

Call to Action:

Sign Up to Testify in Support of Expansion on February 8th, 2016

What: Social Services Appropriations Subcommittee

When: Monday, February 8th, 2016; 8:00am sharp

Where: House Room 30 (West Building)

Why: Testify in support of Medicaid expansion

How: Contact Debbie Benson before 1pm on Friday, February 5th at 801-538-1034 to be added to the list

Please let RyLee Curtis know if you are planning to testify by emailing her at rylee@healthpolicyproject.org or texting her at 801-706-7831.

Coalition Key Principles to consider in your testimony:

- **Principle #1: Respect the Taxpayer**
Return the maximum amount (\$680 million/year) of Utah taxpayer dollars to strengthen healthcare access for Utah families.
- **Principle #2: Consider a Private Market Solution**
Create choice and accountability with multiple coverage options which include private insurance, employer-based insurance, and Medicaid.
- **Principle #3: Close 100% of Utah's Coverage Gap and Qualify for Enhanced Federal Funding**
Extend eligibility to a level that qualifies for the maximum enhanced federal contributions and advance coverage plans with affordable and comprehensive health insurance which is accepted by all Utah providers, hospitals, and specialists.
- **Principle #4: Promote Personal Empowerment**
Promote resources for beneficiaries to improve their employment status and to use the new health coverage to improve their overall health outcomes.

Other key points to consider for your testimony:

- There are 53,000 Utahns (FY16) who fall in the Medicaid coverage gap, we need a plan that will provide health coverage to all of them, not just some of them.
- Including the entire gap population is a wise choice for Utah, as it expands the risk pool of people signing up. Picking the poorest of the poor increases the costs for Utah taxpayers to cover just this population, as they are likely not working due to illness and have more pent-up demand than if we covered the whole gap population.
- Closing the coverage gap with a plan that would receive the enhanced federal match rate (90/10) would free up state funding used to cover redundant health programs (e.g. PCN, Breast and Cervical Cancer Program, Medicaid Spenddown, Pregnant Women Eligibility, etc.).
- Offering insurance coverage to the entire gap population covers low-income, working families with no health insurance options, and covers low-income, working adults with no health insurance options. Partial expansion plans leave working Utahns with no access to affordable health coverage.

If you are a consumer in the coverage gap, or work with populations who fall into the coverage gap, be sure to share those stories if appropriate.