

Res. 16-01

RESOLUTION TO SUPPORT HEALTH INSURANCE COVERAGE FOR LOW INCOME IDAHOANS

WHEREAS, according to the World Health Organization, public health refers to all organized measures (whether public or private) to prevent disease, promote health, and prolong life among the population as a whole. This includes assuring that all populations have access to appropriate and cost-effective care, including health promotion and disease prevention services.¹

WHEREAS, the mission of Idaho’s local public health districts includes preventing disease, disability, and premature death;

WHEREAS, it is estimated that 78,000 low income Idahoans do not have health insurance coverage.²

WHEREAS, lack of health insurance is associated with as many as 44,789 deaths per year in the United States;³ and it is estimated that between 76 and 179 people will die annually if Idaho does not expand health insurance coverage;⁴

WHEREAS, health insurance coverage is strongly related to better health outcomes for both children and adults when it makes health care affordable and helps consumers use care appropriately;⁵

WHEREAS, the increased risk of death attributable to uninsurance suggests that alternative measures of access to medical care for the uninsured, such as community health centers, do not provide the protection of private health insurance.³

WHEREAS, with expanded insurance coverage offered through Your Health Idaho, the state catastrophic health care program and county medically indigent program saw a 30% reduction in costs in the first year.⁶

WHEREAS, health insurance coverage for the 78,000 Idahoans who fall in the coverage gap would remove the tax burden to Idaho taxpayers for the nearly \$36 million that is currently being paid by the state catastrophic health care program and county medically indigent program⁶; and

THEREFORE BE IT RESOLVED, that the Idaho Association of District Boards of Health supports providing health insurance coverage to individuals and families whose incomes are between 0% and 100% of the federal poverty level in order to ensure access to health care with the most cost effective healthcare service delivery system.

¹World Health Organization, Trade, foreign policy, trade and health: Public Health, <http://www.who.int/trade/glossary/story076/en/.html>. Accessed on March 15, 2016.

²Idaho Workgroup on Medicaid Redesign Options to Provide Healthcare Services to Low-income Idaho Adults, Report 2, December 4, 2014, <http://gov.idaho.gov/pdf/1204%20Medicaid%20Workgroup%20Report.pdf>.

³Wilper, A. P., Woolhandler, S., Lasser, K. E., McCormick, D., Bor, D. H., & Himmelstein, D. U. (2009). "Health Insurance and Mortality in US Adults," American Journal of Public Health, 99(12), 2289–2295, <http://doi.org/10.2105/AJPH.2008.157685> and <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2775760/>.

⁴From Peterson, S. Presentation: "The Economic Impacts of Medicaid and Proposed Medicaid Expansion Presented to: The Governor's Workgroup to Evaluate Medicaid Eligibility Redesign Options", pg 18, August 14, 2014, http://www.healthandwelfare.idaho.gov/Portals/0/AboutUs/FromTheNewsroom/0814_Peterson_MedicaidExp.pdf.

⁵Bernstein, J., Chollet, D., & Peterson, S. "Does Insurance Coverage Improve Health Outcomes?" Mathematica Policy Research, Inc., no.1, April 210, http://www.mathematica-mpr.com/~media/publications/PDFs/health/reformhealthcare_ib1.pdf.

⁶Christensen, Roger S. Catastrophic Health Care Cost Program, Joint Finance & Appropriations Committee Presentation, January 21, 2016, <http://gov.idaho.gov/pdf/1204%20Medicaid%20Workgroup%20Report.pdf>. Accessed March 16, 2016.