

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

ATTACHMENT 10

02/12/16
Lauren Necochea

Testimony to the Joint Health and Welfare Listening Session

February 12, 2016

Lauren Necochea
Director, Idaho Voices for Children

Mr. Chairman, members of the joint committee, my name is Lauren Necochea and I direct Idaho Voices for Children. Thank you for holding this listening session.

We know Idaho families are working hard to build a future for their children and we all want to see them be successful, but many are in the precarious situation where an illness or medical emergency can pull the rug out from under them.

It's critical for families that we close Idaho's coverage gap. The gap hits families in two ways that are in conflict with Idaho values honoring families and work. First, the coverage gap carries a penalty for parents compared to childless Idahoans. Second, it forces sick Idaho parents earning low wages to choose between working and access to health care.

Today, you could have two workers working the same job at the same low wage. If the first worker is childless, he or she will earn enough money to go on the health exchange and find an affordable plan with a tax credit. If that other worker has children, the family size increases, and even at the same income level, the family is now below the poverty level, and therefore ineligible for a tax credit in the exchange. We have a system in Idaho today where the childless low-wage worker gets assistance with health insurance and the mother or father doesn't.

Currently, only Idaho parents with extremely low incomes can qualify for Medicaid. That sometimes means we force Idaho parents in the coverage gap to choose between work and healthcare. I met a mom in Canyon County who had access to care and medication for a serious condition while she was out of work during the recession. Her eyes lit up when she told me about how she'd secured an \$8/hour job that allowed her put food on the table for her daughter. Even this modest wage meant she was no longer eligible for Medicaid. She was rationing her medication and worrying about keeping her job while facing life-threatening risks.

The only way she could get coverage again would have been to stop working. She didn't want to do that, but a crisis was looming.

There are great fiscal and economic reasons to close the coverage gap. We could also eliminate \$12-\$18 million in unnecessary tax penalties for businesses. We could strengthen the overall health care system and focus on prevention, rather than pay for expensive emergency care. These are great reasons. There are 78,000 more and they would very much appreciate your consideration.