

One thing Idaho politicians hate more than taxes

Marty Trillhaase/Lewiston Tribune

Idaho is not without a heart.

That seems to be the message Gov. C.L. "Butch" Otter's administration is sending in response to Jenny Steinke's death. Earlier this year, the 36-year-old Idaho Falls woman died from complications of asthma.

For anyone with health insurance, that's a treatable condition.

But Steinke was a member of Idaho's Medicaid Gap, the group of 78,000 low-income Idaho adults who earn too little to qualify for subsidized health insurance under Obamacare.

So she put off getting help until an episode left her gasping for air. By the time Steinke reached the hospital, she had stopped breathing.

It was, Jenny's mother-in-law Clella Steinke said, "death by poverty."

The president's health care reform package intended to provide expanded Medicaid coverage for people at the lower income levels.

For the patients, it was a good deal. Rather than putting off lingering maladies until a crisis required a trip to the emergency room, they could get preventive care. Conditions such as diabetes, high blood pressure, mental illness and, yes, asthma, could get early and ongoing treatment.

Accepting Medicaid expansion, the most conservative estimate says, would save between 150 and 200 Idahoans' lives a year.

It was a good deal for the Idaho taxpayers, too. Between local and state programs, they're paying close to \$50 million a year covering the medical bills of people who can't afford to pay for treatment - usually after a health care crisis has struck.

Obamacare offered to provide 100 percent of the Medicaid expansion's costs for the first three years - but never less than 90 percent thereafter.

Thirty states - including Montana, Oregon and Washington - have accepted the program. Utah is deliberating.

The trend suggests Idaho eventually will follow suit - although its determination to be the last state in the union to sign up does not do much for people in Jenny Steinke's predicament.

So Idaho Health and Welfare Director Richard Armstrong - who has literally twisted himself into a pretzel to design some aspect of Medicaid expansion the GOP legislative majority might accept - has come up with a new plan.

It involves raising about \$30 million - apparently by boosting the state's 57-cent-per-pack cigarette tax by about \$1.50 - and using it to provide primary medical care to the uninsured.

How much access an average of \$32 per individual per month provides is subject to debate.

But to be fair, having this system in place last summer might have helped Jenny Steinke.

"I think it's an excellent first step. I think it's an Idaho solution," House Health and Welfare Committee Chairman Fred Wood, R-Burley and a retired physician, told the Idaho Statesman's Bill Dentzer. "I don't view this necessarily as a substitute for (Medicaid expansion). I view it as how Idaho is making an attempt to take care of the indigent population for which we have an obligation, and we're doing it with a solution that we think we can afford."

What it won't buy, however, is prescriptions, lab services or treatments outside the office.

Break your leg?

Need an X-ray?

Require insulin?

Either you'll take on more debts. The health care community will cover it. Or the taxpayers will.

Which is why Wood's fellow legislator-physician, Rep. John Rusche, D-Lewiston, retorted: "Instead of being a good first step, it's a poor second choice."

Sure, raising the cigarette tax hits a minority without the political influence or public sympathy to resist. There are also sound reasons for pricing cigarette smoking beyond the reach of teenagers.

But are Idaho's leaders so caught up in the throes of "Obama Derangement Syndrome" that they would raise taxes \$30 million on top of \$50 million already devoted to paying health care bills Medicaid expansion would otherwise cover?

Even in Idaho, that's hard to

believe. - M.T.