

Drew Clark: Empathy for legislators is good, but now we need Healthy Utah

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SALT LAKE CITY — If there's one issue that has come to define the administration of Gov. Gary Herbert over the past year, it's "Healthy Utah."

The initiative is his effort to customize a state-specific expansion to Medicaid, the federal/state program of health insurance for the poor. The mystery to many, including this columnist, is: Why don't we have it yet?



So far, two legislative sessions have come and gone without a resolution of the issue. Everyone in the Legislature is supportive ... except for House Republicans. The Senate-passed bill wasn't even given a hearing in the House chamber.

That's why it was significant that on Wednesday, Herbert and the program's leading critics (and allies) traveled to Washington to meet with Health and Human Services Secretary Sylvia Burwell.

Ostensibly, the meeting was designed to let HHS officials know of the concerns that Utah has with expanding Medicaid. And, in fact, Utah is not alone. Of the 50 states, just 29 of them (including, most recently, Montana) [have approved an expansion](#). The map of the expanders largely mirrors the map of "red states" after a national presidential election.

And therein lies the problem: The Obama administration's Affordable Care Act has politicized all manner of decisions that really shouldn't be very controversial.

"Politics has taken over health care in a way that it hasn't taken over highway construction or water policy," said Jason Stevensen, education and communications director of the Utah Health Policy Project, which supports Herbert's plan. "Because of Obamacare, any time you mention health care, the hair on people's necks goes up."

The simple numbers comparing Healthy Utah to its legislative competitor make the [case for Herbert's plan](#). Formally introduced as SB164 this year by Sen. Brian Shiozawa, R-Cottonwood Heights, Healthy Utah compares favorably to the House Republican alternative, HB446 or "Utah Cares," by Rep. Jim Dunnigan of Taylorsville.

From 2015 to 2017, Healthy Utah would cost the state \$25 million. Yet it would provide the indigent with more extensive health benefits. Dunnigan's alternative measure would spend more state dollars, \$64 million, and yet offer fewer services.

All of this helps explain why the intended target of Wednesday's Washington meeting was less Obama administration health officials and more Speaker Greg Hughes, R-Draper, and Dunnigan. After all, Herbert had already received a federal waiver for his program from Health and Human Services.

Hughes said that having Burwell appreciate what Utah legislators are grappling with ["went miles for me"](#). I think it was an important meeting and certainly one we plan to build on from there."

It's good to have that empathy. May we now please pass Healthy Utah?

In fairness, the primary reason we are having this debate is that a nationwide expansion of Medicaid — the Obama administration's intended vehicle to fund health coverage for poor adults — was undercut in 2012 by a federalism-friendly decision of the Supreme Court. States could not be compelled to change eligibility criteria for their portion of the Medicaid program.

The unfortunate result of that decision is that individuals above the poverty line are eligible for health care subsidies under the Affordable Care Act, and yet individuals below the poverty line are not eligible.

Recognizing this inequity, Herbert has been determinedly countering House Republican opposition. It's not lost on him that House Republicans are turning their backs on \$513 million in federal funds that would be available were Utah to craft a reasonable Medicaid expansion.

Critics of Healthy Utah say that the promised federal match is either a mirage or unsustainable.

"Healthy Utah relies on this unsustainable [federal] funding to pay for health insurance for low-income Utahns," [said Derek Monson](#), director of public policy at the Sutherland Institute.

"If the state takes that gamble, once the day of financial reckoning comes and Utah faces significant cuts in federal funding, it will have to choose among three unhappy options: (1) taking funding from education, transportation or other critical services to continue funding Healthy Utah, (2) cutting funding for Healthy Utah, or (3) raising taxes."

To address these concerns, Herbert has proposed a two-year sunset on the program.

Then if, in 2017, these dire projections about the federal government reneging on its promised match were to come true (under a rather unlikely scenario), Utah could alter and adapt its health insurance programs for the very poor to comport with fiscal reality.

The best thing that can be said about Herbert is that, when he finds an issue he likes, he's an "[action figure](#)" in fighting for his proposal. No one expects that he will let up on Healthy Utah. Nor should he.

It would be nice, however, if all the Utah politicians considering this question could look to [solutions for Utahns](#), and not how it will or won't impact the federal health care debate.

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