SALT LAKE CITY — Despite the dissenting opinions of some Utah lawmakers, aspects of the governor's Healthy Utah plan are being discussed with the federal government.

"Our point is that we would like to reclaim those (tax) dollars, not just leave them sitting there for other states to use," Utah Department of Health Director David Patton told members of the state's legislative Health Reform Task Force on Thursday.

It is estimated that Utahns are contributing up to $700 million in taxes imposed by the Affordable Care Act.

"It is money we're paying that we would like to see come back to Utah," Patton said.

The money would be reimbursed to the state for implementation of full Medicaid expansion under the health reform law, but Gov. Gary Herbert and the Utah Legislature have yet to make a decision on the optional provision.

Utah officials, including Patton, however, are meeting via telephone weekly with the nation's Department of Health and Human Services to talk about various proposals of the Healthy Utah Plan. "We are making significant progress," he said.

While Secretary Kathleen Sebelius has not officially been replaced, the office has said it will not go back on agreements that have been made, according to Patton.

He told the task force that details of the plan are still not concrete, but some important areas have been approved, including a promise that families would be able to enroll for the same plan, despite eligibility for other plans, as well as the idea that, if Utah's plan isn't working after three years, the state could start over.

The task force, comprising 11 lawmakers and three support staff members, delved into the politics of health reform, blaming the federal administration for mistakes during the rollout of the online health insurance marketplace, healthcare.gov, and "un-American" taxation without representation, according to Sen. Stuart Adams, R-Layton.

"If we pay a tax, we ought to receive the benefit of it," he said.
Rep. Mike Kennedy, R-Alpine, who is also a physician, said he is purposefully and illegally down-coding uninsured patients so they can afford to be seen by a doctor. He is worried about the state becoming "financially burdened" and obligated to follow federal requirements once Utah accepts federal moneys.

"We tried to address objections that we heard from legislators," Patton said. "I believe we are all working in good faith. We all have the same objectives. It is just how we reach those that we are trying to figure out. I think there is a solution. I'm very optimistic that we can do that."

He said the governor's plan would cover people who either don't qualify for Medicaid already, or who can't afford their own plan through the marketplace because they aren't eligible for federal subsidies.

Patton estimates completion of negotiations with the feds sometime this summer.

Herbert has said he would call a special session of the Utah Legislature later this year to finalize the Medicaid decision, as lawmakers hold the purse strings to funding any type of plan the state adopts.

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