Senator questions whether Medicaid should pay for epidurals, C-sections

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By Jennifer Stagg

SALT LAKE CITY — A Utah senator is taking some heat for comments he made regarding what procedures for pregnant women should be covered by Medicaid after he questioned whether Medicaid should pay for epidurals and elective cesarean sections.

Sen. Daniel Liljenquist, R-Bountiful, says his comments were taken out of context. He made them to some colleagues after a meeting had adjourned, and a reporter overheard.

But the senator does stand by his position that anything a doctor could consider "elective" should be examined — and possibly eliminated — from Medicaid.

In 2009, approximately 55,000 babies were born in Utah. A total of 34 percent of those births were paid for by Medicaid. Of those, 83 percent of the vaginal births had an epidural and 21 percent of births paid for by Medicaid were C-sections.

Liljenquist is questioning whether Medicaid should cover epidurals and some C-sections.

"When you have a limited amount of money, we've got to prioritize what we can afford and what we can't afford," he said.

Liljenquist spoke to KSL by phone from Washington, D.C., where he is currently meeting with Medicaid officials.

He says there are 4,400 people in Utah waiting to get on Medicaid, and there simply isn't enough money to go around.

Utah births and Medicaid

- Births: In 2009 there were 55,149 total births in Utah with 18,886 (34%) being paid for by Medicaid.
- C-Sections: Approximately 21% of Medicaid births are c-sections.
- Cost: Medicaid pays approximately 60% of all Medicaid vaginal births but has an epidural.
- Cost: Medicaid pays a single reimbursement rate for deliveries whether vaginal or by c-section. (For example, the average charge for a Cesarean delivery in Utah County was $8,989. That same year, the average cost of a vaginal birth in Utah county was $5,079, excluding epidurals.)

Utah Department of Health

It's a topic that's in the hands of health care providers, and their conversations with their patients about what kind of care is appropriate for their patients.

Liljenquist is questioning whether Medicaid should cover epidurals and some C-sections.

He thinks officials should look at eliminating Medicaid coverage for what he calls "optional" procedures, such as elective C-sections and epidurals.

"My starting point is, if it's elective, and it's an elective C-section, is that something we should be doing?" Liljenquist said.

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But Medicaid advocate Lincoln Nehring, who is an attorney with the Utah Health Policy Project, says that decision shouldn't be up to legislators.

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Nehring says the high number of Medicaid births comes back to the poor economy, rising health insurance costs and Utah's small business economy. Small businesses are less likely to offer health insurance to their employees.

"He thinks the answer to cutting Medicaid costs lies in better preventative care. "It's family planning services."

"When they have those services, unintended pregnancies in the state drop significantly," Nehring said. "So we're not even talking about paying for C-sections or epidurals, we're avoiding pregnancies altogether that families didn't intend."

Medicaid pays approximately $9,000 per C-section and around $5,000 per vaginal birth in Utah, excluding epidurals.

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