SALT LAKE CITY — Representatives of health care, business and government, as well as community advocates, are beginning a hearty discussion on Medicaid expansion.

Utah is one of five states yet to make a decision on the matter, which, as an option under the Patient Protection and Affordable Care Act, would commence as soon as in January 2014.

With plenty of data and documents to comb through, it is anticipated that the group of about 20 stakeholders will present a recommendation to the governor mid-summer, following a series of monthly meetings where public input will also be gathered.

"We are looking for a Utah solution that helps all the people of Utah," said Dr. David Patton, executive director of the Utah Department of Health, which is leading the charge on the matter.

Patton said he believes the federal government will provide some flexibility for states to be creative.

He asked the Medicaid Expansion Options Community Workgroup, which convened for the first time Tuesday, to realize its job is to provide fully vetted options the governor can consider, not to make the decision for him.

More than 130,000 currently uninsured Utahns stand to gain Medicaid benefits if the full expansion were to be implemented. Many of those individuals fall below 100 percent of the federal poverty level.

The governor does not have a deadline by which he must choose whether to expand Medicaid in the state, but federal reimbursement for expansion costs will be left on the table until a decision is made.

Medicaid is offered through a partnership between state and federal governments, and Utah receives 70 percent of the program’s costs from Washington, D.C. The remaining 30 percent is picked up by state dollars.

Under the Affordable Care Act, the federal government would fund 100 percent of the expansion portion, but that amount would wane to 90 percent in perpetuity or until funds run out, which could happen at any time, said Utah Lt. Gov. Greg Bell.

The issue of expansion is "exceedingly complex," Bell said, and further discussion will likely not yield a direct yes or no answer. But he stressed that the choice is not being taken lightly by Gov. Gary Herbert, as it is likely to impact all Utah residents.

"I want you to know that these are people," Bell said. "At the end of the day, this is about a mom and a child and a family who is dealing with a crushing burden of debt, a family that is dealing with disabilities and other issues, and we need to help. We have not filled in all the blanks, nor should government do everything, but we need to help in those situations that are worthy of our compassion."

While Herbert, who was leading a trade mission in Israel on Tuesday, has a lot of power in the decision to expand Medicaid, "a unilateral decision would be a mistake," Bell said, because lawmakers on both sides of the issue hold the state’s purse strings.

Federal programs, he said, "are not hugely sustainable," and any promised funding may dwindle or
be scaled back in years to come.

"We have a chance to lead out on this," Bell said, adding that in determining a solution to cover Utah's uninsured, the state can be "very innovative, that is also compassionate and economically sensible."

"The state has an opportunity to show that Utah, as a well-managed state, can do the right thing," he said.

The work group is considering the pros and cons of several options to insure more Utahns, including various models of expansion, a provision that would spend Utah's tax money for Medicaid in Utah, providing premium assistance to those who need it, a look at the availability of charity care and the option of not expanding Medicaid at all.

"We do have a problem in Utah of the uninsured. It's been a problem as long as I can remember," Patton said, adding that the state was pursuing methods to combat a growing number of uninsured prior to the 2010 passage of the Affordable Care Act. "We want to do something for that group."

The federal government has approved various aspects of expansion plans from other states and Patton said he also hopes to present the governor, and ultimately, the federal government, with a similarly crafted alternative option that is best suited for Utah's population.

The health department is also awaiting a costs and benefit analysis being conducted by out-of-state Public Consulting Group, in order to examine the financial implications of expanding or not expanding Medicaid in Utah. The report was initially expected prior to the Legislative session but has yet to materialize. Patton could not say when it might be available, but he did ask the group to consider more than just the financial aspects of potential expansion.

The workgroup is planning to meet again at the end of May. More information about Utah's Medicaid program, including documents the workgroup is considering, can be found online at www.health.utah.gov/medicaid.

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