

Three Plans For Utah Medicaid Expansion Emerge

Thu March 6, 2014

Link: <http://upr.org/post/three-plans-utah-medicaid-expansion-emerge>

Audio: <http://cpa.ds.npr.org/upr/audio/2014/03/mp3.mp3>

By Morgan Pratt

As state legislators try to decide what to do about the 60,000 Utahns who fall into the Medicaid gap, there remain plenty of unanswered questions regarding health care reform.

Utah is currently facing three proposals for health care reform. Here are the plans.

Credit Utah Healthy Policy Project

There are currently three proposed health care plans in Utah. The House, Senate and Governor all are presenting separate plans.

The House's Plan:

The House plan is being presented by Speaker of the House Becky Lockhart as House Bill 401. The reform by only using state dollars to cover the Medicaid gap.

The Senate's Plan:

Senate Bill 251, which is sponsored by Sen. Brian Shiozowa, is a partial expansion and private-option plan. This means it would subsidize health care coverage through employer-sponsored insurance, private insurance and Medicaid Accountable Care Organizations.

The proposed bill would cover anybody who is under the poverty level which means any individual making less than \$11,500 per year. By 2020, it is estimated to cover 54,000 Utahns.

Under this plan, Utah would have to ask the federal government to help cover 90 percent of the cost, while the state would cover the rest. This is opposed to the current system in which the national government covers 70 percent of Medicaid.

However, the Utah Health Policy Project, which supports the governor's bill, is fearful that the federal government would pull it's funding down the road.

Governor's Plan:

Gov. Gary Herbert is proposing a plan called "Healthy Utah." Through that plan, those who qualify can choose their own private insurance plan and the state will subsidize insurance premiums.

Anyone who makes less than \$15,500 per year could qualify. By 2020, the plan would cover 111,000 Utahns.

	SB400 (Rep. J. Swaingard) Speaker Lockhart's Access Plan	SB251 (Sen. B. Shiozowa) Partial Expansion / Private Option	Gov. Gary B. Herbert Healthy Utah Plan
Overview	Propose capped health savings account (HSA) paired to subsidize private insurance; enroll some recipients in existing POS or UPP programs	Extend Medicaid starting up to 100% poverty and 10% of traditional Medicaid & private insurance costs; federal-state match of 90%/10%	Three-year pilot that closes the coverage gap by subsidizing private insurance for all 100% who earn under \$15,500 a year (\$15k FY1)
Current/2015 (2015)	Unknown / Capged enrollment	54,000	111,000
Closes Coverage Gap / Full Insurance	No	Yes	Yes
State cost (FY12)	\$30 - \$35 million	\$0	\$0
State cost (2020)	N/A (2015 program only)	\$26.7 million	N/A (3-year pilot program)
Federal funds (FY12)	\$0 (HSA option) \$41.6 million (POS) (UPP costs)	More than \$20 million	\$200 million
Benefit description	HSA: \$100 (per year) premium subsidy for some recipients POS: premium subsidy for basic primary & preventive care (no hospitalization or specialty care); prescription drug; \$100-\$150 monthly subsidy for employer-based insurance	Basic Medicaid (subject to substantial health care coverage through) - Employer-sponsored insurance - Private insurance - Medicaid ACA Promotes personal responsibility, cost sharing, & wellness programs	Subsidize insurance premiums for: - Employer-sponsored insurance - Private insurance Medically frail would receive coverage through: - Health-savings account - Medicaid (ACA) - Medicaid for long-term care - Option to enroll in private insurance
Additional	Medi-Cal capitated will cover 20% of coverage premium cost. ACA: No new state or federal affordable community care; no covered 30% of requests for specialty care (FY12-13) UPP: Underfunded; costs 17% less after 8 years of operation	More expensive to state than 3.28% Full Expansion model. Costs not shared as being federal by dollars as Full Expansion model. Note: The federal government has indicated that partial expansion proposals like SB251 would not be approved for the enhanced 90%/10% match rate.	Limited cost sharing for individuals earning between \$10-\$15k FY1. ACA requirements for some individuals drop around benefits for children receiving from Medicaid to parent's private insurance

Herbert's plan would be fully funded by the federal government through a \$258 million block grant. The state wouldn't spend any money for this plan.

"We've introduced our proposal which we think is very common-sense, designed to recognize that we send \$680 million dollars back to Washington D.C. from the Utah taxpayer to pay for health care," Herbert said at a recent press conference.

The governor seemed hopeful that he and the state legislature could find a compromise within the last days of the legislative session.

[Listen](#)

7:23 Click to hear the full interview with RyLee Curtis from the Utah Health Policy Project. Curtis breaks down health care reform with Morgan Pratt.

[Listen](#)

13:35 Click to hear the press conference with Gary Herbert about Utah's health care.