

Lawmakers continue tinkering, anticipate better Medicaid plan

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By Wendy Leonard

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SALT LAKE CITY — The plan being discussed by the state's top lawmakers to cover Utah's uninsured is anticipated to be "better than" previously presented plans, including Healthy Utah and Utah Cares.

"I think it will be superior to that," Sen. Brian Shiozawa, R-Cottonwood Heights, a member of the group of legislative leaders assembled by the governor to come up with a feasible and sustainable alternative to Medicaid expansion, said during a Health Reform Task Force meeting Thursday.

Shiozawa said he believes the process, which began at the end of the session in March, has been "very productive" thus far.

"We will develop a template that is unique for Utah but that will be applicable to other states looking for a reasonable approach for this particular problem," he said.

Utah Department of Health Director David Patton, who attends the meetings but is not an appointed member, said nothing has been proposed yet, but the team is "developing good ideas."

"I think a good plan will emerge from this process," Patton said. "All options are still on the table."

The state is faced with a choice to accept federal dollars if benefits are expanded to a certain percentage of the eligible population, or to move ahead with its own plan, but then somehow fund it and manage growth over the years.

It's a difficult task. We are all aware we have Utahns in the coverage gap that need assistance and need help. We want to help them ... (and) recognize we are using taxpayer dollars to do it.

—Rep. Jim Dunnigan, R-Taylorsville

An estimated 100,000 Utahns who fall between 100 percent and 138 percent of the federal poverty level — eligible for Medicaid under an optional full expansion model presented in the Affordable Care Act — remain without health insurance, as they fall in what has been called the coverage gap. Individuals in the coverage gap make too much to qualify for existing Medicaid programs but not enough to qualify for federal subsidies to help cover the cost of insurance premiums available on the federal marketplace.

There is some concern that a portion of the 375,000 Utahns who also fall into that same income bracket but already have private or employer-sponsored health insurance, or the more than 115,000 who have enrolled through the federal marketplace, could potentially abandon their current coverage for less expensive or free Medicaid if and when it is offered.

The numbers, including the possible crowd-out effect and other phenomena, are one of the more challenging parts of the ongoing discussion, said Rep. Jim Dunnigan, R-Taylorsville.

"It's a difficult task," Dunnigan said. "We are all aware we have Utahns in the coverage gap that need assistance and need help. We want to help them ... (and) recognize we are using taxpayer dollars to do it."

Lawmakers discussed the possibility of having to withdraw from any program should it become unmanageable, which didn't sit well with some members of the committee, nor was it a feasible option when bills aiming at Medicaid expansion ultimately failed during the last legislative session.

Shiozawa said the state needs a plan that is "fair, sustainable and responsible going forth."

The appointed group initially said it would deliver a vetted proposal at the end of the summer, but it is unclear whether they will meet that deadline.

It has been about a year and a half since expansion with a favorable federal match was an option for the state. Prior to that, since January 2011, Utah leaders had the authority to offer benefits to a larger adult population at the expense of taxpayers.