

# More than 17,000 would receive health care coverage under governor's proposed plan

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About 17,200 Utah County residents are set to gain access to private health insurance if Gov. Gary Herbert's alternative to full Medicaid expansion moves forward.

That is according to data being released by a consortium of health-related organizations, along with Utah's Department of Health, which are attempting to help persuade Utah residents that Herbert's "Healthy Utah Plan" is the right direction for the state to take in terms of Medicaid expansion.



Statewide it is estimated about 92,000 Utahns would receive some form of health care if the plan is implemented. The consortium estimates that in Utah County, 990 cases of depression would be treated, 580 diabetic treatments would be handled and 30 premature deaths would be avoided, when and if Herbert's plan moves forward.

The governor's plan was first announced in February, but never gained traction during the state legislature's annual 45-day session as some Utah lawmakers were skeptical of his plan that accepts federal dollars to take care of Utahns. The lawmakers worried that the federal money might be good now but dry up down the road, leaving Utah to figure out how to take care of those who would qualify for the program.

Despite those concerns, Herbert and his staff have spent the past six months crafting the Healthy Utah Plan and working with the federal government to see if his vision of providing health care to those who were left out of the Affordable Care Act version of health care is viable.

"We are still in negotiations, although those are winding up," said Dr. David Patton, executive director for Utah's Department of Health, in an interview with the Daily Herald after meeting with local health care leaders in the county Wednesday.

Patton said the meetings with the federal government, which have taken place almost weekly since the spring, are expected to wrap up before Herbert heads to Washington next month for state business.

Patton said the federal government is on board with a large amount of what Herbert is proposing, but there are still some issues to be ironed out.

"We are still in disagreement about a work effort requirement," Patton said. "What we are saying is that if there is an adult that is able to work, but is not working but is receiving a benefit from this plan ... we believe they should make an effort to find work."

However, that element of the plan isn't what Patton and the group of organizations are focused on right now.

Currently the team is touring the state to meet with medical officials and residents of communities to explain what Herbert's plan is and is not. First on that list -- the plan is not full Medicaid expansion.

It is a three-year pilot program that uses federal money to provide health care to those who fall within the coverage gap that was created when the so-called Obamacare law was passed, mostly low-income individuals. Once the pilot program comes to an end the state can then evaluate if Herbert's program is on the right track or if the state wants to go another direction.

Second, Patton also is explaining that the plan will not cost Utah taxpayers additional money immediately.

The plan calls for the state to receive "block grants" from the federal government to fund Herbert's program. The money would come from dollars that would have come to the state if Herbert had decided to fully expand Medicaid, but would follow a Herbert-inspired vision for the program instead of the federal government's outline for how it should work.

However, that funding model is not permanent.

If the state continues with the Healthy Utah Plan beyond the three-year trial period, then the state will be asked to have some skin in the game. By 2020, current federal law states Utah would have a 90/10 split with the federal government to fund the program, the feds taking the lion's share of the split.

Patton said Utah's share is estimated to be about \$40 million. He explained the governor's office has found about \$20 million in current budgets that can cover that cost, but an additional \$20 million would need to be found.

Patton is also trying to quash the belief that the state won't be able to back out of the plan or change it. He said that belief could not be further from the truth.

While he admitted there is a concern that once the state starts offering benefits it won't be able to stop offering them, he said the federal government is willing to allow Utah the ability to change the plan or scrap it all together. He clarified if the state did choose to go another route on the matter, it would not leave the individuals who received coverage unable to obtain anymore. He said the state would find a different way to take care of them.

Todd Bailey, executive director for Mountainlands Family Health Center, which provides health care to low-income families in Provo, said he is on board with the Healthy Utah Plan. He noted from what his

clinic sees that many procrastinate obtaining the proper health care they need until it is so serious they do not have a choice.

Bailey said if those who cannot afford to go to the doctor had a program available to them to make getting medical attention possible, then the program will be worth the cost that may come to the state in the future.

"I think it is a great alternative to full Medicaid expansion," Bailey said. "Let's give it a shot; this is a test plan."

Should Herbert's plan gain final approval from the federal government next month it is anticipated he will then call the legislature into a special session to request final approval. Herbert could wait until the 2015 general session for the legislature to approve the plan, but Patton said the governor's goal is to get the program moving sooner rather than later.

"We have nearly 100,000 people in Utah that are in this situation; we really should do something to help them," Patton said.

Herbert's plan does not create a state-run health insurance program per se. Instead, the program calls for the state to provide assistance to pay for health insurance in private markets. The exact amount would be dependent on four factors of the individual or family seeking medical assistance: ability to work, household income, access to employer or family health insurance, and individual health care costs.

Participants in the program would also pay a \$15 per month premium for the plan, and some may also be asked to pay a co-pay for their coverage. There would be no deductible for those enrolled in the program.

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