A recent DOH-sponsored health outcome evaluation found that, while most enrollees were able to get more needed care than before by using the Primary Care Network, former UMAP recipients had more trouble seeing specialists under the Primary Care Network than under UMAP. Moreover, the survey found minimal change in enrollees' physical health status over the first 12 months of enrollment in the PCN [8]. The Kaiser Commission on Medicaid and the Uninsured has initiated a research study to examine the extent to which PCN meets the needs of its beneficiaries, and the results, which should be available soon, ought to offer more evidence about the adequacy of Utah's waiver program [8].

Robbing Petrina to Pay Paul

As a Medicaid 1115 waiver demonstration program, the PCN must be revenue neutral to the federal government, meaning that the federal government will not have to pay more for Medicaid after the "expansion" is implemented than it would have before the waiver. To meet this fundamental requirement, Utah reduced the benefit package and raised the cost sharing for a portion of Medicaid participants—the parents—while leaving benefits and cost sharing the same for the rest of adult Medicaid enrollees. Then, to maintain the distinction between the 2 groups, the DOH renamed Parent's Medicaid "Non Traditional." Other states often financed their Section 1115 expansions of comprehensive medical care by making Medicaid more efficient through shifting to capitated managed care. Utah was the first state to use reductions in benefits and increases in cost-sharing for existing beneficiaries to finance partial care for an expansion group, members of which often earned higher incomes than the existing Medicaid beneficiaries.

The group of very low-income parents who are essentially financing the limited PCN coverage have considerable health and financial needs. This population includes parents receiving welfare and those who have recently left the welfare system.

Recent studies have underscored the unique health care needs of parents in transition out of the welfare system. In their interviews with "welfare leavers," the University of Utah-based Social Research Institute found that 2 to 5 months after leaving the welfare system, the majority (63 percent) remained unemployed and 47 percent had been uninsured at some point since losing their cash benefits; 55 percent currently had physical health problems, and 42 percent rated their mental health as poor [9]. Low-income parents' need for cost-effective preventive care cannot be overemphasized, but some evidence suggests that higher copays reduce parents' utilization of otherwise cost-effective preventive services [10].

Now that PCN is having an open enrollment, Molly decides to re-enroll: "Only because there's nothing else out there. At least it will pay for 4 of the most expensive medications I now need."

We can do better.

For young adults in reasonably good health, the benefits of the PCN are undeniable, though the participants cannot be considered adequately insured. For the program in general, the risks of providing limited or illusory coverage to a small slice of the neediest group probably outweigh the benefits. There are better ways for states to

cover the uninsured than approaches like the PCN [11], just as there are also proven ways to design Bush-era waivers that do not involve cutting services or raising cost sharing for vulnerable populations like working parents [12]. When political options are limited, as they are in Utah, the PCN might make sense as a temporary solution at best, but diligent efforts for a more permanent solution must continue. Other states have done, and clearly can do, better.

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