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House Republicans Try to Flip the Script on Medicaid Expansion

Written by [Bob Bernick](#) on 21 October 2015. Posted in [Today At Utah Policy](#)

Utah House Speaker Greg Hughes and the other 62 Republican representatives have a serious political challenge ahead of them: They have to change the Medicaid expansion debate.

And they started on that daunting task Wednesday in an open interim day caucus.

First, Hughes called out Democratic colleagues – specifically House Minority Leader Brian King – warning them that some rhetoric will not be taken lightly.



Secondly, using the expertise of two budget staffers, House Majority Leader Jim Dunnigan unveiled new numbers showing that Utah is actually getting MORE federal money today under Obamacare than Utahns are paying in new Affordable Care Act taxes and fees.

Yes, said Hughes, R-Draper, and Dunnigan, R-Taylorsville, the constant drumming by GOP Gov. Gary Herbert, Senate Republican leaders, and advocates of Medicaid expansion in Utah are, in fact, misleading.

Utah is NOT losing \$450 million a year in Medicaid expansion money.

Utah is making around \$20 million a year in ACA disbursements.

What? How could Medicaid expansion advocates have been able to get away with such poor-boy claims for so long?

Dunnigan said “actual (ACA) data” from fiscal 2015 is now in, while before Utah political and medical leaders were just using estimates extrapolated from “mega-data” ACA numbers nationwide – adjusted down to Utah’s population.

Now, Dunnigan said, it is true that if Utah went to full Medicaid expansion – either as Democratic lawmakers advocate, or go to Herbert’s Healthy Utah modified expansion plan -- Utah would be getting more Obamacare federal funds.

But – and this is the important part – not going to Obamacare or Healthy Utah is not actually costing the state dollars. It’s just not taking the risk, and the money, which it could.

Herbert has been saying for months that Utah is losing hundreds of millions of dollars Beehive State residents are paying in new Obamacare taxes by not expanding Medicaid from 0 percent of the poverty line to 138 percent.

“We are paying in those tax dollars; we should be getting our share back,” is the often-quoted Herbert saying.

Dunnigan's new numbers show that simply is not the case.

A very complicated chart Dunnigan had projected up on the meeting room's wall shows that in 2015 Utahns paid \$710 million in new Obamacare taxes and fees.

But for that same fiscal year, Utah received from the federal government in various health care subsidies and reimbursements \$730 million.

Thus, instead of losing \$450 million as Herbert et al. have claimed, Utah made \$20 million, Dunnigan, and the Legislative Fiscal Analyst says.

New 2016 fiscal year projections say the state will take in \$1.06 billion in Obamacare funding while paying ACA taxes and fees of \$960 million – or \$100 million more coming in than was paid out.

Instead of constantly talking about how much more federal money Utah can grasp under Medicaid expansion, Utahns have to determine how the really needy – those 32,000 or so poor folks who don't have health care now – can be covered, said Hughes and Dunnigan.

It is a pivot that must be made the two leaders said – both in how Medicaid expansion is talked about and how House Republicans proceed in developing “our own” health care insurance for the poor program.

“Some in Utah – like at my town hall meeting last night,” said Hughes, “Believe we have never seen one red dime come back to us” via Obamacare.

“But we have. We are. This new surprise data” released Wednesday “must direct the narrative” from now on.

No longer will House Republicans talk about how to draw up a Medicaid expansion plan that could capture some more Obamacare funds.

No, they will speak only about how to take care of the truly needy – around 32,000 Utahns.

But even that number is not recognized by Medicaid expansion advocates.

The advocates talk about the 165,000 or more Utahns who would be covered by the expansion.

But in fact, says House leaders, most of those folks from 0-138 percent of poverty are already getting subsidized health insurance and are covered under other plans.

In fact, only around 32,000 of those 165,000 are NOT covered by health insurance now.

So, said Hughes and Dunnigan, House Republicans will concentrate on developing a Utah-based plan that will cover those 32,000 folks.

Such talk is close to Utah Cares, the GOP Utah House plan rejected by Herbert and the Senate in the 2015 Legislature.

Well, what House Republicans come up with before the 2016 session starts in January may not be “a mirror image” of Utah Cares, said Hughes.

But whatever it is, it will help the 32,000 poor, uninsured Utahns, and it will not draw down the \$450 million of Obamacare expansion.

Some federal waivers will still be needed. And Utah hospitals will have to work with GOP House leaders to coordinate coverage and reimbursements.

On another political point, House GOP leaders will not sit by and let Republican House members be bashed publicly for political gain, said Hughes.

He was referring specifically to an [op-ed](#) in The Salt Lake Tribune by King, D-Salt Lake.

Hughes said in demanding 38 (a House majority) votes within the House GOP caucus for any huge decisions – like Medicaid expansion and state budgets – in no way hinders or bypasses the minority Democrats nor any opponents to any such GOP action.

Those who profess otherwise “lie,” and are “liars,” said Hughes, who added he carefully considered the use of such words before making his statement in Tuesday’s caucus.

In response to UtahPolicy, King said he stands by his op-ed. King added that he would never demean anyone, including a House colleague, by calling them a “liar.”

Hughes said those saying he “interrupted” the normal House hearing/voting process, or even the internal GOP caucus action of asking for a 38-vote caucus position on major issues or budgets, “are looking at a political advantage and not telling the truth.”

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It is factually incorrect to say that 32,000 Utahns currently lack access to health insurance. If lawmakers and advocates desire to use accurate numbers to fix Utah's coverage gap, we need to start by defining the number of Utahns who could benefit from closing the coverage gap. This is the most important number for both lives covered and dollars spent.

All of the following numbers come from Milliman, the actuary hired by the Utah legislature to develop accurate numbers. Legislative leadership is aware that the following numbers are correct and that they should be using them.

In FY 2017, the number of Utahns in the coverage gap (0%-100% of poverty) will be 62,782 (let's say 63,000 to keep it simple). Of those, 42,799 (let's say 43,000) do not have any access to health insurance... and 19,982 "might" have access to some insurance, either employer-based, PCN, or non-Medicaid coverage.

So the real number of Utahns without access to health insurance (in FY 2017) is 43,000. Not 32,000. Keep in mind that PCN offers only primary and preventive coverage and doesn't cover specialty care (ie. specialists) or hospitalization--so many are reluctant to call it insurance.

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