

JOINT
SENATE HEALTH & WELFARE COMMITTEE
AND
HOUSE HEALTH & WELFARE COMMITTEE
Friday, February 12, 2016

ATTACHMENT 16



**Joint Health and Welfare Committee
February 11, 2016**

**American Heart Association / American Stroke Association
Erin Bennett, Government Relations Director, Idaho Division
Testimony in Support of SB 1205**

Mr. Chairman and Members of the Committee,

For the record, my name is Erin Bennett, and I am the Government Relations Director for the American Heart Association / American Stroke Association in Idaho. We are a nonprofit, nonpartisan organization that supports evidence-based policy solutions that prevent and eliminate cardiovascular disease and stroke as leading causes of death in the United States. I want to thank you for the opportunity to provide input on these important issues, and encourage your support of Senate Bill 1205.

We are working in local communities and across the state to support healthy, active lifestyles to reduce the risks for cardiovascular disease and stroke. Unfortunately, we know that in Idaho, heart disease and stroke are still 2 of the top 5 leading causes of deathⁱ. We also know that those without insurance diagnosed with heart disease are less likely to seek and receive timely medical care, those who suffer from a stroke often experience greater neurological impairment and longer hospital stays, and both suffer worse medical outcomesⁱⁱ. Currently, those without health care coverage often over-utilize emergency rooms and require indigent care funds to cover costs. This costs taxpayers' money, without providing efficient or effective health care.

In our current system, we all pay the costs for the 78,000 Idahoans that fall in the coverage gap, through tax dollars going to catastrophic care, higher insurance premiums, and higher service costs through inefficient use of the health care system. SB 1205 provides a unique Idaho solution to ease the financial burden on taxpayers, and provide those diagnosed with heart disease, stroke, or other chronic conditions the critical medical care they need. Senate Bill 1205 is the best path forward to effectively and efficiently improve the health of all Idahoans, and we urge your support.

ⁱ Source: Vital Statistics, Idaho Division of Public Health, Bureau of Vital Records and Health Statistics.

ⁱⁱ Duru OK, Vargas RB, Kerman D, Pan D, Norris KC. Health Insurance status and hypertension monitoring and control in the United States. *Am J Hypertens* 2007;20:348-353.

Rice T, LaVarreda SA, Ponce NA, Brown ER. The impact of private and public health insurance on medication use for adults with chronic diseases. *Med Care Res Rev* 2005; 62(1): 231-249.

McWilliams JM, Meara E, Zaslavsky AM, Ayanian JZ. Health of previously uninsured adults after acquiring Medicare coverage. *JAMA*. 2007; 298:2886-2894.

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02/12/16



IDAHO FREEDOM FOUNDATION

POLICY MEMO

2016-2

Medicaid expansion

By Fred Birnbaum

Senate Bill 1205 changes to fiscal impact from 2015 to 2016

Medicaid expansion currently contemplated under Senate Bill 1205, was first presented in 2015 as saving Idaho \$173 million over 10 years.¹ This estimate was based on a 2014 report by Milliman, an actuarial firm.² A recent revised estimate from Milliman now shows expansion would cost Idaho taxpayers \$187 million.³ Both reports analyze Healthy Idaho, presented in Senate Bill 1205, which is called Option 3.5 in the Milliman reports. Milliman updated its cost estimate in January 2016 and the savings evaporated and morphed into burden on the state budget. The negative-cost swing is \$361 million. The updated report started with the state's fiscal year 2017 for the revised estimates. Below, a summary table compares the expansion's prior and updated cost estimates.

Comparison of Milliman Medicaid expansion estimates
\$ millions

	SFY 2016	SFY 2017	SFY 2018	SFY 2019	FY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	SFY 2026	Total
State Funds, 11/14 est.	12.1	29.2	51.5	60.9	78.6	93.8	97.6	101.7	106	110.6		742
State and County savings, 11/14	76.8	79.7	82.8	86	89.2	92.7	96.4	100.1	104	107.9		915.6
Net costs to Idaho, 11/14	(64.7)	(50.5)	(31.3)	(25.1)	(10.6)	1.1	1.2	1.6	2.0	2.7		(173.6)
State Funds, 1/16 est.		24.7	45.4	55.1	73	89.4	95.5	102.1	109.2	116.9	125.2	836.5
State and County savings, 1/16		55.9	57.6	59.5	61.5	63.6	65.7	67.9	70.2	72.6	75.1	649.6
Net costs to Idaho, 1/16		(31.2)	(12.2)	(4.4)	11.5	25.8	29.8	34.2	39.0	44.3	50.1	186.9
Change in state funds	-12.1	-4.5	-6.1	-5.8	-5.6	-4.4	-2.1	0.4	3.2	6.3	125.2	94.5
Change in savings	(76.8)	(23.8)	(25.2)	(26.5)	(27.7)	(29.1)	(30.7)	(32.2)	(33.8)	(35.3)	75.1	(266.0)
Change in net costs	64.7	19.3	19.1	20.7	22.1	24.7	28.6	32.6	37	41.6	50.1	360.5

Notes:

1. Net costs to Idaho are shown as negative values when general fund and county dollars are saved, () = positive outcomes.
2. Numbers differ slightly from "Healthy Idaho" presentation due to rounding.
3. For comparison in change rows, positive numbers are shown as increases or worse outcomes, negative numbers are better outcomes.
4. The biggest driver of the change was not the one year delay, but lower estimates of savings for the state and counties.
5. Milliman forecasts a 15 percent increase in participants in its 2016 estimate.
6. There was no change in the FMAP rates, except that SFY 2016 assumes a 100% federal match, the subsequent years use the same rates; 90 percent from 2021 on.
7. The change in federal funds to Idaho is not materially different in the new estimate, less than 1 percent difference cumulatively.

Summary

The state fiscal impact of Senate Bill 1205, which would put into law the "Healthy Idaho" Medicaid expansion plan outlined by Idaho Health and Welfare Director Richard Armstrong, has experienced an estimated negative-cost swing of \$361 million since Mr. Armstrong presented it in February 2015. The savings in the fiscal note only represent *initial* savings and do not factor in net costs that now begin in SFY 2020 and accumulate indefinitely at an accelerating rate.

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Notes:

1. "Healthy Idaho," presented by Idaho Health and Welfare Director Richard Armstrong, pp. 16-17, Feb. 5, 2015.
2. Milliman Client Report, "Revised Financial Impact Review of the Patient Protection and ACA on the Idaho Medicaid Budget Including State and County Cost Effects," Nov. 2, 2014.
3. Milliman Client Report, "2015 Financial Impact of the Medicaid Expansion on the Idaho Medicaid Budget Including State and County Cost Effects," Jan. 8, 2016.

02/12/16
Karleen Davis

Good morning Senator Heider, Representative Wood, and Committee Members,

My name is Karleen Davis. I live in Boise, and I am here, representing myself and my husband.

First, we want to thank you for holding this hearing. We are grateful that you are focusing on this issue, and we hope that all parties will be able to come together to help our friends and neighbors who are suffering without access to adequate healthcare.

I am here today because my husband and I are landlords and we care about the well-being of our neighbors and community. We rent at the lower end of the market and most of the people we rent to are in the coverage gap. They are honest, hard-working people – because, of course, we don't rent to people who are dishonest and unemployed.

For our renters in the coverage gap, a medical misfortune can be a disaster. A trip to the emergency room after an accident on the basketball court, or treatment for food poisoning after a bad sandwich, or a suspicious spot on a face that should be checked by a dermatologist for cancer — any of these quickly leads to large medical bills, missed work, delayed rent payments, and worse.

This is tremendously expensive for Idaho. A couple years ago, we became involved in a renter's struggle to get help paying his bills through the county indigent programs. He was a mason, and had become ill, to the point of hospitalization. He lost work and couldn't afford housing here in Boise, so he moved back home with his family in Twin Falls. We became involved because of the battle between Ada County and Twin Falls County regarding who should pay the medical bills.

We don't know what the final outcome was, but we took the opportunity to learn more about healthcare assistance for low-income folks in Idaho. We were stunned at the enormous administrative overhead of these county indigent medical care programs. Idaho needs something better.

It's difficult to talk to friends and colleagues about the Coverage Gap in Idaho. I have come to expect that first look of total disbelief. How can it be that a working couple loses their insurance subsidy when they have a child? How can it be that, in Idaho, we provide disincentive for having children? In order to be believed I have to provide a short history of healthcare legislation in the U.S., because that is the only way it makes any sense.

I listened to the director of Your Health Idaho explain that thousands of Idahoans, tens of thousands of Idahoans, tried to obtain insurance through Your Health Idaho, but were turned down because they didn't have high enough income to qualify. They are baffled by this situation as well, I am sure.

My husband and I think that Senate Bill 1205 and the Healthy Idaho Plan is a good solution to the Coverage Gap. It requires personal responsibility on the part of patients, while it will relieve the administrative burden associated with the county indigent programs and the Idaho CAT program. It will save us all money, reward hard work, and strengthen our families and communities.

We hope you will be able to support for Senate Bill 1205.

Thank you for your attention.

Karleen Davis & Eugene Turley
1318 Ranch Road
Boise ID 83702

02/12/16
William Fowkes

Plan
Healthy Care Coverage +
Disability waived services +

We are here as a community because we expect decisions to be made. Communities have a sense of belonging by finding common ground with attitudes and choices.

When we realize the duties and responsibilities of the Department of Health and Welfare and Medicaid, and by extension the shared moral and fiscal responsibilities of citizens have to do with the survival and wellbeing of the often weak, helpless, and disadvantaged in Idaho, we realize that this may be an exploration of what I will call Sacred decision making.

When it comes to decisions for Medicaid expansion for working people who cannot afford health insurance under current economic structures, and face the crushing reality of not getting health care when it is needed, or face the crushing debt that may follow uninsured care, one realizes these legislative initiatives are born of compassion. These initiatives come from a communities knowing that is not enough for some people to be well and free from suffering, it is a heroic response of community saying that together we can help insure that everyone has the right to health care. Without insurance most people get crushed by the inequalities and structures of life that they alone can do nothing about. That's what I mean about weak and helpless.

Each one of us came into this world physically weak and helpless. Unless we die abruptly, almost every one of us will grow weak and grow helpless as we are dying. We've all had help in these ^{early} circumstances, and we're all likely to need help in the future. And so, for those of us in the in between times, and who have not yet found ourselves currently weak and helpless, it might be appropriate in our relative strengths at this time to be supportive of the weak and the helpless in Idaho.

I also know something about, and am supportive of the waived disability programs of Supported Living Agencies and their appropriate reimbursement rates. My daughter Eva who has a severe brain injury is not weak in her spirit by any means, but she is weak and helpless to survive without Intense Level of Care assistance provided by her care agency and administered by H & W and Medicaid funding. We are grateful for the assistance of everyone involved and the community of tax payers in Idaho and beyond. This is deeply honorable, and we thank you. Without this greater community response of what I will call Sacred decision making, she and her mother and I would be lost and crushed under unmanageable circumstances.

We in this room seek to create and encourage heroic leadership in the Statehouse and in our Idaho communities through conversation, commitment, and mutual effort. I ask that that each of us reach for the hero within us. I am asking for a vote to decide on these matters for others, that which we would hope for ourselves.

William Fowkes – 3011 Taft, Boise ID 83703 208-343-9812

Audrey Gatewood
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208.906.9653

02/12/16
February 2, 2016
Audrey Gatewood

Audrey Gatewood's Testimony
Support of SB1205

My name is Audrey Gatewood. I am a full-time student at Boise State University, a student affiliate of AAUW, and a full-time single mother of two. Me and my daughters live here in Boise.

Thank you Chairman Heider and the committee for giving us this opportunity and for your willingness to hear us today regarding the Healthy Idaho Plan. We are overwhelmed with appreciation for the opportunity to speak at this hearing today.

Being an advocate for Senate Bill 1205 comes from my current daily struggles. I never expected to be on Medicaid. I never expected to become injured to a point it was disabling. Everyday I am in fear of not having health care coverage because I might make just too much. I have chosen at times to reduce the hours I put in for my part-time income to avoid being kicked off of Medicaid and potentially being left with having zero health care coverage.

The medications I need access to are anticonvulsants and could cause me severely negative effects if I were not able to get these medications. Without having health care coverage I would not be able to afford these medications. I have two daughters that rely on me to take care of them and I would not be able to efficiently provide or care for them without access to these medications.

Some days I do not know how I will afford things as simple as shelter, clothing, or normal daily goods such as soap. Having such a limited income and ability to purchase the basics for my family causes me stress but the stress of potentially ending up in the hospital with no health care coverage causes me intense apprehensions in making just too much.

Hearing all of this hard work being put into health care in Idaho has been tremendously inspiring to me and I cannot tell you enough how grateful I am and how grateful we all are for this opportunity to be here today. We will respect any decisions made but I implore this committee to support the Healthy Idaho Plan and close the coverage gap.

The Healthy Idaho Plan Helps Kids and Families



The Healthy Idaho Plan—A Real Solution

One of the best ways to make sure Idaho children grow up in families that are healthy and financially stable is for their parents to be able to get medical care when they need it.

Too often today that isn't the case. Fortunately there's a solution: the Healthy Idaho Plan, proposed by a working group named by Governor Otter, would cover 78,000 adults who can't afford health insurance.

An estimated 63% of people in the coverage gap are parents or primary caregivers of children.¹ When moms and dads have their health care needs met they are better prepared both physically and mentally for the demands of parenting. And affordable medical care not only keeps families healthy, it also helps them avoid the financially devastating costs associated with serious health issues. Plus, parents with health insurance are more likely to make sure their kids are covered too — for example, through the Idaho children's insurance program.¹¹

The Healthy Idaho Plan addresses the critical needs of Idaho parents whose jobs don't offer the health insurance needed to maintain a healthy, safe, stable, and financially secure environment for their children.

Income Levels to Qualify for Tax Credit to Purchase Health Care

Household Size	100%
1	\$11,770.00
2	\$15,930.00
3	\$20,090.00
4	\$24,250.00
5	\$28,410.00
6	\$32,570.00
7	\$36,730.00
8	\$40,890.00
For additional person, add	\$4,160.00

Source: healthcare.gov

An estimated 63% of people in the coverage gap are parents or primary caregivers of children

These parents are in what's called the "coverage gap." As they struggle to make ends meet they find their incomes are just below the eligibility level for subsidies on the Idaho health insurance exchange and just above what qualifies for Idaho Medicaid.

The Healthy Idaho Plan—Important Benefits for Families

- Dismantles the Medicaid Parent Penalty**
 Today, working parents who struggle to make ends meet are penalized. A single, childless worker earning minimum wage qualifies for help to purchase insurance in Idaho's health insurance exchange. But if that worker is a parent and the sole earner for the family, the family doesn't receive any help. In this scenario, if that parent quits their job, he or she could receive Medicaid. Under the Healthy Idaho Plan, single parents no longer would have to choose between working and receiving health care through traditional Medicaid.

- **Promotes Health Insurance Coverage for Children**

Research shows that when parents have insurance, kids are more likely to have it too.ⁱ As of 2013, 8.9% of children in Idaho are uninsured, which is above the national average of 7.1%.ⁱⁱ That means over 38,000 Idaho children do not have the health care they need. Whether they have something treatable, such as strep throat, or a more complicated long-term or chronic illness, these kids are more likely to be enrolled in the Children's Health Insurance Program (CHIP) if their parents are insured.

- **Provides the Full Range of Care for all Households**

The Healthy Idaho Plan is the only solution to Idaho's health care issues that would provide comprehensive health care to those in the coverage Gap. Instead of families having to wait for emergency room care, they would be able to see a doctor regularly for preventive care. The Healthy Idaho Plan would provide access to care from specialists to treat chronic illnesses, cover emergency room visits, hospitalizations, access to lifesaving medication and the screening and diagnostic tools that will lead to early detection and treatment. That means healthier families.

Healthy Idaho is a public/private, or "hybrid" plan. Income eligibility would vary by family size. A family of four earning up to \$32,913 per year would get help purchasing private coverage. Families of four making less than \$24,250 a year could get coverage through care management provided by the Idaho Department of Healthy and Welfare.

And, Healthy Idaho includes provisions to encourage good health and personal responsibility, such as minimum co-pays and incentives for preventive care.



The Healthy Idaho Plan is Cost Effective for the State, Localities, and Families

- It brings our tax dollars home. Right now our taxes are funding health care in other states. There would be no additional tax on families.
- It saves state and local governments money by eliminating the need for our antiquated and expensive state and county indigent care funds.
- It will spur economic growth. Families will have more money in their pockets to spend at local businesses.

Thousands of our friends and neighbors who can't get health insurance today would be covered – making our state stronger and Idahoans healthier.

Notes:

- Idaho Department of Health and Welfare, Self-Reliance Data, 2015. Approximately 51,808 Idahoans are in the coverage gap according to IDHW. IDHW's estimate is a count of all the people who: 1) applied for and were denied Health Coverage Assistance because their income fell below 100% of the federal poverty threshold and/ or 2) receive Supplemental Nutrition Assistance Program benefits and do not qualify for Health Coverage Assistance. This is a subset of the statewide estimate of approximately 78,000 Idahoans in the coverage gap, the rest of whom do not receive public benefits have never applied for them through DHW. People in this group are considered parents or caregivers if they have at least one child living in the home.
- Alker, Joan and Chester, Alice, Georgetown University Health Policy Institute, Center for Children and Families, "Children's Coverage at a Crossroads: Progress Slows," November 2014.

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02/12/16
Barbara Kemp

Karen Westbrook

From: CenturyLink Customer [pinkerton5@q.com]
Sent: Friday, February 12, 2016 10:04 AM
To: Karen Westbrook
Subject: S1204

Please pass my testimony to members of the Senate Health @ Welfare committee who are currently listening to testimony regarding this bill.

I strongly urge committee to print the bill to expand Medicaid in Idaho and send to full Senate with a do-pass recommendation. I'll try to be brief: Without access to full range of medical benefits that Medicaid expansion would provide, thousands of individuals will continue to die, some quickly and some in a longer, slower descent. I want to emphasize that the families of the individuals suffer daily, too, and they also are not able to live well, stably, or to contribute positively in their communities. Untreated mental and physical health difficulties tear apart the fabric of families and their ability to function. The ripple effect spreads: all of Idaho is becoming weaker as a result. Think short-term, please, but also long-term. How many chronically ill people will we have in 5 years if we don't stanch the bleeding now.

Please print 1204, send to full Senate with a do-pass recommendation.

Thank you
Barbara Kemp
3314 Camrose Lane
Boise, ID 83706

February 12, 2016

02/12/16
Cay & Ron Marquart

Dear Senate Health and Welfare Committee Members:

Our 44 year old son was diagnosed with schizophrenia over 20 years ago. He is a gentle soul and is highly intelligent. He was born with many talents in music, art, and sports. The illness has robbed him of these special talents. Thank goodness, he still loves to read and you can find him in the University Library nearly everyday. He has lived at home with us all these years and will do so until we no longer exist. We are very fortunate that we have the means to support and take care of him. This is not the case with many people suffering from severe mental illnesses. The Healthy Idaho Plan would help so many of these people who do not have the support like our son has. We just recently lost a homeless man in a Boise park who was mentally ill. That could have easily been our son. I often wonder if this man would still be alive today if we would have expanded Medicaid. Please pass the Healthy Idaho Plan—it would help poor people and the mentally ill.

Thank you for your service to the State of Idaho.

Sincerely,

Cay & Ron Marquart (mnimages@hotmail.com)

3300 E. Red Stone Drive

Boise, Idaho 83712

Telephone: 208-344-4012

Cay Marquart
Ron Marquart

02/12/16
Mike McGrane

**Testimony before the Joint House and Senate Health and Welfare Committee on
behalf of the Idaho Nurses Association and the Nurse Leaders of Idaho**

February 12, 2016

Chairman Heider, Chairman Wood, Members of the Committee,

Thank you for allowing me to address the Committee. My name is Mike McGrane. I represent the Idaho Nurses Association and Nurse Leaders of Idaho.

55,000 nurses are licensed in Idaho. They practice in a variety of settings including public health, community health, rural clinics, homes, schools and universities, industrial settings, nursing facilities and hospitals, in addition to many, many other areas. The Idaho Nurses Association represents the broad spectrum of nurses across our state.

Nurse Leaders of Idaho is an association of nurse executives and managers, nursing program directors, deans and professors, and leaders from public health, industry, and advanced practice.

As nurses we are the backbone of providing healthcare. Healthcare professionals and the public look to nurses as the trusted guardians of our health. We are the ones on a daily basis who screen and monitor patients, coordinate care, instruct wellness and assure compliance. Nurse Practitioners fulfill a necessary role in providing care in Idaho's rural communities. Nurses have the upmost concern for the health of Idaho's citizens and Idaho communities.

The Idaho Nurses Association and Nurse Leaders of Idaho strongly support the Healthy Idaho Plan (Senate Bill 1205) as the right choice for the 78,000 uninsured Idaho residents to gain appropriate, comprehensive healthcare coverage to include preventative care, prescription coverage, and access to specialty and inpatient care. While much is unknown about the impact of any of the proposed plans, what we do know is that early intervention, preventive measures, care coordination and care management reduces reliance on emergency care and hospitalization and ultimately reduces cost. This was most recently demonstrated in savings to the catastrophic fund from those enrolled in the Healthcare Exchange. We are all paying the high cost of uncoordinated, inappropriate and unnecessary healthcare by having no plan to address the uncovered. The Healthy Idaho Plan provides access and coordination for those who find themselves barely making ends meet and unable to access private healthcare. It also extends the Health Insurance Exchange, through reliance on the private health insurance market for those who otherwise do not qualify for coverage. It provides access and personal responsibility that relies on existing programs. The Idaho Nurses Association and Nurse

Leaders of Idaho urge you to adopt the Healthy Idaho Plan as the best option for coverage of those falling in the gap.

That being said, we applaud the Governor and Director Armstrong for proposing an initial alternative, the PCAP program. Although the program is very limited and will create barriers to providing equal and adequate care to all participants due to the significant coverage gaps it includes, it does capture elements of personal responsibility, the Medical Home model, prevention and early management of chronic illness. It is better than the current situation of no coverage. If the vote is PCAP or nothing, we would support voting "Yes" on PCAP.

As nurses we have no financial stake in one plan over another. What we care about is providing access to necessary, cost effective healthcare for Idaho's citizens.

Thank you again for allowing me to address you.

Michael McGrane, RN

Idaho Nurses Association and Nurse Leaders of Idaho

02/12/16
Danielle Ryals

Testimony of Danielle Ryals

347 East North Street, Albion, ID 83311

To present to Senate Health and Welfare, Feb 12, 2016

Thank you Chairman Heider, Chairman Wood and members of this committee for allowing testimony to be presented today. My name is Duane Goodner, and I will be reading a testimony on behalf of Danielle Ryals, of Albion, Idaho. Danielle is unable to be here today ^{because she recently got a part-time job and could not miss a day of work to drive to Boise.} ~~because she recently got a part-time job and could not miss a day of work to drive to Boise.~~ Danielle is still in the coverage gap, and these are her words:

My husband and I fall into the coverage gap, and we are concerned about our lack of access to affordable health insurance. While we appreciate the governor's recent initiatives regarding closing the healthcare gap, the Primary Care Access Plan is not enough. We need affordable access to full healthcare coverage.

My husband works on a nearby farm and I run the household, take care of my three young children, and recently got a part-time job—but it does not pay well. I used to work as a Certified Nursing Assistant but had to quit that job when a respiratory infection went untreated. My husband has high-blood pressure but we can't afford the medication for it. Last year, I fell down the stairs and broke a rib. If we saw a cardiologist, we would need to pay for a visit in full and we can't afford to visit a specialist and pay for food and clothes for our kids. More recently, my husband broke his finger and we can't afford to get that fixed either.

My family is not looking for a government hand-out. What I most want to convey to you today is that closing the coverage gap would be one of the most important things you could do to make my family, and other families like mine, healthier and more productive. Being in the gap makes it harder to work. By helping us access affordable healthcare coverage, we will be more productive and able to support our family without government assistance. We hope you will support Senate Bill 1205, thank you for your time and consideration.

02/12/16
Susan Sered ^{Verst 1}

Uninsured in Idaho: Policy Brief (February 2016)

Contact Information:

Susan Sered, PhD

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This brief is offered as a contribution to current deliberations regarding Medicaid expansion and healthcare reform in the Idaho state legislature.¹

Research Findings

In 2003 I conducted in-depth interviews with uninsured individuals and families in northern Idaho, south-central Illinois, Texas, Mississippi and Massachusetts. All 37 Idahoans – at the time – were in the work force, though many were struggling to maintain a level of health sufficient to allow them to continue working and caring for their families. As I wrote in *Uninsured in America: Life and Death in the Land of Opportunity* (University of California Press, 2015), I was struck by the “rugged Idahoans” who shared with me stories of swallowing handfuls of Ibuprofen each day in order to manage pain, using a pocketknife to shave off bone spurs from their feet, turning to friends who worked as aides at nursing homes for help bandaging wounds, and confronting medical bills of \$100,000 or more in the wake of an accident or health crisis.

In 2015 I returned to Idaho and the other four states in which I had carried out research in 2003.

- In Idaho I looked for 37 people and was able to re-interview 20 of the 37.
- Five of the 37 were dead: all five had passed away prematurely (in their 40s, 50s or early 60s).

One of the dead, who passed away at the age of 58, had worked in the mines his entire life. He left behind a wife and children.

- Five are now recipients of SSI or SSDI by virtue of having become too disabled to continue working.

Jane used to work at three jobs: cleaning houses, doing laundry in a nursing home, and waitressing at a café. “Eventually I cut back to just the café job because it was my social life,” she explained, “but finally I couldn’t do it anymore. I even kept working through double pneumonia because I had to pay my bills, but eventually I had to stop because of my legs – you see my feet and ankles hurt and then turned black.” When she was finally diagnosed with diabetes at a free clinic she was told that she most likely already had diabetes for seven to ten years, but it had never been diagnosed or controlled. The staff at the free clinic would give her free samples of

¹Idaho did not accept the ACA Medicaid expansion. As a consequence, Medicaid is only available to children, pregnant women, parents of children under the age of 19, disabled people and the elderly. Even within those categories not many meet the Medicaid criteria: A family of 4 must earn less than \$630 / month to qualify. <http://www.healthandwelfare.idaho.gov/FoodCashAssistance/ApplyforAssistance/Applyforservices/Whoiseligible/tabid/1556/Default.aspx>

her medication whenever they had it available, but that was not a consistent source. At age 57 Jane was granted Disability (SSDI), but then had to wait two more years to become eligible for Medicare. By 2015 was able to access care through Medicare and Medicaid, but it was too late. She now is housebound.

- Five now receive insurance through their employers². None of the five are able to cover their dependents through their employers.

Marla and Peter, parents of three young children, were uninsured when I met them in 2003 and remained uninsured until a year or so ago. This was challenging because Peter has a blood disorder, ulcerative colitis and glaucoma. Throughout his adult life he has worked steadily for a company that he likes and likes him, but does not provide health insurance. When their kids reached school age Marla took an office job, but it did not provide health insurance. To take care of her family's health needs, Marla drove them to doctors all over the northern part of the state – sometimes putting hundreds of miles on the car. At each office she would accumulate a manageable bill that they tried to pay off over time. Typically, the doctor would not see them again until they fully paid the bill. Knowing they needed healthcare coverage, Marla began to work for another small business owner who agreed to pay half of their monthly health insurance premium. But the remaining half was so high that after it was deducted from her salary she ended up taking home about \$5 / hour. In 2015 she moved to a job with somewhat better insurance. Her premium now is \$250 / month, but the deductible is \$3000 per person and there are hefty co-pays and co-insurance.

- Three purchased insurance on the Exchange. All three were only able to afford the lowest premium plans / highest deductible plans which often end up costing the poorest Americans more than higher premium plans.³ Still, all three were happy to have insurance.

Al, a farmer in his early 60s, was embarrassed to admit to liking "Obamacare." But he certainly has benefitted from expanded healthcare access. Diagnosed with lung cancer a number of years ago, he had not been able to obtain health insurance before the ACA because of his pre-existing condition. During those years, hospital bills were as high as \$300,000 annually, leaving him in horrendous debt. Now he pays \$12 / month for insurance through the Exchange and his doctor is satisfied that "there are no new tumors."

- Four had moved out of state, primarily in order to access healthcare in Washington or other states that have expanded Medicaid under the ACA. No one in Idaho was receiving Medicaid in 2015.

Chris and Brittany, a vivacious couple in their thirties, moved from Idaho to Washington several years ago after Chris injured his leg on a construction job and the workers compensation ran out before the surgeries he needed were completed. While Chris was out of work Brittany took a job at a restaurant in order to tide them over. With her salary they earned too much for Chris to qualify for Medicaid and get his leg fixed. But without that salary they couldn't survive. Today, they both are healthy and productively employed in the state of Washington, where they are raising their children and waiting for the day when it will be possible for them to return home to Idaho.

² Approximately 95% of Idaho businesses employ less than 50 workers, exempting the businesses from the ACA mandate to provide health insurance. Idaho Department of Labor, QCEW 2013

³ Susan Sered and Marilyn Delle Donne Proulx. 2011. "Lessons for Women's Health from the Massachusetts Reform: Affordability, Transitions and Choice," *Women's Health Issues* 21(1): 1-5.

Policy Recommendations

- Senate Bill No. 1204, an act that proposes expanding Medicaid eligibility to persons under age 65 whose modified adjusted gross income is one hundred thirty-three percent (133%) of the federal poverty level or below is an excellent first step towards allowing all Idahoans access to appropriate healthcare services and thus the ability to maintain better health.
 - Those with incomes below 133% of the federal poverty level cannot afford to pay for appropriate medical services. As a consequence, their health deteriorates and/or they amass medical bills that eventually are passed on to the counties or the state.
 - Idaho hospitals and clinics, for the most part, already accept Medicaid payments. Thus, the infrastructure is in place and implementation of this expansion should not involve additional costs or bureaucratic complications.

- The Primary Care Access Program (PCAP) is unlikely to substantially improve access to healthcare for Idaho's low income residents.
 - While primary care is the core of any healthcare system, the reality of today's complex medical world is that primary care visits alone are rarely sufficient for diagnosing or treating serious illness. For primary care providers it is frustrating not to have the capacity to send patients for tests, procedures or specialist care. Patients will find themselves in the frightening position of being told by a primary care provider that they need certain treatments but that the primary care program does not cover them.
 - There is no evidence that access to primary care alone, without parallel access to other medical services, improves the health of populations.
 - According to the published description, "The program requires payment for services on a sliding scale fee, which encourages greater personal responsibility for the patient's own health." Given that this program is aimed at people with very low incomes, it is more likely that fees will function as deterrents to care rather than as an encouragement of personal responsibility.
 - In my research in Idaho I have never spoken with a single individual who can afford healthcare but irresponsibly chooses not to seek it. The most common reasons for not seeking care are: uninsurance, deductibles that are too high to meet, lack of transportation to healthcare centers, inability to take off time from work during clinic hours.
 - By limiting access to healthcare to specific health centers, this proposal fails to address the needs of many Idahoans who do not live near any of the specified health centers.

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02/12/16
Clella Steinke

Remembering Jenny Steinke



Jenny with her son James at his wedding, August, 2015

Dear Chairman Heider and members of the Senate Health and Welfare Committee:

My name is Clella Steinke. My daughter-in-law was Jenny Steinke of Idaho Falls. Jenny had asthma, and because she was in the coverage gap, she did not have access to the correct kind of inhalers. As a result, on September 1st 2015, she had a severe asthma attack, stopped breathing, was declared brain-dead 5 days later and became an organ donor. It pains me to share this story, as our family is still dealing with so much grief, but I am writing to thank you for holding a hearing on the Healthy Idaho Plan and to implore you to take action to close the coverage gap in Idaho.

I wish I could be there in person today. My husband and I lived in Idaho Falls for 25 years (he was a nuclear engineer at INL and I was a speech-language pathologist in Jefferson School District #251), but we moved to Wisconsin last April. I deeply appreciate you taking the time to learn more about our beloved Jenny and I hope that you can prevent a tragedy like this from happening to another Idaho family.

Jenny was the light of our son Jason's life. She was a deeply caring and compassionate person. Jenny was born in poverty and lived her life in poverty. Jenny and Jason had struggled to make ends meet for years, but they were always working. Jenny earned her GED in Idaho Falls, and worked as a caregiver, most recently, her grandmother. When grandmother passed, Jenny got a part-time job at U-Haul late August. Jason had struggled to find full-time employment and was thrilled when he landed a full-time job in July that would provide insurance for him and Jenny. The insurance took effect the day Jenny went into the hospital. However, in the months before Jenny's death, her asthma had worsened and without access to a specialist to treat her asthma, she was getting inhalers from a local community clinic when she could, or buying them from friends. Jenny and Jason did not realize that those inhalers were actually worsening her condition.



Jason saying Goodbye



Jenny and Jason August, 2015

Jenny's lack of access to comprehensive health care caused her death. I told Dr. Krell, the attending physician, her death certificate should read "Death by Poverty."



Jenny's granddaughter born November, 2015

On the day Jenny died, she went to work in the morning, came home after lunch and was not feeling well. We know now that she was suffocating—her inhalers had stopped working. She was able to get a neighbor to drive her to the hospital. That drive took 3 min and 52 seconds. By the time they arrived, she had stopped breathing. When the hospital called my son at work, he rushed to her side. He spent every hour of the following six days with her.

I flew from WI. Jenny's son and pregnant wife flew from OK. Jenny's family drove from CA. We had to say good-bye to Jenny on September 5th. She never got to meet her beautiful grandbaby that was born this last November. In December, my son marked Jenny's birthday without her. A few days later, he suffered through their 10-year wedding anniversary alone and his birthday without her.

In the months since Jenny's death, my husband and I have asked a lot of what-ifs: *What if we had still been in Idaho - could we have done something? What if Jason and Jenny had realized how severe her condition was? What if she had had health insurance earlier?* Nothing will bring Jenny back. Now we are doing all we can to make sure this doesn't happen to another family. Jenny and Jason worked hard, they contributed to their community and they were loved by family and friends. We loved them, just as you love your children and grandchildren.

We have heard that the legislature is considering a proposal to offer primary care to Idahoans like Jenny. We hear that maybe this would have helped her. However, access to primary care is not the same as access to health insurance. Jenny needed prescriptions and an asthma specialist—Jenny needed health care coverage. There are tens of thousands of other Idahoans with serious medical issues that cannot be addressed in a primary care setting only. We ask that you please provide a complete solution to the coverage gap and pass the Healthy Idaho Plan.

After Jenny passed away, I was struck by the contents of her purse. You can tell a lot about what someone is going through by what they carry with them. All she had in her purse was a dollar bill, two inhalers, an oxygen meter and an advertisement from the local paper. This is what "Death by Poverty" looks like. This should not happen in this great country or in our great State of Idaho. Jenny's death was a "preventable death." Thank you for listening to our story. Please close Idaho's coverage gap.



The contents of Jenny's purse when she passed away

Respectfully Submitted,

Clella Steinke



The onesie of her soon-to-be-born granddaughter