Utah plays politics with Medicaid, Medicare

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Disguised by the ornate language of a bill that would wrest Medicare from the federal government and put it under Utah's control is the law of unintended consequences.

The bill, SB208, would adopt the interstate Health Care Compact, which backers say would use the money far more efficiently than the feds' Affordable Care Act. Now, the federal government runs Medicare and the state runs Medicaid.

However, the math doesn't work out that way, according to the Utah Health Policy Project, which estimates Medicare would lose $217 million by 2014. Add in the loss that year of about $132 million for Medicaid, and joining the compact makes no sense at all.

Here's the deal. While Utah still has the nation's youngest population, there are plenty of us who aren't getting any younger and probably will need help with medical bills. At present, 280,000 Utahns are enrolled in the program.

Meantime, as Utah cuts spending, the feds will too, says Jason Cooke, the UHPP's Medicaid researcher and policy director.

SB208, he says, "asks to be hit twice — volunteer for a whipping now and take another one when the fed cuts later. We'll lose more than $1 billion over 10 years."

Now, Medicare recipients include people 65 and over, those with kidney failure or long-term kidney
disease and those who are permanently disabled and can’t work.

Medicaid, a state-governed program, helps low-income pregnant women, children under 19, people over 65 and older and those who are blind, disabled or need nursing care home.

Who among us doesn't know someone who needs that help, and how willing are we to deny them? Meantime, Cooke says, Utah now employs 200 people to manage Medicaid. The state likely would need a similar sized staff to run Medicare.

Cooke, who formerly was Medicaid and Children’s Health Insurance Program director for Texas, also believes Utah lawmakers are going to take a whipping from beneficiaries who’ll flood them with calls about reduced benefits, quite likely requiring more permanent staff, too.

Another unintended consequence is that as benefits dwindle, people who are underinsured or uninsured and can’t get medical care could flood emergency rooms, as often happens now. Meantime, the number of caregivers who simply can’t afford to give care under Medicaid and Medicare coverage are simply not taking those patients anymore.

The Health Care Compact, which now includes just four states, is a huge gamble that, like all bets, can go either way.

This is a time of fervent states’ rights activism — witness Utah’s plan to take over most federal lands in our borders to reap some imaginary amount of money to boost education spending and possibly eliminate state income taxes.

But Medicaid and Medicare are all about the elderly, the ill, the disabled and the children. Consider who opposes the compact — the Utah Hospital Association, AARP-Utah, the American Cancer Society and, at street level, county health directors.

Its backers? The deeply conservative Sutherland Institute and the arch-conservative Utah Eagle Forum.

I’ll stand with the pros on this one. SB208 and related bills need to be tossed aside like the pipe dreams they are.

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