

After saying no, is Idaho changing its tune?

Marty Trillhaase/Lewiston Tribune

How many times have you heard the phrase: "This time it's different"?

Just about the time your level of skepticism is rising, right?

Which brings us to the Idaho's Republican legislative leadership's apparent attempts to help Idaho's "Medicaid gap" population.

Those are the 78,000 adults living at or below the federal poverty line who were left out in the cold. They make too little to qualify for subsidized private health insurance under Obamacare.

And the Legislature refused to accept Obamacare's offer to provide Medicaid benefits to them at little or no cost to the state. For the first three years of Medicaid expansion, the feds would pay 100 percent of the costs and no less than 90 percent thereafter.

Study after study commissioned by Gov. C.L. "Butch" Otter reached the same conclusion: Medicaid expansion would be cheaper than continuing to spend an estimated \$38 million a year on medical bills incurred by people deemed indigent and incapable of covering their costs - usually in the midst of a health care emergency.

Even more compelling is the moral argument. It's clear people in this gap population who don't get help are dying prematurely. Prominent among them was Jenny Steinke, who delayed seeking help for her chronic asthma because she couldn't afford it and ended up dying in an Idaho Falls hospital.

But whether it was a straightforward Medicaid expansion, some hybrid model that used Medicaid dollars to secure private insurance for at least some of the low-income adults or even Otter's far more modest \$30 million Primary Care Access Program, the GOP legislature's answer was always the same:

No.

Late in the legislative session, the House passed a modest health care plan. Frustrated with the lack of progress, the Senate instead passed a plan to seek a more robust Medicaid hybrid from the Center for Medicare-Medicaid Services.

By a party-line vote, the House GOP killed the idea.

So once again, nothing happened.

Perhaps you're among those who found hope among the embers of that debacle. If so, you cheered House Speaker Scott Bedke, R-Oakley, and Senate President Pro Tem Brent Hill, R-Rexburg, who last week convened a legislative working group to begin sifting through its alternatives.

But there's this nagging element called the political calendar.

Whatever the working group does, it has to answer two broad questions:

Who gets coverage?

And what services will Idaho provide?

Reach agreement on that point and they still need the 2017 Legislature to pass it.

Then the state and CMS must hash out a waiver from the standard Medicaid program. Assuming that deal is worked out, then it's back to the 2018 Legislature to sign off on the final arrangement.

Such a vote could come just weeks before the 2018 GOP primary election for governor - Otter is retiring - as well as statewide officers and legislators.

A debate about Obamacare threatens to reopen old wounds between the party's establishment and Tea Party wings.

So why would Medicaid expansion - an issue that has rocked the GOP internally for years - now enjoy a respectful if not enthusiastic legislative response?

Here's one guess: Republicans running for election in legislative districts where Democrats are competitive are being pressed to support something.

That puts the onus on voters this fall. They could transform legislative races in communities such as Moscow, Lewiston, Boise and even southeastern Idaho into a referendum on Medicaid expansion.

That's not a lot to hope for. But for Idaho's most vulnerable adults, it may be all they've got. - M.T.