

Medicaid Expansion Options Community Workgroup

**Charity Care and Self-  
Reliance Subgroup**

# Summary

- Charity care is medical care given without expectation of payment
- Much charity care is currently donated by dedicated professionals and benevolent provider organizations
- Segments of Utah's existing health care safety net lacks coordination, universal access, and is fragmented
- The Charity Care Subgroup has dual accountabilities: Medicaid Expansion Options Community Work Group (executive) and Health Reform Task Force (legislative)
- The Legislature's charity care charge is outlined in H.B. 160 (lines 1572-1584)

# Opportunities

Utah's charity care network should . . .

- Be comprehensive, coordinated, and well-publicized
- Emphasize health education, self-responsibility, and prevention
- Include primary and secondary care, Rx, lab, x-ray, dental, behavioral health/substance abuse treatment
- Be outcome-oriented and documented, including qualitative and quantitative measures of effectiveness
- Utilize a standardized electronic medical records storage and retrieval system
- Incorporate elements of a Patient-Centered Medical Home

# Challenges – 1. Primary Care

- Many people do not know how to access care through the existing safety net
- Many primary care physicians are not aware of available options and do not know how to advise patients
- Current safety net providers are experiencing capacity issues, which are likely to increase
- Some uninsured individuals and families do not have a primary care provider – they migrate to wherever treatment is available
- A standard system for medical record storage and collection has not been embraced statewide
- Providers who charge nominal fees for services need statutory relief from malpractice litigation in Utah

# Challenges – 2. Cost and Sources of Funding

- Based on potential scale, public/private partnerships to address initial capital outlays for structures and equipment
- Ongoing administrative costs necessary to maintain the coordinated, statewide infrastructure and network
- Annual and sustainable operating funds from private individuals, corporations, and religious organizations, grants and endowments

# Who Is Covered

- Low-income, homeless, and uninsured individuals and families
- Temporary Medicaid recipients
- Anyone who “falls through the cracks” of the health care system

# Subgroup Participants

- Pamela Atkinson (co-chair), Community Advocate
- Stan Rasmussen (co-chair), Director of Public Affairs, Sutherland Institute
- Sen. Stuart Adams
- Sen. Allen Christensen
- Rep. Rebecca Chavez-Houck
- Rep. Becky Edwards
- Rep. Michael Kennedy
- Rep. Marie Poulson
- Jennifer Dailey, Executive Director, Utah Academy of Family Physicians
- Mikelle Moore, Vice President, Intermountain Health Care
- Ray Ward, M.D., Ph.D.
- Kim Bateman, M.D.
- R. Scott Poppen, M.D.

# Contact

For further information, please contact:

- Pamela Atkinson, Co-chair  
Community Advocate  
801-694-7920  
[pa44@comcast.net](mailto:pa44@comcast.net)
- Stan Rasmussen, Co-chair  
Director of Public Affairs  
Sutherland Institute  
801-718-1841  
[srasmussen@sutherlandinstitute.org](mailto:srasmussen@sutherlandinstitute.org)

