

Group reviews health care landscape

REXBURG — Officials from Close the Gap presented information on Idaho's health care landscape at Brigham Young University-Idaho on Tuesday.

Close the Gap is a coalition of groups that support state action to provide health coverage to the roughly 78,000 Idahoans in the Medicaid Gap.

The keynote address was given by Brian Whitlock, president and CEO of the Idaho Hospital Association.

Elected officials attending the meeting included Senate Pro Tem Brent Hill, R-Rexburg; Sen. Tony Potts, R-Idaho Falls; Rep. Bryan Zollinger, R-Idaho Falls; Rep. Karey Hanks, R-Island Park; Sen. Mary Souza, R-Coeur d'Alene; and Rexburg Mayor Jerry Merrill. Staffers for Sen. Jim Risch, Sen. Mike Crapo and Rep. Mike Simpson also were in attendance, as were members of BYU-Idaho's social work program.

Whitlock said state health care policy had been clouded recently by uncertainty from the federal level, and after a series of failed health care packages proposed earlier this year, the picture remains murky. Congress still hasn't renewed funding for the Children's Health Insurance Program, which insures about 36,000 kids around the state, he noted, and those children could start losing coverage by the end of the year.

Higher costs in the individual market have been produced by President Donald Trump's decision to end cost-sharing reduction subsidies, he said, and proposals to allow new types of health plans that allow individuals with pre-existing conditions to be excluded threaten to undermine steps toward universal coverage. Proposed changes to the tax code are projected to produce \$1.5 trillion in new debt, and Congress may seek to offset that by cutting programs such as Medicare and Medicaid, he said.

Despite the ongoing uncertainty, Whitlock said, "there are still some things that need to be done."

The Affordable Care Act was designed under the assumption that all 50 states would expand Medicaid, but that provision was struck down by the U.S. Supreme Court. In states that didn't expand, this led to unexpected "gap" populations.

The ACA foresaw two main routes for coverage other than traditional employer-based coverage. The individual market would be dominated by state health care exchanges where insurers could compete for customers. The less money an individual made, the more of their premiums and out-of-pocket costs would be covered by federal subsidies. But those subsidies end at the federal poverty level, because it was assumed people poorer than that would be covered under expanded Medicaid.

But since Idaho and some other states have declined Medicaid expansion, individuals who make too much to qualify for Medicaid but not enough to qualify for premium subsidies don't have any options.

And Whitlock highlighted a proposal from the Department of Health and Welfare, and the Department of Insurance, which aims to provide some relief to those in the Medicaid gap. Called a "dual waiver," the policy

would involve obtaining permission for the state to break with two sections of the Affordable Care Act in order to design a system that would provide cheap, but not free, coverage to those in the gap.

One of the two proposed waivers would use exchanges and federal subsidies, rather than Medicaid expansion, to make purchasing insurance on Your Health Idaho more affordable for those in the gap. One, referred to as a 1332 waiver, would extend federal premium subsidies to those in the gap, allowing them to purchase plans on Your Health Idaho with the bulk of the cost covered by federal subsidies.

A typical family in the gap could obtain coverage for as little as \$10 per month, Whitlock said.

A second waiver, called an 1115, would allow a small group of patients with very high medical expenses to be placed on Medicaid. Those would include patients with conditions such as hemophilia, metastatic cancer, blood diseases, cystic fibrosis, several severe types of cancer, multiple sclerosis and bone marrow diseases.

Whitlock noted that 2 percent of patients who are extremely sick account for nearly half of all health care costs. Transferring high-cost patients to Medicaid would significantly reduce the claims paid out by insurance companies, driving down costs for the rest of the market. In design, the waiver resembles, but isn't identical to, a high-risk pool.

The talk also highlighted the role of Medicaid in providing coverage to children and those with disabilities.

Several members of the local disability advocacy community, including Kevin Swearingen of Goshen, Lana Gonzales of Idaho Falls and Shiloh Blackburn of Pocatello participated in a discussion on the importance of Medicaid for those with disabilities.

Swearingen said without Medicaid he could neither afford a wheelchair to get around nor the physical therapy he needs to prevent his muscles from seizing up.

"I would be crumpled up (without therapy)," he said. "I wouldn't be able to be here."

Gonzales said she has a daughter with autism who can't speak and has only been able to pursue written communication because of programs funded by Medicaid. Blackburn lives independently in Pocatello. She participates actively in self-advocacy for the disabled, including regular trips for meetings in Boise and to give talks. She said Medicaid is the only thing keeping her from being confined to a nursing facility.

Whitlock said despite setbacks in prior years, when Medicaid expansion was discussed among legislators but no action was taken, the renewed discussion of the state's health care system provides opportunities for progress. He said he believes outright Medicaid expansion is unlikely to move forward, but the dual waiver program could provide concrete benefit.

"We're optimistic," he said in an interview. "It's an opportunity for the Legislature to be compassionate."

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