

Utah task force takes another look at Medicaid, governor's plan

Sick mother of two finds she earns too much, and too little.

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Melanie Soules had just begun a new job as chief executive and team leader for a Salt Lake City real estate company when her occasional odd symptoms — hot, burning patches on her forehead — became worse.

Within weeks, it felt like hot oil was flowing inside her skin, like a knife was inside her face. She began forgetting names and meetings, vision in her left eye suffered and it was difficult to swallow.

Soules, a single mother of two, tried to hide her failing health, but lost her job at Keller Williams in the fall of 2012 and along with it, her health insurance, because she couldn't afford to pay the full \$900-plus monthly premiums.

Soules, who was eventually diagnosed with trigeminal neuralgia, was among the advocates appearing before the Utah Legislature's Health Reform Task Force Thursday to urge expansion of Medicaid or, at least, support for Gov. Gary Herbert's alternative Healthy Utah plan.

The task force also heard the results of a University of Utah study finding 103,124 adults in the state — 65 percent of them working at least part time — would be newly eligible for health coverage if Utah were to fully expand Medicaid or adopt the governor's plan.

If the Primary Care Network that now provides minimal coverage for the very poor were dissolved, another 11,027 adults would be eligible, the study found.



[A previous study found](#) the working poor who would be eligible are employed in a range of industries, from food service to hospitality to construction.

The U. study startled lawmakers because it projects far more of the poorest of the poor — those who state leaders feel most obliged to cover — than did a state-commissioned study last year.

Of the 103,124 adults who would be eligible, more than 77,000 earn at or below the federal poverty level of \$11,670 per year for a single person, according to the U. study. The state's study said there were about 57,000 in that category, and a like number earning from 101 percent to 138 percent of poverty level wages.

The higher number will make a Medicaid expansion and Herbert's plan a harder to sell in the Legislature, says Rep. Jim Dunnigan, R-Taylorsville, co-chairman of the task force. "I'm perturbed. We thought it was a 50-50 and now this says it's three-quarters," who fall in the lowest poverty level, he said.

The state would get a better federal money match if it extended coverage to those earning 138 percent or less of the federal poverty level, up to \$16,105.

The U. study, led by economics professor Norman Waitzman, was commissioned by a coalition of community groups including University of Utah Health Care, the Utah Health Policy Project, and the United Way of Salt Lake.

Herbert's staff and the Utah Department of Health are negotiating with the U.S. Department of Health and Human Services for approval of his plan, which includes a work requirement for low-income people. His idea is to use public Medicaid dollars to buy private insurance for those in the so-called "coverage gap" — people who earn too much to qualify for Medicaid but too little to get subsidies for private health insurance under the Affordable Care Act.

Michael Hales, deputy director of the Utah Department of Health, told lawmakers Thursday that federal negotiators are agreeing to some pieces — but not others.

The federal agency will not accept a plan that strips a poor person of health insurance if he or she does not work, but the state and feds are continuing to talk about ways to give incentives,

At a glance

By the numbers

A new study by economists at the University of Utah makes these conclusions about Utah adults in the so-called "coverage gap" — making too much money to qualify for Medicaid but too little for health care subsidies.

77,127 adults are in the gap, making federal poverty wages or less.

Another 25,997 make 101 percent to 138 percent of the federal poverty level and could benefit from Medicaid expansion or Gov. Gary Herbert's Healthy Utah plan.

More than 69 percent are over age 25.

Nearly half are in families and a third are parents.

More than 61 percent are working, but many who work part-time say they would work more hours or can't find full-time jobs.

Most of those who don't work say they're caring for family members; others are retired, disabled or sick.

90 percent are white.

Hales said. For instance, the state could perhaps use funds from Temporary Assistance for Needy Families or other programs to offset health insurance costs and provide an incentive to work.

"We're shooting to have a really good vision of what's available by the end of the summer," Wesley Smith, director of state and federal relations in the governor's office, told a reporter. "We're getting a better vision every day, narrowing down and checking issues off the list."

Smith characterized the new HHS Secretary Sylvia Burwell as pragmatic. "It seems to us she's looking for ways to say 'Yes,'" Smith said Wednesday.

Utah lawmakers, notably House Speaker Becky Lockhart, R-Provo, oppose expanding Medicaid or otherwise increasing federal spending on entitlement programs.

Though most of the costs of the expansion would be paid by the federal government, Utah still would have to cough up significant money that could be better spent elsewhere, they say.

Dunnigan said the state could be looking at a \$40 million annual bill, or even as much as \$60 million if employers drop their current plans, pushing more people onto the state's plans.

Smith said the governor is working toward calling a special legislative session to deal with Medicaid expansion, but Dunnigan said he's not confident the governor's plan would fly.

"I don't think the Legislature is ready to address this and pass this anytime soon," Dunnigan said. "There are several planets that have to align and they don't yet."

For Soules, a self-described "fiscal conservative," expanding Medicaid makes sense.

"Take the money. It's our money," she said. "Get our money back and get our people better so they can be good parents and the best citizens that they can be."

Soules found she fell in the coverage gap last winter when she applied via the new health insurance exchanges.

She rents out the other half of her duplex, but that means she makes too much money to qualify for Medicaid and too little to qualify for a health insurance subsidy.

The ACA envisioned that people like Soules would be covered by an expansion of Medicaid, but then the U.S. Supreme Court ruled that states can opt out of Medicaid expansion — an option that 24 states so far are taking.

Her lack of health insurance meant a long delay in the aggressive, daily physical therapy Soule needs and which she just began this month, thanks to loans from friends.

Trigeminal neuralgia involves chronic pain affecting the trigeminal nerve, the nerve that carries sensation from the face to the brain.

Soules says the therapy is helping considerably. "I haven't had a headache in three days," she said earlier this week. "I am an entirely different person."

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