

# IMPulse

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**Post Register**

Idaho Falls, Idaho

**Saturday Oct. 28, 2017**

**by Kenneth Krell, M.D.**

Page 1 of 2

## **GUEST OPINION: Idaho health care proposal: An intro**

*An effort by retired DHW director Richard Armstrong meant to stabilize the individual insurance market could get some traction in 2018, writes Dr. Kenneth Krell.*

**Editor's note: This is the introductory column in a series of five guest op-eds by Dr. Kenneth Krell. Each will examine aspects of the upcoming Idaho Health Care Plan proposal, built in cooperation with Richard Armstrong, former director of the Dept. of Health and Welfare, current DHW leadership and the Idaho Dept. of Insurance.**

Richard Armstrong spent the last eleven years as Idaho's director of the Dept. of Health and Welfare. During his tenure he oversaw a significant expansion of services, providing comprehensiveness in care not achievable in the private sector, expansion of mental health services and care coordination that made the department a model of integrated services.

But he never saw resolution of the one problem that had impacted health care more than any other since the adoption of the Affordable Care Act-that Idaho had never expanded Medicaid, leaving up to 78,000 Idahoans without access to health care. Armstrong continued to attempt to remedy this situation, sometimes supporting less than adequate solutions just to try to get something done that would expand services to more of Idaho's population.

The ideological intransigence to full Medicaid expansion will be more evident in the upcoming legislative session, with the ascendancy of an even more right wing faction of the Republican party, demonstrated by the defeat of the two physician champions for Medicaid expansion, John Rusche and Dan Schmidt.

So it's ironic that while the upcoming legislature has tilted further right, and Armstrong recently retired as director of the Department, "Dick," as he is usually called, might-just might-have a plan that could simultaneously provide coverage to the majority of Idahoans in the gap, while alleviating some of the rising premiums on the individual market.

Called the Idaho Health Care Plan, and now championed by Armstrong as the Chair of Governor Butch Otter's Health Care Advisory Board, the plan was crafted by Armstrong and the Dept. of Insurance and staff of Health and Welfare. While Armstrong's modesty prevents him from taking credit, calling it a "team effort," certainly Armstrong was the amalgamating force behind the plan, and will now be the principal voice to sell it.

The plan is twofold.

The first portion is meant to stabilize the individual insurance market by offering (not requiring) that approximately 2,000 to 2,500 of the highest risk-and thus most expensive-patients on the exchange be moved off

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private insurance to Medicaid, potentially saving up to 20 to 25 percent in premiums for the less expensive patients left on the exchange in the individual market.

The second provision takes advantage of a little known loophole in the ACA that was surprisingly not overturned by the Supreme Court when it ruled that states had the option, not the requirement, to expand Medicaid.

As I move forward in exploring this “Idaho solution,” I preface the series by saying I have no conflict of interest in reviewing the plan except to be conflicted about a “solution” that is less than full Medicaid expansion and would still leave many Idaho citizens still without health care.

**In Tuesday’s column, Dr. Krell will break down the details of proposed changes to these provisions that may help lower the cost of health insurance in Idaho overall, as well as extend coverage to many in the Medicaid “gap.”**

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