RESOLUTION SUPPORTING ACA MEDICAID EXPANSION
for use by County and Sub-Specialty Medical Societies

Developed by Utah Health Policy Project (host of Utah White Coats) and American Academy of Pediatrics for possible use by county and specialty medical societies at UMA's statewide House of Delegates Meeting

WHEREAS…

1. The Supreme Court upheld the key provisions of the Affordable Care Act, but made the Medicaid expansion optional to the states. This means that Utah's Governor and Legislature must decide in the 2012 General Session of the Utah Legislature to opt into the Medicaid expansion.

2. The Medicaid expansion would provide health care insurance for an estimated 138,000 low-income Utahns, significantly reducing the number of uninsured individuals. The vast majority of these individuals would otherwise remain uninsured;

3. Under the ACA, Medicaid providers will be reimbursed at Medicare rates for 2 years. This is a helpful, but only as a temporary solution for the problem of inadequate Medicaid reimbursement rates;

4. Support of the Medicaid expansion is not incompatible with a commitment to address Medicaid's low reimbursement rates. The best way to address this longstanding problem is through payment and delivery system reform, i.e., ACOs, *not* through any position taken on the Medicaid expansion;

5. As recently reported in the [New England Journal of Medicine](#), "*State Medicaid expansions to cover low-income adults were significantly associated with reduced mortality as well as improved coverage, access to care, and self-reported health.*"

6. The cost of the expansion is a function of (a) how many people enroll; (b) the cost of the care they will need; and (c) how that cost can be expected to grow over time;

7. The costs the state is likely to incur as newly enrolled Utahns get care should be carefully projected based on the extensive data accumulated by states as they have brought new populations into the program. The state should resist the temptation to make broad assumptions about how sick the new Medicaid enrollees are likely to be when other states and private actuaries have experience data that will paint a more realistic picture;

8. The cost of the expansion would be further offset by savings in the provision of mental health services and of medical services delivered in the criminal justice system. State and local tax dollars currently funding those services would be replaced with federal Medicaid dollars;

9. The Medicaid expansion means that critical components of the health care system on which all Utahns depend will get paid for care they currently provide for free or at sharply discounted rates. In the first eight years (2013-2020) of the expansion, an estimated $3.6 billion would go to Utah health care sectors, including:

    i. $130 million to Medicaid Managed care plans;
    ii. $755 million to nursing homes;
    iii. $1.7 billion to hospitals; and
    iv. $821 million to home health providers.

10. Utah's health care system will lose out on this financing if the state does not implement the expansion, and those funds would go to states that are participating in the Medicaid expansion;

11. The Federal government would fund 100% of cost of the Medicaid expansion for 3 years, and its share would diminish slightly to bottom out at 90 % of the cost thereafter;

12. Federal Spending in Utah at this level has been shown to have a powerful economic impact. Funds coming into Utah create or support jobs in the health care sector; and those jobs generate significant economic activity that brings tax revenue back to state coffers;

13. Support of the Medicaid expansion portion of the ACA does not imply support of the rest of the ACA;

14. The Utah Medical Association as a body of Utah physicians will be influential in shaping Utah leaders' ultimate decision on the Medicaid expansion.

RESOLVED:

Be it therefore resolved that the UMA House of Delegates votes to actively and visibly support the Medicaid expansion when the decision comes before the Utah Governor and legislative leaders.