAS, this foundation includes the 2007-08 development of an all-payer

58 database that will report payments, as opposed to charges, for entire episodes of medical care,
59 and will ultimately allow consumers to choose from among competing providers of treatments
60 for any particular condition based on outcomes, price, and other attributes important to the
61 consumer;

62 WHEREAS, this foundation includes the 2008-09 creation of the first statewide system
63 in the nation for standardized electronic exchange of clinical health information across
64 provider systems, including exchange of diagnostic test results and electronic medical record
65 information;

66 WHEREAS, this foundation includes the 2008 creation of the Health System Reform
67 Task Force, a legislative body that has engaged consumers, employers, doctors, hospitals, and
68 insurers in a voluntary, cooperative effort spanning two years, and involving thousands of
69 hours, to develop a strategic plan for health system reform;

70 WHEREAS, this foundation includes the 2009-10 creation of payment and delivery
71 reform demonstration projects designed to align third-party payment structures with provider
72 practices that result in the highest quality of care for both chronic and acute conditions;

73 WHEREAS, this foundation includes the 2009 creation of the nation's second-only
74 health insurance exchange, a virtual marketplace where employees may enroll under a defined
75 contribution arrangement, select from a range of plans broader than what an employer
76 traditionally offers, and fund premiums with contributions from multiple sources;

77 WHEREAS, this foundation outlined above is the result of an iterative process of
78 creation and refinement that has relied heavily on the input of all major stakeholders in the
79 health care system and has been established largely on the basis of cooperation and consensus
80 rather than compulsion;

81 WHEREAS, many of the perverse incentives that plague our health care system are
82 rooted in federal Medicare and Medicaid payment policies, which exert a disproportionate
83 influence on the privately funded portions of our health care system;

84 WHEREAS, federal proposals for health system reform recently considered by
85 Congress emphasize enrollment expansion rather than cost containment, much like boarding

86 additional passengers on an already sinking Titanic;

87 WHEREAS, those proposals include laudable authorizations for payment and delivery
88 reform demonstration projects but otherwise largely lack significant cost containment
89 provisions;

90 WHEREAS, those proposals include many provisions to improve quality of care but
91 fall short of the systemic changes needed to fully link outcomes and payment;

92 WHEREAS, states have consistently proven themselves laboratories of policy
93 innovation, in spite of sometimes stifling federal regulatory restrictions;

94 WHEREAS, the best hope for health system reform lies with individual states, where
95 an iterative process of experimentation, evaluation, and modification will minimize the
96 unintended consequences of one-size-fits-all national policies and will produce results worth
97 replicating; and

98 WHEREAS, states are in need of additional financial resources and flexibility to
99 experiment rather than additional benefit mandates, Medicaid eligibility mandates, and rating
100 restrictions, all of which will inevitably drive up health care spending and costs to states:

101 NOW, THEREFORE, BE IT RESOLVED that the Legislature of the state of Utah, the
102 Governor concurring therein, urge Congress to refuse to enact, and the President of the United
103 States to refuse to sign, any legislation that imposes further restrictions on any state's ability to
104 regulate the payment and delivery of health care, imposes additional financial burden related
105 to health care on any state, or limits the ability of consumers and businesses to create
106 innovative models for higher quality, lower cost health care.

107 BE IT FURTHER RESOLVED that the Legislature and the Governor urge that
108 Congress pass, and the President sign, legislation that grants states greater flexibility under
109 federal laws and regulations related to health care and encourages states to create health reform
110 demonstration projects with the potential for replication elsewhere.

111 BE IT FURTHER RESOLVED that the Legislature and the Governor urge that should
112 Congress pass, and the President sign, legislation that further restricts states in any manner,
113 the legislation recognize states' efforts to reform health care by grandfathering any state laws,

114 regulations, or practices intended to contain costs, improve quality, increase consumerism, or
115 otherwise implement health system reform concepts.

116 BE IT FURTHER RESOLVED that a copy of this resolution be sent to the Majority
117 Leader of the United States Senate, the Speaker of the United States House of Representatives,
118 the President of the United States, and the members of Utah's Congressional delegation.