

A Brief History of Utah's Medicaid Expansion Debate



OPTION 1

0-100% Premium assistance + benchmark benefits
54,000 adults
\$18.7 million

101-138% Federal subsidies through the exchange
57,000

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2012-13: Studying the Issue

June 28, 2012: Supreme Court decides *NFIB v. Sebelius* that Medicaid Expansion from 0-138% of the federal poverty level (FPL) is optional for states.

March 2013: After a traditional expansion bill (HB 153) is withdrawn in committee, Utah legislature passes “Prohibition of Medicaid Expansion” (HB 391) requiring legislative approval for any Medicaid Expansion proposal or funding.

June 2013: Utah Dept. of Health releases the “PCG Report,” which estimates Utah’s coverage gap is 57,000 adults in 2014. Coverage solutions examined include: 1) Traditional expansion, 2) Partial expansion (100% FPL), 3) Full expansion (138% FPL) with private insurance.



● 2013 ● ●

2014

2015

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2013: Narrowing Options

September 2013: After a summer of study, the “Medicaid Expansion Options Community Workgroup” presents its findings on nine coverage options at the Governor’s Health Summit.

Options include:

1) Full Expansion (full benefits); 2) Full Expansion (benchmark benefits); 3) Partial expansion (premium subsidy); 4) Partial expansion (benchmark benefits); 5) Block-grant waiver; 6) Full expansion (private insurance); 7) Full expansion (HSA insurance); 8) Charity care; 9) Mandatory expansion.

December 2013: Legislative health reform task force recommends two options: 1) Partial expansion (100% FPL); 2) Full expansion (138% FPL) with premium assistance for private insurance.

OPTION 1	
0–100%	Premium assistance + benchmark benefits 54,000 adults \$18.7 million
101–138%	Federal subsidies through the exchange 57,000
OPTION 2	
0–138%	Premium assistance + benchmark benefits 111,000 adults \$40.8 million

2013

● 2014 ●●

2015

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2013-14: Legislative Stalemate

February 2014: Utah Senate passes (SB 251) that offers partial expansion to 100% FPL (bill not considered by House). Utah House proposes “Access Utah” (HB 401) using state funds to partially close coverage gap (no bill hearing). HB 401 re-written to require health reform task force to study the issue during 2014 interim session and make new recommendations.

February 2014: Gov. Herbert unveils Healthy Utah Plan which offers coverage to 138% FPL under private insurance. Healthy Utah can receive the enhanced federal match (100-90%).



2013

● 2014 ●●

2015

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2014: Healthy Utah Up and Down

December 2014: An updated report from Milliman consultants showed more adults than anticipated earn under 100% FPL, making a partial expansion solution (with a 30% state match) more expensive to the state budget.

December 2014: Dept. of Health present Healthy Utah to the Legislative health reform task force. Gov. Herbert holds press conference demonstrating business and community support for Healthy Utah



December 2014: The health reform task force bypasses Healthy Utah to endorse two limited plans (“Frail Utah”) that cover between 13%-20% of gap—mainly people with disabilities, mental health issues, substance abuse disorders, and prisoners.

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2015: Showdown in the House

February 2015: Both “Healthy Utah “ (SB 164) and Frail Utah (SB 153) are introduced as bills. Healthy Utah is amended as a two-year pilot program (2016-17). Senate passes Healthy Utah. A day later the Senate defeats Frail Utah.



House Speaker Greg Hughes claims support for “Healthy Utah” doesn’t exist in the House and blocks assignment of SB 164 to a House committee.

March 2015: Rep. Jim Dunnigan introduces “Utah Cares” (HB 446) which would extend coverage to 100% FPL through combination of traditional Medicaid and Primary Care Network (PCN).



2013

2014

2015 ● ● ●

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2015:

March 2015: Relenting to public pressure, the House leadership agrees to send both “Healthy Utah” and “Utah Cares” to the House Business and Labor Committee. During the hearing Utah Cares is approved, and Healthy Utah fails.

March 2015: The full House approves “Utah Cares” after attempts by Democrats to resurrect “Healthy Utah” and substitute it into “Utah Cares” are defeated.



March 2015: Senate declines to consider “Utah Cares” bill as the legislative session winds down. Other attempts to merge the two bills also fail.

2013

2014

2015



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How did we get here?

March 2015: On last night of the session, both the Senate and House pass HCR 12, authorizing Legislative and Executive leadership team to decide on Medicaid expansion compromise by July 31st deadline and call a special session of the legislature.



2013

2014

2015

