

Medicaid expansion in Utah: What just happened and where do we go from

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Recently Senate Bill 96 was signed into law by Governor Herbert. Here's our recap of what's in SB 96 and the next steps for Utah kids and families' coverage

Where do we go from here?

The Governor and Legislature have said they are committed to an enrollment date on April 1st, which was also included in Proposition 3. Individuals and parents up to 100% federal poverty level (FPL) will have an important opportunity to enroll beginning on April 1st. We will work to make sure those newly eligible know that they can get coverage. Thousands of Utahns are counting on getting the care they need as soon as possible.

But as we work toward enrolling those newly eligible now, we will not rest until all Utahns get coverage and care without barriers, red-tape, without risk of losing coverage or benefits.

To that end, we will be opposing Utah's SB 96 waiver applications to the federal government. It is now up to the federal government to approve Utah's proposed harmful work reporting requirements, caps and coverage restrictions included in SB 96, which will be imposed on newly eligible individuals and parents.

It is critical that we make sure the federal government hears Utah's opposition to these harmful waivers. *Utahns voted for full Medicaid expansion without caps or lock-outs, added requirements or red-tape.* (For more detail on what's in SB 96, keep reading!)

A Closer Look at How SB 96 Differs from Proposition 3

"Partial expansion" instead of full expansion:

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SB 96 rolls back voter-approved full Medicaid expansion. Instead of expanding Medicaid coverage to those up to 138% of the FPL, SB 96 only expands to those up to 100% FPL. Currently, no state has been allowed to do a so-called partial expansion. If approved, partial expansions have serious consequences for individuals and states, as this [Kaiser Family Foundation brief explains](#).

Enrollment caps and work reporting requirements:

SB 96 imposes added barriers, caps and requirements on Medicaid coverage, if approved by the federal government. Newly eligible parents and individuals will be subject to work reporting requirements. In states that have passed work reporting requirements already, there is [no evidence](#) that they've done anything to incentivize work. On the contrary, studies from states that have implemented a clean expansion saw that Medicaid coverage made it easier for people to find work, maintain a job and increase their earning potential. SB 96 also includes an enrollment cap and potential lock-out periods for certain individuals, which could leave some with long periods of uninsurance.

Higher costs and higher risks:

SB 96 will immediately cost more than Proposition 3, gambling on federal approval for waivers that will increase Utah's future financial risks. SB 96 proposes to use a funding mechanism called a [Medicaid per capita cap](#). A per capita cap changes Medicaid financing from being a shared state-federal partnership, to a fixed amount. If states spend more than their capped amount, it could lead to potential benefit reductions or narrowed eligibility requirements. If Utah is allowed to move forward with per capita caps, this could lead to cuts in benefits or fewer people covered in the future.

Waiver requests and federal approval= an opportunity for advocacy and opposing harmful barriers to coverage:

In order to put SB 96's caps and restrictions into place, Utah must submit waiver proposals to the federal government for approval. We will work to oppose the waivers and prevent federal approval. If the federal government does *not* approve Utah's different waiver requests, then full Medicaid expansion should go into effect in July 2020, as stipulated in SB 96.

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Also included in SB 96's waiver proposals are measures that could help adults experiencing homelessness access housing and continuous care. While we believe the broader provisions of SB 96 are harmful, we applaud the Legislature and Governor for these efforts to leverage Medicaid funding in innovative ways.

We hope that going forward we can continue to work toward effective solutions to help vulnerable Utahns get care, without adding barriers, cuts or restrictions to coverage.