

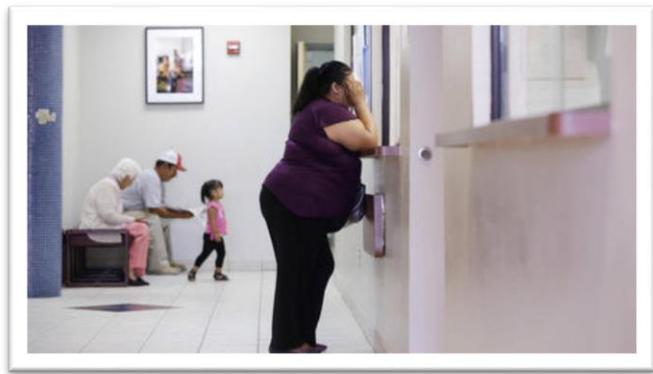
My view: Arkansas alternative to Medicaid expansion succeeding

By State Senator David Sanders
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Arkansans, and now Utahns, know there are things their respective states can do better than the federal government. Both recognize the importance of caring for the poor among us; both want to use taxpayer money to care for those living in poverty ...



As a member of Arkansas State Senate and one of the conservative Republicans responsible for developing the Arkansas Health Care Independence Act or the “Private Option” alternative plan to ObamaCare’s Medicaid expansion, I would like to take the opportunity to correct some of the information given by my colleague, Sen. Bryan King, in an op-ed published in the Deseret News ([“Utah should heed Arkansas’ buyer’s remorse on Medicaid expansion,”](#) May 20).

The U.S. Supreme Court left ObamaCare intact, except for the law’s compulsory expansion of traditional Medicaid. However, instead of expanding our fee-for-service Medicaid program and relegating just over 200,000 of our state’s poorer citizens to an outdated, expensive and burdensome government health care system, we felt compelled to innovate.

Injecting consumer choice and responsibility as well as market competition would be possible if we could instead use federal dollars to assist the population marked for Medicaid expansion to purchase private health insurance. We sought this flexibility in 2013 and nearly halfway through the first year, the results are promising.

First, our goal of expanding consumer choice is being met. Historically, the Arkansas Health Insurance market has been dominated by a single carrier. Since passage of the Private Option, a new private carrier has entered the Arkansas market and one of our smaller incumbent carriers has announced significant plans to expand. In year two of the Private Option, consumers across Arkansas will have the opportunity to select plans from four different carriers.

Second, we are realizing our goal reducing uncompensated care and emergency room utilization. Critics of the Private Option predicted that both uncompensated care and ER utilization would increase. In fact, in the first three months of the Private Option, state's hospitals have reported a 30 percent drop in uncompensated care, while emergency room utilization has dropped by two percent.

While it is true that Arkansas is slightly over average premium set out in our 1115 waiver, the Private Option contains built-in provisions that will help bring costs back in line.

In year one, the Private Option only extended cost sharing to those at or above 100 percent of the federal poverty level. In year two, those individuals who fall between 50 to 100 percent of federal poverty line will be required to pay co-pays.

Year two will also see the introduction of health saving accounts — Independence Accounts — injecting consumerism into the Private Option by incentivizing the newly covered to make wise choices about their health care spending.

Furthermore, because Iowa followed Arkansas lead on the Private Option, we were able to build on their innovation of limiting the cost of nonemergency transportation, one of the few wrap benefits not offered in the plans that we are required to cover.

Arkansans, and now Utahns, know there are things their respective states can do better than the federal government. Both recognize the importance of caring for the poor among us, both want to use taxpayer money to care for those living in poverty and both want to find their own solutions.

As the laboratories of our democracy, the United States of America are the source for new ideas, the proving grounds for pioneering policy innovations and increasingly, by necessity, the intellectual counterweights to Washington's dominant one-sized-fits-all approach.

Utah, welcome to the fight.

Sen. David J. Sanders is a Republican member of the Arkansas State Senate.