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The Idaho Statesman
Boise, Idaho
Wednesday March 15, 2017
by Bill Dentzer

Republicans surface new plan to expand primary care, cut costs

Draft legislation emerging in the Idaho House seeks to meet primary care shortages and cut costs across the state health care system.

Central to the proposal is the premise that health care is too expensive, driven in large part by shortages in primary-care services that make people delay care until their health worsens or go to the emergency room regardless of urgency.

The “Idaho Accountable Community Care Act” aims to change that dynamic while addressing the long-standing issue of how to provide care to low-income Idahoans. It would provide a state-funded solution that preserves Idaho’s options for seeking federal assistance under the existing or revised federal health care framework.

It builds on earlier proposals to provide $10 million from the state’s tobacco settlement funds to cover primary care and prescriptions for a segment of the low-income population caught in the health coverage gap. Some 78,000 Idahoans at or below the federal poverty level don’t qualify for Medicaid or for subsidized insurance on the state exchange.

Idaho lawmakers have resisted expanding Medicaid to cover the gap group, a key provision of the 2010 Affordable Care Act. Republican plans in Washington to replace the ACA call for phasing out Medicaid expansion over time and converting Medicaid payments to states to fixed block grants.

The Idaho proposal, fleshed out over the past month by a half-dozen Republican lawmakers, was presented to the House Republican majority caucus Monday and is expected to work its way through the Legislature this week. It could either be introduced in the House through the normal committee process or be used to rewrite an existing bill awaiting amendments in the Senate. Legislators are now briefing interested parties, including Gov. Butch Otter’s administration and health care providers.

And cost? The plans’ authors don’t specify, saying they hope to do the most with whatever money is available. But initial conversations start in the same $10 million range.

With the Legislature scheduled to adjourn next week, action — yea or nay — is expected quickly.

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STATE-FUNDED TO START

Though based initially on state funds, the proposal does not preclude seeking other funding sources, including federal money, and in fact authorizes state health officials to pursue potential federal waivers and funding, subject to legislative approval.

But the proposal seeks to go beyond the question of providing care for low-income residents, emphasizing in an outline document that Republican control in Washington has given Idaho "freedom to building the health care system that is best for Idahoans ... from the ground up."

"This is to try to improve primary care to everybody in Idaho," Rep. John Vander Woude, R-Nampa, the House majority caucus chair, said Monday. "It's not focused only on people in the gap. It's focused on people in Medicaid, and it's focused on our whole delivery system. ... Until we have a health care system that has reasonable costs to it, you can't solve the problem."

The main elements of the plan:

Managed care for low-income residents: Create a "coordinated care" program to serve Medicaid recipients and the gap group. The state would cover costs for the non-Medicaid group, with enrollment subject to available funding. Priority would be given to those with one or more health conditions such as asthma, diabetes, heart disease, hypertension or obesity.

The state would contract with organizations to provide care exclusively in each of up to seven state service areas, each overseen by its own governing board. Those organizations would assign care managers to work with individuals at moderate to high risk, helping them to develop personal health care improvement plans. Accountability measures would encourage members to make healthier choices and include penalties, such as premiums or co-pays, if members fail to take advantage of them.

Lower cost prescription drugs for participants would be procured through the federal 340B discounted drug program.

More doctors: "Substantially increase" the number of family residency slots in Idaho to address primary care scarcity. The proposal directs the state Department of Health and Welfare to identify regions with a shortage of primary care doctors, determine how many are needed, and find out how to get them. It would establish a state fund similar to an existing federal program to repay physicians' loans if they commit to staying in under-served areas.

Non-emergency care: Require hospitals to set up programs and procedures to redirect non-emergency patients to primary care providers instead of receiving expensive emergency room care.

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