

Closing Utah's Coverage Gap: Comparing Cost, Quality & Coverage		
Bill # (Sponsor):	H.B. 446 (Rep. Jim Dunnigan) "Utah Cares"	S.B. 164 S01 (Sen. B. Shiozawa) "Healthy Utah"
Overview:	Expands access to existing Medicaid to cover some childless adults and parents with dependent children; uses Utah's Primary Care Network (PCN) to cover others earning under 100% of federal poverty level; seeks federal/state match of 70%/30%	Covers Utahns earning up to 138% federal poverty level (FPL) using Medicaid expansion funds to subsidize private market & employer-sponsored health insurance; seeks federal/state match of 90%/10% w/ automatic sunset after 2 years
Covered Lives (2017):	21,000 [Medicaid] + 12,000 [Woodwork] 24,000 [PCN] 57,000 [TOTAL]	95,000 [without woodwork, i.e. currently eligible] 126,500 [with woodwork]
Closes Coverage Gap: Full insurance:	No For Some: Yes [Medicaid] No [PCN]	Yes Yes [Employer Sponsored, Private Market, Medicaid]
Total state cost (2015-17):	\$64 million	\$25 million
Federal funds (2017):	\$82 million	\$513 million
Benefit description:	Expands at 70%/30% match: Parents w/ kids Medicaid 0-64% FPL  Creates at 70%/30% match: Adults w/o kids Medicaid 0-33% FPL  Uses Utah's Primary Care Network (PCN) to cover others earning under 100% of the federal poverty level.	Uses Medicaid expansion funds to subsidize healthcare coverage at enhanced federal match rate (90%/10%) through:  -Employer-based insurance -Private market-plans -Medicaid ACOs Promotes individual responsibility, supports the private insurance market, and maximizes flexibility with the federal government.
Limitations	Poquires approval of waiver through	-Ends waiver after 2 years of program

- Limitations: -Requires approval of waiver through Center for Medicaid Services (CMS) -Requires CMS to continue PCN which is a non Essential Health Benefit Plan
  - -Creates incentives for individuals to qualify to not work in order to qualify
- -Ends waiver after 2 years of program implementation to allow for review of political landscape and success of program -Requires approval of waiver through CMS (already deemed "approvable")

for traditional Medicaid