Group at BYU-Idaho reviews health care landscape

Calls for state action on Medicaid gap despite federal funding uncertainty

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

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

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

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

Whitlock said state health care policy had been clouded recently by uncertainty from the federal level, and after a series of failed health care packages proposed earlier this year, the picture remains murky. Congress still hasn’t

The talk also highlighted the role of Medicaid

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renewed funding for the
Children’s Health Insurance
Program, which
insures about 36,000 kids
around the state, he noted,
and those children could
start losing coverage
by the end of the year.

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

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

The Affordable Care
Act was designed under
the assumption that all 50
states would expand Med-
caid, but that provision
was struck down by the
U.S. Supreme Court. In
states that didn’t expand,
this led to unexpected
“gap” populations.

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

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

And Whitlock high-
lighted a proposal from
the Department of Health
and Welfare and the
Department of Insurance
that aims to provide some
relief to those in the Med-
caid gap. Called a “dual
waiver,” the policy would
involve obtaining permis-
sion for the state to break
with two sections of the
Affordable Care Act in
order to design a system
that would provide cheap,
but not free, coverage to
those in the gap.

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

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

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

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

The talk also high-
lighted the role of Med-
caid in providing cov-
erage to children and
those with disabilities.

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

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

“I would be crumpled
up (without therapy),” he
said. “I wouldn’t be able
to be here.”

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

Whitlock said despite
setbacks in prior years,
when Medicaid expansion
was discussed among leg-
islators but no action was
taken, the renewed discus-
sion of the state’s health
care system provides
opportunities for pro-
gress. He said he believes
outright Medicaid expa-
ansion is unlikely to move
forward, but the dual
waiver program could
provide concrete benefit.

“We’re optimistic,” he
said in an interview. “It’s
an opportunity for the
Legislature to be com-
passionate.”