

Utah's poorest may get chance for health care, without help from Affordable Care Act

By Wendy Leonard, Deseret News

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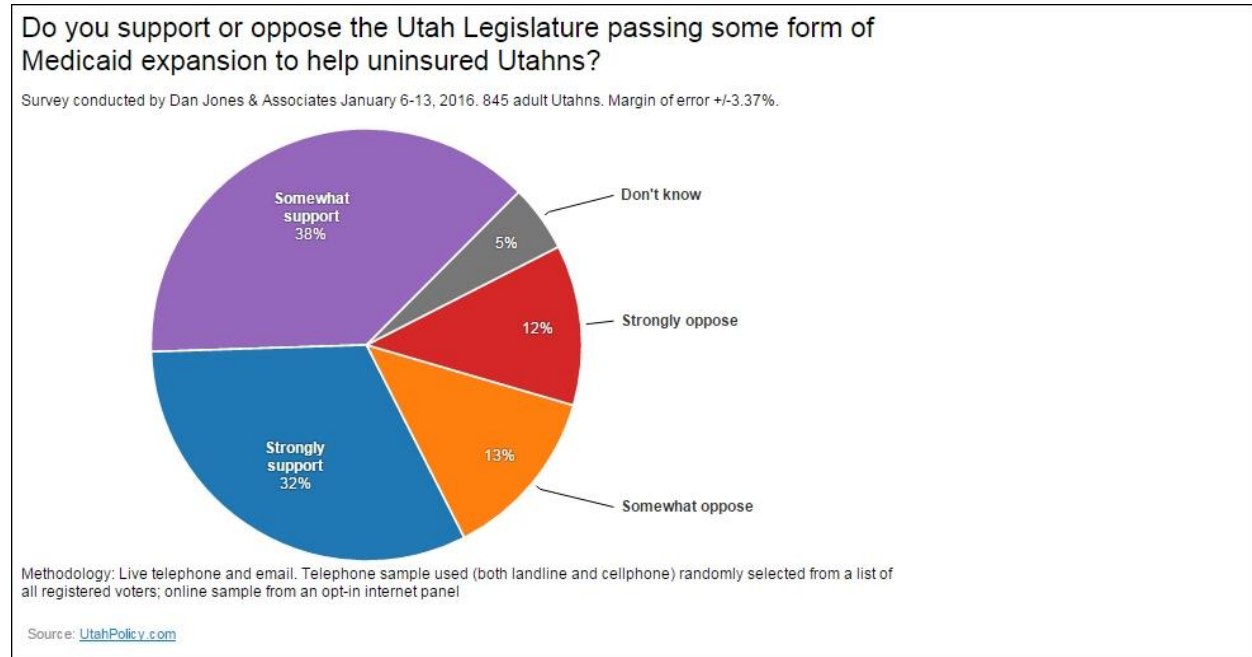
SALT LAKE CITY — One Utah lawmaker is taking a new approach to get some of the state's most vulnerable people the care they need.

And he's doing it out of an urging from some friends of the poorest of the poor, who realized too late in the game last year that while they were rooting for full Medicaid expansion in Utah, they may have

Poll: Big Majority of Utahns Want Some Sort of Medicaid Expansion

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Nearly three-fourths of Utahns want the upcoming 2016 Legislature to pass some kind of Medicaid expansion to cover low-income, uninsured citizens, a new UtahPolicy poll finds.

Lawmakers convene next Monday for their annual 45-day general session.

And while Medicaid expansion will be on the agenda, by no means is it guaranteed that some kind of plan will be adopted by the GOP-controlled body.

In a new survey, pollster Dan Jones & Associates finds that 70 percent of Utahns want lawmakers to expand the low-income medical coverage plan in some form.

A quarter (25 percent) don't want any Medicaid expansion, Jones finds, and 5 percent don't know.

As a reader of UtahPolicy knows, GOP Gov. Gary Herbert last year put forward his [Healthy Utah](#) plan. It passed the state Senate by one vote (a few Democratic votes needed there).

But it failed in a House vote late in the session. GOP House members passed a more pared down expansion, called Utah Cares. It went nowhere in the Senate.

missed a chance for even a slight change that would do good for many.

"I and others have put in a significant amount of time trying to address this issue and trying to find the best solution that will pass the state policymakers and federal policymakers and it just hasn't happened," said Rep. Jim Dunnigan, R-Taylorsville. He said there is little taste in the Legislature to take up the issue of Medicaid expansion again.

Multiple attempts to expand Medicaid and extend health care to some 77,000 Utahns in the coverage gap have failed to win both the Senate and the House in Utah. It remains one of about 16 states that has not adopted Medicaid expansion and is among a handful still discussing the matter as it pertains to the Affordable Care Act.

"But there is this population that has a definite need for treatment," Dunnigan said, adding that any step to insure Utahns who aren't eligible for existing programs or don't make enough money to cover insurance costs is a "major improvement from where we are today."

And while it may be tough to envision a party-aligned, budget-balancing group of legislators budging to include more on the Medicaid rolls, Dunnigan and others think there's a chance.

Last year, the Utah Senate passed a bill similar to the governor's Healthy Utah plan that would have covered all 53,000 under the poverty level, and the House of Representatives backed Utah Cares, which would have made Medicaid available to another 20,000 Utahns under 33 percent of the federal poverty level. But neither gained support of both houses.

Bill Tibbitts, director at the Crossroads Urban Center, a facility that provides various resources for Utahns who are homeless or at-risk of becoming homeless, said either bill would have been a "big deal for the people we serve."

"We have a lot of people who are close enough to the edge that an unplanned health care problem or medical emergency would send them over," he said. "Health care isn't something people want, it is something that they need."

Tibbitts said he regrets not getting behind actions that were taken by lawmakers during last year's session to cover the consensus of at least a small portion of Utah's uninsured population. He said many were hopeful that a full expansion plan would pass, so little attention was paid to other efforts.

"If there is a possibility of getting something done — anything — then, I want to support that," he said.

Months ago, Tibbitts and others approached Dunnigan, who has been at the head of discussions on the issue of Medicaid expansion for years, about the possibility of backing another bill to expand the program.

Dunnigan told the Deseret News he was reluctant, but if there was community support for the measure, as he was shown there is, he'd take it on.

Instead of pushing for expansion under the Affordable Care Act, which would require federal approval and likely another lengthy and possibly contentious fight in the Republican-controlled Legislature, Dunnigan's bill will seek to expand the current offerings of Utah's established Medicaid program to cover "the poorest of the poor," he said.

"If we could get a percentage of those people the care they need, it would change things for a lot of people," Tibbitts said. "In a state where we've never covered childless adults, covering a share of them is a big deal."

Dunnigan said, "there are many pluses to doing something," even if it isn't full-blown expansion.

His proposal, he said, is "simple and straightforward, helping those with the lowest income, who probably have the greatest need." Coverage would be extended to people based on income — the federal government's preferential eligibility requirement; and service would be delivered under already established accountable care organizations. Dunnigan also said he would include a mechanism to adjust eligibility to ensure a balanced budget for the state — something lawmakers previously opposed to a full expansion have expressed sincere interest in.

"It is something we could get started relatively quickly and evaluate to see what the real costs are," he said, reaffirming that his plan "has nothing to do with Obamacare or the Affordable Care Act."

Dunnigan said he believes there will still be some lawmakers who don't want to do anything, avoiding the issue altogether. But, he said, there are some who will accept it because it is helping the most needy and provides the budget certainty they desire.

"It's a reasonable and good approach," he said. "There is value in going forward, in starting with something."

He believes the minor expansion of benefits to Utah's poorest childless adults could help the homeless situation downtown, as well as the justice system as it deals with recidivism rates. It will also chip away at the costs of uncompensated care that hospitals and clinics provide people who ultimately can't afford to pay their bills.

"At the end of the day, the greatest benefit will come to those eligible and who take advantage of the coverage in getting their conditions managed and addressed," Dunnigan said.

Jean Hill, government liaison with the Catholic Diocese of Salt Lake City, said her organization is on board with anything that will help at least some people get access to benefits that "could be life-changing" for them.

The diocese works with a number of people who have been released from prison but still deal with various mental health or substance abuse disorders, keeping them from being able to hold down a good job. Hill said the current system "sets them up to fail," often forcing them back into prison to get the health care they need.

She said Dunnigan's proposal is in line with the state's initiative for justice reinvestment.

"There are a number of people with mental health issues for whom that kind of coverage could make a difference in getting a job and getting off the streets," Hill said, adding that she believes a majority of convicted Utahns "want nothing more than to be independent contributing members of our community."

"You have to have help to do that," she said.

The Catholic Diocese of Salt Lake City plans to rally other faith leaders in support of taking even small steps forward, and Tibbitts said he knows others will step up.

He has spoken with downtown business owners, whose operations are often disrupted by homeless people acting out mental health issues on the street or in a store. And money spent on health care services for needy people at the Fourth Street Clinic would go much further with even just a small portion of newly eligible patients relying on Medicaid — if Dunnigan's bill passes.

"The need is real," Tibbitts said, adding that for many people the bill would help, their health and/or mental condition is often a part of why their income is so low.

"If we could get a percentage of those people the care they need, it would change things for a lot of people," he said. Public outbursts, Tibbitts said, lead to societal costs, whether in jails, emergency rooms, at court and otherwise.

"There's a lot of concern about homelessness in the Salt Lake City area," he said. "There's at least an awareness that we need to do a better job of taking care of that population. If the House and Senate both passed a bill that would provide care to this population last year, but couldn't agree to do more, they should at least agree to do that."

Dunnigan's bill has yet to be filed, and it will be one of many seeking to expand benefits in some way. At least four other legislators have opened bill files relating to Medicaid expansion, including Rep. Robert Spendlove, R-Sandy; Rep. Ray Ward, R-Bountiful; Sen. Gene Davis, D-Salt Lake City; and Rep. Rebecca Chavez-Houck, D-Salt Lake City.

But, Dunnigan is clear, his bill is not in the realm of the federally regulated Obamacare, but rather focused on a specific need in Utah. And, while it will include some homeless Utahns, it will also help others who are not homeless but who suffer serious health conditions for which they need treatment.

"Let's start helping them get started on getting their lives back," he said.

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