

Attachment—Additional Questions for the Record

**Subcommittee on Health
Hearing on
“Building on the ACA: Legislation to Expand Health Coverage and Lower Costs”
March 23, 2021**

Mr. Dean Cameron, Director, Idaho Department of Insurance

The Honorable Gus Bilirakis (R-FL)

1. Mr. Cameron, to address access and cost, some have proposed Medicare-For-All.
 - a. From everything you have seen and read, could you guarantee the citizens of your state that their taxes would not be raised to pay for Medicare-For-All or that they would not lose their current coverage or that seniors’ benefits would not be changed or reduced?
 - o Any reason to suspect a different answer from your colleagues in other states?

Answer: Thank you for the question. First and foremost, I could not and would not guarantee to the citizens of Idaho that their taxes would not be increased, or their current coverage would not be lost, nor senior’s benefits would not be reduced with the passage of Medicare-for-All.

For a rural state like Idaho, the Medicare-for-All proposal would likely increase our provider shortage and could potentially leave many of our underserved areas without access to appropriate medical care, which would lead to delayed care and increased costs.

I would suspect my colleagues would give a similar response, but the NAIC has not taken a position on the issue.

2. Mr. Cameron, as the Co-Chair of the Rare Disease Caucus, increasing access to breakthrough cures and treatments is very important to me.
 - a. How would Medicare-For-All impact patients with rare disease or specialized health care needs?

Answer: As indicated above, under the Medicare-for-All proposal there is a risk of provider shortages in rural states. Providers already complain about Medicare reimbursement rates being insufficient to pay for the expenses of seeing patients. In rural states, the first providers impacted would likely be specialists, the type of

providers who care for people suffering from rare diseases or who require specialized health care. I believe it is probable that these providers would no longer be able to serve rural areas due to insufficient reimbursement rates under a Medicare-for-All approach. Consequently, patients with rare conditions would have a more difficult time finding adequate care.