Gap Debate: Is Health Care a Right or Privilege?

I can only imagine how it would feel to be among the 78,000 Idahoans who make too much income to be eligible for Medicaid, but not enough to qualify for coverage under the state’s health insurance exchange.

I’m fortunate enough to have insurance. But if I didn’t, I’d be paying around $500 for a box of five insulin needles and $130 for glucose test strips. Affordability would be a big issue. I’d be deciding between buying supplies that are crucial for diabetes management, or paying the rent. It would be like choosing whether to be eaten by alligators, or bitten by rattlesnakes.

Lucky me. I don’t have those grim choices. A box of insulin costs $45, and the test strips are free under my Medicare plan. I also don’t have to depend on politicians deciding my fate on health insurance.

So now, an interim committee is trying to accomplish what the full Legislature couldn’t during the last session – what to do about those 78,000 Idahoans falling into this health care gap. There’s no easy answer. Lawmakers rejected Gov. Butch Otter’s modest efforts to address the problem during the last session, and the idea of Medicaid expansion draws louder “boos” than a Ted Cruz speech.

The issue could boil down to how legislators feel about government’s obligation to health care coverage. Is it a right? Or is it a privilege?

“If I make $4,000 a year, and the yearly cost of a health insurance policy is $6,000, you can’t make it,” said Rep. John Rusche of Lewiston, the House Democratic floor leader. “So health care is a right for everybody but poor people, huh? That’s the way it is.”

He argues that Medicaid expansion is the most cost-effective way of dealing with the problem. “There’s more money that would come into the state than what goes out to the Idaho National Laboratory,” Rusche said. “But I don’t hear anyone say we should drop INL because it’s federal money. It’s only the poor people that Republicans want to stiff.”

Dr. John Livingston of Boise, a retired surgeon who recently was named a policy adviser for the Idaho Freedom Foundation, has a different view. He says that Medicaid expansion “doesn’t make sense for Idaho,” at least until health care costs can be contained. Rusche and Livingston agree on the cost issue, but part ways on Medicaid expansion. Livingston also sides with the GOP legislators who insist that health care coverage is not a right.

“Let’s say it is declared by the government that everybody has the right to a beach-front home. How is it determined who gets the beach-front home? Do people wait in long lines for their home? Is there a lottery, or does some government bureaucrat determine who gets a home?”
If health care coverage is declared a right, there would be a similar problem with the distribution and delivery of the product. “So the argument becomes economic … and the allocation of scarce resources.”

Livingston makes an interesting analogy. He’d also like to see a breakdown on the “gap” numbers. He favors coverage for people with chronic illnesses, but that number is closer to 25,000 than 78,000.

So what about the rest? Livingston suggests that non-profit organizations could help provide support for insurance products. “I am thinking of a confederation of non-profits to be involved in such a project. The LDS Church essentially has been doing this for years.”

In Rusche’s view, Medicaid expansion is the quicker route.

“Even if you don’t accept that providing health care coverage is a moral obligation, at least be rational about the financial consideration,” Rusche says. “Don’t cut your nose off to spite your face because it’s Obamacare.”

The interim committee will be sifting through some of these same arguments. We’ll see if the committee’s report has traction in the Legislature, or takes up shelf space. Some 78,000 people will be anxious to find out.