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## Legislators Face a Clear Choice to Close Utah's Coverage Gap

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The Utah Legislature is now considering two bills—[HB401](#) (*Utah Access Plan, Rep. Jim Dunnigan*) and [SB 251](#) (*Amendments to Medicaid and Health Care, Sen. B. Shiozawa*)—that address the 54,000 Utah residents who currently lack access to affordable health insurance. These are the Utahns living in all 29 counties who earn too little to purchase subsidized private insurance on the *healthcare.gov* marketplace, but earn too much to qualify for Medicaid.

HB401 and SB251 are very different in both their origins, approaches, and likely impact—giving legislators and the general public two clear choices on this important issue. The Utah Health Policy Project (UHPP) welcomes this comparison because we believe it makes it easy to pick the superior plan for Utah. However, we also note that neither plan is a “Full” Medicaid expansion—the easiest and most economical approach to close the coverage gap.

“UHPP seeks solutions to close Utah’s coverage gap that satisfy key metrics like cost, quality, and coverage,” says RyLee Curtis, UHPP’s Medicaid Policy Analyst. “Based on our analysis of the two bills, we believe the elements within Sen. Shiozawa’s Private Option bill represent the better approach for the state. It’s the only plan on the table that promotes wise stewardship of our taxpayer dollars, provides health insurance that families can depend on, and completely closes Utah’s coverage gap.”

In addition, UHPP recognizes that Sen. Shiozawa’s Private Option Plan matches the recommendations of the legislature’s own Health System Reform Task Force, as well as the state’s Medicaid Options Community Workgroup that met throughout 2013.

“Sen. Shiozawa’s bill promotes private insurance to close Utah’s coverage gap, leverages state money with federal matching funds, and includes a circuit breaker to pull back if the federal funding decreases. These are the same recommendations that resulted from hundreds of hours of meetings and discussions over the last year,” adds Curtis. “The Private Option works because a lot of smart people including physicians, legislators, and community advocates spent a year creating a Utah solution that is both effective and sustainable.”

UHPP also acknowledges that we are awaiting the final details of Gov. Gary Herbert’s coverage plan. However, the Governor has been clear that his main goals are: 1) Do something to close Utah’s coverage gap; 2) Leverage all available taxpayer dollars, including federal matching funds. In general, we believe the Governor’s proposal will follow the same practical, sustainable approach found in Sen. Shiozawa’s Private Option plan.

“UHPP supports bold and innovative Utah solutions to fix our state’s coverage gap,” says Matt Slonaker, UHPP’s executive director. “Senator Shiozawa, an emergency room physician, gets it. His bill closes the gap and does not leave tens of thousands of Utahns stranded without coverage. Frankly, it puts Utah’s state and federal taxpayer dollars to wise use in our state.”

“We look forward to the Governor’s plan and the development of a real Utah solution that the two chambers can get behind. Given some recent conversations at the legislature, I am optimistic.” Slonaker adds.

For a detailed comparison of the two coverage bills, download UHPP’s 1-pager PDF at the link below:

Link; [http://www.healthpolicyproject.org/Publications\\_files/legislative/2014/NewPlanCompare-4js.pdf](http://www.healthpolicyproject.org/Publications_files/legislative/2014/NewPlanCompare-4js.pdf)

#### **HB401 (Utah Access Plan)**

Sponsor: Rep. Jim Dunnigan

Link: <http://le.utah.gov/~2014/bills/static/HB0401.html>

#### **SB 251 (Amendments to Medicaid and Health Care)**

Sponsor: Sen. B. Shiozawa

Link: <http://le.utah.gov/~2014/bills/static/HB0401.html>

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