

# House speaker reveals more details on newest Medicaid expansion plan

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WEST VALLEY CITY — House Speaker Greg Hughes, R-Draper, outlined more details about the newest Medicaid expansion plan being sought by GOP legislators, explaining that it will focus on the "most vulnerable" Utahns and that lawmakers will look to hospitals — and possibly other Utahns — to fund it.

Hughes spoke on a panel Thursday at a health care conference organized by the Utah Health Policy Project, along

with Sen. Brian Shiozawa, R-Cottonwood Heights.

In response to an audience member who asked if legislators would consider a statewide tax voted on by ballot measure, Hughes said the idea "has not been delved into deeply, but that's a concept that's certainly worth talking about."

The limited Medicaid expansion plan being floated by GOP legislative leaders is the latest attempt by lawmakers to come up with a solution after rejecting two proposals backed by the governor last year.

Until lawmakers find a solution, about 77,000 Utahns remain in the "coverage gap," according to Nate Talley, a budget and policy economist for the Governor's Office of Management and Budget. Not all of those people, he added, are necessarily uninsured.

The latest proposal being floated by GOP legislators would only cover the medically frail. That means Utah will receive a 70 percent funding match from the federal government.

Hughes said the proposed plan would likely require the state to dip into its general fund. Hospitals will also be asked to foot part of the bill, he said, but not doctors and other health care providers.

UtahAccess+, the proposal that was rejected by the House GOP in a closed-door caucus in October, would have extended Medicaid coverage to those earning up to 138 percent of the federal poverty level. That would have triggered a 90 percent federal funding match.

Hughes said it was too risky for Utah to commit to full expansion, pointing to other states where enrollment exceeded expectations once Medicaid was expanded. He also pointed to the failure of several co-ops, including Arches in Utah, as signs of the new health care law faltering.

"Is that longstanding? Can we bet on that? ... We have worries about that," Hughes said.

The speaker was challenged by Shiozawa, who said the state stands to save money once coverage is expanded to the state's low-income residents. Shiozawa drew on his experience as an ER doctor, saying many of the patients he treated could have avoided the expensive ER bill if they had had access to preventive care.

"I have been persuaded with going forward with Medicaid expansion from a purely financial perspective," Shiozawa said.

Gov. Gary Herbert's chief of staff, Justin Harding, who spoke earlier at the conference, said the governor still believes his Healthy Utah plan "is the high bar."

Healthy Utah would have qualified Utah for the maximum federal funding match, but lawmakers rejected the proposal.

"It will be up to them to come up with a solution," Harding said.

Harding added that postponing the issue until 2017, when a new administration takes over the White House, "may be an option."

That's what Rep. Robert Spendlove, R-Sandy, hopes to do.

"The federal government has been unwilling to give us the flexibility to run our program," he said.

Spendlove plans to introduce a bill that would partially expand Medicaid coverage up to 100 percent of the federal poverty line. His proposal would also include a work requirement and allow for budget caps — concessions that the Obama administration has said it will not approve.

Audience members and other panelists at the conference expressed frustration that lawmakers have been unable to find a solution on Medicaid after three years.

Charlie Kulander, a certified application counselor who helps residents in Moab sign up for health insurance, said many of his clients in rural Grand County fall in the coverage gap.

Kulander said he used to tell them that Medicaid expansion would be coming soon.

"I don't tell them that anymore," he said. "But I'm still hoping for it."

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