

Utahns speaking out on pending Medicaid expansion plan

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The public comment period has opened on a proposal to extend health care to up to 11,000 people who are living in chronic homelessness, in and out of the criminal justice system, or dealing with mental health and/or substance abuse. Shown here, Gov. Gary Herbert.

SALT LAKE CITY — The voices that continue to be the loudest about Medicaid expansion are the same that have been left out of the current proposal in Utah.

State officials are taking note of them, but they're also looking to refine the proposal that will be sent to the federal government July 1.

"I've struggled with chronic homelessness in the past, and I'm struggling with mental health and substance use disorder," Dan Davidson, a 48-year-old recovering addict, said during a public hearing on the proposed expansion on Thursday.

Davidson works as a certified peer support specialist for others finding themselves in the same positions he's been in, but even his own situation is volatile.

He needs access to a variety of costly, doctor-prescribed medications each month to keep him stable enough to maintain his part-time job and the self-sufficiency he's worked hard to achieve.

But Davidson doesn't have insurance, and he doesn't fit into any of the narrowly crafted descriptions that would make him eligible for it.

The number of Utahns who might be served with an extension of benefits approved by the Legislature after years of discussion has also dwindled from what was previously proposed. Around 10,000 to 11,000 Utahns fit the specific demographic qualifications for coverage, and even that is subject to the approval of the federal government.

"HB437 could've helped my parents, but not someone like me, who is trying not to repeat the same mistakes they made," said 19-year-old Jose Chacon, a full-time student at the University of Utah who is also uninsured.

Chacon lost his young mother to a drug overdose, he said, and never really knew his father.

Despite "growing up in the face of adversity, I have overcome the odds," Chacon said, though he continues to fight chronic back pain and other health issues for which he can find no solution. His health, he said, is threatening to complicate his otherwise bright future.

Utah lawmakers voted for a pared down plan after multiple attempts for full expansion did not take in the conservative majority House and Senate.

A partial expansion plan curated by Gov. Gary Herbert also did not gain enough votes to cover a larger number of Utahns.

"So we're back to a starting point," Herbert said Thursday during his monthly news conference on KUED. "The good news is we're starting, whatever it is."

The governor said he was "disappointed" that even fewer Utahns would be covered under the plan going forward, but he suggested the state may be able to do more in the future.

Herbert expects the new program, pending approval by the federal government, to be tried for a year and then reviewed "to see what we can afford going forward."

Federal officials with the U.S. Centers for Medicare and Medicaid Services, which will address Utah's waiver for expansion of the program, have said the agency has yet to approve a proposal containing certain social determinants, such as the one Utah is putting forth. So it will be a new frontier for them, though Utah officials are optimistic.

Nate Checketts, deputy director at the Utah Department of Health, said the population to be served was limited by finite funds set forth by lawmakers. When the population was looked at more closely, it was determined the people to be served might end up being high users of costly medical services, having not had the opportunity prior to expansion of the program.

"They are people with the highest needs, and those needs tend to have higher costs," Checketts said, adding that the state's estimates may end up being too conservative and the program could be expanded to include more people if that is the case.

However small the number of people the program can help at this time — there are 53,000 Utahns who remain without access to affordable health care — Checketts said Medicaid extension is "still a step in the right direction."

"It'll be a big difference to those who don't have coverage, but it doesn't cover everyone in the gap," he said.

Regardless of what is moving forward, it is "always helpful" to hear the stories of people in the coverage gap, Checketts said.

"We don't want to forget them," he said, adding that unless the Legislature addresses even further expansion, those who do not have access to health insurance after the new program is implemented early next year will likely remain that way.

It's not something the health department can do anything about, Checketts said.

"The struggle is real," Davidson said, adding that he will continue to advocate for himself and others facing insurmountable odds on their way to recovery from addiction.

"I am motivated by my mentors and my peers and a desire to change the world," he said. "I will shout on the rooftops until it happens."

The public is encouraged to read the proposed plan and waiver, available at www.health.utah.gov/MedicaidExpansion, and comment online or at one of two additional public hearings to be held May 25 in Salt Lake City and May 31 in Logan.

More information can be found online at www.health.utah.gov.

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