

Lack of health care insurance is indeed fatal

Marty Trillhaase/Lewiston Tribune When it comes to health care, many of the people at the top of Idaho's political food chain have been in denial.

Year after year, state lawmakers refuse to extend Medicaid coverage to 78,000 low-income adults.

The state's congressional delegation votes to repeal and replace Obamacare, which promises a drastic cut in Medicaid funding.

And 1st District Congressman Raul Labrador - who is running for governor - famously says "no one dies because they don't have access to health care."

Nonetheless, the verdict is in: What they're doing means more suffering and premature death for the people they're willing to leave behind.

As Bryan Clark of the Idaho Falls Post Register reported last weekend, a new metastudy published in the New England Journal of Medicine knocks the props out from under them. You can debate how to provide people with health care - or how much money the government should allocate toward that end.

"But whether enrollees benefit from that coverage is not one of the unanswered questions," the study says. "Insurance coverage increases access to care and improves a wide range of health outcomes. Arguing that health insurance coverage doesn't improve health is simply inconsistent with the evidence."

To anyone who has followed what transpired under the Massachusetts health care model passed under former Gov. Mitt Romney, that's not exactly a headline.

Give people access to screenings and you'll catch cancer in its early stages when its more effectively countered.

Provide them with treatment for hypertension and you could avoid a stroke or kidney failure.

And if someone with asthma has access to medicine, she won't end up in the kind of crisis that took Jenny Steinke's life in an Idaho Falls hospital two years ago.

It turns out Romneycare dropped the premature death rate by 19.6 per 100,000 adults. Then as more people relied upon it for preventive care, the death rate dropped again by 22.5 per 100,000.

The physician who tried to save Steinke, Dr. Ken Krell of Idaho Falls, estimates that works out to about 368 people in Idaho who would avoid premature death each year if they had access to Medicaid.

Until now, Idaho's health care deniers could point to their own study, which focused on patients who gained Medicaid in Oregon. The results, they said, were inconclusive.

"I think it played some role (in blocking Medicaid expansion)," former state Rep. John Rusche, D-Lewiston, told Clark. "I don't know if you'll find anyone who is knowledgeable of the facts or has any expertise who supports that position (that increasing coverage doesn't improve health outcomes)."

Says this latest review: Oregon's numbers were an incomplete snapshot of too few people - about 10,000 - during a relative brief period of time - about two years.

Here's one more inconvenient fact the New England Journal of Medicine article points out: In the interest of saving human lives, this nation allocates a great deal of resources safeguarding the workplace and protecting people from environmental degradation.

For each \$7.6 million spent on safety and environment, one life is saved.

But Medicaid is far cheaper. For every \$327,000 to \$867,000 parceled out to Medicaid, a life is saved. Who would call that a bad bargain?

Apparently the Idaho Legislature, which prefers squandering money and lives to extending Medicaid.

Ditto for the Idaho congressional delegation, which has voted for even deeper cuts in Medicaid.

Add to that list Congressman Labrador. The man many believe is his party's frontrunner for governor is fundamentally misinformed about the relationship between mortality and preventive health care.

They are not following the data. They are disregarding it. When they withhold life-saving care from people, they are making a deliberate choice. - M.T.