

Patient advocate coalition urges lawmakers to adopt Healthy Utah

By [Katie McKellar](#), Deseret News

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SALT LAKE CITY — Kyle Jones shared a story Wednesday about two middle-class parents who fell into the coverage gap when they needed health insurance most: when their 5-year-old son was diagnosed with leukemia.

Jones, a University of Utah family physician, spoke during a news conference as a coalition of health advocacy groups announced an alliance in support of Gov. Gary Herbert's Healthy Utah plan as is the best option, and they urged lawmakers to come to an agreement on the state's health insurance approach.

Jones said the family faced the same dilemma as many working Utahns due to the state's current approach to health insurance. Because the boy's mother and father both worked full time, they made too much money to be eligible for Medicaid, he said, but they didn't make enough to be eligible for premium support under the Affordable Care Act.

The couple sold their home and spent their life savings for their son's treatment, but it still wasn't enough, Jones said. So they both began working part time so their son could receive Medicaid.

Jones said Herbert's Healthy Utah plan would have provided the family with the coverage they needed.

"If you think about this little boy in this family, obviously the current system failed," he said.

That's why health advocacy groups are uniting in support of Healthy Utah, which would help provide private insurance coverage for Utahns who earn up to 138 percent of the federal poverty level, including those who otherwise would not qualify for health care subsidies without a form of Medicaid expansion.

"We work on this every day. We know it's important, and we know there are people that can't wait. Frankly, we're trying to find a solution that will help people, but also something that is sustainable so we don't give them something and then have to take it away."

>House Majority Leader Rep. Jim Dunnington (R-Taylorsville)

“We feel the Healthy Utah plan finds the right balance between providing affordable coverage for those in need, while encouraging them to take responsibility of their own health,” said Marc Watterson, Utah director of government relations for the American Heart Association.

Watterson said the patient advocate groups — including American cancer, diabetes, heart, lung, and stroke associations — joined to be “a voice amidst all the arguments going on right now” as lawmakers work to reach an agreement on Utah’s medical insurance with the governor.

Herbert has been pushing the Legislature to accept his Healthy Utah alternative to Medicaid expansion, while negotiating over the past year to win approval for his plan from the Obama administration. Republicans in the Legislature have balked at Healthy Utah, believing it will become a costly long-term commitment.

So Utah lawmakers are looking at limiting coverage to only the medically frail earning less than 100 percent of the federal poverty level, which would be about 10,000 people compared with nearly 100,000 under Healthy Utah.

“When people’s lives and livelihood is at stake, the time for partisan politics must come to an end,” Watterson said. “All of us need reminding that this is not about counting political victories. Passing Healthy Utah does not make the president or the governor a winner, nor does voting it down make them losers. The only real winners or losers out of all of this are the citizens of Utah, and it is up to the Utah state Legislature to decide which one they will be.”

Brook Carlisle, Utah government relations director from the American Cancer Society Cancer Action Network, said pushing lawmakers to resolve Utah’s medical insurance issues is coalition’s “No. 1 priority.”

Representatives from the patient advocacy coalition are sending emails, making phone calls and meeting one-on-one with legislators to have “as many conversations as possible about why Healthy Utah is so important,” Carlisle said.

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