S.B. 208

HEALTHCARE COMPACT

HOUSE FLOOR AMENDMENTS

AMENDMENT 7 MARCH 7, 2012 5:40 PM

Representative **James A. Dunnigan** proposes the following amendments:

1. Page 1, Line 17a
Senate 2nd Reading Amendments
3-5-2012:

17a $\underline{\hspace{0.2cm}}$ sunsets the compact on July 1, $\{ \underline{2017.} \}$ $\{ \underline{2013.} \}$ $\{ \underline{2014.} \}$

2. Page 1a, Line 26af
Senate 2nd Reading Amendments
3-5-2012:

3-5-2012: 26af (10) (a) Secti

(10) (a) Section 63M-1-2507, Health Care Compact is repealed on July 1, { 2017-} { 2013-} 2014.

- (b) (i) The Legislature shall, before reauthorizing the Health Care Compact:
- (A) direct the Health System Reform Task Force to evaluate the issues listed in Subsection (10(b)(ii), and by January 1, 2013 develop and recommend criteria for the Legislature to use to negotiate the terms of the Health Care Compact; and
- (B) prior to July 1, 2014, seek amendments to the Health Care Compact among the member states that the Legislature determines are appropriate after considering the recommendations of the Health System Reform Task Force.
- (ii) The Health System Reform Task Force shall evaluate and develop criteria for the Legislature regarding:
 - (A) the impact of the Supreme Court ruling on the Affordable Care Act;
- (B) whether Utah is likely to be required to implement any part of the Affordable Care Act prior to negotiating the compact with the federal government, such as Medicaid expansion in 2014,
- (C) whether the compact's current funding formula, based on adjusted 2010 state expenditures, is the best formula for Utah and other state compact members to use for establishing the block grants from the federal government;
- (D) whether the compact's calculation of current year inflation adjustment factor, without consideration of the regional medical inflation rate in the current year, is adequate to protect the state from increased costs associated with administering a state based Medicaid and a state based Medicare program;
- (E) whether the state has the flexibility it needs under the compact to implement and fund state based initiatives, or whether the compact requires uniformity across member states that does not benefit Utah;

- (F) whether the state has the option under the compact to refuse to take over the federal Medicare program;
- (G) whether a state based Medicare program would provide better benefits to the elderly and disabled citizens of the state than a federally run Medicare program;
- (H) whether the state has the infrastructure necessary to implement and administer a better state based Medicare program; and
- (I) whether the compact appropriately delegates policy decisions between the legislative and executive branches of government regarding the development and implementation of the compact with other states and the federal government .