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Lawmaker wants to limit medical services for indigents

BOISE - A House lawmaker wants to scale back the type of indigent medical services for which taxpayers pick up the tab. State and local governments are currently responsible for all "medically necessary" services for indigent patients, including ongoing treatment for chronic diseases such as cancer and mental illness.

Boise Rep. Lynn Luker introduced a bill recently that would limit indigent care to emergency services only. He estimates the move would save the state at least \$4 million per year. "This would be a structural change back to 1996, to the way things were before we ever had a CAT (catastrophic health care) fund," Luker said.

As with all government programs, he said, the CAT fund has expanded "to the point we can't afford it any more." It's expected to cost the state at least \$30 million this year; county taxpayers pay millions more. Right now, counties pick up the first \$11,000 for indigent cases; the state pays the remainder.

Luker's bill, which may come up for a hearing this week, would give counties the option to provide non-emergency services on a case-by-case basis. However, they would have to pay for that on their own.

Tony Poinelli with the Idaho Association of Counties said his board hasn't taken a position on the bill yet, although Luker did consult with association members while crafting the bill. Lewiston Rep. John Rusche, a member of the CAT fund board, said limiting treatment to emergency services would be bad public policy.

If they can't get ongoing care, he said, people with chronic illnesses going to the emergency room as their condition deteriorates, getting treated, and then coming back once their condition inevitably deteriorates again.

Moreover, given that hospitals can't turn patients away, Rusche said, Luker's proposal will force them to shift more costs to insured patients, driving up health care costs even more. Alternatively, they'll sue the county in disputes over what constitutes emergency care. Luker said when the CAT program was initially developed, the pitch was that the state and counties would ultimately save money by treating people for chronic conditions and keeping them out of emergency rooms.

"But it hasn't saved money," he said. "There are so many inefficiencies built into it, we need to get this back to the community level, where communities take care of their own and we still have the CAT program for emergency situations."