



**HRTF: Medicaid Expansion**  
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Good afternoon Chairs Christensen and Dunagan, and task force members,

The Disability Law Center (DLC) appreciates the opportunity to highlight a few of the ways extending Medicaid coverage makes dollars and sense for Utahns with disabilities.

Currently, many residents experiencing costly chronic conditions are not considered disabled enough to qualify for Medicaid. Their only option to get the critical care they need is to spend down to just above half the federal poverty level. True long-term care insurance is also generally unavailable in the private market. Therefore, Medicaid is often the only option for persons who want to live in their home or community and be as independent as possible, but cannot afford the services they require fully out-of-pocket.

Right now, Utah Medicaid covers about 31,000 Utahns with disabilities up to 100% of the federal poverty level (FPL) (just under \$12,000/yr). If the legislature adopts some version of Utah Access Plus, approximately 95,000 more Utahns will have access to the quality and affordable health care coverage they so desperately need. An estimated 38,000 (40%) of these individuals have one or more behavioral health conditions, including serious mental illness. The program is frequently the only choice for individuals with serious mental illness who need intensive treatment and supports, but have exhausted the limited benefits to them available through any private plan.

Expanding access to comprehensive coverage is especially important considering estimates that between a quarter and the half of all jail or prison inmates have a mental health diagnosis. About 95% of them, and all offenders, will return to the community. Numbers like these are why we continue to strongly support the Justice Reinvestment Initiative (JRI). The JRI's goal is to reform the criminal justice system in ways that reduce cost, reduce recidivism, and divert people from the system altogether. We especially support the effort to increase the availability of mental health and substance use disorder treatment in the community. Unfortunately, these, and many of the other recommendations, are built on the assumption that Medicaid will be available to help cover the cost of care and pay for the necessary infrastructure as well.

The DLC understands the concern about sustainability and long-term commitment. But, particularly in a year when the state committed to spending several hundred million dollars moving the prison, it seems irresponsible to not maximize our investment by failing to fully implement reforms, which together have the potential to reduce growth in this population to near zero over the next 20-30 years.

Thank you for your time and consideration of our comments. Please let us know if and how we may be of further assistance as the process moves forward.