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Utah considering paths for Medicaid expansion

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SALT LAKE CITY (AP) — The question of whether Utah will expand Medicaid to 130,000 uninsured residents is still in the air but a group of lawmakers, advocates and others are meeting to draw up a health care roadmap for the state.

Utah is among a handful of states that are deciding whether to accept the federal government's offer to expand Medicaid.

The governor has not yet decided on the issue, Lt. Gov. Greg Bell emphasized at the group's first meeting Tuesday. And Washington will likely fall short of its promises down the road, Bell warned. But he also urged that the state has a responsibility to aid its residents in crisis.

"At the end of the day, this is about mom and child— or a family— dealing with the crushing burden of debt," Bell said.

Utah Gov. Gary Herbert is waiting on the group's report and another in-the-works study from an outside consulting group.

To date, this new group has identified a handful of possible routes and is assigning experts to look them over. They'll turn in a full report over to Herbert by November, they said Tuesday.

Under the health care overhaul law, the federal government has offered to pick up the tab for Medicaid expansion in the first three years and 90 percent over the long haul. By 2021, the program would cost the state an estimated \$60 million, according to projections from the Utah office of the legislative fiscal analyst.

About 225,000 to 250,000 people in Utah are currently on the Medicaid program.

Republican state Rep. James Dunnigan of Taylorsville urged the group to consider expanding coverage to mental health and substance abuse treatment, saying that those cases are some of the most expensive to treat. Other members praised that idea, saying it would help secure a better life for some residents and help the state recoup high care costs.

The group has outlined a list of preliminary options, including a full expansion, which would cover individual adults whose income is less than \$15,850, or about 1.4 times the poverty level. Others could choose to get coverage through their work, or opt to buy

their own and then apply for tax credits.

The group is considering a partial expansion path that would cover Utah adults at or below the poverty line, and others in substance abuse and other treatment programs.

Under another option, Utah could vie for control over divvying up the Medicaid money or Washington could put that sum toward tax credits that Utah businesses and individuals could apply to receive. The state could also opt out altogether, leaving coverage costs up to private and charity efforts.

Other states, including Arkansas and Indiana, have sprung for a blend of those choices, and neighboring Arizona has opted for the full expansion.

Judi Hilman, the executive director of the Utah Health Policy Project, urged the group to consider ways to alleviate pressure from providers, whom she said are overloaded with patients. One of those ways is to bring more nurse practitioners and doctor's assistants to Utah, she said, because they can treat patients but are less costly than doctors. Another method, she said, is to bolster charity care.

David Patton, executive director at the Utah Department of Health, said "I think the flexibility is there" for the state to design its own plan, "and my philosophy at this point is, let's come up with a Utah solution, and we'll present that to the fed government."

The group's next meeting will be in May. The governor has until New Year's Eve to voice his decision.

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