Healthy Utah for a Healthy Economy

• Like it or not, the impact of the ACA is being felt across the nation, including in the state of Utah. Many states that oppose the ACA have agreed to expand Medicaid or extend insurance for the poor because it’s the right thing to do financially and for the health of their populations.

• Just because the uninsured don’t have coverage, doesn’t mean they don’t receive health care. At the University of Utah, we don’t turn uninsured patients away. However, by the time we see them in our emergency rooms, the expense of managing their chronic conditions is higher and more complex than it needs to be.

• Last year, University of Utah Health Care alone provided over $100M in uncompensated care. Expansion of coverage to individuals living below 133% federal poverty would reduce that by nearly 20%. More importantly, we could use those dollars more wisely to take better care of all our patients.

• Utah already covers 30% of the costs for the current Medicaid population. For the additional 89,000 who would join the ranks of the insured, the state will pay nothing during the first year and only 10% of the costs thereafter. Plans are underway to cover that expense, with multiple stakeholders pitching in.

• BYU professor Dr. Sven Wilson is quoted as saying, “In brief, the state budget will almost surely benefit by adopting Healthy Utah. Even under a ‘worst case scenario,’ the costs to the state budget will be negligible compared to the benefits to residents.”

• Healthy Utah just makes financial dollars and sense. By 2021, Utahns will have paid about $4.7B in federal taxes to support expansion in other states. If Utah adopts Healthy Utah, the state will get $3.2B of those dollars back.

• We are good stewards of Medicaid funds. Our emergency room diversion program has reduced these costs by $3.7M a year by proactively assigning Medicaid patients a primary care physician and a care manager. Similarly, our U Baby Program has saved Medicaid $2M a year by providing pre-natal interventions for women at risk.
Why Pay Three Times?

We all pay the price for the uninsured. Last year, Utah hospitals delivered $300 million in uncompensated care to uninsured patients. Part of that cost was shifted to businesses and citizens through higher insurance premiums. Utahns also paid for the uninsured through charitable donations to church groups and community clinics.

Federal taxes $4.7 billion

Cost shift of 2.3% health insurance premium increases

Health care philanthropy $$

Who Are the People on Medicaid?

34% of Utah births

85% of families have at least one working adult.

Map of percentage by county:

Healthy Utah suits Utah’s values – the plan respects the taxpayer by bringing Utahns’ hard-earned tax dollars home, supports private markets by allowing individuals to enroll in private insurance plans, and promotes personal responsibility by requiring individuals to help pay for the cost of their health care.

Governor Herbert has extracted remarkable concessions from the Secretary of Health and Human Services to grant us permission to do things the “Healthy” Utah way.