

In this building, elevators don't reach the top

Marty Trillhaase/Lewiston Tribune

Idaho Gov. C.L. "Butch" Otter - and his Health and Welfare Director Richard Armstrong - want Idaho taxpayers to deliver health care that is both inefficient and incomplete to about 78,000 working poor adults.

Nobody likes it.

Democrats on the left and the Idaho Freedom Foundation on the right have dubbed it "Ottercare."

Health care providers last week rushed to declare it inadequate.

But when you're up against the Bedke Rule, it's better than nothing.

More than two years ago, House Speaker Scott Bedke, R-Oakley, decreed no major piece of legislation would reach the floor unless it passes entirely with Republican votes. The GOP has a massive majority in Bedke's chamber - 56 of the 70 members.

Bedke needs 36 Republicans to accept Obamacare's expansion of Medicaid coverage to adults too poor to afford private insurance. He hasn't got them. But he might have just enough moderate Republicans to pass a bill if he forges a coalition with the 14 House Democrats.

Bedke refuses to do it.

So the people in the Medicaid gap are left in the lurch.

The Bedke rule proved fatal to Jenny Steinke of Idaho Falls. Too poor to afford private insurance, she put off getting help for her chronic asthma - estimated to cost about \$2,000 a year - and wound up perishing in a hospital.

By conservative estimates, Steinke is among 150 to 200 Idahoans in the Medicaid gap who will die prematurely this year.

The Bedke rule also is proving expensive to you. Medicaid expansion would deliver the equivalent of about \$280 million worth of health care to the state. For the first three years of the program, the feds were paying 100 percent of the cost - an opportunity Idaho already has squandered - but never less than 90 percent thereafter.

Instead, state and local taxpayers are paying 100 percent of the cost of providing medical care to people deemed unable to pay their bills. That's running at about \$36 million a year.

What is Otter's response?

Add \$30 million to that burden.

Pulling tobacco tax-generated money that otherwise could go to programs such as public schools, the governor would extend primary health care to the working poor. It works out to about \$32 a month per patient.

Otter's plan buys access to the kind of primary care that would have saved

Steinke.

It does not provide prescriptions - unless a physician has access to sample pharmaceuticals. Diabetics may get some relief. People who need anti-seizure or anti-psychotic medicine will not.

Neither does it pay for laboratory work.

The same goes for diagnoses requiring more than an office visit - such as a treadmill test for someone experiencing chest pain.

You can forget EKGs, mammograms or colonoscopies.

So what happens to the person suffering from a chronic ailment? Or the mentally ill? Or even someone who simply stumbles and breaks an ankle?

He puts off getting treatment until he's facing a crisis.

Or takes on a long-term debt he can't pay.

Health care providers eat the debt and cost-shift the expense onto the bills of those with insurance.

Or they turn to the taxpayers through the state and local indigent programs.

That's like going out of your way to hire the least-skilled teachers and then assigning them to the most-crowded classrooms.

Or seeking out the most incompetent civil engineers, hiring the most expensive contractors and constructing the most dangerous highways.

Or even designing office buildings where the elevators don't reach the top floors.

Some heads would roll. Voters would insist.

Why is it different when it comes to poor people's lives? - M.T.