

Healthy Utah plan seeks local support

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W. David Patton, executive director of the Utah Department of Health, is concerned about the growing number of Utahns who don't have access to comprehensive health care due to financial constraints and insurance issues. And now, along with Gov. Gary Herbert, Patton has crafted what they (and many others) feel is a viable solution: The Healthy Utah plan.

Healthy Utah, often described as an "alternative to Medicaid expansion," is a proposed statewide plan that would [subsidize comprehensive medical coverage](#) for 92,000 Utahns who are currently either under-insured or have no insurance at all. 58% of these individuals are under age 35, 56% have a job or are self-employed, and 52% are women.

For Washington County, this equals about 4,600 residents who would receive insurance improvements, including 2,250 residents who currently have no medical insurance at all. In real-world figures, it would provide for 25 cases of depression in Washington County to be treated, 155 diabetics to gain access to management medication, 40 women to get mammograms, 145 to obtain pap smears, and eight premature deaths to be prevented in the first year.

At a meeting at Family Healthcare in St. George last month, Patton explained what the Healthy Utah plan is, and isn't. Currently, community health centers like Family Healthcare [provide primary care services](#) (covering medical, mental health, and dental) to everyone, regardless of insurance coverage. Family Healthcare saw 9,868 individuals in 25,251 visits at their three sites in Washington County in 2013. They currently operate clinics in their downtown location at 25 N. 100 E. Suite 102 in St. George, as well as Millcreek High School, Hurricane Middle School, and in Cedar City. 56% of their patients last year had no health insurance of any kind. Most of them paid a per-visit charge of \$25, with state, federal, and private sources providing the other \$105 that extra each visit costs the clinic.

Family Healthcare CEO Nancy Neff said that while the nonprofit clinic has been providing services since 2002, the services provided don't match the needs of many of the people who come through its doors.

"We can't offer hospitalization services, or specialists, and that sometimes frustrates our primary care doctors who really want to help their patients but can't refer due to restrictions in the current system," Neff said.

This is where Healthy Utah would come in. Patton said that as a Medicare expansion alternative, the plan would take the \$258 million Utah currently sends to the federal system in

the form of Affordable Care Act taxes, recover it back from federal control, and use it to subsidize private insurance or enhance employer-paid insurance for Utahns who qualify.

Individuals between the ages of 19 and 64 who earn less than \$15,521 a year, who are currently employed or participating in employment training, or are certified as “medically frail” and thus unemployable would qualify. Premiums would be collected from higher-income adults, and co-pays would be collected. The plan would then either help individuals find and buy qualifying comprehensive private insurance packages (“silver level” plans in ACA terminology), or enhance current employer-sponsored plans up to the silver level.

The plan has the potential to save the state an estimated \$15.5 million in the first year, and a total of \$24.8 million over the course of its initial three-year trial period, when compared to traditional Medicaid expansion, currently the most-used option for states under the ACA system. It will provide for more local control, keep private insurance, and give individuals more options for care.

“We would be able to get our patients the surgical, neurological, hospital, and specialist care that they need, and that we currently can’t provide,” Neff said.

Though not without its detractors, including several legislators who have publicly spoken in opposition of Healthy Utah, the idea is gaining traction among Utah’s business and civic leaders as well. While initially cautious about the plan, local and state leaders are warming up to the idea of an alternative to Obamacare.

“We are still negotiating with the feds on certain points of the plan, especially the work effort requirement, which seems to be a real sticking point for them,” Patton said. “I feel we can get them to sign off on this and make it work, and that will be a win for everyone involved.”

“In addition, starting in 2016, large businesses in Utah will likely face \$11 to \$17 million less in tax penalties each year [that] their employees making between 101% and 133% federal poverty level are enrolled in a state-sponsored program rather than a 'marketplace' plan with a tax credit,” Patton said. “While some may want to only provide assistance to the 0-100% federal poverty level group, federal match rate policy actually makes it more cost-effective to go up to the 133% federal poverty level and collect a higher match rate. This match rate is especially beneficial through 2019.”

The Utah legislature has to okay the plan as well (if they don't, it won't be implemented, per a law passed in the 2013 session), and this may take a special session, but Patton is confident that the plan will prevail.

“As our representatives learn about this plan and hear from their respective constituents, they are beginning to see the logic behind the measure, and I feel confident they will do the right thing,” he said.

Earlier this week, Herbert met with Secretary of Health and Human Services Sylvia Burwell to discuss a potential final agreement regarding the implementation of the Healthy Utah plan. He told the Utah Political Capitol on Tuesday that he thinks [a deal is as close as two to three weeks away.](#)