

IMPLEMENTATION LEGISLATION: POSSIBLE MODELS, HIGHLIGHTS FOR UTAH

Oversight Advisory Body/Planning Process on ACA (Affordable Care Act) Implementation

- OH: Reform Stakeholder Forum includes [Health Care Coverage & Quality Council](#), established in '09 by Executive Order. Council (30 members from provider, payer, consumer, and policy communities; state agencies responsible for health care and insurance delivery and oversight, General Assembly) continues public-private partnership to improve coverage, cost, and quality. Regular opportunities for public comment (status: ✓).
- Maine: http://www.mainelegislature.org/legis/bills/bills_124th/billtexts/HP126201.asp (strong on duties, consultation w/stakeholders) (✓).
- NJ: [SB 2239](#) and [AB 3202](#) establishes Reform Implementation Council as formal entity to plan for & coordinate implementation of reform in accordance with ACA (*pending*).
- PA: [HB 2462](#) established Health Insurance Reform Implementation Authority and the Health Insurance Reform Implementation Authority Fund; eliminates duplication between Department of Public Welfare and Insurance dept, making CHIP, the adult basic coverage insurance program, the medical assistance program, the high risk pool, American Health Benefits Exchange, and Small Business Health Operations program more efficient (*pending*).
- NM: [SJM 1](#) creates reform working group. The superintendent of insurance convenes...to make recommendations to Gov & Leg regarding implementation and supplementation of ACA and state reforms. Task Force: Superintendent of Insurance, the DOH, Human Services, Legislative Finance Committee, Legislative Health and Human Services Committee, the Insurance Division of the Public Regulation Commission, the New Mexico Medical Insurance Pool and New Mexico Insurance Alliance (✓).
- NY: [SB 7871](#) establish a temporary task force to examine, evaluate, and make recommendations concerning the effects on the state of and the means, methods, and procedures of implementing PPACA and the Reconciliation Act (*pending*).
- TX: The Texas House created a [House Select Committee on Federal Legislation](#), with a focus on implementing federal health reform (✓).
- WA: [SB 6444](#) (Section 694) thru budget proviso in April, 2010, establishes Joint Select Committee on Reform... co-chaired by chairs of the health committees of senate and house of reps; leadership of 2 largest caucuses in senate and house of reps shall appoint two additional legislators to serve on committee. Co-chairs may form advisory committees to focus on specific topics (insurance regulation, access and expansion of public and private programs, workforce), and may invite stakeholders and experts to advise. [Click here](#) for more (✓).

See also commissions, planning processes initiated *by executive branch*: <http://www.ncsl.org/default.aspx?tabid=20231>

Insurance Code Changes to Conform to ACA

À la carte versions:

- **Preventive care:** CA's [AB 2345](#) requires health plans issued, amended, renewed, or delivered on or after a specified date to comply with provisions of the federal PPACA regarding coverage of, and cost-sharing for, preventive services as well as any regulations issued for this provision.

Compiled by the Utah Health Policy Project from these sources: www.ncsl.org and <http://www.health-access.org>

- **Tobacco Cessation (CA):** require health plan contracts issued, amended, renewed on or after January 1, 2011, to cover tobacco cessation treatment.
- **Kids w/Pre-existing Conditions.** CA's [AB 2244](#) prohibits exclusion or limitation of coverage for children due to any pre-existing condition. Would require plans and insurers offering coverage in the individual market to offer coverage for a child; prescribes limits on rates; requires apply standard risk rates to such coverage. Plans not covering kids are prohibited from offering new individual policies.
- **Community Transformation Grants:** CA's [AB 2287](#) requires California HHS Agency to direct the appropriate departments within the agency to apply for federal community transformation grants under the ACA. Such opportunities include local government agencies, local public health departments, school districts, state and local nonprofit organizations, and Indian tribes.
- **Cost Containment (NH):** [SB 505](#) established commission on cost containment to make recommendations on containing costs and improving quality. Commission will take ACA into account when developing recommendations.

Full Omnibus Versions

- MD: [SB 57](#) applies certain provisions of ACA to all health insurers, including: kids with pre-existing conditions; no drop coverage when get sick; requiring plans to allow youths to age 26 to remain on their parents' plan, and banning lifetime caps on coverage.
- MI: [HB 6240](#) requires health plans that provide dependent coverage to permit continuation until age 26; cannot deny child under specified age access to parent's plan; shall not impose any preexisting condition exclusion or limitation; relates to notification of health plan premium increases; requires incurred losses, claims, and loss adjustment expense or change reporting by insurers; require rebates.
- NE: [SB 455](#) Authorizes Insurance Commissioner to implement the insurance reforms required under federal law; revises laws regarding independent coverage to conform to federal law.

Exchanges (X)

CA: [AB 1602](#) created a new X & specifies operations. New X will be independent state agency tasked with negotiating for the best prices and values for consumers and providing information regarding health benefit products. ***Signed by the Governor on October 1, 2010.*** [SB 900](#) establishes governance of the X by 5 member board appointed by the Governor and Legislature. The board will serve the public interest of the individuals and small businesses seeking health care coverage through the Exchange. ***Signed by the Gov.***

MN: [HB 3709](#) requires creation of Exchanges to comply with federal laws; makes conforming changes related to ACA and provides funding for health care subsidies. Would establish accountable care organizations and a publicly administered health plan; expands eligibility for medical assistance and repeals the MinnesotaCare program and related taxes.