

Note: The following are images of the written comments submitted during the 1115/1332 Waiver Public Hearing on December 12, 2017. Personal information such as email, addresses and phone numbers have been removed.

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Medicaid Waiver Testimony

12/12/17

Krista Kramer

Moscow, ID

Hello, my name is Krista Kramer and I'm from Moscow. For 23 years, I worked for Disability Action Center and during that time I helped countless people with disabilities navigate the maze of access to health care. I'm here because the healthcare industry is one of those places where legal discrimination against people with disabilities is still rampant and the piecemeal nature of the system creates an incredibly inequitable situation of "if this, then that" for all of us.

Access to health care is a social justice issue. It is ethically and morally wrong that people whose income is below the poverty line can't qualify for health care assistance while people who have incomes over the poverty level receive government subsidies to pay for it.

From my vantage point, the proposed Medicaid waivers have a very important goal: to increase access to health care for people who don't currently have the income or other supports to pay for it. I wholeheartedly support that goal.

The medically complex conditions waiver could meet a critical need for continuity of care for people with the conditions that it covers. It could mean that people currently served on the Medicaid for Workers with Disabilities Program wouldn't lose coverage if they are unable to work for a period of time. That gap was a factor in a friend's suicide because when she got sick, she lost access to Medicaid which provided the in-home care that allowed her to stay out of a nursing home and she wasn't willing to be institutionalized again.

My concern is that this specific list of conditions creates additional "if this, then that" outcomes. I often tell people to "choose your disabilities carefully." ALS or kidney failure means you don't have to wait 2 years after your disability determination date before you qualify for Medicare. If you have a mental illness, ~~your long-term disability coverage might only cover two years instead of until full retirement age as it would for another disability...~~ or in the case of this waiver, you wouldn't qualify. This waiver would be one more place where "choosing" a covered disability makes a profound difference in access to coverage and leaves some people discriminated against based on their diagnosis.

X Would it also apply to people who might have access to a spouse's health insurance but it isn't affordable, or only to people who are getting insurance through the exchange? I've been in that family glitch where we couldn't qualify for the Healthcare Marketplace rates because my employer offered family coverage but didn't pay for it. We ended up paying \$810 each month for my husband and daughter's insurance, which would have been considerably cheaper on the Marketplace.

X My co-worker, whose wife was at home with preschool children, couldn't afford to pay for insurance for her, so they contended with unmet healthcare needs and emergency room visits instead.

X And by the way, my family afforded it by working one full time and 4 part time jobs between my husband and myself. I finally left the full time job for a university position... same federal source of funding but vastly better health insurance cost and protections. How many of you make employment decisions based on access to health insurance?

The tax credit waiver also looks like it would expand the number of people in the state under the poverty level who could get health insurance... definitely a step in the right direction. However, the draft of the waiver leaves out details about who would qualify. It says you can have income 0-100% of the poverty level, but also says that you must be a worker and a taxpayer. Does this mean that a person who becomes too ill to work wouldn't qualify?

*wage earner in the household would qualify when a single person wouldn't? That a person with another*

I also have concerns about the higher cost per person of providing insurance through the marketplace than through Medicaid. Is the coverage through a Marketplace plan enough better to justify the cost? What could happen if we put that extra \$2000 per person into increasing Medicaid reimbursement rates?

I now coordinate a statewide low-interest loan program to help people with disabilities finance assistive technology that is not covered by health insurance. In that process, I see bankruptcies and incredible financial messes due to medical debt. Last week an application for a loan to purchase hearing aids came through where the couple were paying \$1300 a month on a \$75,000 medical debt. That payment plus their health insurance was 55% of their monthly income. It shouldn't be this way.

In spite of these concerns, if this is what can be <sup>politically</sup> accomplished, for <sup>hearts</sup> God's sake, please do it. I know what you are up against. I've met with legislators who told me and the co-worker who can't get coverage for his wife, "This isn't about you. It is about ideology." Do what you can. But I also want my voice on the record saying that this isn't the way we should be doing it.

Expanding Medicaid to cover everyone under the poverty level, <sup>would be more equitable</sup> while it is a broader solution for less money, <sup>but it still wouldn't</sup> ~~isn't a solution that closes~~ the holes in our safety net. <sup>I believe</sup> ~~True~~ equity and justice, <sup>are taking place</sup> and that won't happen until we adopt universal health care access.

Thank you

# CID Idaho 1115 Waiver Talking Points

12/12/2017

## Behavioral Health

- Generally the Idaho Health Care Plan is a great first step towards increasing affordable health coverage for Idahoans. However, the plan does not address extensive gaps and deficiencies in Idaho's behavioral health system. Quality and comprehensive health care access should be providing Idahoans with medical, mental health and substance use treatment in a holistic fashion. This means treating the person with an integrated approach to medical, behavioral, and substance abuse treatment.
- We support this effort to insure more Idahoans.
- But, simply only allowing complex medical needs further silos Idaho's healthcare system. No behavioral health conditions are included in the list of qualifying conditions, yet these conditions are both prevalent and costly.
- We strongly recommend the state explicitly ensure the expansion of coverage to Idahoans with Severe Mental Illness (SMI) by adding SMI to the list of medically complex conditions. This would include: schizophrenia; major depressive disorder; bipolar and related disorders; post-traumatic stress disorder; anxiety disorders; and substance use disorders.
- Idaho is currently transforming healthcare clinics to the patient centered medical home model of care through the Statewide Health Innovation Project, SHIP and this approach treats the mind and body through organized and collaborative care. The Idaho Health Care Plan is counterintuitive to the Statewide SHIP transformation efforts.
- Currently, many behavioral health issues are only addressed in emergency rooms at times of crises. Uninsured patients are often left without ongoing care, resulting in a revolving door effect and a financial burden for both them and the hospitals.
- Additionally, the behavioral health care gap directly impacts efforts in criminal justice reform to reduce incarceration and recidivism because those dealing with mental illness and addiction are left, in most cases, without medical care when they are released. This proposal does not mitigate that problem.
- The Idaho Health Care Plan should not impede additional efforts to work with the Idaho Legislature to find cost-effective ways to ensure access to behavioral health services for Idahoans with severe mental illness and other behavioral health issues.
- While the Idaho Health Care Plan is a considerable improvement of current conditions, closing the coverage gap with still available enhanced matching funds, would be a more cost-effective way to improve Idaho's behavioral health system.

Michael Skelton

 12/12/17

To Whom it May Concern,

December 12, 2017

Thank you for this opportunity to share my story with you. My name is Jessica Rachels, I am a Council member of the Idaho Council on Developmental Disabilities and I live in the Sandpoint area. I have been married for almost 16 years, we have four children, one of which was born with disabilities. My husband is self-employed and we both are in the health coverage gap. This means that we don't qualify for a tax credit on the healthcare exchange, therefore we don't have access to affordable health coverage.

However, my eleven year old daughter, Natalie has Medicaid. We are grateful that we live in a state where she can access the needed services she requires and without Medicaid we do not believe she would be here today with us. Natalie was born with disabilities due to the CMV virus. She has undergone ten surgeries, she has several implanted devices, and requires 24/7 care. Natalie has cerebral palsy, hearing loss, seizures, weak lungs, is tube fed, has bladder issues, and high and low muscle tone to name a few. I am grateful that the state provides access to health coverage for kids so that they can grow up healthy. But for children to grow up successfully, they also need to have healthy parents.

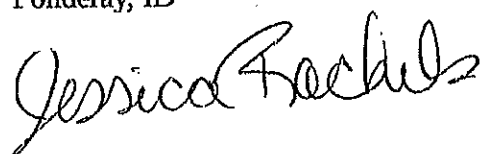
Due to being my daughter's main caregiver I am unable to work outside the home. I also am the full time caregiver to my disabled father. My husband is a hard worker who is supporting a family of six, but we still fall below the income limit to access a tax credit through the healthcare exchange. I have no access to preventative care and I only go to the doctor if it's an emergency. Being that I am my daughter's primary caregiver, it takes a toll on my body. I have issues with the right side of my body from lifting my 78 lb. daughter, from my neck and back down to my feet. I live with daily pain in my foot that needs surgery to fix. As time goes, -on, the pain gets worse and worse from lifting my daughter.

I have not had any preventive care appointments in years because it's over a hundred dollars for a visit and it's the choice between buying groceries for my family or getting a check-up. I would love to be able to catch things before they get worse, but it just isn't in the budget. The only time I ever see a doctor is if it's an emergency. I am fearful that lack of healthcare will cause me to become ill, catch a serious health condition too late, and that my foot pain will become debilitating, I live in fear that a healthcare emergency will bankrupt us or cause me to be unable to care for my children. If I can't care for my children, I am afraid Natalie may be forced to live in an institution away from her family.

My story is similar to other parents who stay home to care for a loved one with a disability but in doing so find themselves in the coverage gap. Being a caregiver takes a physical toll on the person providing the care. Covering more people in the coverage gap is a huge step in the right direction. Investing in the healthcare of family caregivers is a cost-effective approach to providing the needed support for family members who would otherwise require expensive institutional placement. Thank you for developing a proposal to give more people health coverage that are in the gap. While this isn't a complete solution, it is a step in the right direction.

Thank you,  
Jessica Rachels

Ponderay, ID

A handwritten signature in cursive script that reads "Jessica Rachels". The signature is written in black ink and is positioned at the bottom of the letter, below the typed name and address.

