What a long road this has been.

For nearly two years, Utah lawmakers have held the authority to expand health insurance to the 57,000 residents caught in our state’s coverage gap. These are the uninsured Utahns who earn too much or don’t qualify for Medicaid, yet earn too little to purchase subsidized private insurance on healthcare.gov.

But 2014’s legislative session ended with no fix to the coverage gap. As a result, many of Utah’s part-time workers, young parents, temporarily unemployed and working students remain uninsured while their counterparts in Colorado, Arizona, New Mexico and 23 other states get the help they need. Meanwhile, the costs to Utah — both human and financial — continue to rise.

We not only know the costs, but we know the benefits that coverage could provide.

A 2014 Notalys study revealed that if 57,000 uninsured Utahns had access to health insurance, about 3,100 diabetics could get the medications they need to stay healthy. Over 5,300 Utahns suffering from depression would receive treatment. About 3,800 women would have access to cancer screenings — mammograms and pap smears — to detect their cancer when it’s still curable. Plus, over 1,600 uninsured Utahns would avoid bankruptcy caused by unpayable medical bills.

Finally, an estimated 110 Utahns wouldn’t die prematurely in 2014 because they could access preventive care. Despite what some believe, this is a statewide problem. The top 10 House districts — with an average of 8 percent of their adult population in Utah’s coverage gap — are located in Kane, Utah, Cache, Washington, Salt Lake and Weber counties.

How did Utah get here?

The 2014 legislative session began with momentum behind a Utah-solution to use subsidized private insurance — not traditional Medicaid — to close the
coverage gap. This approach wasn’t a last-minute idea. It was developed by two health-care committees that met throughout 2012 and 2013. Guiding the debates were stakeholders from the Legislature, governor’s staff, medical community and nonprofits. They held over 50 meetings that studied options ranging from more charity care to a traditional Medicaid expansion. The state even commissioned an independent cost-benefit analysis of various options.

By the end of 2013, the stack of reports and charts examining Utah’s coverage gap rivaled the size of the Affordable Care Act. Plus, all of the analysis pointed to one solution that would work best in Utah: Use subsidized private insurance to close the state’s coverage gap.

But from the first day of the legislative session, politics-as-usual hindered this approach. A new plan emerged in the House that not only failed to close the coverage gap, but continued to send our taxpayer dollars — an astounding $4 million a month — to states that have expanded like Arizona, Colorado and Nevada to subsidize insurance for their low-income residents. Because we don’t have a plan to expand Medicaid, $4 million a month goes to the federal government and does not come back to Utah. In late February, Gov. Gary Herbert unveiled his plan to close the coverage gap and keep taxpayer dollars in our state, but his plan never got traction in the House.

So when it came time for lawmakers to close Utah’s coverage gap, they decided to wait instead. Yes, health reform is a politically charged issue. But with two years of analysis already done, and a Utah solution gaining widespread support, an opportunity to close the coverage gap was missed when the Legislature asked for even more time to study the issue. In the meantime, tens of thousands of Utahns remain uninsured.

Fortunately, Gov. Herbert has announced his interest in calling a special session this summer to address this issue. As we prepare for this session, we will continue our advocacy efforts: meeting one-on-one with legislators, rallying organizations and telling stories from Utah’s coverage gap. Two years have gone by for our lawmakers to make a decision, and the 57,000 Utahn who are affected by Utah’s slow progress can’t wait any longer.

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