

Cheerleaders for Medicaid expansion ask Utah lawmakers to consider implications

By Wendy Leonard, Deseret News

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SALT LAKE CITY — It was a different cast of characters testifying about the need for Medicaid expansion in Utah Thursday.

What is typically an unending list of patients pleading with lawmakers to give them access to health insurance, Thursday's meeting was filled with organizational executives, local religious leaders, doctors and other providers, professors and experts, economists and general advocates for Utah's uninsured.

"I cannot properly care for children of adults who are sick and spreading illness throughout their homes," said Ellie Brownstein, a pediatrician with University of Utah Health Care. She asked members of the Social Services Appropriations Subcommittee to consider parents of children who remain

without access to affordable quality care, despite whether the children are insured or not.

Another physician said a mother's health is fundamental to the success of her baby, specifically during developmentally important times early in life.

And without proper preventive care, studies have shown that people without insurance often choose to delay or defer diagnoses and/or treatment of various problems, said Dr. Jay Jacobson, professor emeritus of infectious disease and researcher at the U. He said even minor issues can turn into big problems when unattended.

"It can increase a patient's morbidity, but also transfer and spread illness to the larger population," Jacobson said. "It results in higher costs to society and treatment is more costly and less effective when delayed."

Lawmakers on the committee are tasked to consider fiscal notes on each of at least three bills attempting to expand Medicaid in some way.

Senate Minority Leader Gene Davis, D-Salt Lake City, is proposing the largest increase (SB77) — full expansion of Medicaid to cover all of Utah's uninsured. Enactment would cost the state an estimated \$51 million but would reap hundreds of millions of federal match dollars in return, which Davis said is "worth the investment."

Funding such a proposal, however, would preclude the committee from funding anything else, said Sen. Allen Christensen, R-North Ogden.

"There would be nothing left to pay to all these other programs asking," he said.

Though Rep. Ray Ward, R-Bountiful, who is proposing a plan similar to the governor's Healthy Utah plan that failed last year, said many other states have continued to fund a variety of programs while also funding larger Medicaid rolls.

Ward's plan, HB302, would impose a tax on electronic cigarettes, in addition to collecting money from hospitals, but it would also cap the number of enrollees when state funds are short.

"Every other developed nation provides a safety net to people who fall through the cracks," he said. "We don't do that, but we should."

Utah is one of a handful of states still discussing options alternative to Medicaid expansion that is set forth by the Affordable Care Act that took effect in 2010. Thirty-one states have expanded coverage to uninsured populations via various programs and plans, using assessments and taxes to help fund it in some cases.

Medicaid expansion has been a topic of discussion for Utah lawmakers for years, and the state's conservative leadership has thwarted various bills, due to a lack of faith in the federal government, a question of long-term sustainability, and/or disagreement on the projected numbers of people it would help and the costs required to do so, among other reasons.

Rep. Jim Dunnigan, R-Taylorsville, has proposed to increase eligibility only slightly, to include the poorest of the state's uninsured, mostly childless adults who are homeless or on the verge of becoming so. He said the "measured step" into expansion would give the state a chance to see what it costs and how it works without committing a huge chunk of money.

Instead of expansion, though, Dunnigan is calling it a "health improvement initiative," meant to reduce recidivism and improve the mental and physical health of people who are homeless.

He said it would cost the state \$20 million and the state would not have to seek approval from federal administrators to do anything other than offer the existing Medicaid program to more people.

The majority of people who testified Thursday offered support for full expansion, to help all of the estimated 63,000 Utahns who fall into the coverage gap — making too much to qualify for Medicaid but too little to afford plans offered through the federal government exchange.

"While I'd like a full coverage gap expansion, we've gone through three sessions with this and I'd really like to see something get done," committee member Sen. Brian Shiozawa, R-Cottonwood Heights, said.

Jason Mathis, executive vice president of the Salt Lake Chamber, said expansion would be good for everyone.

"A healthy workforce is necessary for a stable economy," he said, adding that the business community could benefit from even homeless Utahns having access to proper care, including mental and behavioral health services.

"In a society that is as blessed as ours, it is not acceptable that people go without care," Mathis said. "Doing nothing for another year is not an option."

The Right Rev. Scott Hayashi, of the Episcopal Diocese of Utah, said it is not good enough to rely on charitable care to serve all the state's uninsured and needy populations.

"I know firsthand that there's no way any religious organization can manage all of this," he told lawmakers. "I also know that when there are people of good will working together, we can accomplish good things."

The Rev. Bob von Trebra, of the Holladay United Church of Christ, said offering access to health care for everyone "is the right thing to do for the common good."

And if the answer isn't full expansion, covering "the most vulnerable among us" with Dunnigan's plan, he said, is the way the state ought to go.

As someone who works with people who have substance abuse disorders, social worker Brian Pulsipher told lawmakers, "Daily, I see potential and watch society sweep it aside."

"If we truly believe that all men are created equal ... Medicaid expansion makes moral and logical sense," he said.

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