

Iowa Choice Health Care Coverage Advisory Council

Adult Health Care Coverage Subcommittee

September 17, 2008

Meeting Minutes

The initial meeting of the Adult Health Care Coverage Subcommittee was convened with members Carrie Fitzgerald, Jan Laue and Joe Teeling present. A number of guests were present. Joe Teeling was elected Chair; Jan Laue was elected Committee Secretary.

The Committee first discussed adults with incomes under 150% of FPL:

1. Medicaid: Congress could give states the option to cover adults under 150% of FPL. We should raise this issue with our Congressional delegation.
2. Iowa Care: We need to get our waiver renewed.
3. Charity Care: Can we use the money spent for charity care to extend coverage instead?
What is the cost of uncompensated care in hospitals?
What is the cost of "wrap-around" care?
What is the cost of free clinics?
4. Medicaid for employed people with disabilities. This is a federal program in which Iowa participates, but it is very limited. States have the option of charging a graduated premium. Medicaid is more attractive because it pays less to providers and providers shift costs to private payers.

The Committee discussed possible options for adults with incomes over 150% of FPL:

- If Medicaid payments to providers were better, insurance costs could go down somewhat. *less expense*
Medicaid/Medicare currently pays hospitals 20-30% less than private insurers.
- Premium subsidies: a high percentage of adults have insurance available at work, but many can't afford it.
- Require all employers to offer coverage
- Have a separate pool for all employees that don't have employer coverage
- Give an incentive to small employers to provide coverage
- Individual market
- Individual mandate
- Include individuals in small group market
- Require everyone to pay for health care just as everyone pays for education
- Increasing forms of "buy-in," i.e., in HF 2539 the legislature increased coverage for children up to age 25. This is a form of buy-in.

Joe Teeling volunteered to collect and provide the committee with information on practices/proposals in other states.

It was noted that small group health care was mandated to have certain coverage, but it doesn't apply to large groups, i.e. self-insured under ERISA; we should allow small groups to offer the same coverage as large groups.

Also, is there a way to lower the cost of HIP Iowa?

The Subcommittee meeting concluded with the re-convening of the Advisory Council.