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OPINION

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IDAHO'S NEXT STEPS ON OBAMACARE REQUIRE FURTHER STUDY, CAREFUL CONSIDERATION

By Governor C.L. "Butch" Otter

Like nearly everyone else, I was surprised by the U.S. Supreme Court's ruling on the Patient Protection and Affordable Care Act, or Obamacare.

Like me, many observers thought the court likely would strike down as unconstitutional at least the individual mandate portion of the law, requiring citizens to purchase health insurance or pay a financial penalty – which the justices decided actually is a tax.

That would have torn away the flimsy financial underpinnings of the law and relieved us of having to somehow implement this unprecedented extension of federal authority. But it didn't happen. So rather than vindication for Idaho's legal challenge to Obamacare or clarity about a path forward, the court's decision left me and many others with more questions than answers.

The two biggest questions for the State of Idaho now are how to address the federal mandate for a health insurance exchange – essentially creating an online marketplace for patients to shop for coverage, with plenty of federal strings attached – and whether to expand Medicaid eligibility to cover uninsured adults with income levels up to 138 percent of poverty. That would be more than \$31,000 a year for a family of four.

You might have heard some of my colleagues from other states declare early on that they would not implement either of those two main pillars of Obamacare, based on their hope and belief that President Obama will fail in his re-election bid and Congress then will repeal the law and substantially change the federal requirements. I can't fault them for that approach and I share their desire for that outcome, but I can't yet join them in putting all our policy eggs in that basket.

My priority remains finding Idaho solutions that make quality health care more accessible and affordable for all Idahoans. To that end, rest assured I will continue working for market-based solutions while resisting tax increases and imposition of more unnecessary government bureaucracy. But I also will not put Idaho citizens in the position of hoping and working for the best outcome without also preparing for the worst.

Our difficult and unavoidably controversial decisions about whether and how to implement the insurance exchange and Medicaid expansion parts of Obamacare must be based on the best information available. Despite the great work of Dick Armstrong and his team at the Department of Health and Welfare and Bill Deal and his staff at the Department of Insurance – who are working with independent consultants to analyze our options – clear and definitive data on these questions has been elusive. That’s why I’m putting together working groups to research and carefully examine how best to approach these issues based on facts rather than speculation and political woolgathering.

The data we need includes just how many new Idahoans would become eligible for Medicaid under the proposed expansion; how many people who already are eligible for Medicaid but are not enrolled will sign up in order to meet the federal requirement to acquire health coverage; and how much all that would cost taxpayers.

Our estimates now are pretty amorphous, but some approximations put the added cost at \$245 million by 2020. That’s about as much as we are appropriating from general tax receipts in the coming budget year for all our colleges, universities and community colleges combined. There also could be significant offsets to those costs, but we simply don’t yet know how much or under what circumstances.

If we decide in favor of cooperating with the feds on an insurance exchange but against expanding Medicaid eligibility, some groups of patients – such as low-income single men – simply won’t get any federal help paying for coverage.

I will ask for findings and recommendations from my working groups by this fall so that we will retain the option of federal funding for developing a health insurance exchange. In the meantime, I will continue working with Directors Armstrong and Deal and our public- and private-sector partners in pursuit of Idaho-based initiatives separate and apart from Obamacare. The process I started in 2007 is moving forward on developing primary care medical homes, expanding electronic medical records technology, improving our behavioral health systems, and adopting managed care for Medicaid patients.

As we continue seeking certainty in the context of Obamacare’s uncertain future, I remain committed to the tenets of limited government and unlimited opportunity, living within the people’s means, and empowering Idahoans to be the architects of our own destiny.

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