

RESOLUTION 38-15

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3 Title: Improve Medicaid Affordability and Access in Michigan
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5 Introduced by: Domenic R. Federico, MD, for the Kent County Delegation
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7 Original Author: John vanSchagen, MD
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9 Referred to: Reference Committee A
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11 House Action: **REFERRED TO THE BOARD**
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14 Whereas, Oregon has prioritized Medicaid benefits for more than 20 years, and

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16 Whereas, Oregon determines a budget annually and based on that budget
17 allocates the amount it can afford to fund its Medicaid program, the Oregon Health Plan
18 (OHP), and

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20 Whereas, the Oregon Health Evidence Review Commission ranks health care
21 condition and treatment pairs in order of clinical effectiveness and cost-effectiveness to
22 create a Prioritized List, and

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24 Whereas, an actuary with the demographics of the Medicaid population can then
25 determine what benefits the state can afford, and

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27 Whereas, the Prioritized List emphasizes prevention and patient education, and

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29 Whereas, treatments that help prevent illness are ranked higher than services that
30 treat illness after it occurs, and

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32 Whereas, the OHP covers treatments that are ranked on a covered Prioritized List
33 line for the client's reported medical condition, and

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35 Whereas, effective January 1, 2015, the OHP covers Prioritized List¹ lines 1
36 through 476; therefore be it

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38 **RESOLVED:** That MSMS, in order to ensure that the State Medicaid budget can
39 pay providers at least their cost for providing health care services to Medicaid
40 beneficiaries, advocate that Michigan prioritize a Medicaid benefit list based on clinical
41 effectiveness and cost effectiveness; and be it further

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43 **RESOLVED:** That MSMS develop educational materials to present to Michigan's
44 Governor and Legislature regarding Oregon's Medicaid resource allocation model as a
45 way to manage costs of care and improve access to care for Medicaid beneficiaries in our
46 state.
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49 **WAYS AND MEANS COMMITTEE FISCAL NOTE:** None

¹ <http://www.oregon.gov/oha/healthplan/Pages/priorlist.aspx>