

Lewiston Tribune, Tuesday, Oct. 27, 2009 – Editorial by Marty Trillhaase

Health care costs don't disappear, they shift

Gov. C. L. (Butch) Otter and his Department of Administration Director Mike Gwartney have their reasons for throwing hundreds of part-time state workers off health insurance. But as legislative Democratic leaders point out, saving you money is not necessarily among them.

About 2,100 state employees work less than 40 hours a week, and beginning next month they will pay as much as four-times more for health insurance. That's still more generous than what part-time workers get in the private sector. But this is a discussion for a day when employment isn't so scarce and everyone who wants a full-time job can get one. It's only a guess, but public employee groups expect about 200 part-time state workers will drop the policy rather than see higher premiums consume most of their take-home pay. Otter says most of them can rely on their spouses' health insurance and that his new program will save the state about \$900,000.

Maybe. Maybe not. For one thing, many part-timers sign up for state work simply because their families can't get affordable health insurance any other way. They may be single parents. Perhaps their spouse works for a small business that can't provide health insurance. Or perhaps the state employee has a health condition - such as a history of breast cancer - that would drive up the cost of private health insurance coverage.

Health care costs don't disappear. They merely shift somewhere else. Suppose a part-time employee drops her policy. Chances are her children can qualify for the State Children's Health Insurance Program. A family of four can earn as much as \$40,792 and still get S-CHIP coverage for the children. S-CHIP is part of the state's Medicaid program, and right now Idaho's Medicaid is running a \$24 million shortfall. Next year, the state will need another \$99 million to balance its Medicaid budget. Medicaid isn't available to most Idaho adults, however. So the part-timer who goes without health insurance will just hope for the best.

Included among this group will be the diabetic or asthmatic patient who elects to put off monitoring. They could go years - or months - before complications set in. A heart attack. Stroke. Kidney failure. Blindness. Where does that take them? Right into the local hospital emergency room, which is obligated under two federal laws to treat whoever comes through the door, regardless of ability to pay. Some of these costs filter into the bills borne by people who have health insurance.

Otherwise, it's picked up by the counties and the state, which are obligated to pay the medical bills of those deemed unable to pay. Property owners shelled out more than \$18 million in property taxes to pay for medically indigent claims. And the Catastrophic Fund, which gets its money from the state, is on track to spend about \$26 million this year and more than \$30 million next. Unemployment has driven its case loads up 25 percent - and medical inflation has added another 7 percent on top of that. Whatever else this new policy accomplishes, it will add to the burden of people who can afford health insurance and still have jobs. - M.T.