

Att. 10

**Margaret Major**

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**From:** Chris Heatherton <chrisheatherton@gmail.com>  
**Sent:** Wednesday, March 27, 2019 11:23 AM  
**To:** Margaret Major  
**Subject:** Public testimony, March 27 send it health and welfare

Good afternoon,

I am a physician here in Idaho and I see people being brought to the edge of bankruptcy Daily.  
Please do not move it further with HP 277 and instead take a longer look at SB 1204.

Sincerely

Dr. Christopher Heatherton

Sent from my iPhone

## Margaret Major

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**From:** Robert Solomon <rsruok@gmail.com>  
**Sent:** Wednesday, March 27, 2019 11:37 AM  
**To:** Margaret Major  
**Subject:** Be fiscally conservative please

Please implement the will of the voters with few if any restrictions. Collect data on how many deadbeats there really are and only then determine the value and cost of sideboards. The people are counting on you implementing in the most responsible and fiscal conservative way.

## Margaret Major

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**From:** Gordon Brown <barlazybranch@gmail.com>  
**Sent:** Wednesday, March 27, 2019 11:53 AM  
**To:** Margaret Major  
**Subject:** Public Testimony, Mar 27th Senate Health and Welfare Hearing

Honorable Members of the Health and Welfare Committee,

I am opposed to HB 277 for humanitarian and fiscal reasons as well as the positive examples set by those states that have expanded medicaid. As Christians, I encourage you demonstrate compassion, love and empathy to those Idahoans who are less fortunate than yourselves. Fiscally, it would cost more to be monitor the few recipients' ineligibility than it would save. Those states that have expanded medicaid have not found that the number of people abusing the program justify its elimination nor have those European nations that have implemented similar programs.

On behalf of the majority of Idahoans who support the expansion of medicaid, in the name of humanity and democracy we would appreciate your full support.

Gordon Brown  
PO Box 379  
Driggs, ID 83442

## Margaret Major

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**From:** judy schmidt <sjudy11@yahoo.com>  
**Sent:** Wednesday, March 27, 2019 12:41 PM  
**To:** Margaret Major  
**Subject:** Public Testimony, March 27th Senate Health and Welfare Hearing

I am testifying today against HB277 and calling on the Senate to reject it. HB277 raises significantly and unnecessarily the cost of the program, it is incompatible with the intent of the law, and it is likely to be struck down in the courts.

The costs of this bill and its proposed sideboards have been well-researched and well-documented. That research tells us that the House's attempts to cut costs by discouraging enrollment in Medicaid expansion make the program more expensive and less effective with respect to the goal of providing affordable health care to those for whom health care is simply unaffordable by traditional means.

I did not vote for barriers to health care; I voted for health care. The Senate has offered a bill (SB1204) more compatible with the intent of the initiative proposed by the people and made into law. The legislature amended the Idaho Constitution to make sure the rules of the executive agencies reflected the intent of the laws they passed. Can you, in all good conscience, pass a bill that doesn't extend the voters the same right?

The issue isn't whether the voters would have agreed to work requirements or not. The issue is whether those work requirements are undermining the intent of the law, which is to expand Medicaid services to those making up to 133/138% of the federal poverty level. It does, by raising the cost of funding the law and by adding obstacles that serve as impediments to participation.

Thank you for your attention and consideration.

Respectfully submitted,

Judy Schmidt  
215 Pevero Drive  
Idaho Falls, Idaho

## Margaret Major

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**From:** Claudia Pine <claudia.hemphill.pine@gmail.com>  
**Sent:** Wednesday, March 27, 2019 12:42 PM  
**To:** Margaret Major  
**Subject:** Public Testimony, March 27th Senate Health and Welfare hearing.

To the Senate Health & Welfare Committee:

Thank you for this opportunity to comment on HB277.

I oppose HB277 on many grounds.

First, as our excellent new eastern Idaho representative, Britt Raybould, has pointed out in her own opposition, this bill would keep thousands in the gap, so the burden of uncompensated care would stay the same, or even get worse. Instead of helping our rural county hospitals and clinics thrive, it would push them closer to failure.

Second, the new assessment by IFPC of the sum total of the costs for what the bill aims at show a huge unneeded cost to the state and the taxpayers. Paying far, far more in order to do less is not part of my Idaho values, nor should it be yours.

Third, Governor Little said last week very plainly that he will not sign a bill that "over-complicates implementation," that adds unnecessary new costs, and that leaves large numbers still in the gap. HB 277 fails on each of those tests.

Finally, you already have a bill in your own chamber, out of your own committee, that does satisfy the state's, the governor's, and the voters' needs: SB 1204.

Please oppose HB277. Take up the better bill, SB1204, instead.

Thank you,  
Claudia Pine  
282 E. 13th St.  
Idaho Falls ID 83404

## Margaret Major

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**From:** Andrea Christopher <andreachristopher@yahoo.com>  
**Sent:** Wednesday, March 27, 2019 12:50 PM  
**To:** Margaret Major  
**Subject:** Testimony for March 27 on HB 277

Hello,

Please see below for my testimony regarding HB 277 as I am unable to attend today to testify in person.

Thank you,  
Andrea S. Christopher, MD, MPH, FACP

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### Testimony on HB 277

Prepared by Dr. Andrea Christopher

Chairman Martin and Members of the Committee:

My name is Andrea Christopher and I am a primary care physician living and practicing in Boise. I am representing Idaho Doctors and Nurses for Healthcare, an ad hoc committee of nearly 350 healthcare professionals in Idaho who organized in support of Medicaid expansion.

I want to thank all of you legislators for your hard work to identify an Idaho based solution to our coverage gap.

But I am here today to voice opposition to HB 277.

The research is clear that having access to Medicaid improves mental health, improves survival from chronic disease and eliminates financial catastrophe. Medicaid itself also increases the likelihood that people gain employment. But research from other states shows that adding work requirements to Medicaid eligibility adds cost and grows our government; not to mention other states are also dealing with costly legal battles.

I know my fellow Idahoans today are sharing testimony about how the provisions in this bill – most notably the work reporting requirements - will effectively create a secondary coverage gap that undermines the purpose of expanding Medicaid. I also want to explain why the administrative burden will negatively the provision of healthcare. Even though this bill attempts to exempt portions of the population from a work reporting requirement – the process of applying for exemption is a barrier to care. For my patients with mental illness, it is a barrier to navigate getting an exemption. Similarly, caregivers will have to prove the people they care for are sick enough to need support and workers with fluctuating hours will have to report these hours to maintain coverage. Additionally, it is a waste of physician time to add busy work to fill out paperwork to determine eligibility for healthcare coverage rather than focusing on the care of sick patients.

Jane M. Rohling  
582 Palmetto Drive  
Eagle, ID 83616  
March 15, 2019

Idaho Senate Health and Welfare Committee  
[shel@senate.idaho.gov](mailto:shel@senate.idaho.gov)  
Testimony on HB 277

I am opposed to HB 277 on the grounds that it implementing the mandatory work requirement of this bill for citizens in the Medicaid gap would cost the state more than it would save while depriving many people of much needed access to health care. The administrative costs alone for this work program have been estimated to be \$30 million. We know that most of the people who have been in the Medicaid gap, those who the Medicaid Expansion measure that was passed by 61% of Idaho voters, are ALREADY WORKING, but they aren't earning enough to be able to afford health insurance. The other people who this bill would attempt to force to work are, in many cases, unable to work for a variety of reasons.

This bill is just one of several bills the Legislature has been determined to pass this Session in spite of overwhelming opposition from the citizens. It is indicative of the fact that many of our Legislators think the people who they were elected to represent are not intelligent enough for their voices to be heard and respected. I hope Idahoans recognize this arrogance for what it is and vote those who have forgotten that they are servants of the people out of office in 2020.

Today, you have the opportunity to show that you actually DO respect the will of the people, that you DO hear our voices, and that you CARE about the Health and Welfare of Idahoans who your committee is tasked with protecting. PLEASE VOTE NO ON HB 277!

Jane M. Rohling

## Margaret Major

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**From:** Lori Burelle <lori4idaho@gmail.com>  
**Sent:** Wednesday, March 27, 2019 1:07 PM  
**To:** Margaret Major  
**Subject:** Written Testimony on HB277

For the record, and for distribution.

Lori Burelle  
On Behalf of SW ID NOW  
658 N Driscoll Lane  
Boise ID 83702  
208-859-5464

Good afternoon, Chairman Martin, members of the committee. My name is Lori Burelle, and I am here today representing the Southwest Idaho Chapter of the National Organization for Women in opposition to House Bill 277.

Others have spoken eloquently about the high costs, burdensome paperwork, and crippling bureaucracy inherent in HB277, so I'd like to concentrate today on the part of this bill that angers me the most, and that is the provision that calls out family planning services specifically for special referral requirements. I have insurance and a primary care provider. I also have a gynecologist. My primary care physician can certainly do family planning services, but that isn't his specialty. He may not be as up to date on all the methods of birth control that are available, and he certainly is not as familiar as a specialist on every symptom of cancer and other reproductive disease.

In my case, if I did not have a gynecologist I might be dead today. In 2014, my periods began to get very heavy, and by early 2015 they were no longer stopping. Blood loss made me anemic. My family doctor prescribed iron tablets and birth control pills. But the problem got worse, so I went to my gynecologist, and he had me in surgery a week later. I had uterine cancer. It was caught early and remedied by a hysterectomy. I have been cancer free for nearly 4 years now. My ability to go see a specialist saved my life.

Even for normal reproductive health checkups, I think male legislators who aren't doctors fail to understand the need women have to trust the provider who is going to stick a speculum in their vagina to perform the yearly cancer screening that usually accompanies family planning services. And male legislators who are not doctors might not understand the importance of continuity of care when it comes to reproductive health. So if a woman has been seeing specialist at a clinic that offers a sliding pay scale, that woman should be able to continue to go where she is comfortable and where she is going to receive continuity of care.

In summary, like all the bills that have come before it, this bill builds an unnecessary and expensive bureaucracy when people just need health care. Healthy people work, healthy people contribute, and they need to be spending their time building their careers, and with their families. They do not need to be spending all their time fighting for access to their sexual health provider and in filling out endless paperwork. Health care is the only incentive people need, and Prop 2 provides that care. Just pass Senator Martin's reasonable compromise senate bill 1204 in its current, unamended form, and let's go home.

thank you,

Lori Burelle  
Legislative Chair  
SW ID NOW

## Margaret Major

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**From:** John & Martha Tanner <pust@datawav.net>  
**Sent:** Wednesday, March 27, 2019 9:20 PM  
**To:** Margaret Major  
**Subject:** SB 1204 versus HB 0277

Honorable Senators,

NAMI Idaho strongly supports the initial draft of Senate bill 1204 as opposed to House bill 277 for implementing Medicaid expansion. We find the following features of S 1204 particularly beneficial:

- 1) Lack of work requirements. In contrast, a complicated bureaucracy of monthly work reporting requirements for HB 0277 would probably result in purging of many actually working individuals. There is danger of a similar unjustified purging because of a necessity to repeatedly justify exclusion from work requirements.
- 2) SB 1204 includes in Medicaid those with incomes within the 100% to 133% FPL range. HB0277 requires them to remain on the Idaho Health Care Exchange. Two likely consequences of that are that 1) Idaho will get only a 70% federal match for those under 100% of FPL and 2) there will be no tax credit allowed for a spouse if her partner has affordable employer health insurance only for himself.
- 3) SB 1204 maintains the 90 day retroactive Medicaid eligibility. In some cases it would take much longer than the 30 days allowed by HB 0277 to get Medicaid eligibility after initial application
- 4) SB 1204 has no capitation of costs for care of individuals in high risk groups as proposed in HB 0277.

John Tanner, policy chair  
NAMI Idaho

## Margaret Major

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**From:** Jane McKeivitt <jcmckeivitt@gmail.com>  
**Sent:** Thursday, March 28, 2019 9:54 AM  
**To:** Margaret Major  
**Subject:** Re: Public Testimony, March 27th, Senate Health and Welfare Hearing

Jane McKeivitt  
1502 E. Shaw Mt. Rd.  
Boise, Idaho 83712

Members of the Senate :

Chairman Wood and members of the committee, My name is Jane McKeivitt. I was a petition gather for Medicaid expansion. I knocked on doors to inform and encourage voter support. Today I come to speak on the benefits of a clean implementation of Medicaid Expansion. Voters clearly went to the polls and voted for this referendum. This campaign was an inspiring phenomenon in our time of partisan politics. The campaign for Medicaid Expansion was without a doubt a bipartisan rallying cry for its support. Your constituents voted for a clean implementation of Medicaid Expansion with as much conviction as they voted you into office.

I am concerned with the sideboards that Representative Vander Woude has presented to this committee. Idahoans voted for family, friends, and neighbors to have healthcare coverage, not be subjected to restrictive reporting requirements. These requirements are indicative of heavy handed government requiring more red tape - resulting in a cumbersome process for application- making it harder for applicants to apply for aid. It will add more cost for taxpayers. This proposal will sabotage Medicaid Expansion. Please, I ask that you return this bill back to the sponsor, and reject any sideboard that takes away care at the expense of Idaho taxpayers. Please give Idahoans in the "gap" the support they need so that they can become productive contributing citizens in our communities!

Thank you,  
Jane McKeivitt

## Margaret Major

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**From:** Sarah Cox <sarahredbird@yahoo.com>  
**Sent:** Tuesday, March 26, 2019 6:31 PM  
**To:** Margaret Major  
**Subject:** Public Testimony, March 27th Senate Health and Welfare hearing.

I have been a nurse and nurse practitioner and health care administrator for nearly 40 years, and I am opposed to HB 277 which seeks to add unnecessary expense to the expansion of Medicaid and deny healthcare to Idaho's working poor. Here's why:

1) This bill pretends to protect the financial coffers of Idaho by limiting Medicaid expansion and forcing the working poor to go without insurance or purchase insurance they cannot afford. What this really means for Idaho is that thousands of Idahoans will not have health insurance. But that does not mean they won't get healthcare - no, it just means they will get their healthcare in the most expensive way: when they are very, very sick and go to the emergency room. And who pays for this? We do. The law says healthcare providers MUST provide care to anyone who comes to the emergency room, and those costs are passed on to the counties of Idaho and then on to the taxpayers. Healthcare providers cannot and should not refuse to care for a poor woman with diabetes and gangrene in her feet who comes to the emergency room, but it would have been cheaper for everyone if we could have helped her avoid gangrene or even diabetes in the first place.

2) This bill pretends to care for Idahoans by giving them pride in having a job and buying their healthcare. But the reality is that nearly all the Idahoans in the the Medicaid gap ALREADY WORK. Of the nearly 80,000 Idahoans in the gap, nearly 67,000 are working. They just make so little money, they can't afford insurance. The remaining 13,000 includes people too sick to work, mothers caring for children at home, people caring for frail elders, and the mentally ill. With Idaho's current low unemployment rate, this is not a group that will easily or profitably find work.

3) This bill pretends to be fiscally responsible, but will add millions of dollars of administrative costs.

4) This bill is bad for Idaho and bad for Idahoans.

Sarah Cox  
(208) 577-1638  
8291 West Clubhouse Lane  
Garden City 83714

Sent from my iPhone

## Margaret Major

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**From:** John Kriz <johnkriz44@gmail.com>  
**Sent:** Tuesday, March 26, 2019 7:27 PM  
**To:** Margaret Major  
**Subject:** March 27 public meeting on Medicaid bill

As a 40 year practicing Dentist in Idaho, I am against any work requirements for recipients. I have treated hundreds of needy folks over the years. No one ever needed to work as they were already working just to barely get along. Show me your personal examples and statistics. I am in the trenches and would invite folks to spend a day in the trenches to see these wonder Idahoans. Please vote no.

Sincerely. John Kriz DDS

Sent from my iPad

## Margaret Major

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**From:** Josef Bartels MD <josef.bartels@FMRIdaho.org>  
**Sent:** Tuesday, March 26, 2019 10:48 PM  
**To:** Margaret Major  
**Cc:** Senator Fred S. Martin  
**Subject:** HB 277 opposition from Nampa

Chairman Martin and respected committee members,

As a doctor who just signed a contract to work in District 12 (yes I already emailed Senator Lakey), I wanted to share a few thoughts regarding linking work to healthcare.

1. Linking work with healthcare was the largest healthcare mistakes we ever made in this country, most of our private insurance structure is built on this, and the individual market is merely an afterthought that as we discussed previously has no cost controls. Why would we repeat this mistake willingly by linking Medicaid to work? It inhibits the free market by not allowing workers to quit their jobs to start businesses, or go back for education, or start a family, etc.

2. Health must precede work. Poverty is like gravity, it pulls folks down and prevents adequate achievement in education and health. Getting and keeping a job without a foundation of education and health is unlikely. In fact once you have your health and your education, few would call you poor even if temporarily unemployed. I see this over and over with my patients, once their health (especially mental health) is addressed, folks want nothing more than to go back to work. Do you know anyone who is healthy and educated who doesn't want to work? (and yes raising a family is a form of work).

3. It costs our state more money to require my sick patients to prove that they can't work. That's a waste of everyone's time and money. None of my patients are lazy, I promise. They would love to work, and the work programs in SB1204 would help with that. 7 Million to administer plus 30 million in lost federal money, what happened to fiscal responsibility?

4. Doctors don't take Medicaid? Maybe a few plastic surgeons/dermatologists here and there. All of my hospitalist colleagues would much prefer Medicaid rates over charity care, please remember that refusal of care is largely myth when it's brought up in discussion tomorrow. In all states that already expanded Medicaid, doctors refusing to take it has not been an issue.

5. The senate is supposed to be the more reasonable level-headed chamber. You'll have to explain to me why senators would be motivated to vote for HB 277 other than if they think it would give a primary challenger some ammunition? Oh also it would help to end the session on time, but I trust you all have a little left in the tank still. I hope that you and your fellow senators continue to weigh the wellbeing of Idahoans, our budget, and pragmatism above maintaining maximum political capital. If there ever was a time to spend some of that capital, tomorrow is it.

6. Medicaid coverage saves lives. The more folks we cover, the more lives we save. Dead people don't work at all. Let me know if you need citations.

7. Work requirements don't get more people working, they just decrease Medicaid rolls.

8. It's immoral if not illegal to withhold care unless working, even the prison's can't do that. This is why there are so many legal challenges in states that did pass a dirty expansion. And while you may differentiate "emergent" from "primary" care, that is short sighted. Lack of primary care quickly brings one into the emergency room. So withholding any type of care is deadly.

Lucky for you, that's all I can think of tonight, I gotta be back at the hospital around 6am, so sleep time for me.

I look forward to seeing your name in the tally against HB 277 tomorrow, or at least to hold it in committee,

Sincerely,

Dr. Josef Bartels  
St. Alphonsus Nampa

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## Margaret Major

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**From:** Andy & Melanie Edwards <edwardsam@q.com>  
**Sent:** Tuesday, March 26, 2019 11:12 PM  
**To:** Margaret Major  
**Subject:** Public Testimony, March 27th Senate Health and Welfare hearing.

**Please Share this with members of your Committee.**

I am writing to say that I **am strongly opposed to HB 277** and ask you to **vote NO** on this bill, and to support **SB 1204**.

The restrictions in HB 277 would create a new Gap population and would reduce the savings that would occur because these people would continue to need expensive care in the Emergency Rooms, paid by taxpayer-funded programs. In addition, the bureaucracy needed to administer HB 277 adds greatly to the cost for taxpayers and potentially reduces the federal match. A recent fiscal estimate puts this extra cost of HB 277 to the state at over 30 million dollars per year. This also leaves a large number of people, unable navigate the requirements, without the health care that they need to fulfil their potential as Idahoans.

**Please vote No on HB 277.**

Thank you,

Dr Melanie Edwards  
2656 West 17<sup>th</sup> North,  
Idaho Falls, ID 83402

## Margaret Major

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**From:** Bryan, Thornton M.D. <bryanth@slhs.org>  
**Sent:** Tuesday, March 26, 2019 4:50 PM  
**To:** Margaret Major  
**Subject:** Public Testimony, March 27th Senate Health and Welfare hearing

To whom it may concern:

I am writing to oppose HB 277. This bill will serve only to obstruct healthcare for the neediest Idahoans. Their lives will be at risk, and the financial impact on our already struggling healthcare system will further limit its ability to take care of the patients who need help.

Please vote against this ineffective and hurtful bill.

Sincerely,  
Thornton E. Bryan III, MD  
St. Luke's Health System  
701 E. Parkcenter Blvd  
Boise, ID 83706

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## Margaret Major

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**From:** Elizabeth Rodgers <erodg@yahoo.com>  
**Sent:** Wednesday, March 27, 2019 10:23 AM  
**To:** Margaret Major  
**Subject:** hb277 testimony

### Testimony against HB277

My name is Elizabeth Rodgers. I'm an Idaho voter and I represent myself. I urge you not to vote for HB277.

I was a volunteer, working to get Proposition 2 on the ballot. I worked several dozen hours to help the cause. I met people from all different walks of life, learned disparate views on healthcare and actually had fun in the process, meeting new people and creating meaningful memories with family members and new friends with whom I canvassed. Participating in a bi-partisan way to enact laws was a joyful experience.

We voted overwhelmingly to enact the law. Polls show that 74% of Idahoans support the law that we voted for. And yet, for some reason, our legislators want to add restrictions to a law that was enacted through the highest ideals of the democratic process.

I'm going to focus on the fiscal issues associated with the proposed bill because I know that Idahoans are deeply concerned with fiscal responsibility. HB 277 is costly and grows government. As indicated in the bill's fiscal note, HB 277 will cost the state \$7 million annually to administer a new bureaucracy that includes hiring 22 full time employees at the Department of Health and Welfare.

This is largely due to the fact that HB 277 differs significantly from Idaho's work reporting requirements under SNAP, both in the number of work hours required each month and because HB277 requires work hours to be reported on a monthly basis.

Clean Medicaid expansion will generate savings to the state Catastrophic Health Care Fund, behavioral health services, community-based substance use disorder treatment for offenders, and mental health services for the probation and parole population.

House Bill 277 *decreases* some of these savings, comes with new administrative costs and has a net negative impact on the state budget. House Bill 277's fiscal note also appears to include savings that would be generated without its passage, under full and unmodified implementation of Medicaid expansion and excludes ongoing local costs under HB 277 from increased indigent care services.

Additionally, HB 277 is likely to entangle Idaho in expensive lawsuits and be struck down by the courts. Currently, the fate of Kentucky and Arkansas' work programs are pending in federal court. The judge has pledged to rule on these programs by April 1, 2019 and legal experts expect them to be struck down. The judge already ruled against the Kentucky waiver once.

The judge's ruling would halt the work requirement programs from being implemented in these states and virtually ensure a work reporting requirement waiver in Idaho would be struck down by a federal court.

Litigation was also filed against the work requirement program in New Hampshire and is going before the same federal judge. If the Idaho Legislature approves work reporting requirements legislation directing the Department to implement a program that has just been declared illegal in federal court, the state will face hundreds of thousands in legal expenses when a suit is filed in Idaho.

This I know for sure: When we understand that a bill is faulty and pass it anyway, knowing full well that it will be successfully challenged in court, we are wasting the tax-payers money. That is clear as day.

Thank you for your time.

## Margaret Major

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**From:** Deleena Foster <eleechick04@gmail.com>  
**Sent:** Wednesday, March 27, 2019 9:49 AM  
**To:** Margaret Major  
**Subject:** Please vote no on HB 277 and support SB 1204

HB 277 is a partial repeal that could cost the state \$30 million a year, please VOTE NO. The people of Idaho voted for the expansion of Medicaid not yet again another exclusion of more people like myself and my family  
PLEASE VOTE NO.

Thank you,  
Deleena Foster

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"You may be but one person in the world, but you are the world to one person!"

## Margaret Major

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**From:** Sheryl Hill <SHERYLHILL\_ID@msn.com>  
**Sent:** Wednesday, March 27, 2019 10:04 AM  
**To:** Margaret Major; Senator Fred S. Martin; Senator Mary Souza; Senator Lee Heider; Senator Abby Lee; Senator Mark Harris; Senator Van Burtenshaw; Senator Regina Bayer; Senator Maryanne Jordan; Senator David Nelson  
**Subject:** Public Testimony - March 27, 2019 - Senate Health & Welfare Committee

Committee Chair Martin, Vice Chair Souza, and Members of the Senate Health and Welfare Committee:

The Idaho Center for Fiscal Analysis projects that H 277 could cost the state more than \$32.2 million dollars more than S 1204, the bill approved with a "do pass" recommendation by your committee last week. That information is available here:

[http://idahocfp.org/new/wp-content/uploads/2019/03/ICFP\\_HB277\\_SB1204\\_Unmodified-Expansion.pdf](http://idahocfp.org/new/wp-content/uploads/2019/03/ICFP_HB277_SB1204_Unmodified-Expansion.pdf)

In addition to the cost to Idaho taxpayers, H 277 will create additional financial burdens for rural Idahoans who must pay the costs incurred by rural hospitals.

Representative Sally Toone explained this thoroughly when she debated against H 277 before the House. Representative Britt Raybould also voted against H 277 to protect rural hospitals and taxpayers and gives a full explanation here: [https://www.postregister.com/opinion/guest\\_column/why-i-voted-against-sideboards/article\\_a0f42abb-4ed0-514a-aec0-a14710689fd9.html](https://www.postregister.com/opinion/guest_column/why-i-voted-against-sideboards/article_a0f42abb-4ed0-514a-aec0-a14710689fd9.html)

Please continue to support clean Medicaid expansion, and vote naye on H 277.

Sincerely,

Sheryl Hill  
Ashton ID  
Fremont County  
District 35

## **Margaret Major**

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**From:** Molly Brown <cbrownemc@gmail.com>  
**Sent:** Thursday, March 21, 2019 12:46 PM  
**To:** Margaret Major  
**Cc:** Senator Mark Harris  
**Subject:** Public Testimony, Mar 21, Sen. Health & Welfare, S1204

Chairman Wood and  
Members of Senate Health & Welfare:

Thank you for hearing testimony on this fiscally conservative bill to implement the will of the voters and move Medicaid Expansion forward for our state.

As the governor has noted, a good bill, that is feasible for him to sign, will meet three criteria: it will not over-complicate implementation; it will not run up excessive new, and unneeded, costs to taxpayers; and it will not leave a continued large gap population.

This bill accomplishes those goals. It lays out a voluntary work program instead of cumbersome and expensive forced work reporting and training that is largely inaccessible to rural residents. It complies with standard expansion to the 138% FPL level, which allows the 10,000 people currently trapped in that end of the gap to finally get healthcare that is affordable on their low incomes, with coverage that meets their needs, including mental health care.

I heartily support this bill and thank you for your YES votes on SB1204. Let's move Medicaid Expansion forward into implementation, with the funding already allocated and passed by the Senate.

Thank you,  
Mary Brown  
3122 s 565 w  
Victor ID 83455

## Margaret Major

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**From:** Ann Schenk <amschenk@msn.com>  
**Sent:** Thursday, March 21, 2019 12:59 PM  
**To:** Margaret Major  
**Cc:** Senator Van Burtenshaw  
**Subject:** Public Testimony, March21, Sen. Health and Welfare, S 1204

Thank you, Ann Schenk 1715 Christy Ln. Ashton, Id 83420

Dear Chairman Martin and members of the committee; thank you for the opportunity to testify in SUPPORT of Senate Bill 1204 on Medicaid Expansion.

S 1204 is a good bill that represents the will of voters of Idaho who voted for Medicaid Expansion. The voluntary work program is a proven way to help people access better employment and training instead of punitive work requirements that cost too much !! Montana has proven this is a better way without adding excessive, unnecessary costs and bureaucracy. Implementing this bill will close far more of the gap than any other bill proposed in the House or Senate this session.

I applaud the fiscal conservation and compassion of this approach. It will help those in the gap get the tools to be able to get higher paying jobs and in the long run get out of the gap and no longer need this help!

It lays out a voluntary work program instead of cumbersome and expensive forced work reporting that is largely inaccessible to rural residents. It complies with the standard expansion to the 138% FPL level, which allows the 10,000 people currently trapped in that end of the gap to finally get affordable healthcare that meets their needs , and that includes mental healthcare.

As a volunteer who worked so hard to see our fellow citizens get the healthcare coverage, they so desperately need, I ask you to support this bill and vote YES on SB 1204.

Thank you ,  
Ann Schenk  
1715 Christy Ln  
Ashton, ID 83420  
208 631 1607

Sent from Windows Mail

## Margaret Major

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**From:** EC <morganna1812@gmail.com>  
**Sent:** Thursday, March 21, 2019 1:07 PM  
**To:** Margaret Major  
**Cc:** Senator Dave Lent  
**Subject:** Public Testimony, Mar 21, Sen. Health & Welfare, S1204

Chairman Wood and members of Senate Health & Welfare: Thank you for hearing testimony on this fiscally conservative bill to implement the will of the voters and move Medicaid Expansion forward for our state. As the governor has noted, a good bill, that is feasible for him to sign, will meet three criteria: it will not over-complicate implementation; it will not run up excessive new, and unneeded, costs to taxpayers; and it will not leave a continued large gap population.

This bill accomplishes those goals. It lays out a voluntary work program instead of cumbersome and expensive forced work reporting and training that is largely inaccessible to rural residents. It complies with standard expansion to the 138% FPL level, which allows the 10,000 people currently trapped in that end of the gap to finally get healthcare that is affordable on their low incomes, with coverage that meets their needs, including mental health care.

I heartily support this bill and thank you for your YES votes on SB1204. Let's move Medicaid Expansion forward into implementation, with the funding already allocated and passed by the Senate.

Thank you.  
Elizabeth Cogliati  
962 11th St  
Idaho Falls, ID 83404  
208-522-5752

--  
Elizabeth C., owner of Lizbeth's Garden  
Handmade beaded tassels, potpourri, engraved metal and more:  
<http://lizbethsgarden.etsy.com>  
<http://lizbethsgarden.com>

## Margaret Major

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**From:** Dennis Sutton <suttdenn@gmail.com>  
**Sent:** Thursday, March 21, 2019 2:53 PM  
**To:** Margaret Major  
**Cc:** Representative Bryan Zollinger; Representative Barbara Ehardt; Senator Dave Lent; Representative Gary Marshall; Representative Wendy Horman; Senator Dean Mortimer; Senator Mark Harris; Representative Marc Gibbs; Representative Doug Ricks; Representative Britt Raybould; Senator Brent Hill  
**Subject:** Public Testimony, Mar 21, Sen. Health & Welfare, S1204

Dear Chairman Martin and members of the committee: Thank you for the opportunity to testify IN SUPPORT of Senate Bill 1204 on Medicaid Expansion. This bill is a good bill that respects the will of the voters of Idaho. The voluntary work program like Montana's is a proven way to help people access better employment and training without adding excessive, unnecessary costs and bureaucracy. Implementing this bill will close far more of the gap than any other bill proposed in the House or Senate this session. I appreciate the thought and research that has gone into this bill, and applaud the fiscal conservatism of this approach.

Although I do live in D-33, each of your districts contains all or some of the residents of Bonneville County. Together we carried petitions and got resounding positive responses that resulted in a ballot score as high as 62.5%! Make your voters proud of your actions.

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Dennis Sutton  
(208) 528-6209

## **Margaret Major**

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**From:** suellen carman <suellen.carman@gmail.com>  
**Sent:** Thursday, March 21, 2019 7:15 PM  
**To:** Senator Fred S. Martin; Senator Mary Souza; Senator Lee Heider; Senator Abby Lee; Senator Van Burtenshaw; Senator Mark Harris; Senator Regina Bayer; Senator Maryanne Jordan; Senator David Nelson; Margaret Major  
**Subject:** S 1204 vs. H 277

Dear Members of the Senate Health and Welfare Committee,

Today the House passed H 277, a bill that does not respect the will of the voters; will cost Idaho millions; and will still leave thousands of Idahoans in the healthcare gap.

I urge you not to bring H 277 to the floor.

Instead, S 1204 would be a reasonable alternative. I urge you to bring that bill to the floor instead.

Thank you. Respectfully,  
Suellen Carman

--  
Suellen Carman  
299 Mountainside  
Victor, ID 83455  
(307) 699-0416

## **Margaret Major**

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**From:** pjlunsford55@aol.com  
**Sent:** Friday, March 22, 2019 1:11 PM  
**To:** Margaret Major  
**Subject:** Written Testimony to Place Before the Committee, SB1204

i am asking the legislative body to implement the medicaid expansion exactly as it was voted for by the citizens of the state of Idaho. Time after time, the people have expressed their desire for a change or an addition to the laws and rules and services from our state government and the interests of a small minority group are placed as more important than the will of the majority. The citizens of the state of Idaho are not stupid. Most are aware of what they are voting for entering the ballot box. Please give them credit and implement medicaid expansion as it was demanded by the voters of Idaho.

Thank you,  
Pamela Lunsford  
2716 N Hose Gulch Ave  
Kuna, ID 83634

208-922-2975

## Margaret Major

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**From:** Alice Stevenson <[alicejeanstevenson@gmail.com](mailto:alicejeanstevenson@gmail.com)>  
**Sent:** Wednesday, March 27, 2019 7:32 AM  
**To:** Margaret Major  
**Subject:** Public Testimony, March 27th Senate Health and Welfare hearing.

I support Medicaid expansion as it was approved by 61% of Idaho voters. Thus, I am opposed to HB 277, which ignores the will of voters and will increase costs to our state, perhaps over 30 million dollars per year. As a fiscally conservative person, I find this appalling. I don't want my taxpayer dollars wasted! I also want the coverage gap closed, which was the intent of the ballot initiative. HB 277 may narrow but won't close that gap, and thus it would not expand Medicaid as the voters have demanded.

The reason for the ballot initiative in the first place was because our legislators refused to accept federal dollars—including tax dollars from Idahoans that could be returned to our state—in order to expand Medicaid and provide needed health care to tens of thousands of Idahoans. Now the legislature is still trying to block healthcare for large numbers of Idahoans. Where is the humanity or the economic sense in that?

Please recognize the will of the people and act accordingly.

Sincerely,

Alice J. Stevenson  
1101 E 5250 S  
Victor, ID 83455  
[alicejeanstevenson@gmail.com](mailto:alicejeanstevenson@gmail.com)  
208-201-2973

## Margaret Major

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**From:** Krista Kramer <kkramer.moscow@gmail.com>  
**Sent:** Wednesday, March 27, 2019 12:41 AM  
**To:** Margaret Major  
**Subject:** Public Testimony, March 27th Senate Health and Welfare hearing

Members of the Senate Health & Welfare Committee,

I have deep concerns about many of the items in HB 277.

- 1) Idaho already has some of the country's most stringent income limits to access Medicaid programs. Idaho limits coverage for children on the CHIP program to those in families below 200% of the poverty level, while 48 states have higher income allowances. Income limits for parents to qualify are place us at 47th lowest in the country at 26% of the poverty level. And we currently deny Medicaid to any adult who does not have children in the household, breast or cervical cancer, or a disability determination even if their income is \$0. There is no medical safety net for those people in this state.
- 2) The push to transition people who are 100-138% of the poverty level onto the Healthcare Marketplace will cost those individuals substantially more than if they are on Medicaid unless you are also budgeting to subsidize the premiums, deductibles and co-pays. I just went to the Healthcare Marketplace and put in my family as if we had an income in that range and the options were either \$12,000 - 15,000 deductibles or in the \$400 - \$500 a month range after the tax credits. \$4000 - \$6000 a year in premiums and deductibles isn't feasible on a household income of \$21,000 for a family of 3.

One of the stories being told is about a flood of people going on Medicaid and then not being able to find providers because the Medicaid reimbursements are too low. Yes, that is a problem, but it would be better solved by increasing reimbursement rates for Medicaid than putting profits into the pockets of health insurance companies. Medicaid's overhead costs are half that of the private insurance market.

- A 20 hour per week minimum work requirement ignores the number of employers who keep an employee's hours under 19 hours in order to not become responsible for providing health insurance to those employees (for businesses with more than 50 employees.). What about the people who lose work hours in a month because their employer cuts their hours seasonally, or the person they provide care for has surgery or breaks a hip and is in rehab so the caregiver's job disappears for a few weeks? Or those who have irregular hours. Monitoring this will be a hugely expensive nightmare. Does it mean that if they were in the hospital one month and didn't work enough hours, that expenses accrued during that month wouldn't be covered, or does it mean that they wouldn't be eligible the next month, or would it be 2 months later (the month after the month that hours were reported?)
- 4) The (however) many million budget for monitoring the work requirements would be much better spent on programs to create jobs and help keep people out of poverty. Bring the Work Incentives Planning and Assistance (WIPA) program back to Idaho to help people understand how working will impact their disability income and health insurance. Last I knew, there were 5 WIPA counselors in Spokane. We don't even have one in the entire state of Idaho. We have to call Montana to get that support for people trying to return to work.
  - 5) The HB 277 states that "A person is exempt from the provisions of subparagraph (i) of 9 this paragraph if the person is physically or intellectually unfit for employment." How will that be determined? Other than the disability determination process which is addressed as a separate item, where is a legal definition or process for determining whether someone is "physically or intellectually unfit for employment?" Would a doctor's note be sufficient? What about mental illness, which is different than Social Security's definition of intellectual disability? Does that mean that someone would be exempt from the work requirements when they've had the flu and missed a week of work in a month? Does it include someone with an IQ of 76, or a personality disorder which has caused them to lose jobs repeatedly because people don't like them? Or stay-at-home mom who just lost her spouse and is so depressed that they can't focus enough to go out and find a job?

If an exemption is available while awaiting a disability determination (which can take 3-5 years if the person appeals), I would expect applications to go up, but I don't see any expected cost estimates for increased disability determination applications in the Fiscal Notes. People do desperately need access to health care while they are in this limbo land of no income and the 2 year

wait before Medicare eligibility kicks in, but making a disability application into a loophole for qualifying for Medicaid could lead to fraudulent disability claims. Just make Medicaid available to everyone under the poverty level like 33 other states have already done and don't add to the load on disability determinations. The average waiting time in our region is already between 18 months and 2 years from the application date, and for some conditions, Social Security doesn't consider you to meet the criteria unless the condition has been documented to have persisted for at least 2 years. Without the health care access, you can't get that documentation.

- 7) The bill creates an additional barrier to accessing family planning services and supplies by limiting providers and requiring referrals. If you want to curb costs in the welfare system, family planning is critical.
- 8) The reduction of retroactive Medicaid eligibility from 90 days to 30 days will just leave 60 days of medical expenses on the shoulders of the providers who don't get paid anything, or on the county indigent funds and the Catastrophic Health Care Fund. Many times, it takes more than 30 days for Medicaid to acquire and process all the income verification for Medicaid, let alone all the other "sideboards" this bill is trying to implement.

It is way past time to pass Medicaid Expansion, without creating additional barriers to the health of our most vulnerable citizens. 33 other states and DC have already implemented this safety net for all citizens under the poverty level. Idaho should too.

Please vote no on HB 277.

Krista Kramer

841 Travois Way

Moscow, ID 83843

## Margaret Major

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**From:** Mary And Mike <mmc9604@gmail.com>  
**Sent:** Tuesday, March 26, 2019 10:05 PM  
**To:** Margaret Major  
**Subject:** Public Testimony, March 27th Senate Health and Welfare hearing

You have heard hundreds of Idahoan statistics from rural hospitals and medical organizations, hundreds of stories to try to convince you that HB 277 is wrong for Idaho. It will be the cause of added bureaucracy, the millions of taxpayer dollars cost of that bureaucracy, and the fact you will create a second gap of uninsured Idahoans with HB 277. I don't understand why you are still pursuing a bill that will hurt our state and our people.

My name is Mary McLaughlin and I live in Boise. I'd like to share what it is like to have restrictions on your healthcare. Ten years ago I worked seasonally for a large landscape company, and I received health insurance through my employer. Late in my third year of working there, I was diagnosed with stage 2 breast cancer. I had surgeries, 16 chemo treatments and 33 days of radiation therapy.

The problems began in the spring when I returned to work. Because my pre-existing condition now kept me from other health insurance opportunities, I had no other choice but to work during radiation therapy. We lived in rural Idaho then, and treatments were not offered locally. To achieve my 4 hour work day, I would drive a 3 hour, 200 miles roundtrip.

Because I was written up at work for performing too slowly during treatment, I lived in constant fear of losing my health coverage. I worked bald headed and my fingernails were decrepit from the chemo, yellow, thick and ready to fall off. Some days I taped them to my fingers so customers wouldn't find them in their shopping bags. I gave my job 100%, but my 100% was severely compromised by my health.

Yes, I did work throughout my radiation therapy, but working during treatment was extremely difficult and had serious health consequences. I lived in a constant state of exhaustion. I developed numerous serious health problems, all

of which were exacerbated because I didn't have the time needed to recover. I can't imagine what it would be like if I was in a mental illness crisis or had a disabled child at home not receiving the care they need because I was at work.

I worked because I had no other choice – losing my health care coverage would have caused medical financial bankruptcy for my family and jeopardized the quality of care I received.

Placing stressful demanding restrictions on Medicaid recipients will result in many negative consequences, grow our government, burden the Idaho taxpayers with the costs of bureaucracy, and add a second gap of uninsured Idahoans.

This proposed legislation creates one-size-fits-all work requirements that don't adequately reflect Idaho's workforce. The hours I worked 10 years ago during my treatment would not be sufficient for the work reporting requirements in this legislation. In today's environment, workers who fall within the gap and who have no control over their work schedules could be denied healthcare coverage by the state of Idaho due to job and life situations that are out of their control. My difficult situation will be nothing compared to the stories of those in the second gap created if barriers are added. Please vote no on this bill.

Once again, vote NO on HB 277.

Sent from my iPhone

## Margaret Major

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**From:** Denise Myler <dmyler5@gmail.com>  
**Sent:** Tuesday, March 26, 2019 9:53 PM  
**To:** Margaret Major  
**Subject:** Written Testimony on HB 277

Chairman Fred Martin, Vice Chair Mary Couze and Fellow Members of the Senate Health and Welfare Committee,

I am Denise Myler, 3698 Heartland Circle, Ammon 83406.

I opposed to House Bill 277 which repeals 61% of Idahoans vote for a clean Medicaid Expansion.

Idahoans have voiced their support for Medicaid Expansion in recent polling. The GS Strategies poll shows 74% of Idahoans feel the Legislature should implement the Medicaid Expansion law just as it was passed. Another poll shows 72% of Idahoans oppose taking away health coverage from Medicaid participants who do not meet work reporting requirements. There also, is no guarantee that Idahoans with Disabilities will not be affected by the work requirements. It makes no sense to impose restrictions that only creates a new coverage gap.

HB 277 will cost Idaho in untold administrative costs in establishing work requirements program and legal battles defending work requirements in the Courts.

I do like that House Bill 277 is authorizing the Department of Health and Welfare to seek additional waivers for Mental Health Services which Idaho badly needs.

I would Senate Bill 1204 by Chairman Martin instead of House Bill 277.

Thanks,  
Denise Myler  
3698 Heartland Circle  
Ammon, 83406

## Margaret Major

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**From:** Jimandritamae <jimandritamae@aol.com>  
**Sent:** Tuesday, March 26, 2019 9:20 PM  
**To:** Margaret Major  
**Subject:** Public Testimony, March 27, Senate Health & Welfare Hearing - HB277 Medicaid Expansion

Chairman Martin and Committee

Thank you again for allowing public testimony on yet another proposed Medicaid Expansion bill.

As pointed out by many who testified on HB249 on March 7 and March 20 on the current proposed legislation before you, this bill is:

- Even more administratively laborious;
- Costly to implement and maintain;
- Likely to create a greater healthcare gap;
- Impossible for those in need to comply with; and,
- Most certainly not what the majority of Idahoans voted for.

The same proponents of work requirements and other sideboards on Medicaid expansion are also the same who argued that expansion was too costly; why then, add requirements that would cost a great deal more than the original "clean" legislation. The legislature has power to amend or delete any statute during any session; why not pass a clean, or relatively clean, version of Prop 2 and if it proves to be a blunder, next session you can say "Idaho voters, please note, that indeed you are not able to make wise decisions and now we, your representatives, must fix this."

I know that this session is well into the eleventh hour and there is much disparity between HB277 and SB1204. Out of respect for your constituents, however, I respectfully request this committee reject HB277 and advocate for the passage of SB1204; even if it requires an extension of this session.

Respectfully submitted,  
Rita Sherman  
8377 Willowdale Dr.  
Garden City, ID

*"Success is not Final. Failure is not Fatal. It is the Courage to Continue that Counts." Winston Churchill*

## Margaret Major

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**From:** Charlotte Ash <cmash@cableone.net>  
**Sent:** Tuesday, March 26, 2019 5:47 PM  
**To:** Margaret Major; Representative John Vander Woude  
**Subject:** WORK REQUIREMENTS FOR MEDICAID

**Importance:** High

### **Honorable Members of the Health & Welfare Committee and Representative Vander Woude:**

Work requirements for Medicaid in other states, such as Arkansas, have proven to be unsuccessful and unduly burdensome upon the most medically needy. This will be true in Idaho as well. In addition, it will require the state to spend millions of dollars annually just to monitor such a program. Millions of dollars better spent on the health and success of all Idahoans.

The **burden of reporting** under the Medicaid work restrictions alone will affect the most fragile and least employable, and will, as it did in Arkansas, result in more people being taken **off** of Medicaid than being covered by Medicaid. **And those people will be the ones most in need of it.** How can we turn our back on those for whom Medicaid was, indeed, created by requiring them to face yet another brick wall, obstacle, and burden set upon them?

Most people who are eligible Medicaid in Idaho are already employed. They are employed in low hourly wage jobs that will never help them break the cycle of poverty. And those who cannot be employed due to transportation barriers, educational barriers, technology barriers, and physical barriers, will have to navigate a **cumbersome and confusing exemption process**—even further exacerbating their poverty, and their feelings of isolation and helplessness. The suicide rate in rural Idaho is atrociously high now. This will, surely, make that sad statistic even worse.

One in three Medicaid adults in the U.S. **never** use a computer or the Internet. And four in ten do not email. The rates for rural Idaho are most likely worse than that. Even if they are employed, these enrollees would face **unfair technological barriers in complying with work reporting requirements** in order to maintain coverage.

Idaho's 35 rural counties are home to 32 percent of the population. Where will they find jobs? The unemployment rate in rural Idaho is higher than its urban areas. And what kind of jobs will they find? Unskilled work, mostly, if that, as **12.6% of rural Idahoans have not completed high school.** Having a high school diploma is a basic requirement for nearly every job, even those of skilled labor.

And how can they get to work? Most rural and low-income Idahoans depend on family & friends for shared transportation, which often leaves someone without a need met. There are rare instances of bus service in rural areas of Idaho, and there is spotty bus service, at best, in most counties with mixed metropolitan and rural populations. **Transportation is and has been for many decades one of Idaho's biggest weaknesses.**

**And these are new problems added to the usual ones:** living in poverty even though working; living in a state of constant financial instability; likely already having poor health as a result of low-income status; lack of appropriate and adequate housing; and food insecurity.

And we have not even addressed the already existing illnesses and disabilities of these Idahoans, many suffering from mental illness, physical impairment, and social isolation.

## Margaret Major

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**From:** Bryn Ballenger <brynballenger@yahoo.com>  
**Sent:** Tuesday, March 26, 2019 5:00 PM  
**To:** Margaret Major  
**Subject:** Public hearing on HB 277 written testimony

Hello,

**Please vote NO on HB 277.**

**I will personally fall into the secondary gap. I am already financially drained from medical expenses due to an unforeseen retinal detachment and 5 surgeries. Left with no vision in my left eye and limited work options, 2019 should allow me to recover and start replenishing my funds. Not draining them with continued medical expenses because Medicaid will hold strict working requirements. I am 42 and should have the option to recover.**

**Thank you!!**

**Bryn Ballenger**

**Sandpoint, Idaho**

### **HB 277 will create a secondary coverage gap.**

- Idahoans who face a job loss, cut hours, or who can't navigate the bureaucracy will fall into a secondary coverage gap. Idahoans between 100% and 138% of the federal poverty level are also at risk of falling into the secondary coverage gap because of the 'family glitch' (see#3 below).
- In Arkansas, a similar monthly reporting requirement led to 87% of people who were subject to the requirement losing coverage. Many were working but could not navigate the rigid online reporting requirements, which were especially challenging for rural residents.
- Idahoans in the secondary coverage gap will continue to be stuck in our costly crisis care systems. This will be an ongoing drain on tax dollars and put pressure on struggling rural hospitals, while also driving up health insurance premiums in the private market.

## Margaret Major

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**From:** elinorchehey <elinorchehey@gmail.com>  
**Sent:** Tuesday, March 26, 2019 3:32 PM  
**To:** Margaret Major  
**Subject:** Please vote No on H 277

People who complain about the growth of Medicaid expense over the years forget that the increase comes largely from the increase in the number of old people in nursing homes who have outlived their savings. If they own a house, the State can recoup part or all of that expense when the surviving spouse dies.

Elinor Chehey  
617 N. Ross St.  
Boise, ID 83702

Sent from my Galaxy Tab® A

## Margaret Major

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**From:** Katrin Lepler <nirtak@gmail.com>  
**Sent:** Wednesday, March 27, 2019 10:48 AM  
**To:** Margaret Major  
**Subject:** Public Testimony, March 27th Senate Health and Welfare hearing

Please find the time to familiarize yourself with SB1204, Senator Martin's Medicaid Expansion bill, so that you can support it. After the six long years of legislative inaction on this crucial issue affecting the lives of 62,000 fellow Idahoans, I hope you will quickly see how this bill will implement Medicaid in the way we voted to in November -- with great benefits to the state, to individuals, and to organizations.

Implementing Medicaid Expansion under SB1204 will save lives and tax dollars and bring in new revenues to Idaho. Unlike the bad bill, HB277, there are no forced work requirements or FPL cutoffs to cost us more money and continue leaving people in the gap. Thank you for voting with the other senators already, to fund this kind of straightforward expansion. It looks like this senate bill can finish the job.

I also see that in the Post Register, Governor Little is quoted describing exactly the kind of Medicaid Expansion bill he will sign: not overly complicating the implementation, not running up excessive new costs, and not still leaving a large gap. Those criteria are completely violated by HB277. On the other hand, SB1204 will likely meet them all, allowing for a quick passage and signing so we can move forward to the goal we all -- I hope -- desire, namely an efficient and cost-effective access to healthcare for every citizen of this state.

I highly recommend talking to Luke Mayville who initiated expanding Medicaid in a selfless campaign trying to help the people of Idaho while pushing our economy forward. You can reach him at [lukemayville@gmail.com](mailto:lukemayville@gmail.com). Luke is probably one of the most knowledgeable people on the topic of Medicaid Expansion for Idaho and the difficulties of carrying out citizen initiatives.

Reading Sen. Britt Raybould's column in the Post Register might also give you the perspective of a Senator deciding what is best for the taxpayers:

[https://www.postregister.com/opinion/guest\\_column/why-i-voted-against-sideboards/article\\_a0f42abb-4ed0-514a-aec0-a14710689fd9.html](https://www.postregister.com/opinion/guest_column/why-i-voted-against-sideboards/article_a0f42abb-4ed0-514a-aec0-a14710689fd9.html)

Please look at the cost calculation in this link:

[https://gallery.mailchimp.com/5b17bd8d6398896902f79aad2/files/eb4c2fe1-9003-4eee-b63b-1117ad20efb4/HB277 could cost more than 30 million more vs SB1204 ICFP March 2019.pdf](https://gallery.mailchimp.com/5b17bd8d6398896902f79aad2/files/eb4c2fe1-9003-4eee-b63b-1117ad20efb4/HB277%20could%20cost%20more%20than%2030%20million%20more%20vs%20SB1204%20ICFP%20March%202019.pdf)

I thank you for not putting a bigger burden on the taxpayer while at the same time saving lives by voting against HB277 and instead voting for SB1204.

Best,  
Katrin Lepler  
3770 Creekside Drive  
Idaho Falls, ID 83404

## Margaret Major

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**From:** Hannah McGonigal <hrmcgonigal5@gmail.com>  
**Sent:** Wednesday, March 27, 2019 10:50 AM  
**To:** Margaret Major  
**Subject:** Public Testimony, March 27th Senate Health and Welfare Hearing

Medicaid expansion is the law of the land in Idaho. The explicit will of voters in the state by a large majority. Please reject and vote no on reporting requirements or restrictions to this. It is harmful to the state and there is no justifiable reason to place any barrier to health care access on the residents of out state. It is well known that the funds have already been identified for the expansion-a primary reason it received the support it did in November. Please listen to those you represent.

In consideration of the Bills at hearing I would like to mention that recent fair factual analysis shows that HB277 could bring a cost of \$30 million annually for now good reason. While I am not at all in favor of making any changes to existing law, if there is no other course I ask that you at least only support SB1204. There is no question it is a much less harmful piece of legislation and much closer to what voters implemented. Thank you.

Sincerely,

Hannah McGonigal  
Boise

## Margaret Major

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**From:** Dennis Sutton <suttdenn@gmail.com>  
**Sent:** Wednesday, March 27, 2019 11:00 AM  
**To:** Margaret Major  
**Subject:** Public Testimony, March 27th Senate Health and Welfare hearing

I strongly urge the rejection of HB277 and support your bringing SB1204 to an affirmative vote instead. It is a far more conservative and effective plan for Idaho.

I agree with Rep Raybould's statement in the Post Register.

[https://www.postregister.com/opinion/guest\\_column/why-i-voted-against-sideboards/article\\_a0f42abb-4ed0-514a-aec0-a14710689fd9.html](https://www.postregister.com/opinion/guest_column/why-i-voted-against-sideboards/article_a0f42abb-4ed0-514a-aec0-a14710689fd9.html)

Please vote NO on HB277 and YES on SB1204.

Thank You  
Dennis Sutton  
1517 Fairmont Dr  
Idaho Falls, ID 83404

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Dennis Sutton  
(208) 528-6209

## Margaret Major

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**From:** Brie Katz <briekatz@gmail.com>  
**Sent:** Wednesday, March 27, 2019 11:02 AM  
**To:** Margaret Major  
**Cc:** Hillarie Hagen  
**Subject:** Public testimony on HB 277 written comments  
**Attachments:** HB 277 3\_27\_19 Testimony.docx

Hello Ms. Major, Sadly, I am unable to attend the hearing today, but below (and attached) please find my written testimony for HB 277. Thank you, Brie Katz [briekatz@gmail.com](mailto:briekatz@gmail.com) 646.265.6816 2202 N. 9th St / Boise ID / 83702 ----- Sadly, I'm unable to testify in person today. Thank you for accepting my written testimony.

My name is Brie Katz. I'm a 37 year old Boise resident and Medicaid recipient, currently receiving chemotherapy treatment for stage 3 breast cancer.

I've testified here before, and it's my understanding that no Representative sitting in the hearing today, or any member of the state legislature at large, is on Medicaid, so I sincerely appreciate the opportunity to speak for myself, as a Medicaid recipient, and speak on behalf of people who have a dramatically different life experience than you, as Representatives do.

Passing HB 277 is a blatant sign of disrespect and disregard for the people of Idaho. The bill is in direct opposition to the will of voters and it inhumanely creates a secondary coverage gap for residents in an already marginalized position.

However, it is equally - if not dramatically more - irresponsible and damaging from a cost and bureaucratic standpoint to pass HB 277. Which also clearly goes against the fiscal ideology most if not all of the Representatives supporting this bill.

Based on what is actually happening in other states, HB 277 will create inefficiencies in our state government and unnecessarily increase costs to the state and residents of Idaho.

HB 277's partial expansion could reduce Idaho's match rate, the reduction of which is not accounted for in the fiscal note, and could cost tens of millions that would be better spent on initiatives that actually have a chance at making a positive impact to the state, fiscally and socially.

HB 277 is likely to entangle Idaho in expensive lawsuits and also be struck down by the courts. Which, again, wastes time and money on a massive scale.

Lastly, HB 277 is going to keep costs escalated for folks who fall into the secondary coverage gap, and Idaho will miss out on the cost savings of the proactive versus reactive healthcare that clean Medicaid expansion enables.

Whatever ulterior motives are driving this bill forward, I urge you to consider doing right by the people who voted you into office, and to do right by our state financially, and passing a clean Medicaid expansion.

**To: Idaho Legislators, The Office of the Governor, The Idaho Department of Health and Welfare**

**From: Jim Baugh, JD, DisAbility Rights Idaho**

**RE: HB 277 and Risk of Federal Litigation**

### **Legal Analysis of Idaho's Medicaid Work-Reporting Requirements Proposal**

Jane Perkins, Legal Director for the National Health Law Program (NHeLP), the lead counsel in the Arkansas and Kentucky work requirements cases, provided the below responses to our questions about Idaho House Bill 277, legislation to add work requirements and other harmful barriers to coverage to Idaho's Medicaid expansion law.

**Question:** What is the current status of work requirements litigation?

**Jane Perkins:** Kentucky's work requirements were already struck down once in federal court. On March 27<sup>th</sup>, the Kentucky work requirements were struck down once again as were the Arkansas requirements; both programs have been halted and remanded to the Secretary of Health and Human Services.

NHeLP also filed litigation on March 20 against the New Hampshire work requirement program. That case is before the same federal judge that decided the Arkansas and Kentucky cases.

**Question:** What is the basis of the legal argument in the current and previous work requirement lawsuits?

**JP:** Medicaid is authorized in federal statute as a program to furnish medical assistance, in the form of insurance coverage to low-income people whose income and resources are insufficient to meet the costs of medically necessary health care. The Centers for Medicaid & Medicare Services (CMS) has federal authority to issue waivers and approve state experiments but those experiments must be likely to promote the Medicaid Act's objectives. The complaints argue that approving mandatory work requirements is inconsistent with the goal of furnishing medical assistance.

**Question:** Why can work requirements be used in safety net programs like TANF and SNAP but not for Medicaid?

**JP:** TANF and SNAP are also part of the social safety net, but they operate under different statutes with different purposes. Unlike Medicaid, those statutes include returning recipients to work as a program objective and, thus, include highly detailed work requirement provisions.

**Question:** How has NHeLP engaged in states with work requirements?

**JP:** Health advocates in states that are considering and implementing work requirements have been enlisting the National Health Law Program to help them monitor developments and consider all applicable enforcement and litigation avenues. We are also co-counseling the cases in Kentucky, Arkansas, and now New Hampshire.

As these cases have been working their way through the courts and as more and more research is being published, states across the country have abandoned their work requirement programs, recognizing that these provisions hurt rural residents, threaten hospitals, and expose the state to litigation. Maine, Wyoming, and West Virginia are all pursuing work promotion programs instead. Iowa has also shelved consideration of work requirements at least for now.

**Question:** What action might NHeLP take in Idaho if work requirements are enacted here?

**JP:** NHeLP believes work requirements are illegal and would work with state partners to monitor and consider enforcement options.

## Margaret Major

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**From:** mexicoigm <mexicoigm@gmail.com>  
**Sent:** Tuesday, March 26, 2019 5:21 PM  
**To:** Margaret Major  
**Subject:** BILL 277

Please support this Bill 277.

## Margaret Major

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**From:** DIANNA@DOWNATOURHOUSE.COM  
**Sent:** Monday, March 25, 2019 10:22 PM  
**To:** Senator Fred S. Martin; Senator Lee Heider; Senator Mark Harris; Senator Van Burtenshaw; Senator Mary Souza; Senator Abby Lee; Senator Regina Bayer  
**Cc:** Margaret Major  
**Subject:** House Bill 277

Dear Senator Martin and All,

***Please vote yes on house bill 277.***

It is my understanding that a yes would prevent my tax dollars from funding Planned Parenthood, and I hope other organizations, who validate the killing of our most vulnerable population – the unborn.

I have 3 adopted, now adult, children who all have Down syndrome. God bless their mothers and those who encouraged them to give life to these amazing individuals who have done more for us than we could ever give them.

Thank you,  
Dianna L Brown

## Margaret Major

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**From:** gina pannell <gina.m.pannell@gmail.com>  
**Sent:** Tuesday, March 26, 2019 11:49 AM  
**To:** Margaret Major  
**Subject:** Public Testimony, March 27th Senate Health and Welfare hearing

Good greetings Chairman and members of the Committee. My name is Gina Pannell, and I am a resident of Boise and a public health professional. I am testifying to ask you to vote **NO on HB 277**. Work requirements would add \$30 million to partially repeal Medicaid expansion while causing a secondary coverage gap. This was not the will of the voters and is not in the best interest of the public's health. This bill directly impacts individuals in our state who need basic access to healthcare. Other states that have imposed work requirements have caused thousands of previously insured residents to lose coverage and added an undue administrative burden. This bill disproportionately affects working families, caregivers, and individuals with chronic diseases. I ask you to consider the factors that YOU believe are attributed to people living in poverty. Who is deserving of care? By voting **NO on HB 277** you are demonstrating to your constituents that all are deserving. At the same time you are refusing to use work requirements as an economically-burdensome and ineffective attempt to empower the poor.

Respectfully,

Gina Pannell

## Margaret Major

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**From:** Candy Harris <candygirlgotu@outlook.com>  
**Sent:** Tuesday, March 26, 2019 1:44 PM  
**To:** Margaret Major  
**Subject:** Public Testimony March 27, 2019

RE: HB277

Dear Legislators

Please do not pass the Partial Repeal of Medicaid Expansion.

This bill will cost the State a horrible amount of money and the ones who will pay are the taxpayers and the innocents who do not have health care services.

I have worked within the field of disability since 1987 as a Rehabilitation Teacher for the Blind and Visually Impaired. I have talked with literally thousands of the blind, taught them to become independent, find community services, etc.

I'm sure you know that even when qualified for SSDI the client usually has to wait two years to receive Medicare and in only the most dire of circumstances does a person qualify for Medicaid.

Never in my years of experience with the Idaho, Regional, and National citizenry have I ever heard anyone say "Man, I am so glad I can't get medical insurance even though I'm working at 'Wendy's, Walmart, State of Idaho',ETC. Part-time workers, contract workers, low income workers, and those who are self employed usually can't afford the premiums. That's why we voted to Close the Gap.

Sincerely,

Candy Harris

1307 S. Zola St.. Boise, ID 83705



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