



For the Week Ending April 25, 2008

Legislative leaders are pressing for adjournment by the end of this week by urging committees to complete their work quickly and work out conference committee agreements with their colleagues in the other chamber. Saturday, May 3rd is the target adjournment date barring any hitches that could send the session spilling into another week.

Key health care bills are moving forward with most headed to conference committees to work out differences between House and Senate versions. Following is a status report on these bills:

The bill (H.887) developed in the House to enact key recommendations of the Legislative Health Care Reform Commission was revised significantly in the Senate (see last week's Report). The Senate last week passed the amended bill on a 29-0 vote. Meanwhile, the House Health Care Committee spent committee time last week learning about the Senate revisions and focused specifically on two sections intended to reform the existing individual market that were added by the Senate Health and Welfare Committee but were not in the House version. A conference committee will hammer out differences between the two chambers.

A bill (S.114) introduced to require mental health and substance parity in health benefits plans was rewritten in the Senate to enhance state regulatory authority over the managed care organizations performing those duties. The House last week approved several amendments to the bill recommended by the House Human Services Committee which retained the regulatory focus of the Senate. The House turned back a floor amendment to require that MHSA benefits be managed in the same way as the majority a health plan's requirements for physical health. The final language will be settled in a conference committee.

An assessment on insurer medical claims to finance health information technology improvements was increased to .19 percent of claims by the Senate, but the term of the assessment was reduced from 10 to seven years. The assessment is included in the general fund appropriations bill (H.891) that also is headed to conference committee.

A Senate-passed bill (S.283) to require health insurer participation in the Blueprint was expanded by the House to require insurer participation and financing for Blueprint pilot projects to create and test "medical homes" and new provider payment methodologies. The bill is headed now to a conference committee.