



Utah Medicaid Policy Partnership

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NEWS RELEASE

FOR IMMEDIATE RELEASE

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Utah Medicaid Policy Partnership Weighs in on New Revenue Projections

A Virtual Press Conference

Note to Media: interviews w/ key stakeholders and medically under-served families can be arranged. Also, UMPP members will be on hand at Family Investment Coalition press conference scheduled for Monday, Feb. 19 12:30 pm at Capitol Plaza.

Salt Lake City-According to members of the Utah Medicaid Policy Partnership, the new revenue projections make meeting the needs of the state's most vulnerable citizens a realistic and obtainable objective. However, in order to achieve this goal, UMPP members (safety net providers, research analysts, consumer advocates, and health plans) recognize that measures known to improve health outcomes *and* control costs, such as the PDL, disease management, and long-term care reform, must be implemented. In order to reap the full benefit of these measures, the UMPP asks policymakers to reinvest most of the savings from these strategies in cost-effective coverage initiatives designed to encourage preventive care and promote self-sufficiency.

To this end, the UMPP strongly endorses the following Health and Human Services Appropriation Subcommittee recommendations:

- that the \$19 million from the Federal cost shift to the state (targeted case management) should not be counted against the amount of revenue set aside for health and human services priorities; and
- that 8% of the available state surplus be dedicated to Health and Human Service priorities.

"By following the HHS subcommittee's lead, it will be possible to fully support Governor Huntsman's priorities of restoring Medicaid dental (for \$2.8 million) and vision services (\$250,400), the Disability Waiting List (\$2 mil+) and reducing the number of uninsured kids by 12,000 by lifting the cap on the Children's Health Insurance Program (\$4.17 mil.)," says Andrew Riggle, Medicaid Policy Director at the Utah Health Policy Project.

According to reports provided by the Utah Oral Health Coalition:

- In 2005, over 83,000 school days and 125,000 work days were lost because of oral health related illness.
- When the dental services were cut in 2003, emergency departments saw a significant increase in oral-health related admissions. From 2003 to 2004 the state's share of the cost for emergency dental treatments nearly doubled. Who pays the price? The Medicaid beneficiary (in terms of diminished employability); the hospital providers (in uncompensated care), and, of course, the taxpayer.

"Taken together with the subcommittee's expressed recognition of the importance of increasing provider rates, the restoration of vision and dental services will make it possible for Medicaid enrollees

to access the care they need to be productive members of the community, says Joyce Dolcourt of the Arc of Utah.

“Research shows that untreated dental disease is associated with serious diseases such as cardiovascular disease, diabetes, premature birth/low birth weight, and obesity.” “You can’t be healthy without good oral health,” according to Dr. Steven Steed, State Dental Director.

UMPP members and business leaders maintain that restoring vision services is good business because:

- Good vision is crucial to most jobs, especially those in the service sector, the fastest-growing segment of Utah's economy.
- Vision care is going to become an increasingly crucial public safety issue as our aging population continues to drive into their later years.

Were it not for CHIP and Medicaid, Gerry Marty’s grandsons, David and Dallas, would not have treatment for their life-threatening cystic fibrosis. “Without CHIP, David would not have the medications and occasional hospitalizations he needs for his cystic fibrosis,” says Gerry. “With CHIP closed, there are children walking around with treatable health issues. I am crying for these children, because it’s not their fault they don’t have health care coverage. And it’s not their parent’s fault they can’t get decent coverage through their employer. The least we can do is re-open the CHIP program.”

According to SL Community Action Program health care advocate, Sheila Walsh-McDonald, “our state is justifiably proud of its family- and child-friendly image. However, over 80,000 Utah children are uninsured. Many of them are members of low-income working families who cannot afford to purchase, or whose employer cannot afford to offer, health insurance.” “So that these kids can grow up healthy and prepared to be productive members of our community, they must have access to quality and affordable health care.” For the other 80 member organizations of the UMPP, the first step is to lift the cap on the Children’s Health Insurance Program to cover an additional 15,000 kids.

“The Salt Lake Valley Health Department (SLVHD) knows firsthand the importance of appropriate healthcare to a person’s quality and quantity of life,” says Gary Edwards, Executive Director, SLVHD. “Programs such as Medicaid and CHIP provide funding for essential services that directly impact an individual’s ability to be a productive member of society. It allows some of the most medically underserved people of our State to receive the healthcare that they deserve. Therefore, it is our hope that the Utah State Legislature considers a person’s well-being a truly important quality of life issue and thus, fully finances these crucial programs.”

The Mission of the Utah Medicaid Policy Partnership

Our mission is to help ensure that the Utah Medicaid program provides access to quality, affordable, and comprehensive health care coverage to eligible Utahns.

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