**5** 

## SENATE RESOLUTION

REQUESTS THE OFFICE OF THE AUDITOR TO REVIEW AND COMPARE THE HEALTH CARE BENEFITS AVAILABLE UNDER THE MEDICAID PROGRAM AND THE PREPAID HEALTH CARE ACT.

WHEREAS, under the Hawaii Prepaid Health Care Act, many employees and their families are able to receive health care benefits by paying for a portion of the health care premium with the remainder being paid for by their employers; and

WHEREAS, despite the broad coverage of the Hawaii Prepaid Health Care Act, there are still many employees who are not able or eligible to receive health care benefits; and

WHEREAS, under the federal Medicaid program, states can receive a waiver under Section 1115, U.S.C.A. Title 42, to expand Medicaid coverage to families earning up to three hundred per cent of the federal poverty level; and

WHEREAS, under the Medicaid program, states must contribute a percentage of the funds, known as the state match, to pay for the health care benefits provided; and

WHEREAS, sweeping health care reform recently passed by Congress has provided a great opportunity for each state to revisit and analyze its own health care coverage in a manner that would improve upon the number of people covered with health care as well as the quality of care each person receives; and

WHEREAS, the health care benefits provided under the Medicaid program are similar to the benefits available under the Prepaid Health Care Act; now, therefore,

BE IT RESOLVED by the Senate of the Twenty-fifth Legislature of the State of Hawaii, Regular Session of 2010, that the Office of the Auditor is requested to review the health care benefits available under the Medicaid program and the Prepaid Health Care Act and report where the benefits provided are the same and where they differ, and whether the benefits under the Medicaid program can be made similar to the benefits

available under the Prepaid Health Care Act, and to analyze the federal health care reform recently passed by Congress to determine its potential impact on the people of Hawaii; and

BE IT FURTHER RESOLVED that the Office of the Auditor is requested to review the scope of the Medicaid waiver program or any program in the Medicaid Act which allows for expansion of coverage to determine the feasibility of:

(1) Covering private sector employees and their families earning less than three hundred per cent of the federal poverty level under the Medicaid Act regardless of whether the employee is currently covered under the Prepaid Health Care Act; and

(2) Using the amount of the employer's payment for coverage under the Prepaid Health Care Act to reimburse the State for its portion of the state match in order to pay for coverage of private employees who are eligible for Medicaid because they earn less than three hundred per cent of the federal poverty level; and

BE IT FURTHER RESOLVED that the Office of the Auditor is requested to submit its report to the Legislature on the above matters no later than twenty days prior to the convening of the 2011 Regular Session of the Legislature; and

 BE IT FURTHER RESOLVED that certified copies of this Resolution be transmitted to the President of the Senate, the Speaker of the House of Representatives, the State Auditor, and the Director of Health.