

# Rep. Ray's bill seeks to create wellness program with Medicaid

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## Images



SALT LAKE CITY -- One lawmaker wants to change the co-pay amount for those who use tobacco and are insured by Medicaid.

But Rep. Paul Ray, R-Canton, does not want to stop with just tobacco. He said in the House Government Operations Committee meeting Thursday he would like to create a wellness program with Medicaid.

"Obesity and smoking are the two easiest ones to target," Ray said.

Ray is sponsoring HB 247, which was held in the committee for further discussion.

Ray said he wants to "first test the road" by having those who use tobacco pay a higher co-pay than those who aren't tobacco users.

"I'm not trying to be spiteful or vengeful, but they chose to smoke, and we taxpayers provide the health care for the incidents caused by smoking," Ray said.

Private insurance companies already provide financial incentives to those who smoke but choose to quit, Ray said, and Utah's Medicaid plan could do the same.

"I believe in personal responsibility, and if a person chooses to use drugs, I draw the line in providing health care for them; but at the same time, if they want to get off the drugs, then I think we should provide help," Ray said.

Jason Cook, Medicaid policy research director for the Utah Health Policy Project, spoke against the bill.

He said he believes the federal government will deny Utah's request to increase the co-pay for anyone who uses tobacco.

Currently, a person on Medicaid pays \$3 for each office visit. Ray proposes to increase the co-pay to \$5 or \$6 for tobacco users.

Cook said it will be difficult to get people to be honest with their doctors about their tobacco habits if they think they have to pay more for office visits.

Dr. Jennifer Brinton, with the Utah Chapter of the American Academy of Pediatrics, said the bill, if passed, could send a chilling message.

Parents who smoke will be less likely to be honest about their tobacco use, putting their own children at risk, she said. Parents may also not be able to pay the increased cost if their child needs health care.

"It could decrease children's access to health care, if the cost is increased," Brinton said.