



## Candidate Forum Questions

### Opening Question:

Health Votes Montana – 2012 offers the public an opportunity to ask candidates firsthand where they stand on issues of health care funding, disease prevention and access to care. This non-partisan forum will include candidates for various state offices from both political parties. It is sponsored by the American Cancer Society Cancer Action Network, American Lung Association in Montana, American Heart Association, National Multiple Sclerosis Society, Greater Northwest Chapter, Montana Public Health Association and Association of Montana Public Health Officials.

If you are elected as a state legislator, how do you envision the relationship and interaction between you, the new administration, and healthcare stakeholders, especially the most vulnerable and costly patients - those facing chronic illness?

### Access to Care:

1. What are your plans to make health insurance more affordable for people with a chronic condition? How do we improve access to health care for people in rural areas?
2. Describe for us your plan, and the funding mechanism, for improving access to primary and preventative health care, and describe your plan for increasing the number of Montanan's who have health insurance. Please take into consideration the following:
  - a. Currently one in five Montanans are uninsured. This means approximately 195,000 Montanans have no coverage by private health insurance or a state program like Medicaid.
  - b. Montana has the opportunity to reduce the uninsured number through tools made available through the Patient Protection and Affordable Care Act, including the Federal Insurance Exchange and the expansion of Medicaid.
  - c. Montana's Medicaid program provides coverage up to 34% of the federal poverty level for non-working parents and up to 56% of the federal poverty level for working parents. Many adults without children do not qualify for Medicaid. The Federal Insurance Exchange provides subsidies for individuals who are between 100% and 400% of the federal poverty level. This creates a gap between those who will qualify for public insurance and those who will qualify for a federal subsidy. 72,000 Montanans fall into this gap, earning under\* 100% of the federal poverty level.



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Data in a and b were taken from a presentation by Gregg Davis, Bureau of Business and Economic Research, The University of Montana, to the Montana Interim Children, Families, Health and Human Services Interim Committee on August 20, 2012. <http://leg.mt.gov/content/Committees/Interim/2011-2012/Children-Family/Topics/Medicaid%20Monitoring/aug2012-bber-powerpoint-insurance-survey-results.pdf>

### Healthcare Consumer Protection:

1. Montana is one of three states that lack any form of rate review for health insurance premiums. Currently, consumers in Montana have no way of knowing what factors contribute to the rising cost of health insurance premiums. This makes it difficult for consumers to make educated decisions when choosing between competing health plans. How would you make health insurance premium rates more transparent for Montana consumers? Will you support legislation that would give the Montana State Auditor the ability to review health insurance premiums before they take effect?
2. Some cancer patients who choose to participate in cancer clinical trials are being denied access to routine care that would have been afforded to them if they were not on a clinical trial. **Will you support legislation that would assure that all cancer patients are assured routine care regardless of their participation in a clinical trial?**

### Public Health:

1. In 2004 and again in 2006 through two citizen initiatives, two-thirds of Montanans voters directed tobacco settlement funds and raised the tobacco tax to pay for prevention programs, prescription drug assistance for seniors, and subsidies for health care coverage for small business and low income individuals with significant health problems. These programs and their earmarked amounts have had to be defended last legislative session with some legislators advocating zero funding. Will you honor the will of the voters and support the full allocation of the funds as instructed by the voters during the 2013 session?
2. Research from the Trust for America's Health shows that for every \$1 invested in proven community-based programs, you get a return or savings of \$5.60. Furthermore, national polling data suggests that nearly 75% of Americans support resources going to community prevention initiatives and services. Disease prevention, the promotion of healthy behaviors and helping our aging population remain in their homes and avoid institutional care are all key strategies for reducing overall costs to the healthcare system. As a state lawmaker, what specific policies and investments would you make to promote prevention, healthy behaviors, and home and community-based care?



## Environmental Health:

1. All Montanans deserve a safe and healthy environment. Environmental Health encompasses the majority of our daily lives; the homes and subdivisions that we live in, the water we drink, air we breathe and the food that we eat must all be assured safe. At the forefront of current issues in Montana is safe and responsible development with regard to gas and oil as well as air quality. Protection of these core items are carried out day to day by state and local government employees. If elected, what Environmental Health programs are a priority to you and do you feel it important to preserve funding for Environmental Health programs?

## Financing:

1. What do you view as the root cause of rising healthcare costs, what proposals would you support to directly address this problem in order to lower the cost of insuring people and delivering high quality healthcare services? Please include in your answer an explanation of the role you plan to take with stakeholders such as consumers, businesses, physicians, hospitals, and other health professionals to develop solutions to rising costs.
2. Now that states have the option to expand Medicaid to low-income individuals with full federal funding for several years or not to expand Medicaid with no penalty of withheld federal funding, should Montana expand Medicaid as proposed in the ACA or seek a way to cover low-income Montanans with another approach embodied in a CMS waiver request? Why or why not? Please explain any ideas you have on alternate coverage ideas.
3. Please explain your position on the relationship between state reimbursements to healthcare providers, access to care, and "cost-shifting." How will you determine the appropriate state reimbursement levels for healthcare providers?

## Workforce:

1. In your view, what are the most critical health care workforce challenges facing Montana, and what specific policies and appropriation approaches would you advance to address those? Specific follow-up: Medicaid reimbursement- How will you address the growing gap between current reimbursement levels and actual cost of care for Medicaid beneficiaries? Training support- what will suggest to perhaps enhance, Montana's Family Practice Residency Program(s), and Montana's access to WAMI?
2. Please specifically address your position on Medicaid reimbursement and health care provider training and support in Montana.

