

SENATE HEALTH & WELFARE COMMITTEE
Tuesday, February 2, 2016

ATTACHMENT 6

Chairman Heider, Committee members, My name is Dr. Ingrid Brudenell, I have worked as a nurse for 46 years and am an emeritus professor from Boise State University.

Over the last four years there have been many state wide efforts to educate, inform, and implement the Healthy Idaho Plan, or Medicaid expansion to cover the working poor. Now you have an opportunity to support SB 1205 and pass it to the full senate for consideration and a vote.

So many groups like the Idaho Medical Association, Nurses Association and American Cancer Society are in favor of expanding medicaid through the Healthy Idaho Plan. We have 78,000 Idahoans in the gap without health coverage which they need to survive. Let's pass this legislation and use the federal subsidies to offset costs and decrease the need for the CAT and indigent funds. Now more than ever we need **comprehensive health** coverage for all.

Why especially now? Several recent developments highlight how each of us is connected in the world. The first is emerging infectious diseases like Ebola, Dengue fever, Tuberculosis and Zika virus. Climate change is increasing risks in locations previously unknown to these conditions. We are vulnerable to exposure to infectious diseases. Ongoing access to assessment and treatment, is essential to reduce risks for all of us.

Second, environmental changes, heat, contamination from polluted rivers and aquifers, and water shortages create and aggravate chronic health conditions. We have thousands of abandoned mines which continue to expose the public to heavy metal and lead contamination. Many of our low wage earners are disproportionately exposed to unhealthy environmental conditions through employment and living locations. How will individuals be assessed and receive treatments without access to care and follow up? We will not even know about the environmental or infectious disease exposures without ongoing health monitoring.

Third, SB 1205 will send a strong message that we value and support not only health care providers but their education. Reimbursements

realistically tied to patient needs and using best practices to provide quality care at reasonable costs will encourage providers to work in our state.

Students considering health careers will be more inclined to study and work in the state if there are good paying job opportunities. The Healthy Idaho Plan will generate jobs and opportunities.

Fourth, our tax monies will be returned to our state to support the Healthy Idaho plan which will benefit not just the working poor but all of us and our communities. The Otter plan will cost the tax payers and continue to rely on the indigent and catastrophic funds from the counties to pay for medical care. If we implement the Healthy Idaho Plan these funds could be directed at other needed services.

In conclusion, I urge you to support SB1205 and pass the Healthy Idaho Plan and expand insurance coverage through Medicaid. If I can provide additional information or follow up please contact me. Thank you.

Dr. Ingrid Brudenell

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Boise, Id 83712

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February 2, 2016

Re: S 1205

Mr. Chairman, members of the Committee, I am Elinor Chehey, speaking for myself as a member of the United Methodist Women. I live in Boise at 617 N. Ross St.

I would like to tell you what the Social Principles of the United Methodist Church say about health care.

Health Care is a condition of physical, mental, social and spiritual well being. Creating the personal, environmental, and social conditions in which health can thrive is a joint responsibility—public and private. We encourage individuals to pursue a healthy lifestyle to achieve good health. Health care is a basic human right

Providing the care needed to maintain health, prevent disease, and restore health after injury or illness is a responsibility each person owes others and government owes to all, a responsibility government ignores at its peril. In Ezekiel 34:4a, God points out the failures of the leadership of Israel to care of the weak: “You have not strengthened the weak, you have not healed the sick, you have not bound up the injured.” As a result, all suffer. (Social Principles, ¶162V)

Extending Medicaid to those who fall through the cracks is an idea whose time is long overdue.

Please vote YES on S 1205.



CLOSE THE GAP

I D A H O

We appreciate that you took the time to be here today. Your support for Senate Bill 1205 and the implementation of the Healthy Idaho Plan will help gain coverage for the 78,000 Idahoans in the gap. We are thankful that Senator Heider and the Committee are allowing a hearing and accepting public testimony. Close the Gap looks forward to working with the legislature on a full, comprehensive solution to the coverage gap.

Senate Bill 1205 and the Healthy Idaho Plan: Key Messages

Theme	Messages
What is the Coverage Gap?	The “coverage gap” refers to the 78,000 Idahoans who lack any form of health insurance coverage. People in the gap don’t qualify for traditional Medicaid and earn too little to qualify for assistance on Idaho’s insurance exchange.
A Full Solution with Complete Coverage	Senate Bill 1205 would implement the Health Idaho Plan, a full solution created just for Idaho that provides the coverage gap population with comprehensive health coverage . <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><u>Comprehensive coverage includes:</u></p> <ul style="list-style-type: none"> ✓ Coordinated primary care ✓ Emergency room & hospital care ✓ Specialists ✓ Full prescription coverage ✓ Full diagnostics ✓ Full mental health care </div> <div style="width: 45%;"> <p><u>A full solution will:</u></p> <ul style="list-style-type: none"> ✓ Save state and county tax dollars ✓ Increase economic activity ✓ Reduce behavioral health crises & costs ✓ Reduce dependence on emergency rooms ✓ Create accountability ✓ Incentivize healthy behaviors </div> </div>
Save Lives and Promote Quality of Life	Idahoans living in the gap are needlessly suffering , often delaying health care until their situations become dire and costly. We want Idaho families to be able to go to the doctor and get the care they need without facing huge medical bills. The Healthy Idaho Plan would allow for full coverage; it will enhance quality of life and save lives. <div style="display: flex; justify-content: space-between;"> <ul style="list-style-type: none"> ✓ Prevent hundreds of deaths annually ✓ Alleviate stress, pain and suffering for thousands of families <ul style="list-style-type: none"> ✓ Focus on prevention & primary care ✓ Reduce the number of medical bankruptcies and debt </div>
Spend Our Tax Dollars Wisely and Save Local & State Dollars	The Healthy Idaho Plan spends our tax dollars wisely and creates a more efficient and cost-effective health system in Idaho. In addition, a full solution would increase the financial security of Idaho businesses and communities . <div style="display: flex; justify-content: space-between;"> <ul style="list-style-type: none"> ✓ Create 15,000 jobs ✓ Generate hundreds of millions of dollars in new economic activity ✓ Eliminate inefficient and costly state & county indigent programs ✓ Save state and local tax dollars <ul style="list-style-type: none"> ✓ Improve the health of the small business workforce ✓ Build a strong economy for future generations ✓ Support hard working Idaho families </div>
<p>Idaho Legislators Must Make Closing the Gap a <u>Top Priority!</u></p> <p>Let’s work together on a full, comprehensive solution to the gap.</p>	<ul style="list-style-type: none"> • Close the Gap supports Senate Bill 1205 and the implementation of the Healthy Idaho Plan. • We appreciate the time Governor Otter’s Workgroup put into developing the Healthy Idaho Plan and are grateful for SB1205’s public hearing. We look forward to working with the legislature on a full, comprehensive solution to the coverage gap. • The Healthy Idaho Plan, designed by and for Idaho, would provide comprehensive health coverage to the 78,000 Idahoans living in the gap while saving millions in state and local taxpayer dollars. • A full solution to the coverage gap would save hundreds of lives every year. • The Healthy Idaho Plan creates a more efficient and cost-effective health system in Idaho and spends our tax dollars wisely.

Good afternoon Senator Heider, and Committee Members.

My name is Karleen Davis. I live in Boise and I am here, representing myself.

First, I want to thank you for holding this hearing. I am grateful that you are focusing on this issue, and I hope that all parties will be able to come together to help our friends and neighbors who are suffering without access to adequate healthcare.

I am here today because I am a landlord and I care about the well-being of my neighbors and community. I rent at the lower end of the market and most of the people I rent to are in the coverage gap. They are honest, hard-working people – because, of course, I don't rent to people who are dishonest or unemployed.

For my renters in the coverage gap a medical misfortune can be a disaster. A trip to the emergency room after an accident on the basketball court, treatment for food poisoning after a bad sandwich, or a suspicious spot on a face that should be checked by a dermatologist for cancer -- any of these quickly leads to large medical bills, missed work, delayed rent payments, and worse.

This can be expensive for me, but, of course, it is worse for those in the gap.

A couple years ago, one of my renters, a mason, became ill and briefly hospitalized. He lost work, reducing his income and was unable to continue paying rent here in Boise. He chose to return to his family home in Twin Falls where there was little work, but he had a place to live. When he approached the county indigent program to get help repaying the hospital and doctor bills, both Ada County and Twin Falls County denied his application. He was not considered to be a resident of either county.

I honestly don't know what the final outcome was, but I do know that the struggle was stressful and hugely time-consuming. I continue to be stunned by the administrative hurdles and cost of those programs. They do not serve the patients or the medical providers adequately.

I think that Senate Bill 1205 and the Healthy Idaho Plan is a good solution to the Coverage Gap. It requires personal responsibility on the part of patients, while it will relieve the administrative burden associated with the county indigent programs and the Idaho CAT program. It will save us all money, reward hard work, and strengthen our communities.

I hope you will be able to vote "due pass" for Senate Bill 1205.

Thank you for your attention.

Karleen Davis
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Boise Forensic Psychiatry

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February 2, 2016

Senate Health and Welfare Committee
State of Idaho

Chairman Heider and Committee Members,

My name is Dr. Scott Eliason. I would like to thank Chairman Heider and the rest of the committee for holding this hearing on the healthy Idaho Plan. I work for Corizon which is a private company that contracts with the Idaho Department of Corrections to provide healthcare for the inmates in our state prisons. I supervise all the psychiatric services throughout the prison system. The prison system is full of people who are there because of un-treated mental health conditions. While this is tragic it is somewhat understandable because they may not have realized that it was their mental health problems that were leading to incarcerations. The true tragedy of the incarceration of those with mental health problems is that all too often, after they are expertly diagnosed and treated during their incarceration, upon release they cannot afford to continue with their treatment. Their mental health problems then return and they are sent back to prison. Most of the people I am talking about would have a very good prognosis if they were able to receive treatment in the community. What I mean by this is they would likely be able to become productive members of our community- working, raising their children, and helping others. Instead they are being untreated and sent back to prison to receive the treatment they need. It is my opinion that the Healthy Idaho Plan would greatly help in many ways, but specifically it would decrease the incarceration of the mentally ill. Thank You

Sincerely yours,

Scott Eliason, MD

Testimony: Matt Forge, CAO St. Mary's Hospital and Clinics, February 2, 2016

Hello, my name is Matt Forge and I am the Chief Administrative Officer of St. Mary's Hospital and Clinics based in Cottonwood, ID and serve the health of the people in Idaho, Lewis, and Clearwater Counties.

I would first like to thank Chairman Heider and the Health and Welfare Committee for hearing the bill S1205, Healthy Idaho Plan. I would also like to take a second to thank Senator Nuxoll for her longstanding commitment and service to the 8th district. This is an all important issue for the state of Idaho and it is encouraging to see that we are taking steps to consider the health and wellbeing of more than 78,000 Idahoans that fall within the health insurance coverage gap.

This bill is about people, and specifically, people that we know and love. The communities of the region served by St. Mary's and Clearwater Valley Hospital and Clinics are a lot like that of much of rural Idaho, made up of small, family based, traditional communities. It would be hard pressed in Cottonwood, to find someone who doesn't have a family member, or at the very least a friend or neighbor, that isn't affected by the lack of insurance coverage in our state/region. These people work on our farms, work in our forests, and most importantly, work hard to provide a living for themselves and their families. These people go to work, every day, risking an event that, are not at all uncommon, and could mean financial ruin and hardship, and most importantly, keep them from working and providing for their families.

This is not a hypothetical situation. This occurs regularly in Clearwater, Idaho, and Lewis Counties. A story that comes to mind, is with a local, well liked and respected, Cottonwood farm hand, who falls into the coverage gap, who had an accident involving a fall from a combine. This injury has left him with debt, due to the Emergency Room and follow-up visits, and significant pain that prevents him from retaking the work he loves. He does not come in for regular visits, as he cannot afford them, and does not pursue the surgery that would allow him to retake his position working on the farm, because he cannot afford it, or the three hour trip to the specialist just for a pre-visit. Instead, he works odd jobs, toughing it out and straining to make ends meet. This is not a person who wants a hand out, he wants to work to support his family. Without access to health insurance and care, that is not his reality.

I have many more stories like this including people with uncontrolled diabetes, logging accidents, high blood pressure, that are not accessing services because of the financial strain it will cause them and their families. The consistent theme is that these are people with values consistent with the state and region, including family, hard work, loyalty, pride, community.

Access to preventative and primary care services must be a priority for the state of Idaho and this legislature, for the people of Idaho and the service providers that care for them. The Healthy Idaho Plan will be a major step in taking us there. Governor Otter's plan is a step, but it is not enough to ensure that the people of Idaho will have the security of access to healthcare, to maintain their ability to work and care for themselves and their families. Please send bill S1205 to the Senate Floor, and please recommend that we pass these bills. The Health of the People of Idaho, and our labor force, is counting on it.

Thank you very much for your time and consideration on this very important issue.

Audrey Gatewood's Testimony

Support of SB1205

My name is Audrey Gatewood. I am a full-time student at Boise State University, a student affiliate of AAUW, and a full-time single mother of two. Me and my daughters live here in Boise.

Thank you Chairman Heider and the committee for giving us this opportunity and for your willingness to hear us today regarding the Healthy Idaho Plan. We are overwhelmed with appreciation for the opportunity to speak at this hearing today.

Being an advocate for Senate Bill 1205 comes from my current daily struggles. I never expected to be on Medicaid. I never expected to become injured to a point it was disabling. Everyday I am in fear of not having health care coverage because I might make just too much. I have chosen at times to reduce the hours I put in for my part-time income to avoid being kicked off of medicaid and potentially being left with having zero health care coverage.

The medications I need access to are anticonvulsants and could cause me severely negative effects if I were not able to get these medications. Without having health care coverage I would not be able to afford these medications. I have two daughters that rely on me to take care of them and I would not be able to efficiently provide or care for them without access to these medications.

Some days I do not know how I will afford things as simple as shelter, clothing, or normal daily goods such as soap. Having such a limited income and ability to purchase the basics for my family causes me stress but the stress of potentially ending up in the hospital with no health care coverage causes me intense apprehensions in making just too much.

Hearing all of this hard work being put into health care in Idaho has been tremendously inspiring to me and I cannot tell you enough how grateful I am and how grateful we all are for this opportunity to be here today. We will respect any decisions made but I implore this committee to support the Healthy Idaho Plan and close the coverage gap.

Close the Gap Idaho

Thank you Chairman Heider and members of the committee for holding this hearing. My name is Penelope Hansen and I am the Mental Health Coordinator for Boise Police Department. I'm here to discuss Close the Gap Idaho. I work daily with individuals experiencing mental health crises; these citizens include those that have a serious persistent mental health illness, individuals experiencing homelessness and Veterans & Service Members who do not have health coverage. Due to the lack of health insurance, the burden of care falls on the emergency system, including the police, EMTS/Paramedics, Emergency Rooms, State Hospitals and unfortunately, often jails. Many of our vulnerable citizens repeatedly end up in the back of ambulances and are transported to the Emergency Room or go to jail for minor crimes that are related to their mental health conditions; this situation has created a chronic cycle of utilizing emergency healthcare systems. I have seen citizens enter this turnstile never truly get treatment and experience poor outcomes and have even ended in their deaths. Our system is currently set up to treat these individuals in the most inefficient and expensive way possible unduly taxing the local counties indigent funds. If these citizens in our communities had access to preventive and primary care and mental health treatment, Idahoan's could save a great deal of resources and the individuals would have access to and could receive adequate care that would likely assist in ending the chronic cycle they are currently revolving through. In addition, the individuals would have a better quality of life and be able to contribute within our communities. I recently spoke to one of our outstanding officers at the Boise Police Department about the current healthcare system; he stated that "it is our duty to protect and serve, and in doing that we do not pick and choose who we protect and serve and that currently we need to do better for many of our citizens." Help us do better. I hope you will support the Healthy Idaho Plan (Senate Bill 1205) and Close the Gap. Thank you for your time and consideration. Have a good day.

2/2/2016

K. Hong Testimony Re: SB 1205

Chairman Heider and members of the committee,

My name is Kerry Hong. I serve as the Director of Community and Family Justice Services Division for the Idaho Supreme Court. I am here today upon invitation from Sen. Schmidt to speak to the potential impact of this proposed legislation on criminal justice populations, specifically to offenders participating in Idaho's problem solving courts.

The Judiciary is respectful of the policy domain of the Legislature and I take no position on the ultimate question of whether this bill is good policy, but the courts do have an interest in behavioral health issues as they pertain to reducing recidivism, protecting our communities and rehabilitating offenders.

Problem solving courts use a team based approach, led by a judge, to supervise and treat offenders in the community that have high risk to recidivate and have behavioral health issues. These courts provide an evidence based alternative to costly incarceration. There are 69 problem solving courts spread throughout Idaho's 7 judicial districts, serving approximately 2,500 offenders in FY2015.

Often, offenders come into PSC with primary health concerns in addition to addiction and mental health disorders. It is not uncommon to hear from offenders and their treatment providers that their use of illegal substances was connected to self-medication for chronic health conditions or unmanaged mental health disorders. These offenders frequently have poor employment history and limited financial resources. However, our PSC coordinators have reported that only about 9% of these offenders are currently eligible for services through Medicaid. We anticipate that Medicaid eligibility for adults up to 138% of federal poverty level would significantly increase this percentage and may help meet the needs of this population.

In addition to offenders in PSC, there are thousands of moderate and high risk to recidivate offenders on probation and parole that have behavioral health treatment needs that may be going unmet. The JRI Gap analysis submitted to the legislature this year by the Department of Correction and the Department of Health and Welfare estimates a gap nearly \$15 million to provide substance abuse and mental health treatment to all moderate and high risk to recidivate offenders who may need it. This estimate is for felons and doesn't measure the needs of the misdemeanants who are also being supervised in the community. Expanded eligibility to Medicaid may provide many these offenders with access to care and assist with their rehabilitation.

Thank you for the opportunity to provide this testimony. I now stand for any questions.

Mindy Hong, Executive Director
Pocatello Free Clinic

Phone: 208-233-6245

www.pocatellofreeclinic.com

Testimony to Senate Health and Welfare in support of S1205
February 2, 2016

At the Pocatello Free Clinic, we are proud of the work we do and the stories we get to help change. In 2015, the PFC provided our sick and in-need neighbors with 2,800 healthcare visits for 847 individuals. With the aid of many volunteers \$718,000 in services were delivered to low-income, uninsured individuals and families. Sixty percent of our patients make less than 100% of the federal poverty level and fall into Idaho's coverage gap. I want to tell you what it is like to work every day with the gap population in healthcare.

At my clinic we have worked hard to let our patients know about Idaho's very successful health exchange. In 2014, we had insurance agents meet with patients to provide education and options. A few patients were able to get on the exchange. Most were not. I want you to know how hard it is to explain to these individuals that they do not make enough money to qualify for help. The individuals who did not qualify were frustrated, tearful, and even angry. These individuals and families are confused when told that if they made a couple hundred or a couple thousand dollars more a year, they could get an affordable healthcare plan.

I also want you to know that every day, I, a co-worker, or a volunteer has to tell at least one patient that there is nothing we can do for them. Like community health centers or your own primary care office, we are a family or general practice clinic. As a primary care based clinic, we are limited by the types and severity of conditions we can treat. At present, we have many patients who need imaging, surgery, or specialty care which we do not have the capacity to provide. Because of liability issues we have to make difficult decisions to discharge some of our patients. The medical providers at our clinic go above and beyond but treating severe mental health issues, kidney failure, cancer, and similar conditions are outside the scope of what a family practice medical provider can do. We do have a few specialists who volunteer their services. However, their role is very limited because of the lack of resources available. For example, we have an orthopedic surgeon who

sees patients every month. Seeing our patients is extremely frustrating for him. Many have needed surgical intervention for years – mostly for hip or shoulder replacements or rotator cuff tears. We can do little for these patients but give injections and offer anti inflammatories.

Before I started working at the free clinic three years ago, I wanted to do public health in developing countries. I had no idea that the need for services was so great in my own community and that it would be at times like working in a third world country. I would like to share a few stories with you.

Ann discovered the free clinic one year ago. She had been in a car wreck two years earlier and had some lingering issues. One of which was a surgical pin protruding through her finger in two places. She had surgery right after her wreck but couldn't get back in to see anyone because she lost her job and insurance and fell into the coverage gap. Fortunately, one of our partners did some pro bono work and removed the pin. But Ann had suffered with pain and dysfunction for two years before she was able to get help.

Lisa is in her fifties and has thirteen grandchildren. Four of those have been under her care for the past few years because their mom, her daughter, was in a car wreck which caused a traumatic brain injury. Lisa lost her health insurance through divorce and her job through health issues. Her family has a history of major health problems. Lisa has had multiple heart attacks and now suffers from congestive heart failure, kidney disease and liver disease. Last year she developed clotting issues and thirty percent of her body turned a deep purple color because of bleeding. She was in the hospital for a week and now has a bill she will probably never pay off. I check in on Lisa every couple weeks and I am astonished every time I talk to her because she is still hanging on despite being told several times that she has six months to live. Lisa cannot get the specialty care she needs because she falls into Idaho's coverage gap.

We have many stories to tell. Stories with positive outcomes that make the work we do rewarding. But too often we have the other kind of stories. Patients who are told they have a lump but that we cannot provide diagnostic imaging or treatment. Patients who are told they have heart disease but there are no resources for them.

Saving lives and improving the quality of life are reasons we urge the Idaho Legislature to close the coverage gap. Economics is another motive. When families without insurance acquire high-cost medical bills, medical

bankruptcy may occur. Unpaid bills are ultimately paid for through taxes and higher healthcare costs for paying patients. Many of our patients bounce between our clinic, our community Health Center-Health West, and the hospital for their care. Many times they are in debt to these other organizations and are in collections and embarrassed.

The Healthy Idaho Plan is a solution that could save Idaho millions of dollars and prevent sickness and death. During this legislative session, we urge Idaho legislators to take action with a "do pass" recommendation for Senate Bill 1205 and give the coverage gap population the ultimate gift: relief.

Thank you for the opportunity to testify today.

My name is Po Huang. I have been practicing emergency medicine in Idaho for 16 years, both in the rural and urban setting.

I have specific interests in rural medicine and work force training.

As citizen legislators, you are given the difficult task of determining how to spend and invest state funds. In this case, how do we balance state and federal dollars to provide health care coverage for as many Idahoans as possible.

We are facing a physician shortages and the county and state indigent/catastrophic coverage program are costly.

The Healthy Idaho Plan can save state dollars by extending medical coverage that is currently being paid by state and county funds. The Healthy Idaho Plan benefits rural hospitals allowing them to keep the doors open, given their high population of working poor. Rural health care facilities provide not only access to care, but well paying jobs as well. Loss of these facilities would only serve to increase the rural – metro household income gap.

One of my best impression of Idaho was about a rancher, who broke his leg while working. He drove his beat up truck to the ED and hobbled in. This man was stoic, well tanned, and wrinkled from hard work. A man who is used to taking care of himself now needed care. The Healthy Idaho plan will insure that that good care is close to home and available.

I have many inspiring and tragic stories from the emergency department. Some of which are covered in my my written testimony about the health care struggles of the working poor. I hope you had a chance to read it.

For these and all the reasons you have heard and will hear today. Please support SB 1205.



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February 2, 2016

Idaho State Legislature
Senate Health and Welfare Committee
Hearing for SB1205 – Medicaid Expansion

Chairman Heider and Members of the Committee,

On behalf of the Idaho Primary Care Association and Idaho’s community health centers, we offer our full support for Senate Bill 1205. If passed this bill would expand Medicaid and implement the Healthy Idaho Plan, a path forward supported by Governor Otter’s Medicaid Redesign Workgroup.

Community health centers are leaders in providing high quality primary care for Idahoans—including those who are uninsured. Too many Idahoans lack access to healthcare coverage and they suffer unnecessarily.

In 2014, Idaho’s community health centers served 156,651 patients—nearly 1 in 10 Idahoans.

Primary care reduces disease through treatment and prevention, reduces the economic costs of poor health, and reduces the use of emergency and hospital visits. However, too often a patient’s health needs require care outside of the scope of primary healthcare. Though our community health centers do all they can, it’s just not enough for those patients whose needs go beyond what can be provided in a primary care setting.

In order to close the coverage gap, we must enact policies that provide access to comprehensive healthcare coverage for all Idahoans.

The Idaho Primary Care Association and Idaho's community health centers (listed below) support closing the healthcare gap through passage and implementation of Senate Bill 1205.

- Kaniksu Health Services
- Heritage Health
- Benewah Medical Center
- CHAS Health
- Adams County Health Center
- Valley Family Health Care
- Terry Reilly
- Family Medicine Residency of Idaho
- Glens Ferry Health Center
- Family Health Services
- Health West
- Shoshone-Bannock Community Health Center
- Community Family Clinic
- Grand Peaks Medical and Dental

Thank you for holding this public hearing. We appreciate the opportunity to have this important discussion.

Respectfully,



Yvonne Ketchum-Ward, CEO
Idaho Primary Care Association

Idaho Primary Care Association is the membership organization that represents Idaho's community health centers. Health centers provide high-quality, affordable primary and preventive healthcare, as well as dental and behavioral services in 47 communities.

Chairman and Committee members

My name is Kathryn McNary. I live in Caldwell. I am one of the 78,000 Idahoans that do not have health insurance. I do not work and am trying to get my disability. I do not qualify for Obama Care Credits because I do not work at least part time and since I am not considered disabled yet I do not qualify for Medicaid. My husband and I live on his disability and cannot pay 300+ dollars for medical coverage for me. He is covered because he is disabled. As it is now I am in debt over 15,000 dollars just in the past year for medical bills that I cannot afford to pay. I have to see the doctor every month to keep me from going off the deep end or winding up in the hospital. I pay 180 dollars out of pocket every month for the doctor and my meds. I ask you to please give a due pass on Senate Bill 1205 to close the gap that ~~is~~ will give me the health care I need and a right that everyone should have.
Thank you

February 2, 2016

Chairman Heider, and members of the committee. Thank you for providing this opportunity to testify regarding SB 1205 the Healthy Idaho Plan.

My name is Liz Merrill, I am a mother, and homemaker. I live at 3801 N. Tamarack Dr., in Boise. I am here because I care about the Healthy Idaho Plan.

This affects me personally because I teach part time at the College of Western Idaho. My students are adults whose first language is not English. They come from all over the world. In one class last fall, I had ten students who spoke 13 different languages. The people in my classes come from a variety of backgrounds and countries. They all had some schooling in the countries in which they lived previously. Most of the people who are my students work hard in low wage jobs, without benefits. Most of my students have children. Medicaid covers children's health care, but not the health care of the parents. When the people in my class get sick, and they don't have health insurance, they cannot afford to go to the doctor. Without proper health care, they are sick longer. When people are sick, they don't come to school. They fall behind. They get discouraged. It takes them longer to master English. It takes them longer to find a better job. If they are sick and can't go to work, they might lose their job and have to find another, starting over. If they are sick they are less available to care for and support their children. All of this makes it harder for the people who are my students to fulfill the opportunity they are offered by being Americans.

I am here today to ask to you support SB 1205, the Healthy Idaho Plan, because I believe making it possible for Idaho families to go to the doctor and get the care they need without facing huge medical bills, will alleviate pain and suffering for many of the people I teach and profoundly improve the quality of their lives.

I ask that the Senate Health and Welfare committee send Senate Bill 1205 to the Senate Floor with a "due pass" recommendation.

Thank you.

Testimony of Danielle Ryals

347 East North Street, Albion, ID 83311

To present to Senate Health and Welfare, Feb 2, 2016

Thank you Chairman Heider and members of this committee for allowing testimonials to be presented today. My name is Christa Rowland, and I will be reading a testimonial on behalf of Danielle Ryals, of Albion, Idaho, who was unable to be here today. Danielle recently got a part-time job and could not miss a day of work to drive to Boise. She is still in the gap and recently had her phone shut-down for several days.

My husband and I fall into the coverage gap, and we are concerned about our lack of access to affordable health insurance. While we appreciate the governor's recent initiatives regarding closing the healthcare gap, the Primary Care Access Plan is not enough. We need affordable access to full healthcare coverage.

My husband works on a nearby farm and I run the household, take care of my three young children, and recently got a part-time job—but it does not pay well. I used to work as a Certified Nursing Assistant but had to quit that job when a respiratory infection went untreated. My husband has high-blood pressure but we can't afford the medication for it. Last year, I fell down the stairs and broke a rib. If we saw a cardiologist, we would need to pay for a visit in full and we can't afford to visit a specialist and pay for food and clothes for our kids. More recently, my husband broke his finger and we can't afford to get that fixed either.

My family is not looking for a government hand-out. What I most want to convey to you today is that closing the coverage gap would be one of the most important things you could do to make my family, and other families like mine, healthier and more productive. Being in the gap makes it harder to work. By helping us access affordable healthcare coverage, we will be more productive and able to support our family without government assistance. We hope you will support Senate Bill 1205, thank you for your time and consideration.

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February 1, 2016

The Honorable Dan J. Schmidt
P.O. Box 83720
Boise, Idaho 83720-0081

RE: SB 1205 Healthy Idaho Plan

Dear Senator Schmidt,

NAMI Idaho supports SB 1205 and implementation of the Health Idaho Plan.

- 1. The Healthy Idaho Plan is one of the most important changes that the legislature could make this year to improve the mental health system in the state of Idaho.** 41,000 persons in Idaho have a serious and persistent mental illness that impairs their functioning in society. More than half of these are uninsured and have no access to care. Many of these have disabilities and chronic health conditions.
2. Under a new system, diseases could be diagnosed earlier with potential better outcomes. Persons living with mental illness currently die on the average of 25 years sooner due to chronic medical conditions. Mental health problems could be diagnosed and treated earlier before a full blown psychiatric crisis.
3. The Healthy Idaho Plan would provide for a federal funding match and relieve the burden on county indigent funds and state general funds for the Catastrophic Health care and mental health care cost now covered by the Division of Behavioral Health.

Finally, we ask that you support the Healthy Idaho Plan.

Sincerely,



Michael Sandvig, President
208 520-4210
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**IDAHO ACADEMY OF
FAMILY PHYSICIANS**
STRONG MEDICINE FOR IDAHO

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Thank you, Chairman Heider and members of the committee. I appreciate you holding this hearing today. My name is Neva Santos, I'm the executive director of the Idaho Academy of Family Physicians, the medical organization in Idaho that represents more than 750 family physicians, Family Medicine residents and medical students. I'm here because the family doctors in Idaho are concerned about the more than 78000 Idahoans who fall in the coverage gap. Family physicians treat more patients in Idaho than any other specialty and they provide primary care to all types of patients. Family doctors need the ability to provide their patients with the best quality of care at the lowest price possible. These patients are Idaho's working poor, the waitress that serves you coffee at your favorite restaurant; the construction worker who is building homes just down the road from your house; the mechanic that works on your car or the college student working to put themselves through school. If we continue to ignore these patients, they will become even more expensive to the tax payers in Idaho and cause a larger drain on our healthcare system. Physicians are required by law to provide the best care possible. Without the needed diagnostic and treatment tools, patients will not receive high quality care and this will put physicians in legal challenges. We can't ignore these citizens any longer; we must make sure they are able to receive comprehensive care just the same as you or me. I hope you will recommend a due pass for Senate Bill 1205 so the full Senate is able to discuss this issue. Thank you for your time.

Senate Health & Welfare Committee Hearing

Senate Bill 1204/1205

Corey Surber, Director, State Advocacy, Saint Alphonsus Health System & Trinity Health

- Chairman Heider and members of the Committee: My name is Corey Surber, and I serve as Director of State Advocacy for Saint Alphonsus Health System.
- Over the past 4 years I have had the privilege to serve as the facilitator for the Governor's Medicaid Redesign Workgroup and saw firsthand as a host of experts from across the state of Idaho, including a number of legislators, carefully reviewed multiple options to close Idaho's coverage gap. The workgroup reviewed numerous studies and innovative models developed by other states, before deciding what Idaho's unique plan should look like.
- Senate Bill 1205, the Healthy Idaho Plan, represents the culmination of work by the Governor's Workgroup, and it represents an alternative to Medicaid expansion as envisioned in the Affordable Care Act. It incorporates Idaho ideals: personal responsibility, a focus on wellness & prevention, eliminating wasteful public programs, reducing tax burden, and creating a business friendly environment.
- Saint Alphonsus supports the Healthy Idaho Plan for a number of reasons but I will focus on just a few of them today:
 - It provides meaningful, comprehensive coverage to the 78,000 Idahoans living in the gap. These are our friends and neighbors – construction workers, servers in restaurants and coffee shops, veterans, administrative assistants, farmers, janitorial staff, childcare workers.
 - It relieves Idahoans of the triple-taxation they currently face. Currently they pay federal taxes to cover the gap population, but because we have not accepted our share of the federal funds, we are donating our share to other states who are better off than we are. As charitable as Idahoans are, I think they would rather be helping their friends and neighbors here in the state. Because we have not accepted these available funds, we also pay county and state taxes to fund indigent programs that pay for episodic crisis care only and are not focused on managing/improving health.
 - Lastly, the Healthy Idaho Plan would help offset around \$600 M in payment cuts faced by Idaho hospitals – cuts that were intended to help pay for the coverage

expansion Idaho is not taking advantage of. Saint Alphonsus' Boise and Nampa facilities are facing \$194 M in these cuts. Keep in mind that Idaho has many small, rural hospitals which are especially vulnerable to harm from these cuts, and they serve as vital economic hubs for the communities they serve

- I will conclude by saying that Saint Alphonsus supports the Healthy Idaho Plan because it is the best way for us to achieve the Triple Aim. Better health, better care, and lower costs. It is about a solution developed right here in Idaho, by Idahoans, to help our fellow Idahoans.
- With that, Mr. Chairman, I am happy to stand for questions.



Closing Idaho's Coverage Gap: The Healthy Idaho Plan

The Coverage Gap: The intent through the Affordable Care Act was to cover most uninsured Americans by requiring states to expand their Medicaid programs to cover those below 133% of the federal poverty level (approximately minimum wage in Idaho), and offer affordability subsidies to those from 100-400% of federal poverty so they could purchase private insurance plans through Your Health Idaho (the Idaho health insurance exchange). Since the US Supreme Court decided that Medicaid Expansion should be optional for states, and Idaho decided not to expand Medicaid, Idaho continues to experience a coverage gap for those adults below poverty, who do not have access to subsidies to buy insurance, and do not qualify for Medicaid. These Idahoans often must resort to using emergency departments as their main source of care, a more costly option for several reasons: First, uninsured people often delay care or forego preventative care that they cannot afford meaning they are sicker when they come in. Second for eligible parties, that care is funded through the county & state indigent programs (funded by our property & state taxes) meaning that we pay the bill for those visits, all at an unmatched rate (vs. the Medicaid program that is funded by primarily Federal dollars along with state funds).

Who Falls in the Gap?

- 78,000 adults, primarily working Idahoans: 68% in households with at least one full-time worker; 16% in households with one or more part-time worker
 - Includes 11,000 food service workers, 11,000 construction workers, 7,000 fishing, farming & forestry workers, and 7,000 office/administrative workers
 - Also includes many Idahoans with serious mental illness and/or disabilities (many who are injured/disabled must wait 2 years to qualify for Medicare and in the meantime incur significant costs for their healthcare needs)
 - Idaho has the 2nd highest rate of uninsured veterans (approximately 3200 of these fall below poverty)

Reasons for Idaho to Accept the Healthy Idaho Plan:

- Achieve the triple aim: better health, better care, lower costs
- Use a unique solution developed in Idaho by Idaho citizens, as an alternative to traditional Medicaid expansion. The Healthy Idaho Plan would keep Idahoans from 100-133% of the Federal Poverty level in Idaho's very successful health insurance exchange (Your Health Idaho), while covering those truly in the coverage gap below the poverty line.
- End double taxation to Idaho taxpayers by eliminating wasteful and inefficient county and state indigent programs
- Save money: The Governor's Medicaid Expansion Workgroup studied various options, and the Healthy Idaho Plan has the lowest 10-year net cost to state and local government. By accepting

the federal funds that Idaho taxpayers pay into the system to cover uninsured adults, we eliminate duplication and wasteful programs. Without the Healthy Idaho Plan, Idaho will lose \$3.3 billion in federal Medicaid funds and \$1.5 billion for hospital reimbursement over the next decade

- Reduce cost shifting to the insured population from uncompensated care
- Bring Idaho's tax dollars back to the state to create positive economic impact, stimulating job creation and revenues that would not occur otherwise. If we reject the Healthy Idaho Plan, Idaho taxpayers will pay \$1.24 B to extend the program in other states, while receiving nothing in return.
- Protect Idaho employers from coverage penalties

The Healthy Idaho Plan Helps Kids and Families



The Healthy Idaho Plan—A Real Solution

One of the best ways to make sure Idaho children grow up in families that are healthy and financially stable is for their parents to be able to get medical care when they need it.

Too often today that isn't the case. Fortunately there's a solution: the Healthy Idaho Plan, proposed by a working group named by Governor Otter, would cover 78,000 adults who can't afford health insurance.

An estimated 63% of people in the coverage gap are parents or primary caregivers of children.ⁱ When moms and dads have their health care needs met they are better prepared both physically and mentally for the demands of parenting. And affordable medical care not only keeps families healthy, it also helps them avoid the financially devastating costs associated with serious health issues. Plus, parents with health insurance are more likely to make sure their kids are covered too – for example, through the Idaho children's insurance program.ⁱⁱ

The Healthy Idaho Plan addresses the critical needs of Idaho parents whose jobs don't offer the health insurance needed to maintain a healthy, safe, stable, and financially secure environment for their children.

Income Levels to Qualify for Tax Credit to Purchase Health Care

Household Size	100%
1	\$11,770.00
2	\$15,930.00
3	\$20,090.00
4	\$24,250.00
5	\$28,410.00
6	\$32,570.00
7	\$36,730.00
8	\$40,890.00
For additional person, add	\$4,160.00

Source: healthcare.gov

An estimated 63% of people in the coverage gap are parents or primary caregivers of children

These parents are in what's called the "coverage gap." As they struggle to make ends meet they find their incomes are just below the eligibility level for subsidies on the Idaho health insurance exchange and just above what qualifies for Idaho Medicaid.

The Healthy Idaho Plan—Important Benefits for Families

- **Dismantles the Medicaid Parent Penalty**
Today, working parents who struggle to make ends meet are penalized. A single, childless worker earning minimum wage qualifies for help to purchase insurance in Idaho's health insurance exchange. But if that worker is a parent and the sole earner for the family, the family doesn't receive any help. In this scenario, if that parent quits their job, he or she could receive Medicaid. Under the Healthy Idaho Plan, single parents no longer would have to choose between working and receiving health care through traditional Medicaid.

- **Promotes Health Insurance Coverage for Children**

Research shows that when parents have insurance, kids are more likely to have it too.ⁱ As of 2013, 8.9% of children in Idaho are uninsured, which is above the national average of 7.1%.ⁱⁱ That means over 38,000 Idaho children do not have the health care they need. Whether they have something treatable, such as strep throat, or a more complicated long-term or chronic illness, these kids are more likely to be enrolled in the Children's Health Insurance Program (CHIP) if their parents are insured.

- **Provides the Full Range of Care for all Households**

The Healthy Idaho Plan is the only solution to Idaho's health care issues that would provide comprehensive health care to those in the coverage Gap. Instead of families having to wait for emergency room care, they would be able to see a doctor regularly for preventive care. The Healthy Idaho Plan would provide access to care from specialists to treat chronic illnesses, cover emergency room visits, hospitalizations, access to lifesaving medication and the screening and diagnostic tools that will lead to early detection and treatment. That means healthier families.

Healthy Idaho is a public/private, or "hybrid" plan. Income eligibility would vary by family size. A family of four earning up to \$32,913 per year would get help purchasing private coverage. Families of four making less than \$24,250 a year could get coverage through care management provided by the Idaho Department of Healthy and Welfare.

And, Healthy Idaho includes provisions to encourage good health and personal responsibility, such as minimum co-pays and incentives for preventive care.



The Healthy Idaho Plan is Cost Effective for the State, Localities, and Families

- It brings our tax dollars home. Right now our taxes are funding health care in other states. There would be no additional tax on families.
- It saves state and local governments money by eliminating the need for our antiquated and expensive state and county indigent care funds.
- It will spur economic growth. Families will have more money in their pockets to spend at local businesses.

Thousands of our friends and neighbors who can't get health insurance today would be covered – making our state stronger and Idahoans healthier.

Notes:

- i. Idaho Department of Health and Welfare, Self-Reliance Data, 2015. Approximately 51,808 Idahoans are in the coverage gap according to IDHW. IDHW's estimate is a count of all the people who: 1) applied for and were denied Health Coverage Assistance because their income fell below 100% of the federal poverty threshold and/ or 2) receive Supplemental Nutrition Assistance Program benefits and do not qualify for Health Coverage Assistance. This is a subset of the statewide estimate of approximately 78,000 Idahoans in the coverage gap, the rest of whom do not receive public benefits have never applied for them through DHW. People in this group are considered parents or caregivers if they have at least one child living in the home.
- ii. Alker, Joan and Chester, Alice, Georgetown University Health Policy Institute, Center for Children and Families, "Children's Coverage at a Crossroads: Progress Slows," November 2014.

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