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Charity care offered as alternative to Medicaid expansion

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SALT LAKE CITY — Providing charity health care for Utahns was offered Tuesday as an alternative to the state accepting an expansion of Medicaid during a panel discussion sponsored by the Sutherland Institute.

Former state senator Dan Liljenquist, who sponsored Medicaid reform legislation, said it is "shortsighted and inaccurate" to say that Medicaid is the only way to ensure there is a safety net for Utahns who can't afford health insurance.

Liljenquist, a Republican who unsuccessfully challenged Sen. Orrin Hatch, R-Utah, last year, said the prospect of the community coming together to take care of those in need should not be written off "as some hokey thing."

But Alan Weil, executive director of the National Academy for State Health Policy, said relying on charity to cover the costs of providing health care leaves the needy "subject to the whims" of contributors.

"Medicaid is a real program that provides real human beings with real access" to health care, Weil said. He said the expansion "should be judged as a real opportunity and a real option, not against against some theoretical option."

During the 2013 Utah legislative session, the question of whether charity care could take care of the Utahns who would benefit from the Medicaid expansion was raised by Rep. Jacob Anderegg, R-Orem.

Anderegg, who sponsored a bill that initially would have stopped the state from accepting the expansion but was later amended to require several studies including of charity care, said Utahns would step up to help.

"We have the power to do this ourselves," Anderegg said during floor debate on the bill.

The Sutherland Institute, a nonpartisan conservative public policy Utah think tank, has long backed charity care. The institute produced a 2004 report called "To the Least of These: A Moral Case for Providing Authentic Charitable Care."

The report stated a number of principles including that, "In a free society, voluntary charity is always more preferable than government welfare" and "There exists no valid or legitimate right to medical care."

It is up to Gov. Gary Herbert whether to accept the expansion, which would extend Medicaid coverage to more than 130,000 Utahns, an option under the Affordable Care Act, also known as Obamacare.

The state Department of Health has commissioned a study of the costs and benefits associated with accepting the expansion that will be analyzed by a new state committee studying the Medicaid expansion options that began meeting last month.

Herbert has said he expects to have those recommendations before a health summit set for September.

Tuesday's two-hour discussion, held at the state Capitol, also included Matthew Slonaker, the Utah Health Policy Project's Medicaid policy and collaborations director, and Drew Gonshorowski, a Heritage Foundation policy analyst.

Slonaker said accepting the expansion would be an economic boost to the state. "Let's keep our eye on the ball," he urged. The federal government would fund 100 percent of the expansion, but that

amount would drop.

Gonshorowski said the economic impact of the expansion needs to be looked at long term, because the benefits will decline. "We can't be shortsighted when we're addressing this Medicaid issue," he said.

Liljenquist said he had concerns about bringing more Utahns into a system that he believes is unsustainable.

"There's no such thing as free lunch," Liljenquist said. "We are pouring hundreds of millions of dollars and even billions into a system we know needs reform."

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