



March 26, 2019

Re: Opposition to HB 277

Dear Chairman Martin and members of the Senate Health & Welfare Committee,

Thank you for the opportunity to provide comments regarding HB 277. The American Lung Association in Idaho opposes this legislation that partially repeals Medicaid expansion as passed by Idaho voters in November. Medicaid and Medicaid expansion are very important for lung disease patients, and HB 277 will create a secondary coverage gap of people that will be mired in our costly crisis care systems. The Lung Association in Idaho urges you to uphold the will of Idaho voters and protect lung disease patients by opposing HB 277.

The evidence is clear that Medicaid expansion has important health benefits for lung disease patients. One study found an association between Medicaid expansion and early stage cancer diagnosis.ⁱ Lung cancer five-year survival is only 5 percent for those diagnosed at a late stage after the tumor has spread, but increases to 56 percent for those diagnosed at an early stage.ⁱⁱ

The proposed Medicaid reporting requirements would limit the impact of Medicaid expansion and the benefits it would bring to patients with lung disease while simultaneously costing \$7 million annually to administer. The Lung Association in Idaho is concerned the proposed work requirement will pose a significant administrative burden on patients. Exemption criteria may not capture all individuals with, or at risk of, serious and chronic health conditions that prevent them from meeting these requirements. Even if patients do qualify for exemptions, the reporting process creates opportunities for administrative errors that jeopardize coverage. No exemption criteria can circumvent this problem and the serious risk to the health of the people we represent.

By partially repealing Medicaid expansion, HB 277 reduces health care choice for families and will leave some parents who should have been covered by Medicaid with no coverage option. If parents with lung disease who are between 100 and 138% FPL are removed from the Medicaid expansion population, they may not be eligible for a tax credit in the exchange because the "family glitch" prevents people from accessing a tax credit on the exchange if their spouse's employer provides a health insurance option—even if the premium for that insurance is unaffordable. This is an unacceptable situation for patients with asthma, COPD, lung cancer, pulmonary fibrosis, and other lung diseases who require affordable, accessible and quality health care in order to maintain their health and their employment in order to care for their family.

The American Lung Association thanks you for supporting the will of Idaho voters by implementing Medicaid expansion, and we urge you to implement this law without adding costs, red tape or secondary coverage gaps.

Thank you,

Heather Kimmel
Director of Health Promotions, Western Division
Boise, Idaho

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Please remember the American Lung Association in your will and trust

1-800-LUNGUSA | LUNG.org

Work requirements for Medicaid elsewhere have not been successful. And, unfortunately, they are mostly written by those who have no worries about where they will sleep at tonight, what they will eat today, how they will get to work today, who they will Facebook or email today, or how they will have to pay for a doctor if they need one. Idaho's free and charitable clinics, Idaho's safety net clinics, see the counterparts to this daily: ***those living with so little and needing so much.***

The majority of Idahoans have spoken: **expand Medicaid—without** work requirements or anything else that will act as a **barrier** to the thousands of uninsured, medically needy who deserve to be as healthy as you are.

How can you deny health, ***for any reason,*** to another human? And how can you not want a fellow Idahoan to be ***successful, healthy, and productive?*** Health care, ***without new burdens to shoulder,*** will provide that rare opportunity for thousands of medically needy in Idaho to be successful, healthy, and productive, which can only make Idaho stronger, healthier, and greater.

Most people who would qualify for Medicaid ***already*** work.

Medicaid work requirements do ***not*** work.

Please pass Medicaid without placing new burdens upon the medically needy that many will simply not be able to overcome. Needing health care and not having it is ***already*** far too unfair.

Respectfully Submitted,

Charlotte M. Ash, Director - Snake River Community Clinic, Lewiston, ID -- Member of the Idaho Association of Free & Charitable Clinics

CHAIRMAN MARTIN-MEMBERS OF THE COMMITTEE

THANK YOU FOR THE OPPORTUNITY TO TESTIFY TODAY

MY NAME IS JON GLICK AND I LIVE IN MCCALL

FIRST OF ALL, I VERY MUCH WANT TO THANK THIS COMMITTEE AND THE FULL SENATE FOR PASSING THE JFAC EXPANSION FUNDING BILL AND FOR PASSING SB 1204, THE BILL WITH "A VOLUNTARY EMPLOYMENT AND TRAINING PROGRAM FOR MEDICAID PARTICIPANTS".

I HAVE BEEN CO-CHAIR OF THE VALLEY COUNTY MEDICAID EXPANSION INITIATIVE SINCE JANUARY OF 2018, AND HB 277 IS NOT WHAT IDAHO SIGNED UP FOR WHEN IT PASSED PROP 2 ON NOV. 6

THIS IS MY 4TH TRIP TO BOISE IN 2 WEEKS TO TESTIFY IN FAVOR OF A CLEAN EXPANSION BILL.

I DROVE DOWN AGAIN TODAY BECAUSE I AM HOPEFUL. HOPEFUL WE CAN SAY NO TO HB 277 TODAY. I AM HOPEFUL BECAUSE THIS COMMITTEE HAS ALREADY SAID YES TO SB 1204.

JUST YESTERDAY THE IDAHO CENTER FOR FISCAL POLICY REPORTED THAT HB 277 WILL COST IDAHO \$32.2 MILLION MORE DOLLARS WHILE GIVING HEALTHCARE TO MANY FEWER PEOPLE. THAT IS CLEARLY NOT THE FISCALLY-- NOR MORALLY RIGHT THING TO DO FOR IDAHO.

OUT OF MY DEEP CONCERN FOR THE 62,000 OF MY FELLOW IDAHOANS STILL LIVING IN THE GAP-WITHOUT THE DIGNITY

AND SECURITY OF HEALTHCARE THAT MOST OF US OFTEN TAKE FOR GRANTED, MY HEART DEMANDED THAT I RUN FOR HOUSE SEAT 8A LAST YEAR—TO TRY TO DO WHAT I COULD TO FINALLY GIVE THESE FOLKS SOME RELIEF.

I CAMPAIGNED AND KNOCKED ON DOORS FROM EMMETT TO SALMON. I TALKED WITH HOSPITAL AND CLINIC ADMINISTRATORS, COUNTY COMMISSIONERS, MAYORS, AND EVEN THE SHERIFF OF SALMON WHO, OVERWHELMINGLY, SUPPORTED PROP 2 BECAUSE OF THE UNACCEPTABLY HIGH NUMBER OF FOLKS IN THEIR COMMUNITIES WITHOUT HEALTHCARE. I MET SO MANY IN THE GAP THEMSELVES.

THESE ARE LITERALLY MY FRIENDS AND NEIGHBORS. I CAN SEE SOME OF THEIR HOUSES FROM MY HOUSE.

I AM HERE TODAY FIGHTING FOR JESSICA IN SALMON WHO IS ROUGHLY MY DAUGHTER'S AGE. I AM FIGHTING FOR THE WIFE OF THE GUY IN MCCALL WHO REMOVES THE SNOW FROM MY DRIVEWAY. I AM FIGHTING FOR THE LADY IN CHALLIS WHO WORKS AT THE LIBRARY.

I WANT AN IDAHO THAT IS COMPASSIONATE AND MERCIFUL, AND I BELIEVE THE 61% OF IDAHOANS WHO VOTED FOR PROP 2 WANT THAT ALSO.

JESSICA'S MOM AND SISTER BOTH HAD BREAST CANCER, AND SHE IS TERRIFIED THAT SHE WILL GET IT TOO. I WANT TO MAKE ABSOLUTELY SURE THAT IF SHE DOES GET BREAST CANCER—SHE WILL HAVE THE HEALTHCARE SHE WILL NEED TO FIGHT IT.

I WROTE A SONG A FEW MONTHS AGO FOR THOSE STILL IN THE GAP, AND THE LAST LINE IN THE CHORUS IS THIS:

“WE’RE COMIN FOR YA JESSICA,
AND WE’RE COMIN FOR YOU ALL”

SENATORS –PLEASE MAKE EXPANSION HAPPEN THIS YEAR, AND NOT VIA HB 277.

THANK YOU

Please read
before voting.
Thank you!

Dear Senator,

My name is Sam Sandmire and I am an Idaho citizen & taxpayer. Thank you for your service to Idahoans. The Medicaid Expansion law was written on 1 page. I know this because I carried it around with me for much of last year.

Medicaid Expansion was signed into law & upheld by Idaho's Supreme Court. Governor Little & JFAC agreed on where to find the funding at a net zero cost to this year's general fund. The Senate passed the funding and I thank you! Medicaid Expansion is a clean law that needs no immediate changes, waivers, restrictions or sideboards to be implemented.

Now, before the law has even been put into effect, we are on our latest iteration of multiple, hastily drawn up, last-minute House changes to the law that add expensive, bureaucratic, ineffective, illegal work reporting requirements and kick people off coverage for failing to navigate the red tape associated with reporting. This and other costly "sideboards" threaten Medicaid Expansion's 90-10% federal match and would cost Idaho's taxpayers tens of millions of dollars!

This is NOT the way to write health care policy.

Yes, if you add sideboards that cost millions of dollars, you own that cost. But who will end up **paying** that cost? We will. Idaho taxpayers will. Voters who voted for a simple one-page law without wasteful bureaucracy will. This is NOT what Idahoans voted for.

On Jan. 31 of this year (it seems like years ago!) Gov. Little signed an executive order deemed the "**Red Tape Reduction Act**," requiring state agencies to identify at least two existing rules to be repealed or significantly simplified for every one rule they propose. Please do not add red tape to the Medicaid Expansion law before it is even implemented.

The vast majority of Idahoans in the gap are working or exempt. The problem is the burden of **reporting** their hours. For a multitude of reasons, people fail to navigate the bureaucratic red tape and are kicked off Medicaid and back in the Gap. Mandatory work reporting requirements are not "a hand up." They are a slap down.

I urge you to vote no for this bill that the House turned back into the costly, punitive H 277. Citizens depend on the Senate to use fully researched data and **reason** when making decisions that affect Idahoans. Allow Medicaid Expansion to play out, then make changes if necessary.

Thank you,



Yvonne "Sam" Sandmire
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Chairman Martin and members of the Senate Health and Welfare Committee'

Hello, my name is Patti Raino and I live in Boise. I am here speaking in opposition to HB277. Please either hold the bill or vote no on it.

I was one of the many volunteers who worked to close the gap. I donated money, sought signatures to get the bill on the ballot, recruited votes and volunteers to work for its passage and attended rallies. I always vote in elections and believe in our participatory democracy. Please don't override the voice of so many of your constituents by putting sidebars on the clean initiative to close the gap.

The inability of many of our Idaho citizens to afford the health care they need can lead to loss of jobs, a home and the instability of families.

You recently passed a bill, SB 1204 to enact Medicaid for the Gap that is much closer to the clean enactment Proposition 2 61 percent of the voters asked for. This is what your constituents are expecting you to do.

Thank you for holding this hearing. HB277 is a bad bill that will only increase the cost of Medicaid expansion to the state. I ask you to think long and hard about the almost universal opposition to HB277. Over the years I have been to numerous hearing here in this room and no bill has garnered as much opposition as the bills to put sidebars on enactment of a clean Medicaid expansion.

Testimony against HB277

My name is Elizabeth Rodgers. I'm an Idaho voter and I represent myself. I urge you not to vote for HB277.

I was a volunteer, working to get Proposition 2 on the ballot. I worked several dozen hours to help the cause. I met people from all different walks of life, learned disparate views on healthcare and actually had fun in the process, meeting new people and creating meaningful memories with family members and new friends with whom I canvassed. Participating in a bi-partisan way to enact laws was a joyful experience.

We voted overwhelmingly to enact the law. Polls show that 74% of Idahoans support the law that we voted for. And yet, for some reason, our legislators want to add restrictions to a law that was enacted through the highest ideals of the democratic process.

I'm going to focus on the fiscal issues associated with the proposed bill because I know that Idahoans are deeply concerned with fiscal responsibility. HB 277 is costly and grows government. As indicated in the bill's fiscal note, HB 277 will cost the state \$7 million annually to administer a new bureaucracy that includes hiring 22 full time employees at the Department of Health and Welfare.

This is largely due to the fact that HB 277 differs significantly from Idaho's work reporting requirements under SNAP, both in the number of work hours required each month and because HB277 requires work hours to be reported on a monthly basis.

Clean Medicaid expansion will generate savings to the state Catastrophic Health Care Fund, behavioral health services, community-based substance use disorder treatment for offenders, and mental health services for the probation and parole population.

House Bill 277 *decreases* some of these savings, comes with new administrative costs and has a net negative impact on the state budget. House Bill 277's fiscal note also appears to include savings that would be generated without its passage, under full and unmodified implementation of Medicaid expansion and excludes ongoing local costs under HB 277 from increased indigent care services.

Additionally, HB 277 is likely to entangle Idaho in expensive lawsuits and be struck down by the courts. Currently, the fate of Kentucky and Arkansas' work programs are pending in federal court. The judge has pledged to rule on these programs by April 1, 2019 and legal experts expect them to be struck down. The judge already ruled against the Kentucky waiver once.

The judge's ruling would halt the work requirement programs from being implemented in these states and virtually ensure a work reporting requirement waiver in Idaho would be struck down by a federal court.

Litigation was also filed against the work requirement program in New Hampshire and is going before the same federal judge. If the Idaho Legislature approves work reporting requirements legislation directing the Department to implement a program that has just been declared illegal in federal court, the state will face hundreds of thousands in legal expenses when a suit is filed in Idaho.

This I know for sure: When we understand that a bill is faulty and pass it anyway, knowing full well that it will be successfully challenged in court, we are wasting the tax-payers money. That is clear as day.

Thank you for your time.

Outline for Testimony at Idaho Senate Health and Welfare Committee as relates to HB277: Relating to Medicaid by William Brudenell

Comment on 2019 HB277

As the Friendship Dinner team lead at a Church in Boise, we are so happy for our guests that Medicaid will be expanded to include them. Once per month, we provide dinner for the food challenged, as do four other down town faith communities. Most of our guests are working poor. While sharing meals with them, it is clear to me that most of our guests suffer from lack of medical and dental care. Many of our guests tell us that our meal is the first one for 24 or even 48 hours. Many are working in seasonal or periodic jobs. Some of those not working have a history of incarceration and find it extremely difficult to be hired. To impose work requirements and other limits will mean they will have to regularly document their work, income, and the other requirements of this bill.

To sign up for Medicaid is a lengthy and rather onerous process. Medicaid requires periodic income, address and other documentation. There is no need to periodically require more paperwork. Please vote NO on HB 277!

Thank You!

Good afternoon, Chairman Martin, members of the committee. My name is Roberta Brunzo and I am here today to testify on behalf of the Southwest Idaho Chapter of the National Organization for Women in support of Senate Bill 1204. All the previous attempts to present "sideboards" for Medicaid Expansion in the legislature this session have involved expensive mandates and complicated bureaucracy. The Idaho solution offered in Senator Martin's bill, however, is reasonably priced and is designed to give people a hand up without creating burdensome paperwork for Idaho citizens.

TY / why
Ditto

Our members worked very hard to make Medicaid Expansion a reality in this great State, and we are gratified that this bill will handle the Expansion in a way that works for Idaho and Idahoans. Our chapter urges this committee to please send Senate bill 1204 to the floor with a Do Pass Recommendation.

Thank you for your time, and I stand for questions.

To Whom It May Concern:

My name is Dr. Bistrika and I am a resident physician in internal medicine and my primary care training is at a community health center here in town. I am here in opposition to HB277 as well as to show support for senate bill 1204. I have a patient, a young women, who is working full time in food service a minimum wage job without benefits and was unfortunate to be born with the breast cancer gene. She is in the coverage gap. She is currently delaying life saving screening tests because of costs. She requires MRI and mammogram screening every 6 months and potentially bilateral mastectomy surgery in the future. Medicaid expansion is most likely life saving for her, as individuals with this gene have 90% lifetime risk of breast cancer.

She does not require work requirement, she is working already. Work requirement creates significant paperwork burden for her and significant cost to the state. A work promotions program, however, could be beneficial even for her, as her current job does not have opportunities for advancement. A voluntary work program could give her opportunity for growth and skill development. This could allow for a career that would not keep her dependent on Medicaid for health insurance. However, for now she absolutely needs access to Medicaid to keep her healthy and cancer free. Please oppose HB277, as it contrary to the will of the people and will just add additional barriers to Medicaid expansion.

Dr. Evgeny Bistrika

A handwritten signature in black ink, appearing to be 'E. Bistrika', written in a cursive style.

Dear Idaho State Senate,

I am a family physician living and working in Idaho. I work at a clinic with a large proportion of uninsured people. On a daily basis I see how lack of health insurance negatively impacts the health of individuals and communities. This leads to difficulties in basic life functions such as finding stable employment. One needs to be healthy first in order to work.

I care for the sickest of sick individuals in the hospital, and see patients before they get sick the clinic. Frequently we admit uninsured people to the hospital for problems that could have been managed long before and much easier in the clinic. People without insurance often cannot afford to follow up after their discharge, and are more likely to come right back to the hospital for more expensive admissions when problems again boil over. This is not the right way to do medicine; this is madness.

The restrictions proposed in House Bill 277 are ill-advised policy because they restrict access to health insurance under Medicaid. The exemptions for the work requirement will add bureaucracy and confusion. It will mean more paperwork for me and my physician colleagues. It pulls our attention away from taking care of patients.

The citizens of Idaho voted to expand Medicaid. Notably, their initiative did not contain any restrictions such as work requirements or substance use screens. HB 277 is poor policy and an affront to the citizens of Idaho. It will negatively impact the health of the citizens of our state.

Thank you,

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360.348.1067

2321 N 16th St
Boise, ID 83702

Att. 9



IDAHO PRIMARY CARE ASSOCIATION

Thank you for your work on SB1204! I see it's in amending. I'll stay tuned. -Lee

March 26, 2019

Chairman Fred Martin
Senate Health & Welfare Committee
Re: Opposition to House Bill 277

Dear Chairman Martin:

On behalf of Idaho Primary Care Association and our members, Idaho's sixteen non-profit community health centers, we appreciate the opportunity to comment on House Bill 277.

We support implementation of Medicaid expansion that provides coverage to Idahoans as soon as possible, without unnecessary administrative burdens.

We support these provisions of HB 277:

- **IMD Waiver** - Directing Idaho Department of Health and Welfare (IDHW) to seek an IMD waiver to address the Medicaid exclusion for Institutions of Mental Disease. We support the IMD waiver and any other approaches that will encourage cost effective ways to allow Medicaid funds to pay for treatment of behavioral health patients at hospitals that are currently excluded from the Medicaid program. (page 3, lines 38 – 40)
- **Health Risk Assessment** - Directing IDHW to conduct a health risk assessment relating to substance use disorders and allowing referral for treatment. We support the assessment, but have concerns that Idaho may not currently have enough treatment options for Idahoans in need of help. (page 2, lines 1 – 3)

We have concerns with these provisions of HB 277:

- **Mandatory Work Requirements** - We oppose work requirements as a condition for eligibility for the expanded Medicaid population. Most Idahoans who are able to work are currently working and adding this bureaucratic layer would be very expensive (the state estimates the cost to be at least \$2 million) to track compliance.

Instead, we favor programs that create a pathway to employment, rather than mandatory work requirement programs that increase bureaucracy. Programs that help Idahoans with job searches, career coaching, and job training provide educational assistance that would be beneficial to Idahoans. (page 2, lines 32 – 36)

- **Partial Medicaid expansion:** HB 277 would split the Medicaid expansion population into two groups. People with incomes between 100% - 138% federal poverty level would be eligible for a tax credit to purchase insurance through Your Health Idaho. Those below 100% federal poverty level would be eligible for expanded Medicaid. This could create an unintended coverage gap for low-income Idahoans (100%-138% of FPL) who can access health insurance coverage, but may still struggle to pay monthly premiums,

co-pays and medications and out of network penalties. Plans vary depending on where a person lives, and prices vary dramatically between services in network – and those outside network. Implementation of full Medicaid expansion is the prudent, cost-effective approach to provide healthcare coverage to low income Idahoans. (page 2, lines 20 – 31)

- **Shortened Retroactive Medicaid Eligibility** - Shortening the retroactive Medicaid eligibility from 90 days to 30 days is troubling. This decreased enrollment period could leave too many Idahoans uninsured and cost healthcare providers more in uncompensated care. (page 2, lines 17 – 19)


IPCA and Idaho health centers have long supported bringing people into coverage through the expansion of Medicaid. Health center clinics already serve a high number of uninsured and underinsured individuals and they are ready to serve the Idahoans who will soon gain coverage. We stand prepared to work with state lawmakers and healthcare partners to ensure a smooth rollout of Medicaid expansion in January 2020.

When Proposition 2 passed, over 365,000 voters supported Medicaid expansion for their fellow Idahoans who cannot afford health insurance or aren't offered health insurance through their job. Healthcare coverage including Medicaid makes it possible for Idahoans to hold steady jobs, thrive in their communities, and support their families.

We urge you to hold House Bill 277 in committee.

We encourage you to reject proposed changes to the law that was passed overwhelmingly by Idaho voters, and implement Medicaid expansion.

Respectfully,



Lee Flinn, Policy Director
Idaho Primary Care Association
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About Idaho health centers

Idaho's sixteen non-profit health centers provide comprehensive medical, dental and behavioral healthcare and operate 84 clinics in 46 communities. For those who are uninsured or underinsured, a sliding fee payment scale enables access. Pharmacy services are provided on-site or by contract to ensure low cost medications for all patients regardless of income or insurance status. In 2017, health centers served over 183,000 people – nearly one in nine Idahoans.

To: Senate Health and Welfare Committee on HB 277



My name is Dawn Wiksten and I'm in the coverage gap. I live in Cataldo, a very small rural Idaho town in Kootenai County. Throughout my life I've been a business owner, scout leader and active volunteer in our local schools and community. There are a limited number of jobs that offer health benefits in the rural Idaho community where I live. I work odd jobs throughout the year to make ends meet. I know from experience that it is very hard for older adults to find jobs when they are dealing with untreated medical conditions that limit their ability to meet many employment requirements. I have needed a hip replacement and treatment for arthritis for years now. This makes it impossible to be independent, work consistent hours, or volunteer in the community - which I love and miss dearly.

HB 277 would disproportionately hurt rural Idahoans, particularly older adults not yet at retirement age. In order to meet its new bureaucratic policies, HB 277 would require rural Idahoans to drive long distances to one of the four Employment and Training centers across the state if they are not meeting the requirement. Even if they are allowed to participate through internet, 1/3 of rural Idahoans lack internet access and would not be able to participate. One size fits all bureaucratic policies won't fit all Idahoans. Exempting portions of the population from a work reporting requirement will still require people to file for and receive an exemption. Working Idahoans will need to report fluctuations in hours, or changes in employment, in order to maintain coverage. This can be especially problematic when your hours are very inconsistent. You may qualify for coverage one month but not the next. For many this means one month of missed doctor appointments, treatment and medications which could impede their ability to work the following month even if they are given enough hours by their employers.

Seniors in Idaho have the wisdom that comes with life experience. When we are healthy and active we are able to be incredible leaders and teachers. When our rural communities are healthier they are stronger and more engaged. HB 277 directly undermines the will of the voters. As someone who collected signatures to get Proposition 2 on the ballot, someone who spoke to many rural Idahoans on the impact this would have on our community I urge you to uphold the will of Idaho voters and reject this bill.



My name is Joyce Witzel and I live in district 22, the area of Kuna, with my husband. We are in our 50s and have two grown children and eight grandchildren. My husband and I have always been really healthy. We take care of ourselves, don't drink or smoke. My husband used to run marathons and hasn't been to the doctor in 40 years because of being so healthy. We both work in retail and the varying hours don't come with health benefits or the income level to afford health coverage. We make too little to qualify for tax credits and too much for Medicaid. We have worked our whole lives, never been on food stamps or other safety net programs. But here we are getting older and starting to have health problems. I have arthritis and live in pain. I used to be able to walk four miles a day and I'm now down to one. I desperately need to see a doctor to see what kind of arthritis I have and how I can treat it.

We both work part time with fluctuating hours. Sometimes we get 30 hours and other times it's barely 20. We have no control over our work schedules. Many times we only work temp jobs, because that's all companies want to hire for in retail. We never know when we may be out of a job. You know the older people who hand you your bag or smile at you when you come into a store? That's us, trying to be friendly and trying to get by.

When I saw Proposition 2 pass, I cried. It is such a blessing and I'm so grateful that Idaho voters passed it overwhelmingly. Now I can go to the doctor and get treatment for my arthritis. My husband can get some of the preventative care he needs. I don't have to worry about my grandchildren losing a grandparent from a health problem that went unaddressed because they couldn't afford health insurance. Being able to get treatment for health conditions is not a partisan issue - I've been Republican my whole life. The provisions in H277 ultimately puts into question if I will even be able to access Medicaid. While at times I may meet the requirements, other times I may not be able to because of my fluctuating hours. This bill just creates unnecessary hoops to jump through. Vote NO on H277. Thank you.

Scott Harris, MD
Connie Harris
PO Box 331
McCall, Idaho 83638

March 26, 2019

Senator Fred Martin
Chairman Senate Health and Welfare Committee
(Please distribute to other committee members)

Re: H277

Dear Senator Martin and Committee Members:

I am a recently retired Family Practice MD in McCall, and a lifelong Idaho resident. I saw firsthand the ravages incurred by the impoverished and working poor in our communities, who could not afford health insurance coverage under the exclusionary Medicaid inclusion rules followed by the state. So, the poor continued to suffer, and, literally, die for lack of medical help. In the face of 7 years inability on the part of our legislature to enact inclusionary Medicaid coverage, Proposition 2 was born of citizen compassion and volunteer effort, and amazingly passed, against seemingly insurmountable restrictions, in an effort to overcome this legislative jam.

Now, Proposition 2 would be effectively gutted by H277. This bill would throw those 78,000 Idahoans in "the gap" precisely back into the same unaffordable private insurance coverage they already can't afford. At 130% of the Federal poverty level, a family of four brings in \$32,500 per year. The proposed purchase through Your Health Idaho would require up to 12% of their income for much more limited coverage than Medicaid affords. Of course, there are graduated care options, more and more costly for them at each level due to greater and greater limitations in coverage. By the time housing and transportation alone are deducted, as well as a 10% Federal income tax, this means this family of four would live on about \$750 per month, without insurance.

The proposed work requirements would affect an estimated 700 adults capable of working, according to an estimate by the Idaho State H&W, or 0.23% of the 78,000 adults and 228,000 children on Medicaid in 2017. It would take an estimated new bureaucracy of 19 employees. Salaries and benefits for them could cost well over 1.2 million dollars per year. Administrative difficulties would be severely hampered by the fact the majority of Idahoans are rural. Many of them do not have internet or transportation. This effort has failed expensively in Arkansas in terms of administrative costs, and, more importantly, loss of coverage for 80,000 people who could not understand or keep up with the regulations. Adjusting for population differences, this would mean 40,000 Idahoans would be facing the same threat.

In terms of fear of Medicaid expansion funding, several states that have expanded, such as Arkansas, Indiana, Kentucky, Louisiana, Michigan, Montana, New Mexico, Ohio, and West Virginia (among others) have actually reduced, not increased, state spending as a result of expansion. Idaho, known for frugality and fiscal responsibility could surely aspire to this group.

The clearly expressed intent of Proposition 2 was for coverage for all eligible Idahoans under ACA guidelines. Period. This did not include sideboards. Proposition 2 was mandated, as written, by 61% of your electorate, 60% of those within your district. Governor Otter supported it as an "Idaho-grown solution". It was likewise overwhelmingly defended in public testimony against H277. It doesn't get much more "Idaho" than that.

Respectfully, please support Proposition 2 as passed.

Scott Harris, MD

Connie Harris
McCall, Idaho