

House panel OKs bill promoting health care for homeless, mentally ill

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With backing from advocates for the poor, a House committee approved legislation Monday that would provide health-care coverage to a portion of Utah's chronically homeless, mentally ill and those recently released from prison.

"We have an opportunity to improve the lives of 16,000 of our fellow Utahns. These are people who have virtually no income and they're either homeless, interacting with the corrections [and] justice system, or have behavioral health needs," said House Majority Leader Jim Dunnigan, R-Taylorsville, the sponsor of the second substitute of HB437.

"They need our help," he said. "It's a measured plan, it has cost controls in it, and I think it's the appropriate step at this time."

David Litvack, a former legislator who is deputy chief of staff to Salt Lake City Mayor Jackie Biskupski, called the Dunnigan bill "a critical element to address homelessness." And Keith McMullin, a top official in the LDS Church and president of the church-owned Deseret Management Corp. — who was not speaking officially for the church — said a "society grows and prospers as it attends to those who are most vulnerable."

"What Representative Dunnigan has done as suggested in this bill is something that is good for the citizens of this state to do," McMullin said. "It is good for the economy, for as we turn our attention to those who stand in need, our economy will prosper. As we turn our attention from those who stand in need, the economy will not."

Dunnigan's bill would provide Medicaid health coverage to an estimated 16,300 of the poorest Utahns — 12,500 who are either chronically homeless, recently released from the prison system, or diagnosed with behavioral health needs, and another 3,800 very poor Utahns who have children.

The bill comes on the heels of the Legislature's defeat last year of a series of more generous proposals to expand Medicaid coverage to Utah's poor under the Affordable Care Act — commonly known as Obamacare.

That included Gov. Gary Herbert's Healthy Utah plan, which was soundly defeated by House Republicans, and the subsequent Utah Access Plus plan, negotiated by the governor and legislative leaders, that was crushed by lawmakers in both chambers.

Both of those plans would have subsidized coverage for 125,000 low-income Utahns, would have cost the state more cost more and brought in hundreds of millions of dollars in federal money.

"Would we like to cover more? Of course we would," said Pamela Atkinson, an advocate for Utah's homeless. "But we know the money is limited and we think this is a great way to start this off."

Greg Bell, executive director of the Utah Hospital Association and former lieutenant governor of the state, said after months of work on the previous proposals, "last year we were eclipsed by politics," and he thanked Dunnigan for his work. He said now patients come into emergency rooms and are "train wrecks," needing intensive treatment that goes well beyond what an emergency room doctor can provide.

The Dunnigan plan, he said, would allow those patients to get preventative care and treatment before their condition requires such extensive care.

Dunnigan's plan would cost \$30 million in state dollars and utilize \$70 million in federal funds. Utah hospitals, which now bear the cost of providing emergency room coverage for the uninsured and would benefit from having those patients covered, agreed to pay \$13.5 million of the state's share.

But Chase Thomas with the Alliance For A Better Utah said Dunnigan's proposal leaves tens of thousands of low-income Utahns without health insurance and the Legislature can do better, but lawmakers seem more interested in building new roads or filing a \$14 million lawsuit demanding the federal government turn over millions of acres of land to the state.

The House Business and Labor Committee approved the bill on a 9-4 vote, sending it to the full House for consideration. Rep. Brad King, D-Price, joined Republican Reps. Marc Roberts, John Knotwell, and Jon Stanard in opposing the measure.

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