



What they're saying about

# HEALTHY UTAH

Business, health, religious and conservative leaders and organizations are voicing their support for the Healthy Utah plan

## Paul Mero: Reasonable solution to Obamacare

*Paul Mero is the former president of the Sutherland Institute, a conservative public policy think-tank based in Salt Lake City. This op-ed originally appeared in the Deseret News on 12/14/2014*

As Gov. Gary Herbert unveiled the Healthy Utah plan to extend Medicaid eligibility to more of our neighbors in need, he stated how “complex” this issue has become in the age of Obamacare. These complexities now fall equally upon the good judgment of state legislators to discern. The ball is in their court.

How does a conservative state legislator wrap his mind around extending Medicaid eligibility even further? Perhaps I can help. Every sound policy has parameters, or boundaries, that define its scope. How Utah responds to Obamacare is no exception, and conservatives must face some realities.

First, a free society requires a safety net for its neighbors in need. There is no space in which this safety net cannot be provided and society still function freely. In principle, this safety net is created and provided privately. In reality, if not provided privately, this safety net will be provided publicly. We have a moral obligation to care for our poor and needy, and this obligation will be met one way or another. Conservatives might not like when government steps in to fill this gap, but our dislikes do not diminish real human needs or our moral obligation.

Second, Medicaid is inherently a system of flexible standards of eligibility. A person in need is either eligible or she is not. But where do we draw the line? If Medicaid eligibility stops at 100 percent of the official poverty level, does this mean that a single mother making one dollar over that level is any less impoverished, less needy or unworthy of assistance? Conservatives who get hung up on concepts of “Medicaid expansion” as the sole reason to deny extending eligibility must first come to grips with this reality. Setting eligibility at 100 percent or 133 percent is not a point of doctrine. It’s a matter of setting priorities and addressing needs.

The governor and the state Legislature are rightly concerned about fiscal costs and priorities. But to oppose any proposal that might extend Medicaid eligibility to any

degree, just because it “expands” the pool of recipients, an opponent must first explain his support of Medicaid for anyone. In other words, there is no freedom principle that explains why a person making one dollar less than the approved eligibility is worthy to receive Medicaid but a person making one dollar more is not.

Third, doing nothing would be irresponsible when Obamacare is doing so much damage. Doing nothing would be as irresponsible as a victim of theft denying any level of restitution because it was not complete restitution — or worse, pridefully claiming that seeking restitution somehow makes us complicit in the theft. Every responsible person would seek restitution of any kind, and no responsible person would deny any level of restitution while staring into the eyes of anyone in need that could reasonably benefit from it. Obamacare is sucking tax dollars from Utah. It is reasonable to seek restitution as long as it is the law.

Lastly, the Healthy Utah plan is not Obamacare. Obamacare is an ideological concoction to achieve socialized medicine in this country, imposed by Congress and the president. The governor and most state legislators wisely and aggressively oppose it. Unfortunately, it is the law of the land. Agree or disagree with how Utah should strive to cope under this law, no reasonable person would deny that coping is necessary. What the governor has proposed in the Healthy Utah plan, and what state legislators must now thoughtfully consider, is a prudent way to cope with the imposition of Obamacare until it is repealed, if ever.

I support Gov. Herbert’s sensible leadership in this matter just as I encourage every state legislator to rise to the occasion. As a conservative thought leader, my bearings are correct: 1) a free society requires a safety net, 2) if the private sector cannot or will not fully meet the need, the use of government to meet it is hardly an unjustifiable surprise, 3) the simple act of extending Medicaid to others is not some nefarious “expansion” because of the nature of eligibility, 4) doing nothing to mitigate the negative impacts of Obamacare would be irresponsible and 5) the Healthy Utah plan is a reasonable Utah solution to Obamacare.

## Deseret News editorial

### In our opinion: Support the Healthy Utah plan

*This Deseret News editorial was originally published on 12/6/2014*

# Deseret News

**T**his week, Gov. Gary Herbert launched a campaign for his Healthy Utah Plan, saying the manner in which it will provide coverage for the state's uninsured is "unique to Utah." Healthy Utah would function as an alternative to the Medicaid expansion mandated by the Affordable Care Act (ACA), creating a social safety net for those unable to afford basic health care.

The governor's plan is an innovative way to provide insurance for the tens of thousands of Utahns who currently fall through the cracks between Medicaid and the subsidized coverage from the ACA. It has attracted support from Republicans and Democrats and a host of community leaders who recognize that if the state doesn't step in to help these people, cities and counties will be left holding the bag.

Gov. Herbert was flanked at his press conference by political, health, insurance, business and religious leaders, including Salt Lake Chamber CEO Lane Beattie, Zions Bank President Scott Anderson, University of Utah Health Care CEO Dr. Vivian Lee, local homeless advocate Pamela Atkinson, the Most Rev. John C. Wester, bishop of the Catholic Diocese of Salt Lake City, and Bishop Gary Stevenson, presiding bishop of The Church of Jesus Christ of Latter-day Saints.

Herbert has negotiated with the U.S. Department of Health and Human Services a sensible insurance alternative to simply expanding Medicaid — one focusing on the key issues of fairness and finances. Healthy Utah does this — helping not only those at or below federal poverty levels but those hovering just above. And it recoups a good share of the estimated \$680 million in ACA-related corporate and individual tax monies sent from Utah — some projections have as much as 40 percent (\$272 million) to some 60 percent (\$400-plus million) returned to the state to help subsidize Healthy Utah costs.

While the state cannot impose a "work requirement" to providing insurance, Healthy Utah includes

an integrated jobs program that would encourage people to find employment to eventually reduce or eliminate the need for government assistance. These are common-sense provisions that set this proposal apart from the Medicare expansions in the rest of the country.

Opposition to the plan stems from the large expense overall, which is understandable. But these expenses are not being incurred in a vacuum. Doing nothing would mean the state would incur a great deal of opportunity costs, which are far more difficult to measure. Ignoring the problem wouldn't save money, and it wouldn't be fair to those who would have to pick up the tab in the face of the state's inaction.

Abandoning the poor and the needy, apart from being morally irresponsible, isn't a wise use of taxpayer dollars. As Gov. Herbert said in his press conference, "Turning a blind eye is not the Utah way."

We agree. This is a good plan, and the state Legislature ought to support it.

## Lane Beattie: Healthy Utah has business support

*Lane Beattie is president and chief executive officer of the Salt Lake Chamber.  
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**T**he Affordable Care Act is currently the law in our country. While we support efforts to improve and repeal pieces of it at the federal level, Utah must deal with the realities of its existence. And while the governor, Utah's business community and our federal delegation support efforts to amend the law, lawmakers must work within it to benefit the people of Utah. The Utah Legislature should carefully consider and support Gov. Gary Herbert's "Healthy Utah" proposal.

A major flaw in the Affordable Care Act has placed Utah in the position to make a monumental choice regarding Medicaid expansion. Gov. Herbert's thoughtful approach and earnest negotiations with the federal government to develop the Healthy Utah plan makes this choice significantly more clear.

A decision impacting thousands of lives and millions of Utah taxpayer dollars requires the utmost deliberation. In this case, after months of negotiations with the administration that have included key members of the Utah Legislature, the private sector and community stakeholders, the governor has done a great job finding a solution to a difficult issue. His leadership has resulted in an innovative Utah-specific policy solution for a difficult and complex policy problem.

This solution maximizes the Utah taxpayer dollar, strengthens the competitive, private insurance market and promotes individual accountability by those receiving assistance. Healthy Utah also prevents the state from being left on the hook for providing additional ongoing benefits if the federal government becomes unable or unwilling to hold up its end of the bargain.

Utahns and Utah's businesses are already paying taxes specifically for the Affordable Care Act. We need to bring this money back to Utah and strengthen our state economy, community and workforce along with it. Without action, we are paying for the health care needs

of low-income residents in other states. This doesn't make sense, especially when we have needs right here in Utah.

Utah believes in getting the most from every tax dollar, so we collect as few tax dollars as possible. If we don't utilize the money we have already paid to address the issue, we end up paying twice in the form of higher overall health care costs due to the uninsured using expensive emergency care. The Healthy Utah proposal prevents this hidden tax on business and the Utah taxpayer, saving everyone in Utah.

A healthy workforce is necessary for a productive business community. This plan includes personal accountability by linking opportunities to work and receive public assistance. The governor has negotiated a unique concurrent work enrollment system where able-bodied adults who are not employed will be automatically enrolled in a program designed to get them back into the workforce and off public assistance. The ultimate goal is not only to help people in need, but also to help them no longer need assistance.

There is no question that the governor's plan makes lemonade out of lemons. And this decision is not about federal dollars versus state dollars. They are all Utah taxpayer dollars. Every tax dollar the government spends comes from the people and the business community and whatever we do in Utah should be in the best interest of our state.

The Healthy Utah program is a three-year pilot program with the flexibility to be innovative. Utah's elected officials and the business community prove on a regular basis that we can do more with less, and that is exactly what the governor has negotiated. The Legislature should make it clear that this program should be evaluated continuously and if it is not working, preserve the state's ability to innovate or terminate the program.

As the voice of business in Utah, we ask Utah's Legislature to consider and support this flexible, innovative, Utah-specific solution that keeps taxpayer dollars in Utah. Utah's business community believes that this is the right way forward for our state.

# The Church of Jesus Christ of Latter-day Saints

## Church Encourages Principled Approach to Health Care Coverage for Needy Utahns

*The LDS Church released this statement on 12/5/2014*

**T**he Church of Jesus Christ of Latter-day Saints issued the following statement after Thursday's press conference announcing Governor Gary Herbert's Healthy Utah Plan:

"We recognize that providing adequate health care to individuals and families throughout Utah is a complex and weighty matter. It deserves the best thinking and efforts from both the public and the private sectors.

"While the economic and political realities are being debated, we hope the discussion and decisions taken in this matter will be consistent with the God-given principles regarding care for the poor and the needy that in the end benefit all of His children. We reaffirm the importance for individuals and families to be as self-sufficient as their particular circumstances allow and recognize that the lack of access to health care can impair a person's ability to provide for self and family.

"We commend public officials for their efforts to grapple with these difficult issues and pray for their success in finding solutions that reflect the highest aspirations of society."

## Vivian Lee: Healthy Utah saves money by making more Utahns healthy

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### UNIVERSITY OF UTAH HEALTH CARE

As citizens of this great state, we have a lot to be proud of, especially when it comes to health. Not only are we one of the healthiest states in the nation, we also spend the least per capita on health care — nearly half that of the highest spender, Massachusetts.

These facts capture the essence of what we are about both at the University of Utah and across our state. At our core, we are pioneers dedicated to quality, efficiency and using our resources wisely. When it comes to health care, we provide value and deliver great outcomes for the wellness of our communities. Our success is due in great part to the hard work and foresight of our leaders, the governor, the Legislature, the Department of Health and many others who are committed to using our funds wisely and taking care of our population compassionately.

Now, we are at a historic juncture. Over the last 18 months, Gov. Gary Herbert has taken time to listen carefully to constituents and leaders and to reflect deeply on the needs of our population. The Healthy Utah proposal he and his team put forward last week is an approach unique to Utah that will advance the health of our state.

How do I know that expanding health care coverage to the presently uninsured will prove cost-effective and make our state healthier? Through substantial national data and our significant experience as a health system.

National data show that insuring populations saves lives. In 2012, a New England Journal of Medicine article examined changes in health for hundreds of thousands of low-income adults in New York, Maine and Arizona for five years before and after insurance coverage. In that short time, insuring this previously uninsured group resulted in a reduction in deaths by 19.6 per 100,000 adults when

compared to neighboring states. At the same time, the study found that these individuals received better care and had improved self-reported health status.

As a health system, we can also attest to the importance and beneficial impact of insuring populations. Just because people are uninsured doesn't mean they don't get health care. Last year, University of Utah Health Care provided more than \$100 million in charity care. This is a real cost, one that other health care systems in Utah also face, and is ultimately borne by all Utahns. If those receiving care had access to affordable health insurance, costs and health complications would be much lower. People with health insurance can see a primary care physician and can take a 10-cent-a-day blood pressure pill, rather than show up in an expensive emergency room in the midst of a stroke or a heart attack. People with health insurance can get the support they need to better control their blood sugar, rather than deal with the consequences of blindness or other diabetic complications. Pregnant women with health insurance can get better pre-natal care and deliver healthier, full-term children, rather than manage the complications of a pre-term birth.

Two specific examples from the University highlight just how much of an impact preventive measures can have. We focused on prenatal care for our underserved populations. Full-term births, for example, cost about \$4,500, while the average cost of a pre-term birth over the course of a year is close to \$81,000. By providing interventions for women at risk, our U Baby program achieved an annual pre-term birth rate of 6.6 percent, which is below the Utah average of 10.9 percent. That saved \$2 million per year and immeasurable concern for all those new families.

Last year, we also identified 185 patients in our Healthy U plan who had 10 or more visits to the ER at a total cost of \$3.7 million. To prevent future unnecessary visits to the ER and to help them obtain more appropriate care, we assigned these patients to a primary care physician and care manager, saving more than \$1.4 million and gaining even more in productivity.

Insurance is the key to accessing this kind of preventive care — care that is central to population health and lower health care costs. And that is what we want for our state — better outcomes and better health.

As a Utah citizen, I would like to see our state make an investment in obtaining health insurance for the uninsured. We have an opportunity to make a state investment that can be leveraged at least nine-fold with federal dollars — and those federal dollars happen to be our tax dollars allocated to the Affordable Care Act that should come back to benefit our state. As a leader of University of Utah Health Care, we are committed to spend those dollars wisely and efficiently. We are here to provide real value for this state. We are here to continue to lead the country in health and affordability of health.

On behalf of the University of Utah, we are proud to be standing with Gov. Herbert and other distinguished leaders of our state in support of the Healthy Utah Plan.