

COVID-19 Crisis Response - Health Policy Solutions

Improve Access to Health Insurance Coverage

Access to health insurance is key to ensure that individuals seek treatment for COVID-19 symptoms, thus protecting their health and reducing the severity of community spread of the virus. The state and federal government must do all they can to improve health insurance coverage and encourage enrollment.

Policy recommendations for the state:

Stop the Medicaid work requirement

Utah is the only state in the country enforcing a “community engagement” work reporting requirement. During a pandemic, when public health officials are emphasizing the importance of social distancing, it does not make sense to continue the Medicaid work requirement. Many individuals do not have internet access at home and were told to rely on libraries and public spaces that are now closed. Further, enrollees are just as likely as the general population to catch the novel coronavirus and must be encouraged to stay home, without risking losing Medicaid benefits.

Governor Herbert should act immediately to halt this rule and encourage Utahns to enroll in Medicaid, rather than threaten coverage termination as a penalty for incomplete paperwork.

Importantly, if the state does not lift the work requirement, Utah may be ineligible to receive additional federal Medicaid funding as approved in the [Families First Coronavirus Response Act](#).

Implement self-attestation for Medicaid and reduce paperwork checks

Under current rules, the state has the ability to **waive secondary verification** of eligibility criteria (except for citizenship/immigration status). Allowing self-attestation of income during this public health emergency will reduce the administrative burden for enrollees and for state eligibility workers, greatly simplifying and streamlining the process. The state should limit verification follow-ups to incidents where stated income does not match electronic data sources.

The state should also **reduce the frequency of eligibility checks** during the COVID-19 crisis, allowing Medicaid enrollees to maintain their coverage without continuously proving eligibility. The focus should be on keeping Utahns covered rather than following business-as-usual bureaucratic procedures.

Further, the state should also **implement continuous eligibility** for all Medicaid populations immediately.

Maximize presumptive eligibility, reinstate retroactive eligibility

While Utah is working to contain COVID-19, the state should maximize the authority of qualified facilities (like hospitals and community health centers) to make presumptive eligibility decisions for potential Medicaid enrollees. The Hospital Presumptive Eligibility ([HPE](#)) program currently leaves out the eligibility categories most vulnerable to COVID-19: seniors and disabled enrollees. Expanding presumptive eligibility to all Medicaid population categories could save valuable time and get Utahns covered at the beginning of their treatment - not weeks later.

Likewise, retroactive eligibility is a powerful tool to get Utahns covered quickly while limiting the enrollee's financial burden due to medical bills.

The Utah Department of Health should act urgently to reinstate retroactive eligibility, and use a state plan amendment to expand presumptive eligibility.

Remove all CHIP and Medicaid cost-sharing

In the face of this public health emergency, the state should rethink any barriers to accessing health care. CHIP premiums and all Medicaid and CHIP copays should immediately be halted. Missed premium payment is the number one cause of lost CHIP coverage, and especially in a time of economic crisis, any cost-sharing can be a barrier to maintaining insurance.

The state must encourage Utahns to seek care if needed, and not take the risk of individuals staying home out of fear of the cost. The Utah Department of Health should immediately submit a state plan amendment to suspend all cost-sharing in CHIP and Medicaid.

Policy recommendations for Congress and the Trump Administration:

Increase federal Medicaid funding

Currently, Utah and the federal government share the financial responsibility of the Medicaid program, with the state paying 32% for the traditional population and a 10% share for expansion enrollees. The [Familist First Coronavirus Response Act](#), signed into law March 18th, increased the federal match (FMAP) by 6.2% for the traditional Medicaid population to help states combat increased Medicaid costs. While this is an important step, the [unemployment rate in Utah is climbing](#) and is certain to continue rising. Recognizing that 6.2% will not be enough to fully help states, the rate should be raised by at least an additional 5.8% – 12% total.

The federal government should increase the FMAP for the expansion population as well, and provide a 100% match for newly-eligible individuals. The House [“Take Responsibility for Workers and Families Act”](#) would provide this enhanced funding for the first three years following expanding the Medicaid program, with a slow phase down to 90% match. This will help the Utah Medicaid program work well for existing enrollees and support the state budget as it covers a growing low-income population.

Create a new open enrollment period for the ACA individual Marketplace

The federal government should authorize an emergency Special Enrollment Period, allowing anyone to sign up for Affordable Care Act individual Marketplace coverage, even without a qualifying circumstance. This will help reduce the uninsured rate, particularly among vulnerable populations.

Expand Advance Premium Tax Credits (APTC) on individual Marketplace

Congress should consider increasing Marketplace subsidies for all income categories, allowing the option of a \$0 bronze-level plan for all enrollees. Eligibility for APTC subsidies should also be expanded, offered to households over 400% of the Federal Poverty Level, increasing affordability for middle class families.

Permanently revoke public charge rule changes

In early 2020, the Trump administration made significant changes to the immigration “public charge” rule. These rule changes had immediate harmful effects on immigrant communities, including a nationwide chilling effect that has caused decreases in Medicaid and CHIP enrollment. In Utah, [Latino children are 3.5 times](#) more likely to be uninsured than other kids. The state is moving in the wrong direction and this places a strain on everyone in our community, especially during a public health crisis.

The Trump administration should permanently repeal each of the newly-restrictive changes to the public charge rule so that every individual living in the United States has safe access to available health care programs without risking repercussions on their immigration status now or in the future.

The bottom line:

Policymakers in the state and the federal government have many options available to improve access to insurance coverage for Utahns facing an unprecedented public health and economic crisis. They should stop all dissuasive tactics, like the public charge rule changes, and eliminate barriers to public insurance programs as a key part of COVID-19 response efforts.