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## Counties face higher health care expenses

POCATELLO — Idaho's catastrophic health care fund is nearly empty with five months still to go in the state's fiscal year, and Bannock County commissioners are concerned that unless supplemental money is directed to the fund, counties could be asked to cover even more of the costs for people who suffer catastrophic illnesses and cannot afford to pay their medical bills.

Under the state's catastrophic health care program, counties must pick up the first \$11,000 of treatment for qualified people who cannot pay their medical bills. The state covers anything over that amount. The problem is that the \$19.8 million appropriated in fiscal 2010 for the state fund is almost gone.

At the current rate, the fund will be totally depleted by the end of this month, which means doctors and medical providers will go unpaid until the next appropriation is available July 1. The state's CAT board, which administers the fund, recently asked lawmakers to direct a supplemental amount of \$8 million to the fund.

"It wasn't a very cheery meeting," said Bannock County Commissioner Larry Ghan, who was at the meeting, along with other Idaho commissioners who were in Boise during the Idaho Association of Counties' annual midwinter meeting. "The meeting was very quiet and sober."

"All we can do is present the facts of where we are," said Bonneville County Commissioner Roger Christensen, chairman of the CAT board, which includes six county commissioners, four legislators, one person from Idaho's Health and Welfare Department and one person appointed by the governor.

Rep. Ken Andrus, R-Lava Hot Springs, said he supports the \$8 million supplemental request, but he doesn't foresee the Legislature's Joint Finance-Appropriations Committee approving the money given the current budget crisis. "There will be reductions across the board in almost every category and agency," he said. "If they do it, fine, I will support it. But I don't think it will happen."

The catastrophic fund helps people who don't have enough discretionary income to pay their bills within a five-year period. The program's costs have grown from \$9.8 million in fiscal 1998 to \$19.8 million this year. If the \$8 million request is approved, that amount would still only be enough to pay the bills through about the middle of April, said Bannock County Commissioner Steve Hadley, the CAT fund's vice chairman.

During a meeting last week with budget officials from the Legislature and governor's office, CAT board members said the fund needs a lot more money to remain solvent. Total claims are expected to reach \$37 million by June 30, the end of this fiscal year, an amount that is about \$17 million more than the \$19.8 million that is available.

While the fund usually handles about 1,100 cases a year, Christensen said, it's on pace to handle about 1,600 this year and as many as 2,000 cases in fiscal 2011. The CAT board is requesting \$30 million for the fund for fiscal 2011.

The limit counties must pay under the program was raised from \$10,000 to \$11,000 in 2009, but some lawmakers wanted it raised to \$15,000.

Commissioners are worried there could be another attempt to raise the limit even higher, which would result in an increased burden to county taxpayers. According to estimates by Bannock County officials, each \$1,000 increase in the limit would cost the county upward of an additional \$100,000.

The county has \$1.94 million budgeted for fiscal 2010 to cover catastrophic health care costs, a significant increase from \$1.56 million in 2009.

Hadley said it's hard to know at this point whether the \$1.94 million amount budgeted for 2010 will be enough. "That remains to be seen," he said. "We never know when people are going to use the hospital and can't pay their bills."

Hadley said the county is seeing about a 20 percent increase in the number of catastrophic cases, a development he attributes to the down economy. "People are out of work, they don't have health insurance and they can't pay their doctor and hospital bills," he said.