

Testimony to the Senate Health & Welfare Committee on SB 1142

Lauren Necochea, Director of Idaho Voices for Children

March 9, 2017

Good Afternoon, Chairman Heider, and members of the Committee. I am Lauren Necochea, director of Idaho Voices for Children.

Thank you for working toward a solution for our fellow Idahoans -- Idahoans who are working to climb the economic ladder, but get knocked down by illnesses and hospitalizations that could be manageable with comprehensive coverage. Families facing a dreadful medical emergency worry simultaneously about the potential financial ruin.

I am particularly grateful to the bill's sponsors, whom I admire and respect, for rolling up their sleeves to solve an important problem. Healthcare was one of Idahoans' top priorities in a recent Boise State opinion survey. Thank you for making it your priority.

I stand before you as a voice for children and families and in Idaho. Therefore, it is my job to say that this legislation does not go far enough. Until we leverage the dollars available for Idaho to expand coverage, we can't solve a major problem in our state's health care system.

It feels like we've been sitting at a train station and for four years, the train has pulled up to the station and Idaho has let it go by. While families are facing the grave consequences of these delays, there's been another problem with waiting. The trains coming in the future may not take us as far as we'd like to go. They may be less cost-effective for our state. That makes all the more urgent to act today.

We can't say for certain what the next wave of national healthcare reform will look like. But there is a consistent theme in the debate that Congress is having: a strong preference given to states that have expanded Medicaid.

The bill released this week by the House GOP demonstrates this preference, as it keeps the expansion's enhanced match in place through 2019. It is also clear this is the floor for how the Medicaid expansion will be treated. A number of Republican senators have expressed that the House bill doesn't do enough for expansion states, and they hope to make improvements if it is passed out of the House.

Our wait-and-see approach put us in a low-priority position in the first serious proposal to reform the Affordable Care Act. To continue to wait-and-see is the riskiest approach today, from both a fiscal standpoint and when you think about the lives of Idahoans that are on the line.

If we get on the train today, we can always get off the farther down the line. We can opt out or back-track if the math doesn't work out. Expanding coverage today will allow us to

experiment with managed care and value-based purchasing to maximize health outcomes for our dollar.

I urge you to consider how we can amend this bill to best protect Idaho's healthcare future during this session. It's time for Idaho to get on the train. It might be the last one.

Good afternoon Mr. Chairman and members of the committee. My name is Kelli Brassfield and I represent the Idaho Association of Counties. ^{Thank you} As you all know, our counties have a large role in the healthcare of those who fall under 138% of the federal poverty level. We see all types of individuals from those who have to have their gall bladders out (but are otherwise healthy) to those who have chronic issues and everything in-between.

The Idaho Association of Counties took a position in September to support a complete, Idaho Based Solution, that provides essential healthcare coverage to the 78,000 Idahoans living in the insurance coverage gap by leveraging federal and state dollars, managing care, controlling costs, and eliminating inefficient public programs.

Our association understands the complexities around providing healthcare to the citizens in our state. We believe this bill is a ^{good} first step to providing healthcare to our citizens; however, we know there is still a lot of work to be done to come to the more comprehensive care we are looking for. ^{I am} ~~We are~~ not here today to neither support nor oppose this bill but would like to offer our continued support in this effort to find an Idaho Based Solution. I would like to thank all of those who have worked very hard on the proposals that have been brought forward and I look forward to continuing to work with them.

Thank you Mr. Chairman and I would stand for any questions.



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To: Sen. Patti Ann Lodge, Chairman
Sen. Abby Lee, Vice Chairmen
Members of the Senate, Judiciary & Rules Committee

From: Sylvia Chariton, President
AAUW Boise Area Branch

Re: Testimony Against SB 1142 – Not a Good Alternative to Closing the Gap

Chairman ^{*Patti*} ~~Lodge~~ and Committee Members,

My name is Sylvia Chariton and I am submitting testimony against SB 1142 on behalf of the American Association of University Women (AAUW) of Idaho. I currently serve as president of the AAUW Boise Area Branch.

AAUW believes that SB1142 will not solve the coverage gap crisis. While the window of opportunity is still available, Idaho needs a bill that provides the gap population with comprehensive coverage. Since AAUW largely represents women, this brief testimony will be mainly female specific.

According to recent Idaho statistics, females are 55 percent of the Medicaid Gap population. Because women are more likely than men to be covered as dependents, a woman is at a greater risk of losing her insurance if she becomes widowed or divorced, if her spouse loses his job, or her spouse's employer drops family coverage or increases premiums and out-of-pocket costs to unaffordable levels.

Based on a recent Kaiser Study, the gap in private sector and publicly funded programs left 18% of Idaho women uninsured. Many Idaho low income women, many of whom labor daily as low wage workers have been the needless victims of bad healthcare policy and shortsighted decisions. Living in fear of medical catastrophes or untreated conditions, these women live lives of quiet desperation.



Although this legislation may attempt to provide eligible participants with regular preventive primary care and care management for chronic conditions; what happens when an accident occurs or an asymptomatic condition erupts into a major medical event?

According to Kaiser, these marginalized women are two to three times as likely to forgo medical services due to cost. When these disenfranchised folks end up in our Emergency Departments, Idahoans already pay for their bills either through cost shifting at the hospitals or through their county's Catastrophic Fund using our tax payer dollars. These unfortunate circumstances create an unquantifiable risk factor that hurts everyone. Although well-intentioned, the limitations of this proposed legislation creates another short-sighted decision.

Finally and unfortunately, Idaho has developed in indifference to rural poverty. Some Idaho communities have fallen so far through the cracks that it feels like the rest of the state has left them behind. Decades go by, yet in some of these poor rural communities, it is like time has stood still. The inequity in rural vs urban life in Idaho is most pronounced in the health care delivery system. Many of the rural and critical access hospitals can barely keep their doors open. Please close the Gap in 2017 before it's too late, keep the doors open in these remote facilities and give our rural communities a life line to modern medicine and better lives.



IDAHO INTERFAITH ROUNDTABLE AGAINST HUNGER

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In too many Idaho households, medical expenses compete with food for scarce family dollars. The Idaho Interfaith Roundtable Against Hunger (IIRAH) has a strong interest, therefore, in the success of efforts to address the medical insurance coverage gap.

We appreciate the intention of Senate Bill 1142, to subsidize basic and preventive health care to a limited number of citizens with very low incomes. It has good features, and it is a good place to start.

However, primary care does not substitute for health insurance, nor would this bill guarantee even primary care to all comers who may be eligible. We know you understand that the plight of the uninsured is not adequately addressed by this proposal. Your committee today will have to determine whether S 1142 would be the best use of the available funds, in the light of that reality.

IIRAH continues to call for a comprehensive Idaho solution of medical insurance that does not ask citizens to join a waiting list for primary care and does not throw them back on their own resources when they face a major emergency.

Thank you.

A handwritten signature in cursive script that reads "Darcy James".

Darcy James, Chair, and the IIRAH Board of Conveners