

The Salt Lake Tribune

Lawmaker wants Utahns on Medicaid to pay it forward

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The Salt Lake Tribune

September 12, 2010 12:00AM

If the government is paying for your medical care, you should be expected to give something back, says a Utah lawmaker who is pitching legislation to combat what she calls “a growing entitlement culture in this state.”

Rep. Ronda Menlove, R-Garland, is sponsoring a bill that would direct the Utah Health Department to test-drive a program requiring some Medicaid recipients to do community service in exchange for their health coverage.

The bill is the first of several cost-saving strategies expected to surface during the legislative session starting in January. It will be aired next week at an interim committee.

“Medicaid is growing at an unsustainable rate,” said Menlove, who blames an “entitlement culture” that she says is sure to worsen under federal health reform. As proof, she cites the oft-rumored problem of wealthy college students using Medicaid to fund their pre- and postnatal care and deliveries.

“Is it my responsibility as a taxpayer to pay for that person to have a baby? Or could that money be better used for other purposes?” said Menlove, referring specifically to underfunded services for people with developmental disabilities.

Advocates for the poor and Medicaid enrollees question whether Menlove’s proposal is fair, or even practical.

The bill contains few details and leaves it to health officials to decide who among the 213,000 Utahns on the low-income health plan would participate, how many hours they’d volunteer and what types of volunteer work would qualify.

“It shows a real misunderstanding of who is on Medicaid,” said Lincoln Nehring, a policy analyst at the Utah Health Policy Project.

The vast majority of enrollees, about 150,000, are children. Another 28,000 are people with disabilities. The rest are seniors, pregnant women and some jobless adults.

“We generally don’t expect children to sweat to earn their health coverage, and it’s hard to imagine putting an 80-year-old woman to work who has serious health problems,” said Nehring.

Menlove said the goal is to urge consumers to “own their health care decisions.” She believes the savings would come from making Medicaid less attractive than coverage purchased in the open market.

“The intent isn’t to target young, pregnant women or make people feel guilty. We wouldn’t want to jeopardize a person’s employment, or expect someone who is severely physically or mentally disabled to participate,” said Menlove. “The idea would be to select a small group at first and see how it works.”

Menlove’s proposed experiment would need to be approved by the federal government.

“We’re not aware of any other states that have done something like this,” said Kolbi Young, a health department spokeswoman.

Genie Lamb, a 57-year-old with chronic back pain and liver disease, goes on Medicaid when her monthly medical bills exceed \$508. She isn’t opposed to doing her part.

“But I’m only good for about an hour and then I have to go home and lie down,” said the Clearfield woman. “It might be practical for moms of school-aged children, but not for those who can’t afford day care.”

At least one recipient, though, finds the idea offensive. The mother of three works part time and, in order to obtain government cash assistance, also volunteers 30 hours a week at a food pantry in Beaver. She asked not to be named for fear of losing her coverage.

“I’ve got kids at home and I’m already putting in 50 hours a week,” she said. “No one wants to be on assistance, but there are no jobs. There could be some who abuse the system, but you shouldn’t hold it against the rest of us.”

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