| Bill # (Sponsor): | **H.B. 446 (Rep. Jim Dunnigan)**  
*Utah Cares* | **S.B. 164 S01 (Sen. B. Shiozawa)**  
*Healthy Utah* |
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<td><strong>Overview:</strong></td>
<td>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%</td>
<td>Covers Utahns earning up to 138% federal poverty level (FPL) using Medicaid expansion funds to subsidize private market &amp; employer-sponsored health insurance; seeks federal/state match of 90%/10% w/ automatic sunset after 2 years</td>
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| **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:** | No | Yes |
| **Full insurance:** | *For Some:*  
Yes [Medicaid] No [PCN] | 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:** | - 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 for traditional Medicaid | - 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”) |

Cost estimates based on Milliman Numbers Revised 12/17/14 and Dept. of Health Estimates 03/03/15