Heart Disease, Stroke, and the Uninsured

The Problem
Every day, approximately 78,000 Idahoans face the challenge of living without the stability of health care coverage, forcing them to over-utilize emergency rooms, or go without care until a situation becomes potentially devastating. Reliance on indigent and catastrophic care and emergency room visits inflicts expensive costs on Idaho taxpayers, costs that could be avoided if more individuals had health care coverage.

Cardiovascular disease (CVD) and stroke are two of the top five leading causes of death in Idaho. Individuals suffering from CVD without access to health care often fail to receive appropriate and timely medical care, suffering poor health consequences and higher mortality rates. The most prevalent reason the uninsured with CVD cite for the lack of coverage is cost-for routine medical care, prescription drugs and many specialty services that are necessary for those diagnosed with CVD.

The financial burden of the uninsured is heavier when our state is paying for emergency room visits and catastrophic care, instead of focusing on preventive, proactive care. In fact, the state of Idaho paid over $31 million in the Catastrophic Health Care Program in 2013, on top of counties paying for indigent care services. These programs cost taxpayers’ money, without providing efficient or effective health care.

The Solution
We need an effective way to provide health care coverage to those 78,000 Idahoans who do not qualify for Medicaid, yet still cannot afford health insurance. We need to reduce the inefficient and expensive programs that create a financial burden on taxpayers, without providing appropriate health services. If Idaho does not revise the current system, over $1 billion dollars will go to states taking advantage of federal dollars in the next eight years, while we lose out on cost savings measures as well. But, there are ways to improve our health care system, and improve the health of all Idahoans.

Proposals
The Healthy Idaho Plan (HIP) is a unique solution, designed and recommended by the Governor’s Medicaid Redesign Workgroup, to maintain the autonomy of our state, while providing health coverage for uninsured Idahoans. This plan would help provide primary, coordinated care, as well as specialty care, labs, pharmacy and other necessary medical services, while encouraging personal responsibility and work for individuals with this coverage. It would allow the state and counties to reduce inefficient spending in the Catastrophic and Indigent Care funds, while also providing medical homes and coordinated care for those with chronic conditions, reducing the reliance on costly and expensive emergency room visits. The full range of services provided by the HIP are essential when dealing with complicated conditions like CVD, or recovering from a stroke. Chronic conditions, like CVD, stroke, diabetes, and others, require specialists and monitoring, as well as follow up care that can help prevent future incidents. The HIP would allow patients to receive this essential support, improving health and decreasing costs.
Implementation of the HIP would also likely result in improved economic productivity, reduced costs for corrections, law enforcement, emergency response, and the courts, as well as possible new tax revenues from the increase in economic activity.

Additional alternatives have been proposed, such as the Primary Care Access Program (PCAP). While this plan acknowledges the difficulties facing our state when it comes to the number of uninsured Idahoans in need of care, it does not provide the coverage necessary to solve the problem we see in our health care system. PCAP would offer primary and preventive care and a limited amount of other services, however it would not cover the specialty care or hospital services often required by CVD and stroke patients. The PCAP would also not reduce the reliance on Catastrophic and Indigent Care funds, and would require additional state funds not yet designated. While the effort to ensure access to primary and coordinated care is helpful, it does not go far enough to solve the problem faced by 78,000 Idahoans.

**Why We Support HIP**

The AHA / ASA and many other organizations, associations, businesses, and communities support the Healthy Idaho Plan. The AHA / ASA supports the HIP because it provides Idaho-based solutions to the health care problems we face. We know that when people with CVD have access to health coverage they are:

- Twice as likely to take medication appropriately
- More likely to have controlled blood pressure
- More likely to be checked and monitored for high cholesterol and other risk factors
- More likely to access rehabilitation services, reducing future risk

In our current system, we all pay the costs of those that fall in the coverage gap, through current tax dollars going to Catastrophic and Indigent Care, higher insurance premiums, and higher service costs through inefficient use of the health care system. The Healthy Idaho Plan would allow enrolled individuals to access necessary and appropriate care, reducing costs to taxpayers, and helping Idahoans stay well, while maintaining personal responsibility and accountability.

The value of health care isn’t measured simply in dollars and cents, but in the strength of our communities, in the economic productivity of our state, and in lives saved. We need to take action now. The Healthy Idaho Plan provides necessary health care coverage, protects Idaho autonomy, and proposes a solution to the health care concerns we continue to face. The AHA / ASA supports the Healthy Idaho Plan as the best path forward to protect and improve the health of all Idahoans.