The Outlook for Health Care

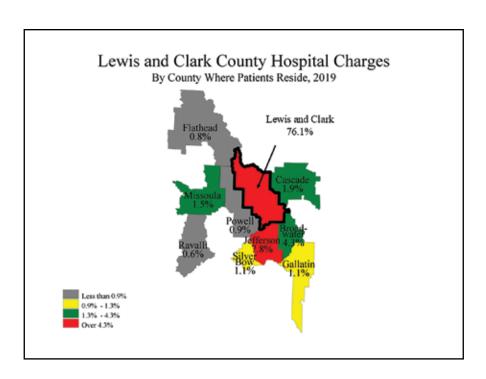
Patrick M. Barkey, Director of Research Bureau of Business and Economic Research University of Montana

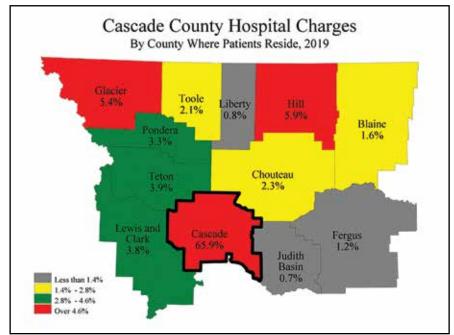
Is Montana Health Care Getting Healthy?

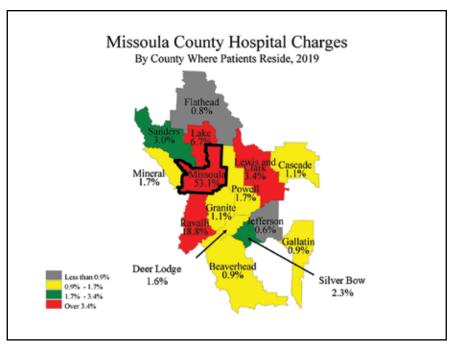
- COVID was hugely disruptive to most health care providers, and damaging to health outcomes
- Labor costs spiked, inflation pushed up costs, demand for discretionary care slumped
- · Medical care price growth almost stopped
- Some regulatory innovations helped (cross-state licensing, tele-health)
- Pre-COVID trends in job/wage growth, medical inflation have now resumed
- · Impacts of "great retirement" have persisted

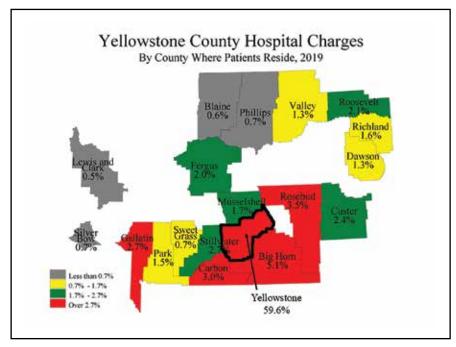


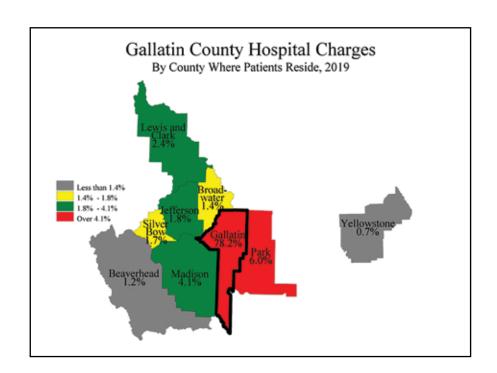


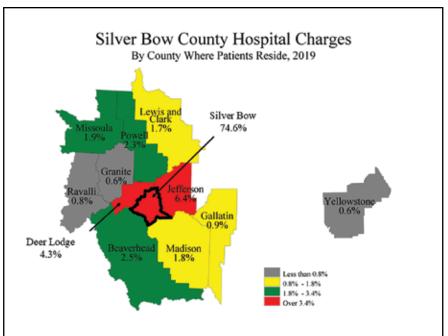


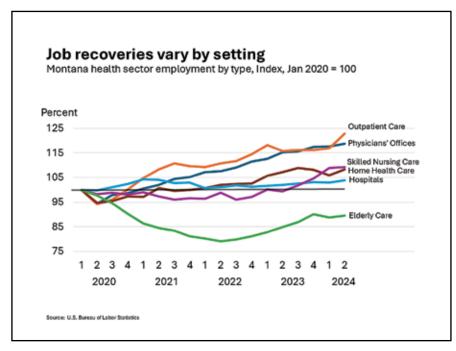


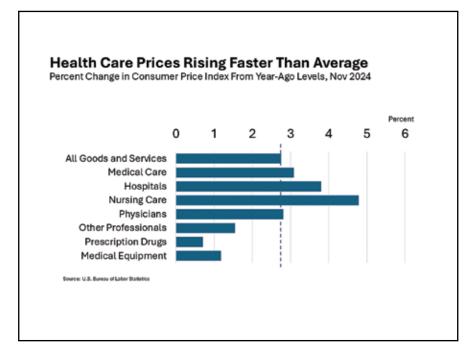


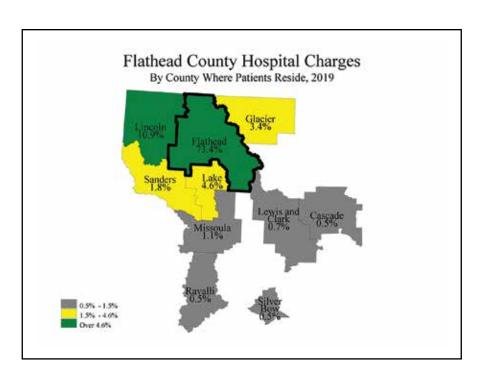


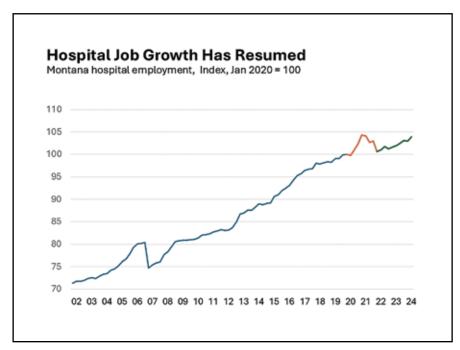


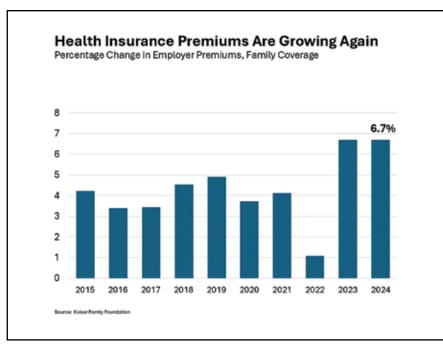


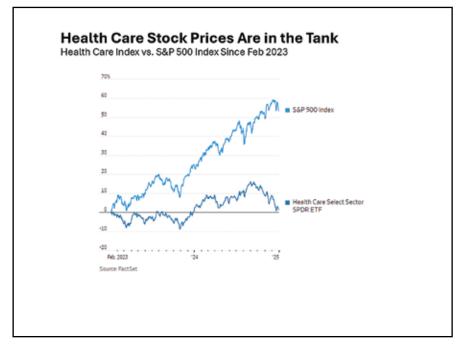


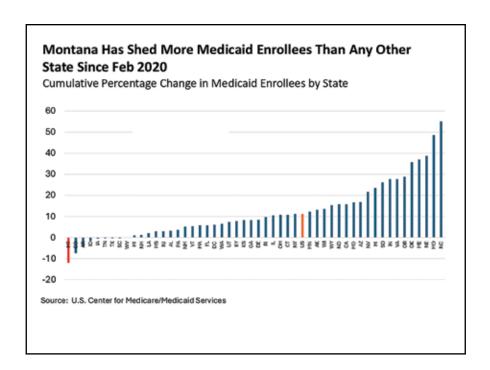












Why Matter?

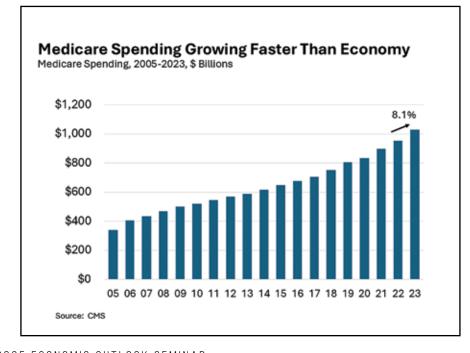
→ Large impacts of Medicaid

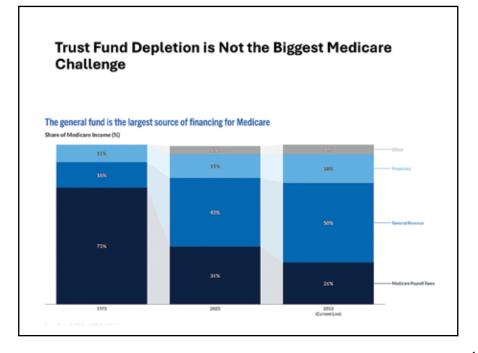
Providers:

- Improved payer mix, less uncompensated care
- Improved financial performance of hospitals, particularly small and rural providers

Long run impacts on children:

- Reduces mortality and disability in adulthood, better mental health outcomes
- Increases adult employment, increases adult wages
- Raises college enrollment rates



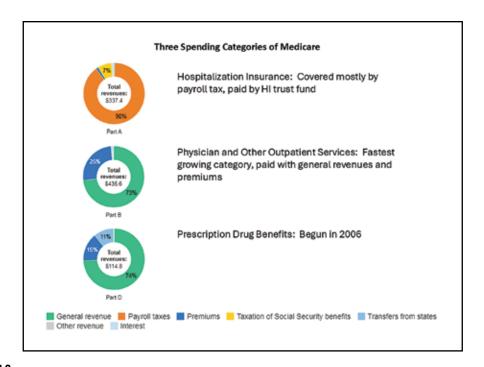


Why Are Medicaid's Impacts on Health So Hard to Find?

- Oregon Medicaid experiment in 2008 failed to show difference in health care outcomes for those with and without Medicaid
- Similar findings (not as robust) have been found for all health insurance, not just Medicaid
- Lifestyle choices (hypertension, diabetes, obesity) are dominant factors in health
- Those who lack insurance still have access to medical care

Montana Has a Huge Stake in the Financial Sustainability of Medicare

- In 2021, there were 244,107 Montanans enrolled in Medicare
- That 22% share of the total population was the fifth highest of all states
- In many parts of Montana, 50% or more of health expenditures come from Medicare spending
- Medicare actuaries project that the Hospital Insurance trust fund will be exhausted by 2036 (ten years later than projected in 2019)



Implications for the Future

- HI trust fund will be insolvent "soon." Solvable with a small increase in the payroll tax rate. Easier if this is done sooner
- Burdens on federal budgets and individual premiums are not as easily solved.
- Politically popular actions (price controls) have not proved practical or sustainable
- · Pressures continue to expand Medicare

Two Paths for Reform

- Administrative approach:
- Implicitly accepts basic structure of the program, government pays for health care that providers deliver
- · Cost control from a top-down approach
- Change program parameters, including tax rates, eligibility age
- Similar actions taken in the past have a mixed track record (e.g., electronic medical records)

Two Paths for Reform

- · Market-based approach:
- · Politically toxic, "third rail"
- Addresses health care cost growth with market forces rather than administrative actions
- Most proposals replace open-ended coverage with a cash benefit, packaged with insurance for catastrophic costs
- Can a 60-year old program really be changed?