CONCURRENT RESOLUTION ON THE PUBLIC
EMPLOYEES' HEALTH PLAN
2018 GENERAL SESSION
STATE OF UTAH
Chief Sponsor: Daniel Hemmert
House Sponsor:
LONG TITLE
General Description:
This concurrent resolution directs the Public Employees' Benefit and Insurance Program
to make certain changes to an offered health plan.
Highlighted Provisions:
This resolution:
 directs the Public Employees' Benefit and Insurance Program to:
• rename the "Utah Basic Plus" plan to "Consumer Plus"; and
• adopt reference pricing as the preferred method of payment.
Special Clauses:
None
Be it resolved by the Legislature of the state of Utah, the Governor concurring therein:
WHEREAS, in accordance with Utah Code Section 49-20-201, the state participates in
the Public Employees' Benefit and Insurance Program;
WHEREAS, Utah Code Subsection 49-20-301(1)(g) provides that the program must
"consult with the covered employers to evaluate employee benefit plans and develop
recommendations for benefit changes";
WHEREAS, Utah Code Subsection 49-20-401(1)(j) provides that the program "submit,
in advance, its recommended benefit adjustments for state employees to the Legislature;

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28	and the executive director of the state Department of Human Resource Management";
29	WHEREAS, the state currently offers three health plans to its employees, including
30	Utah Basic Plus, which is a Health Savings Account-qualified plan; and
31	WHEREAS, the state desires to give its employees the choice of a health plan that
32	maximizes consumer-driven health care and rewards consumer behavior to the benefit of the
33	employee and the Public Employees' Benefit and Insurance Program's medical risk pool for the
34	state of Utah:
35	NOW, THEREFORE, BE IT RESOLVED that the Legislature of the state of Utah, the
36	Governor concurring therein, directs the Public Employees' Benefit and Insurance Program to
37	change the name of the plan currently known as "Utah Basic Plus" to "Consumer Plus."
38	BE IT FURTHER RESOLVED that the Legislature and the Governor direct the Public
39	Employees' Benefit and Insurance Program to adopt reference pricing as the preferred method
40	of payment for the Consumer Plus plan where appropriate.
41	BE IT FURTHER RESOLVED that the preference for reference pricing:
42	(1) be established for covered medical services in a manner that:
43	(a) sets the reference price at a rate that is not lower than a rate that is available in the
44	market;
45	(b) takes appropriate members' cost sharing into account; and
46	(c) is designed to encourage plan members to save money for themselves and the plan;
47	(2) be designed so that plan members are financially responsible for any provider
48	charge above the applicable reference price and eligible to receive a financial incentive for a
49	provider charge below the reference price;
50	(3) does not cover circumstances when the preference for reference pricing would be
51	inappropriate for the Consumer Plus plan, as determined by the Public Employees' Benefit and
52	Insurance Program, including limits based on specific geographic areas;
53	(4) gives Consumer Plus members online access to reference prices and provides other
54	forms of member support;
55	(5) limits the use of provider contracts with network restrictions and facilitates
56	alternative payment arrangements that encourage consumerism and reduce costs;
57	(6) facilitates cash reimbursements for covered services; and
58	(7) adapts the Consumer Plus plan as necessary to comply with federal law.

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- 59 BE IT FURTHER RESOLVED that a copy of this resolution be sent to the Public
- 60 Employees' Benefit and Insurance Program.

Legislative Review Note Office of Legislative Research and General Counsel