

My view: The whole story on Arkansas' and Utah's Medicaid expansion alternatives

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Arkansas Sen. Bryan King warns Utahns not to pursue Gov. Gary Herbert's Healthy Utah plan to increase access to health care (["Utah should heed Arkansas' buyer's remorse on Medicaid expansion,"](#) May 6). Healthy Utah is modeled after the Arkansas Private Option plan that King says is not a good deal for the state.

However, King's attempt to paint a gloomy forecast for the private option is premature, and he completely overlooks the main reasons why increasing access to health care coverage for Utahns is both financially prudent and morally imperative.

Arkansas' Private Option expands access to health care by using Medicaid dollars to subsidize private insurance on the marketplace, also being requested by Governor Herbert.

Utah's request also seeks to receive the federal funding in the form of a block grant where the state receives a set amount of money each month for each recipient enrolled. Senator King correctly notes that the cost to enroll newly eligible beneficiaries into private health plans in Arkansas has indeed exceeded actuary estimates during the program's first three months. What he doesn't mention is that Arkansas has until the end of 2016 to make adjustments to the new program to modify costs.

Arkansas' agreement with the federal government gives the state some wiggle-room so that if the state's good-faith projections turn out to be slightly higher than predicted, then Arkansas can request to increase the caps. Utah will be able to ink a similar agreement with the Fed's and

will have the benefit of Arkansas' early experience to design an improved version in Healthy Utah.

King also fails to mention that Arkansas can bring down the Private Option's price tag by introducing cost-sharing provisions where recipients chip in to pay for more of their own health care costs. Which begs the question: with Arkansas using the full array of conservative policy tools to manage their expansion — state-specific design that strengthens the private market, cost-sharing, and health saving accounts — why are King and like-minded Utah legislators opposed to it? Are they really serious about controlling health care costs or helping the working poor obtain quality health care when they attack legislation filled to the brim with their own policy prescriptions?

King's piece glaringly overlooks the fact that Utah is losing \$796,789 each day in federal funds that would have been coming to our state if Utah lawmakers had expanded access to health care as 26 other states have already done. Total lost funding since the start of Jan. 1, 2014, is now in excess of \$110 million.

I think it would have been polite for him to offer a simple 'thank you' to the citizens of Utah for sending our own hard-earned tax dollars to fund the health needs of Arkansans.

Finally, there is no mention of how our Legislature's tardiness in expanding access to health care here in Utah has negatively affected the health and lives of low-income Utahns. Nor did he mention the glaring Arkansas press reports of the positive outcomes that have already benefited the working poor in their state. And this very month, research published in the *Annals of Internal Medicine* shows, based on Massachusetts' experience with RomneyCare since 2006, that health insurance coverage reduces mortality rates by 30 percent. Yes, we now have good evidence that insuring folks does save lives.

Senator King claims that Arkansans are suffering from "buyer's remorse" over their own successful expansion of health care coverage. Considering that remorse is defined as "a gnawing distress arising from a sense of guilt for past wrongs," this feeling more accurately belongs to us Utahns. After all, we are sending our hard-earned tax dollars to subsidize the cost of health care coverage for Arkansans, and all other states that have expanded access to health care, while watching the neediest of our own citizens suffer ill-health, less fruitful and productive lives, and premature death.

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