

Getting Healthy Utah through Legislature won't be easy, Cox says

By Kristen Moulton

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The Salt Lake Tribune
December 02 2014

Medicaid » The governor is scheduled to detail his plan on Thursday.

West Valley City • Winning over the Legislature to support Gov. Gary Herbert's Healthy Utah plan is going to be a "very heavy lift," Lt. Gov. Spencer Cox said Tuesday.

"I wish I could tell you how this ends," Cox told 150 people gathered for the Utah Health Policy Project conference.

The governor's alternative to expanding Medicaid would help low-income people who now fall in a coverage gap, Cox said, and would benefit Utah's economy while returning hundreds of millions of dollars that Utah taxpayers are sending to Washington for Medicaid expansion.



"I think it's possible to not like the Affordable Care Act (ACA or Obamacare) and still support Healthy Utah," said Cox. "That's the challenge that we have, to convince others that it's possible."

A key lawmaker on health care reform, Rep. Jim Dunnigan, R-Taylorsville, called Healthy Utah a "good program" if the Legislature decides it supports an alternative that fully expands Medicaid. Dunnigan was part of a panel discussion on Healthy Utah Tuesday, and one of a half dozen lawmakers attending the conference. It also drew insurance executives, those helping people enroll in the subsidized healthcare plans and nonprofit representatives.

"The question is, are we going to do it? I'm going to leave that right there," said Dunnigan, co-chairman of the Legislature's Health Reform Task Force, which will see details of the governor's plan for the first time on Thursday.

Herbert also has scheduled a news conference Thursday to discuss the plan, negotiated over several months with the U.S. Department of Health and Human Services, which must give Utah a waiver to create its alternative to traditional Medicaid expansion.

Dunnigan said legislators have a range of options, including four "viable" plans of their own, when they take up health care reform in the 2015 session. Those legislative options also will be detailed on Thursday.

His view on the best option is still "coalescing," Dunnigan said.

He doesn't like the idea of making a decision that has a low price tag now, but could cost Utah \$35 million or \$40 million a year in the 2020s and beyond.

"If we're going to expand, we need to start paying for a significant portion of it now rather than simply delaying and saying we'll do it down the road," said Dunnigan, the new House majority leader.

Rep. Robert Spendlove, R-Sandy, said he is most concerned about the long-term costs. "The decisions we make now on this issue are going to affect generations," said Spendlove, who formerly was the governor's director of federal relations.

Sen. Brian Shiozawa, R-Cottonwood Heights, said, however, that there is "real momentum" building for Healthy Utah.

The House will give Healthy Utah an audience, Shiozawa said, but he added he can't predict whether the Legislature will approve it or a more modest Medicaid expansion alternative.

The governor's plan would extend coverage to those earning up to 138 percent of the federal poverty level, even though those earning from poverty level up to 400 percent of poverty can qualify for federal subsidies in the federal marketplace, HealthCare.gov.

The feds will pay a bigger share — starting at 100 percent and falling to 90 percent in 2020 — if Utah does that "full" expansion.

But many in the Legislature don't see the wisdom in covering anyone above the poverty level, since they can get subsidized health care. Expanding Medicaid just to cover those in the coverage gap, who have no access to affordable healthcare, would mean the feds chip in only 70 percent of the costs.

Utah has approximately 45,000 residents in the coverage gap, which was created when the Supreme Court allowed states to opt out of Medicaid expansion. ACA didn't provide subsidies for those whose incomes fall below poverty levels because it envisioned every state would expand Medicaid. Twenty-six states did, but others, like Utah, did not.

In general, the only people qualifying for Utah's Medicaid program are pregnant women and those with children whose household income is less than half of poverty level.

The gap population is comprised of childless adults earning less than the poverty level — \$11,670 for an individual — or pregnant women and families earning from \$9,800 to \$19,790 (poverty level) for a family of three.

The result, said Cox, is that ACA is not providing health care coverage to those who can least afford it, its ostensible goal.

"Regardless of your political position, whether you love the ACA or think it's the spawn of Satan, you have to agree that this is an unfair, untenable situation," Cox said.