

**Summary of U-SHARE coalition  
post-session mini-retreat  
May 18, 2011**

# Utahns for Sustainable Health Reform **U-SHARE**

*Working toward affordable, high-quality health care for all Utahns.*

Attendance:

Adam Trupp (League Cities & Towns)	Ed Loomis (Prudential Financial)	Randal K Topper (Prudential Financial)
Adrian Comollo (SLCounty Dems)	Elizabeth Garbe (UW)	Richard Nance (Utah County)
Alan Pruhs (AUCH)	Judi Hilman (UHPP)	Sara Carbajal-Salisbury (Alliance CS)
Barb Munoz (Voices)	Shelly Braun (UHPP)	Sheila Walsh-McDonald (SLCAP)
Bill Lee (UT Dems HCC)	Juergen Korbanka (Wasatch Mental Health)	Spencer Brimley (SL Econ Dev)
Brook Osterland (National MS Society)	Karrie Galloway (PPAU)	Stan Smith (Molina)
Clark Jensen (United Way)	Lincoln Nehring (Voices)	Stephanie Baker (UHPP intern)
Danny Harris (AARP)	Malro Corona (for Maritza Arce-Lareta)	Tom Metcalf (UHPP Board)
Dave Jackson (1stWest Benefits)	Missy Bird (Planned Parenthood)	Tomi Ossana (HIP Utah)
Deborah Brown (GCS/AgeConnections)	Missy Corcoran (Prudential Financial)	
Don Minola	Noah Harper (UofU/UHPP vol)	

U-SHARE (Utahns for Sustainable HeAlth REform) re-convened during interim week, May 18, 2011.

## **1. U-SHARE's goals + principles**

Judi Hilman presented a brief **history of the coalition**: U-SHARE was formed in 2008 alongside passage of Rep. Clark's HB133, the bill that started Utah down a path of state health system reform. U-SHARE initially focused on shaping reform, building goals and principles to that end. U-SHARE has worked since on the delicate interface between federal and state reform. Then in March 2010, federal reform (the Affordable Care Act) became the law of the land. U-SHARE's goals should now address the need to implement federal and state reform—the current principles are a bit stale. We may want to re-shape U-SHARE's principles to focus on the more practical challenges of implementation in this post-reform environment. Noah Harper agreed that if we fully embrace the ACA reform then we should focus on practical implementation.

Shelly Braun reviewed [U-SHARE's principles](#): 1) strengthen personal and shared responsibility, 2) ensure affordability and access to care, 3) align treatment and financing incentives with evidence-based medicine, and 4) focus on wellness and prevention. Discussion was then opened up to the group:

Issues for consideration raised include:

**Access** to health care for *everybody in Utah*.

- Alan Pruhs stated that access is more than insurance coverage, it includes access to a medical home, to a primary care provider, to public programs like Medicaid and CHIP.
- The ACA will not result in access to health care for everybody, but we should set this as our goal!
- Tom Metcalf suggested that our Principles should emphasize that we are working towards universal coverage...
- this spurred a discussion amongst the group about strategic communication and word choices:

- We discussed at some length best strategies for effective communication with the legislative body. Lincoln feels the word “universal” may be inflammatory in this environment. For example, the word “universal” could set off red flags to legislators who associate that word with a government run (federal) health insurance program. This could result in them not listening any further after that word. Just how “inflammatory” should we be? On the one hand, Bill Lee stated that legislators might take comfort that groups like ours try not to be inflammatory, on the other sidestepping inflammatory language can be an obstacle to our work. Tomi Ossana stated that a focus on facts and incremental steps has proven a good approach in Utah’s climate.
- We should, however, “ask big” and aim high, because if you don’t ask for much, you won’t get much.
- Judi & Shelly suggested we find a balance but definitely avoid words like “universal.” Why not emphasize coverage for “all Utah residents?”

#### **Cost of insurance, health care, and medical technology**

- Eddie Loomis, a broker with Prudential Financial, stated that numerous clients have come to him with the cost of health insurance identified as their biggest problem. In addition to the cost of insurance, Don Minola said that the cost of medical education (does loan burden push providers into specialties), cost of Rx, and the distribution of medical technologies and facilities, and the “technological imperative” (the need to use a piece of technology to re-coup the investment) are also part of the cost problem.
- Noah Harper suggested we think about cost broadly and systemically.

#### **Education** about reform, especially the ACA which is the law of the land.

- Both Utah’s decision-makers and the public need correct information about the ACA.
- Sara Carbajal shared with the group that her clients, mostly minorities, are confused about reform and about health care. She would like us to focus on education.
- Shelly commented that while Utah’s leaders say they don’t want federal health reform, they are working towards compliance (for example, the Utah Health Exchange version 2.0 prototype integrates public program eligibility, an ACA requirement).

To summarize section 1: the group prefers less inflammatory messaging like access for everybody, a focus on cost containment, and educating the public as well as Utah’s leaders about the ACA.

□ **NEXT STEP:** UHPP with assistance from Deborah Brown will draft language to reflect this input and include in Post-Reform Principles

## **2. Utah’s private market (state reform is focused here). Dave Jackson, chair of the UHE Risk Adjuster Board, joined us to lend his expertise on where we stand on key issues in Utah’s insurance market.**

We discussed Utah’s private market and the issues related to Utah’s private market health reform.

Shelly Braun offered a summary of SB294 “Insurance Amendments,” which was heard in Business + Labor in the morning. This bill encapsulates the **problems of state private-market based health reform: it is slow, incremental**, and as leadership changes, it **changes direction** (Dave Jackson stated that this bill reverses Rep. Clark’s work the year before, which standardized the market at a 5:1 rate slope ratio –as discussed

below). There is currently a **big risk that there will be no more debate** due to the big shift in attitude and policy in Utah's legislature. *We need to find a way to stay at the table and keep the debate going.*

### Summary of SB294

- SB294 was introduced on the last day of the Session, had no committee hearing, and passed at 10 minutes before midnight. The bill increases the rate slope ratio from 5:1 to 6:1. This means the oldest age group cannot be charged a premium more than 5 times that of the youngest group. It also introduced a new pricing tier for family size. Previously there were 4 tiers, a new tier 1 employee & 1 child has been added. The result? Cost goes down for some (younger and single parent one child families), but costs go up for older folks and larger families. The Governor vetoed this bill after the Session, and it's being heard in the Interim in order to get it through right process.
- Debate today centered around whether we should regulate this at all (less government), whether it will help bring the "young invincibles" into the market, and if we should do this at all since in 2014 the ACA will require the ratio to be 3:1. Rep. D represented the bill as way of relaxing regulations a bit and that in doing so, he hopes it will make younger people jump in & buy insurance (note: he was taken to task by Sen Davis when he used the word "Obamacare"). Rep. Morley was struck by how expensive insurance is! Shelly (UHPP) testified asking for an actuarial study of the impact of the bill, so that we can make this decision based on good information about who the bill will bring into the market and who it will push out. She was chastised by Rep. Kiser who said "this is not the time or place for a policy discussion!"
- In the end SB294 passed through committee with a unanimous vote. It's scheduled to be heard on the floor in the June interim session.

### The Utah Health Exchange

Dave Jackson shared with us that Utah hosted an invitation-only tour of the Utah Health Exchange May 12-13. Thirty states + Puerto Rico attended. The State previewed their "Exchange 2.0" to the visitors. The UHE is further along (closer to ACA compliance) than we thought—including interface with public programs. Federal reform has many little pieces where states can have flexibility. **We can have input** on filling those holes—and especially bring the consumer's voice to the process. The Exchange is a way for consumers to be powerful because they are spending their own money when choosing a plan in the defined contribution market.

Shelly Braun stated that one pressing Exchange issue is that of **governance**. To date, the Exchange is accountable only to the executive branch of the Utah government—there is no governing board, only an advisory board and the Risk Adjuster Board, both of which are heavily weighted towards the insurance industry. It's time to think about getting the consumer's voice into the process and getting accountability integrated into the Exchange governance structure. Judi Hilman urged us to include governance issues on U-SHARE's list of things to focus on, and most in the room agreed.

When Eddie Loomis asked about the benefits of Rep. Clark's reforms, Jackson stated that Utah approached reform from an economist's eye, so has focused on the All Payers Database (APD) to see what's driving costs and they are now publishing papers to help us address these big issues. Payment reforms have been a big area for stakeholder consensus. There has been some tort reform for Emergency Department doctors. Utah's achievements are admired by other states, red and blue. He also stated that there is no big conflict between state and federal reform—they're coming at the same problem, just from two different directions.

To summarize section 2: there is a big risk that debate will be squelched in the current political climate. U-SHARE needs to make sure the debate happens and that we have a seat at the table. Adrian Comollo urged us

to take the lead and study the impact of proposed policies whether the legislative body wants it studied or not, and then use that information to shape the implementation of reform in Utah. There's no question: Exchange governance is an important issue at this time.

□ **NEXT STEPS**

- Deborah Brown and Shelly Braun will work on **re-drafting the U-SHARE principles** to reflect today's input and support the practical challenges in today's post-reform environment.
- **New members** and constituencies to recruit to U-SHARE:
  - University
  - Hospitals, especially teaching hospitals (Barnes)
  - Small business owners—Local First, Vest Pocket
  - Local chambers
  - Women's Business Forum (Missy Corcoran can help recruit)
  - Executive branch of the government (?)
- **Next Meeting:**  
Tuesday, June 14, 11:30-1:00  
Location TBA