



Protect Medicaid – Expansion

Abbi Coursole

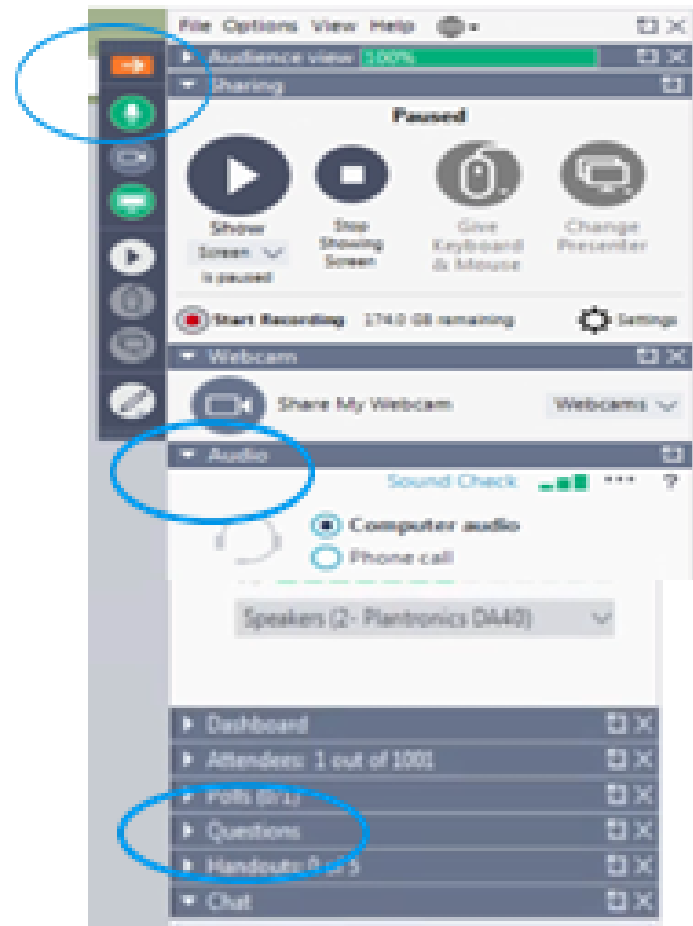
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Housekeeping

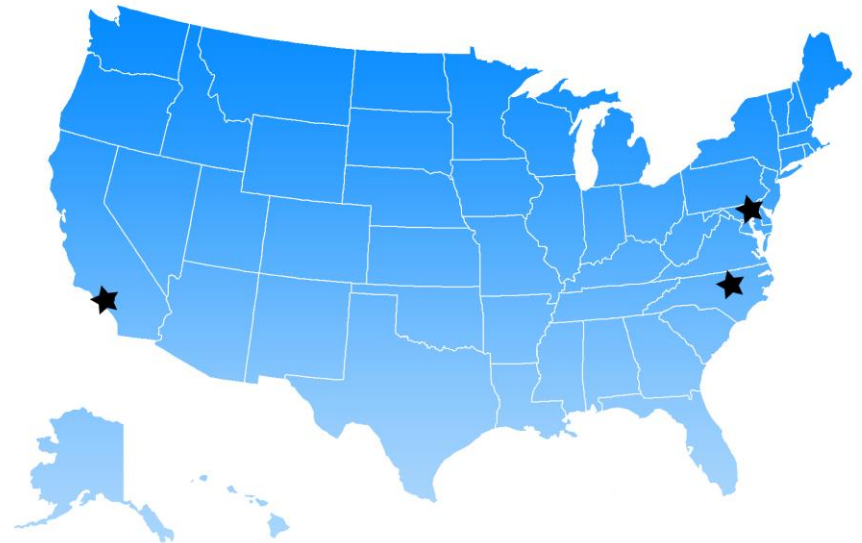
GoToWebinar Interface...

- Maximize/minimize your screen with the chevron symbol
- Telephone participants need to enter their audio pin
- Please share your questions!
 - Ask a question in the questions log
 - Yes, we will make the recording, slides, and materials available



About NHeLP

- National non-profit committed to improving health care access and quality for low income and underserved individuals and families
- State & Local Partners:
 - Disability rights advocates – 50 states + DC
 - Poverty & legal aid advocates – 50 states + DC
- Offices: CA, DC, NC
- Join our mailing list at www.healthlaw.org
- Follow us on Twitter @nhelp_org



The Medicaid Promise

- Federal-state partnership –
 - States pay part of the costs
 - On average 57% paid by the federal government, but up to 75% in states with lowest per capita income
 - Enhanced federal match for system upgrades, services for newly eligible adults, family planning, preventive services
- No waiting lists (except for some waiver programs)
- As an “entitlement” Medicaid is a “property interest” under the Constitution and cannot be taken away without due process

What makes Medicaid, Medicaid?

- Medicaid Expansion: what is it, who gets it?
- What are the Benefits of the Medicaid Expansion?
- What will the American Health Care Act do to the Medicaid Expansion?
- ¡Viva la resistencia!

Webinar based on forthcoming paper:
What Makes Medicaid, Medicaid? Medicaid Expansion

Medicaid Eligibility

- Traditionally, “four hurdles” of eligibility
 - Fit into category – seniors, individuals with disabilities, parents (including pregnant women), or children
 - Extremely limited income/resources
 - Citizen or qualified immigration status
 - State resident
 - No additional arbitrary eligibility rules
- Means-tested entitlement program
 - Pre-ACA, low income necessary but not sufficient
 - Post-ACA, low income sufficient...at least in some states

Medicaid Expansion Eligibility – ACA Changes

- New “Adult Expansion” or “Group VIII” category created by the ACA: adults 19-64, not pregnant, not Medicare eligible
 - No other category requirement
 - Income < 138% FPL = \$16,243 (single) or \$21,983 (married)

The Supreme Court and Medicaid Expansion

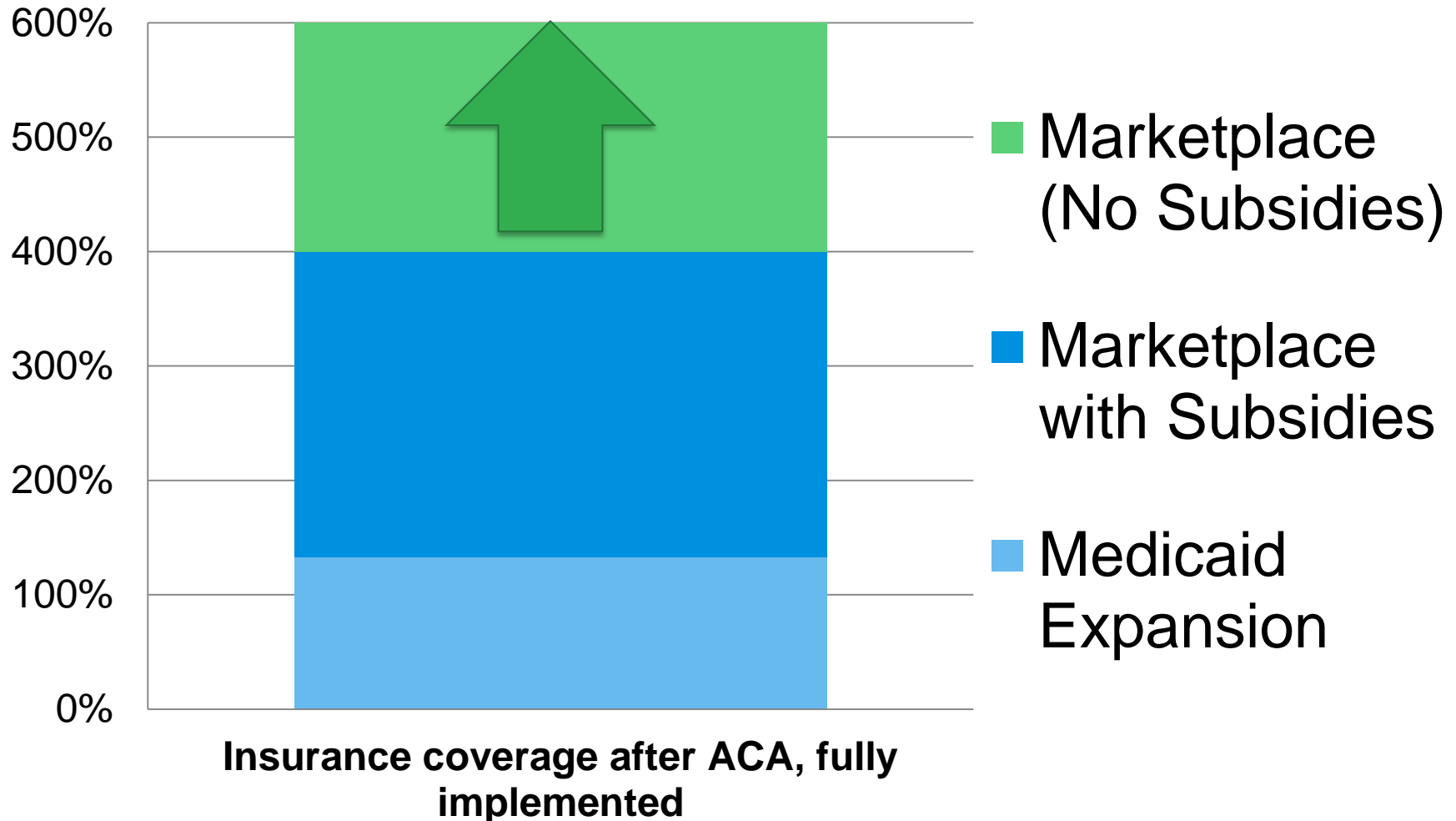
- Supreme Court decision in NFIB v. Sebelius means states that do not expand Medicaid are not be penalized.
 - Many states have weighed the costs and benefits of the Medicaid Expansion as a result.
 - Stakeholders and state advocates have worked hard at the state level in undecided and no states to push for Expansion.



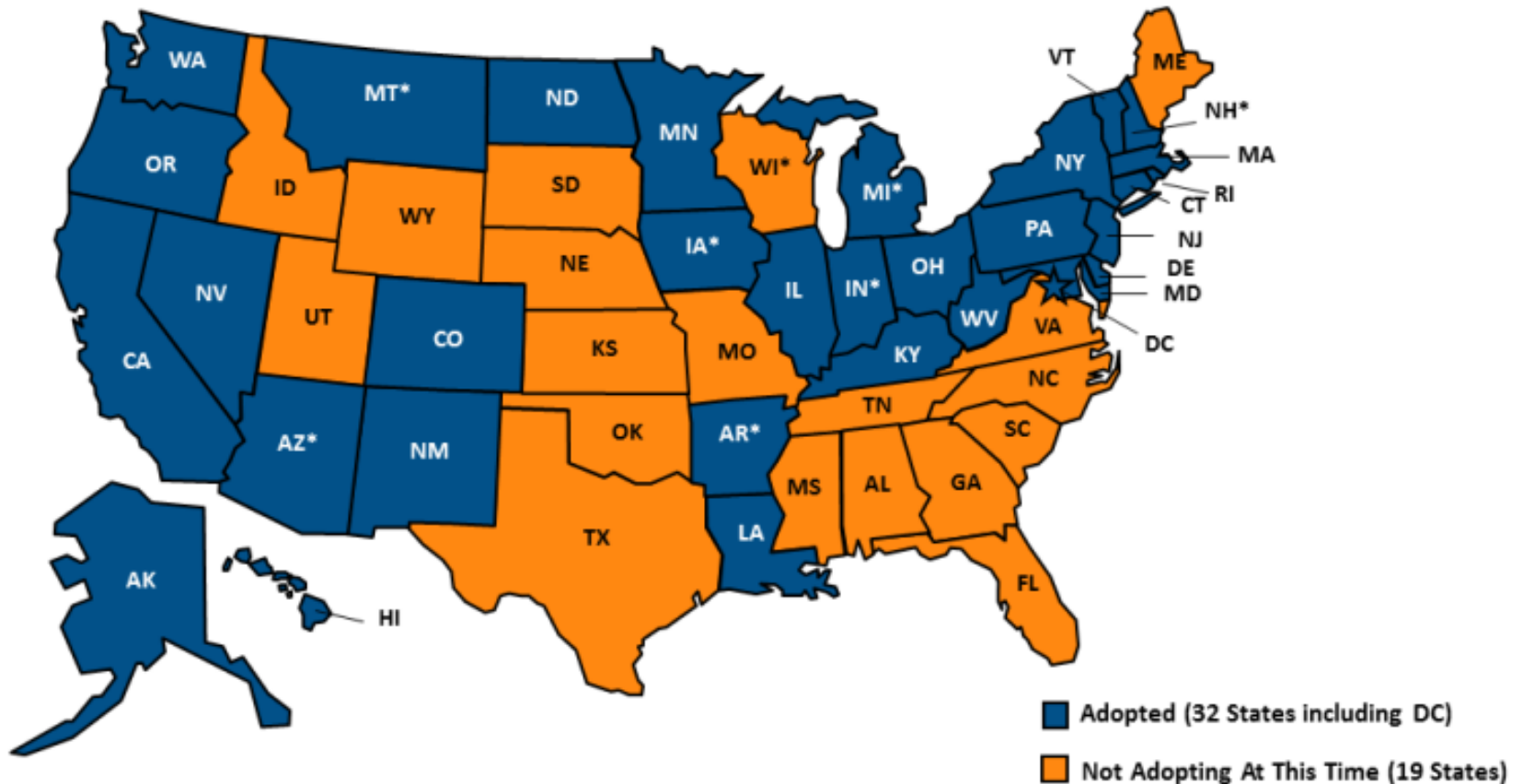
Coverage Expansion under the ACA*

- **Income below 138% FPL →
Expanded Medicaid**
- **Income 100% – 400% FPL →
Marketplace Coverage
(with subsidies)**

Federal Poverty Level % Coverage – Full ACA Implementation



Current Status of State Medicaid Expansion Decisions



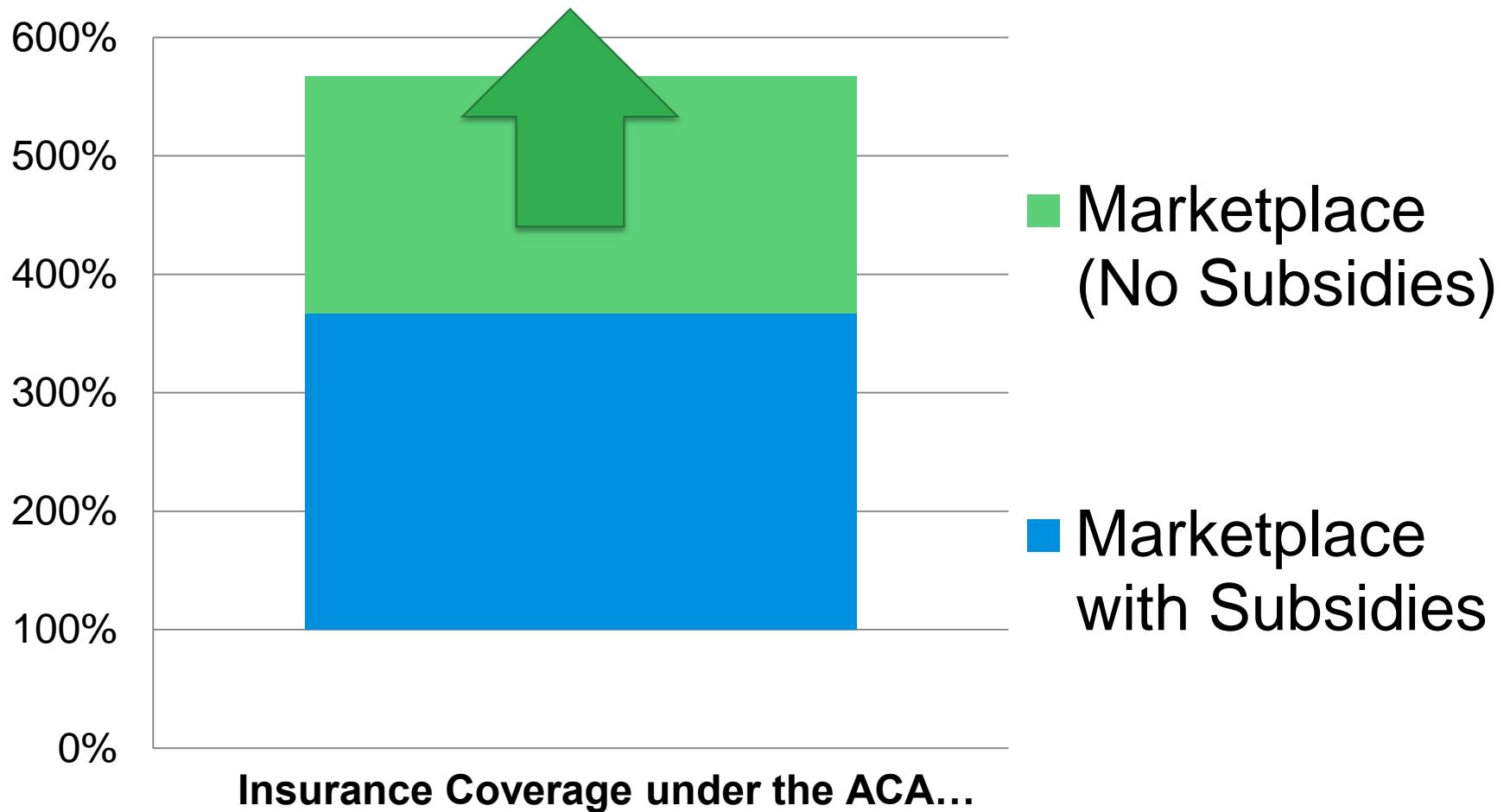
NOTES: Current status for each state is based on KCMU tracking and analysis of state executive activity. *AR, AZ, IA, IN, MI, MT, and NH have approved Section 1115 waivers. WI covers adults up to 100% FPL in Medicaid, but did not adopt the ACA expansion.

SOURCE: "Status of State Action on the Medicaid Expansion Decision," KFF State Health Facts, updated January 1, 2017.

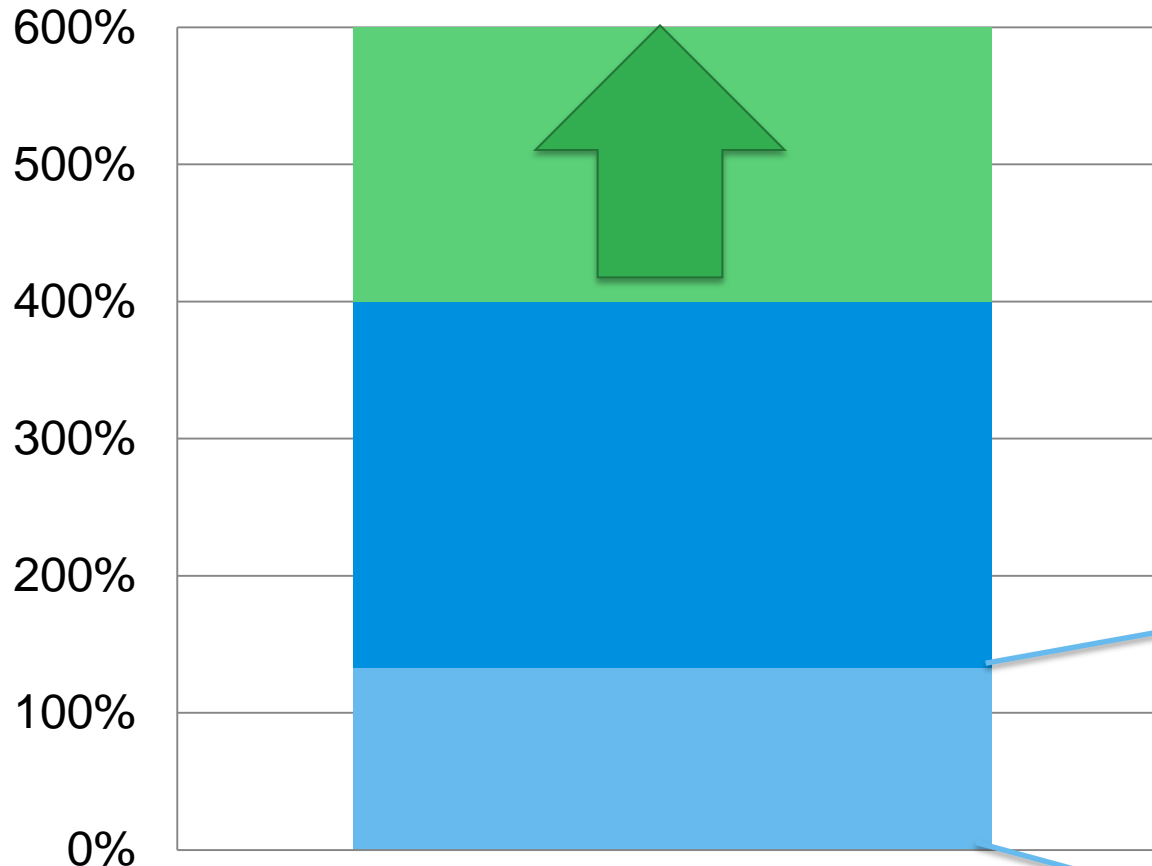
<http://kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/>

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Federal Poverty Level % Coverage without the Medicaid Expansion



Federal Poverty Level % Coverage – Full ACA Implementation



Insurance coverage after ACA, fully implemented

Who is in the Medicaid Expansion?

Medicaid Expansion Eligibility – ACA Changes

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Reframing Medicaid Expansion: Key Unheralded Facts

- Medicaid expansion provides coverage & key supports for millions of people with disabilities.
- Medicaid expansion covers parents & caretakers who previously fell through the coverage gaps.
- Many family member and direct care workers who support people with disabilities depend on Medicaid expansion for their own coverage.
- Most enrollees in the Medicaid expansion are working or have a working spouse.
- Expansion coverage helps people find work and continue working.

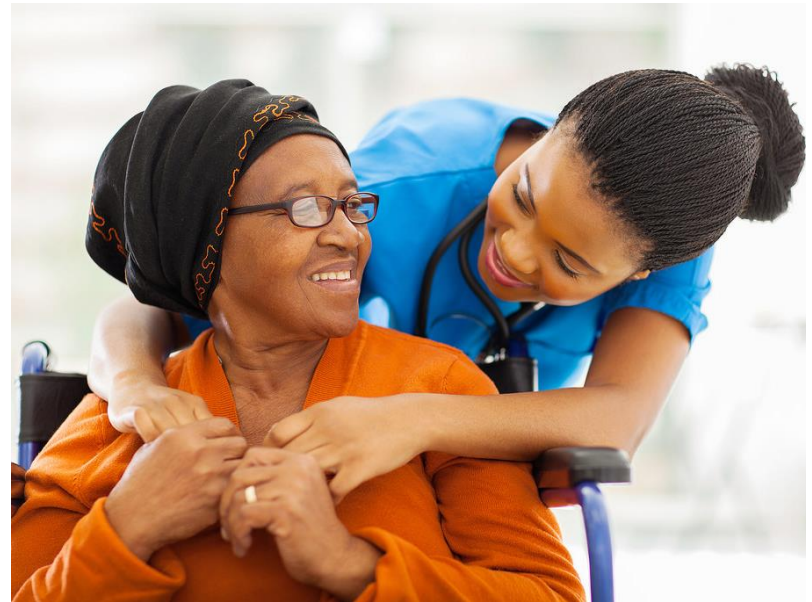
Fact: Medicaid Expansion Includes People with Disabilities

- About 40% of Medicaid Expansion enrollees have a chronic health condition, and about a quarter are people with disabilities including:
- People whose disabilities do not meet the social security standard for disability.
- People who need to see a health care provider to document their disability.
- People who are in the waiting period to get disability-based Medicare.
- People on HCBS waiver waiting lists.



Fact: Medicaid Expansion Can Expand Access to HCBS

- Medicaid expansion may help states EXPAND access to cost-effective home- and community-based services.
- Savings can be reinvested to open new slots in waivers, or to make new investments to improve access to behavioral and mental health services.



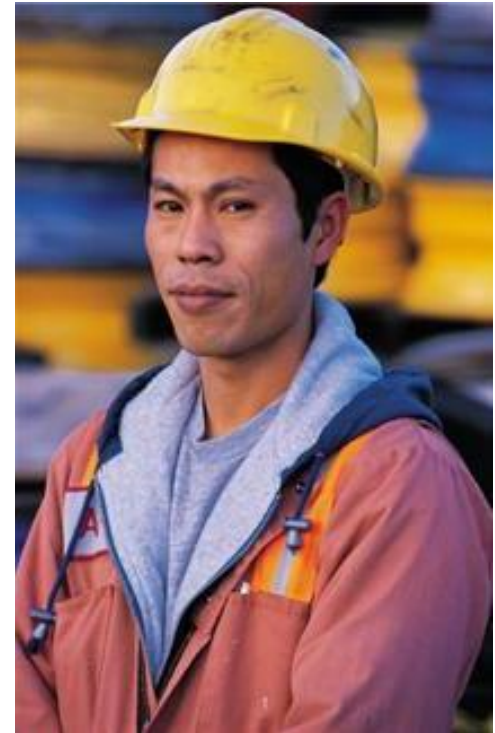
Fact: Medicaid Expansion Includes Parents and Caretakers

- People whose children are no longer minors.
- Parents and caretakers with income up to 133% of the FPL
- People who are not the legal caretakers of their children.



Fact: Medicaid Expansion Benefits the Working Poor

- About one-third of enrollees in the Medicaid Expansion is employed and lacks access to employer-sponsored coverage.
- The great majority of adults covered by the Expansion are in ill health or are already working, caring for a family member, in school, or looking for work.



Medicaid Expansion: Reducing the Number of Uninsured

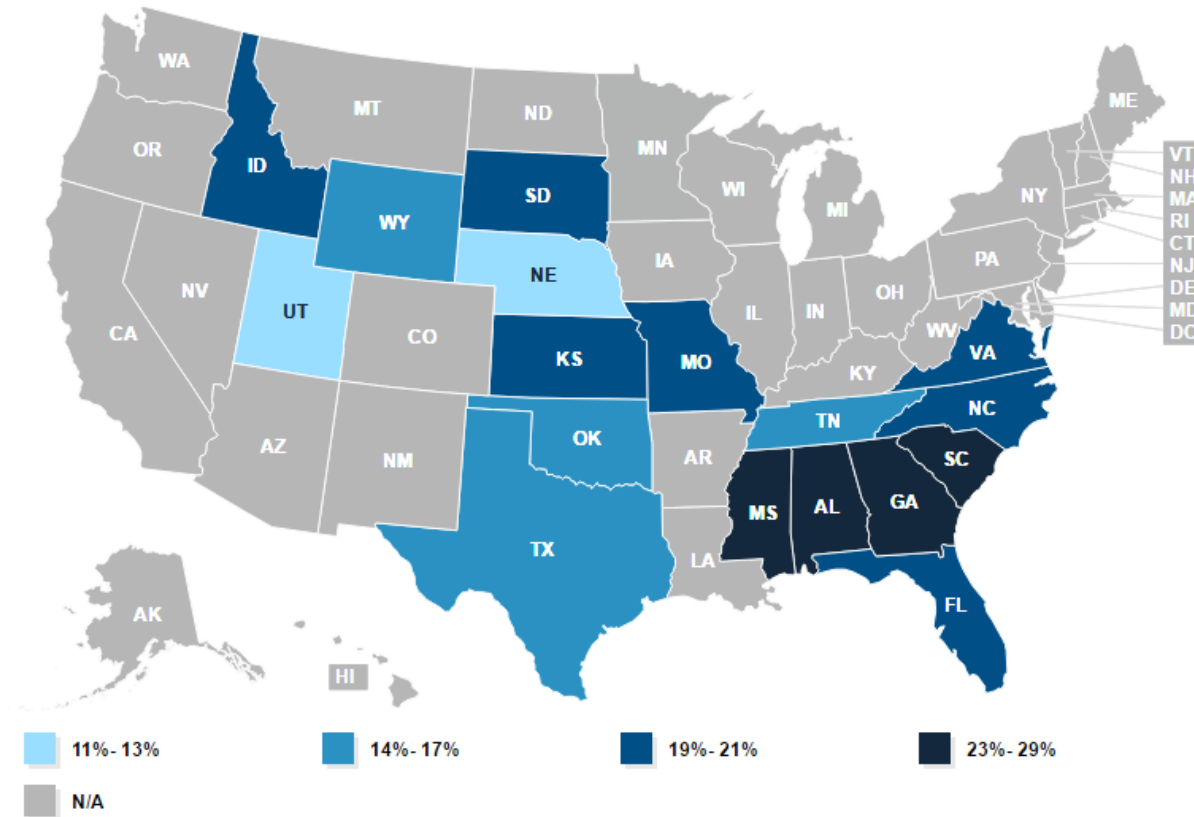
- Average uninsured rate in non-expansion states: 15.4%
- Average uninsured rate in expansion states: 9.3%
- Over 14 Million people enrolled in the Expansion as of March 2016



Medicaid Expansion: Reducing the Number of Uninsured

View Map By:

Share Who Are In the Coverage Gap



Medicaid Expansion: Helps State Budgets



- Health costs have increased much more slowly in expansion states.
- Expansion states report savings in: behavioral health, uncompensated care, criminal justice.
- Twelve expansion states reported increased state revenues in 2015.

Medicaid Expansion: Helps State Budgets

Year	State Share	Federal Share
2016	0%	100%
2017	5%	95%
2018	6%	94%
2019	7%	93%
2020+	10%	90%

Medicaid Expansion: Provides Access to Care

- Medicaid expansion: increased access to primary care & prescription medications.
- Medicaid expansion enrollees are more likely to receive a diagnosis of chronic conditions.
- Low-income people in expansion states more likely to receive preventive services.



Medicaid Expansion:

Access to Behavioral Health Care

- Medicaid expansion: associated with “significant improvement” in behavioral health access without new state costs.
- Medicaid expansion: reduces costs that are incurred by state and local governments and state economies as a consequence of behavioral health problems.
- Medicaid is the largest source of health insurance coverage for individuals with substance use disorders, including opioid addiction.

American Health Care Act & the Medicaid Expansion

- Would significantly reduce federal matching funds for the Expansion.
- Would provide much less financial incentive for non-expansion states to expand.
- Eliminates the option to expand to adults with income above 138% FPL.

American Health Care Act: Impact

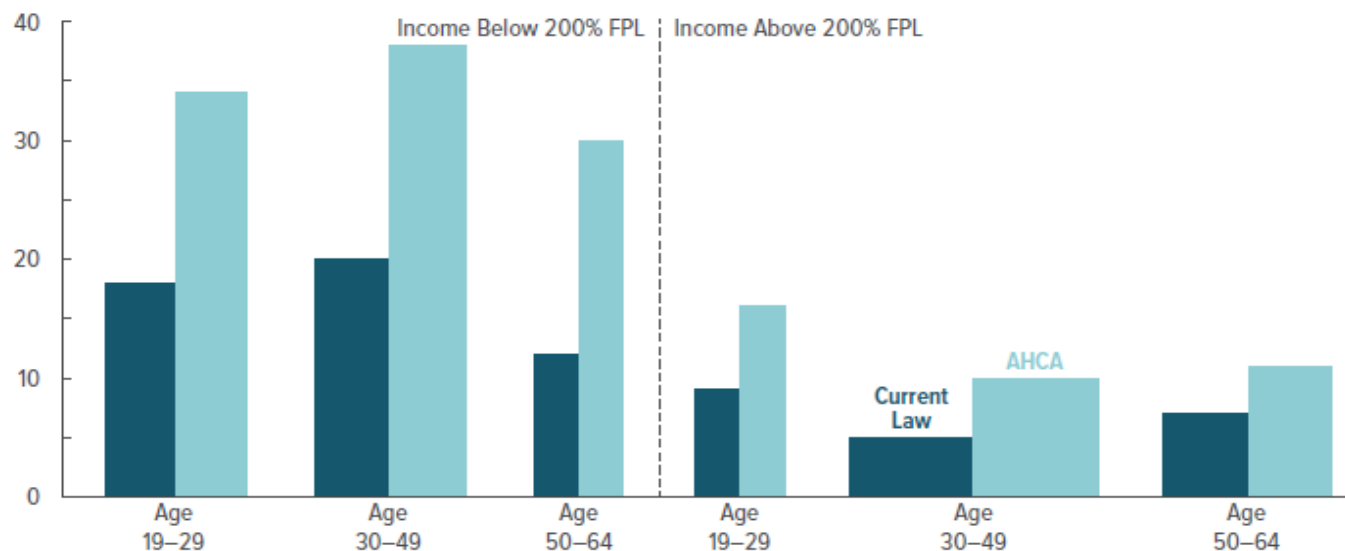
- Eight states will immediately end their expansions according to state law.
- States that attempt to maintain the Expansion will shoulder more costs, putting their budgets at risk.
- CBO estimates **24 million** people will become uninsured.

AHCA Impacts: Older Adults and Low-income Hit Hardest

Figure 2.

Share of Nonelderly Adults Without Health Insurance Coverage Under Current Law and Under the AHCA, by Age and Income Level, 2026

(Percent)



Sources: Congressional Budget Office; staff of the Joint Committee on Taxation.

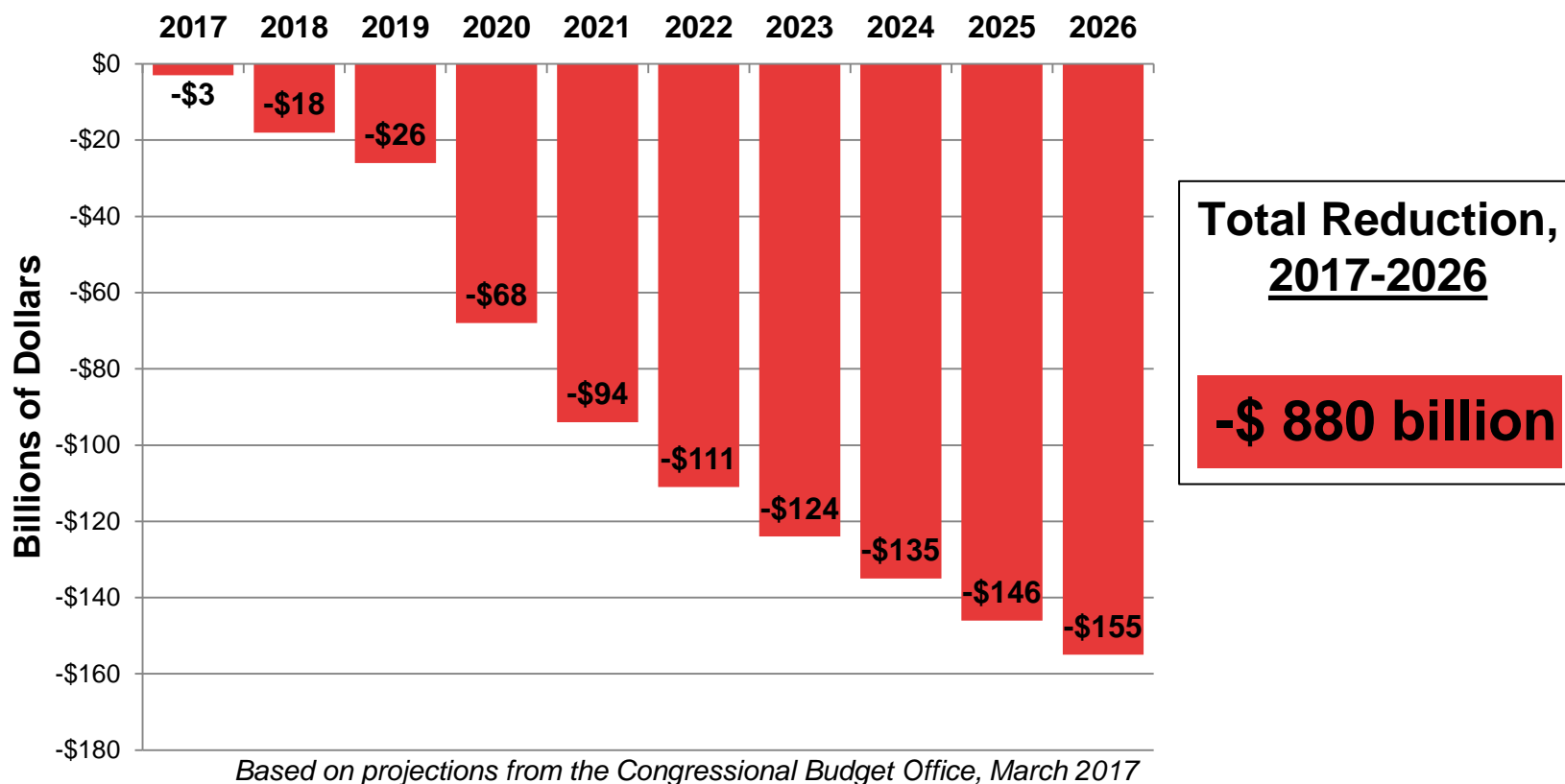
Estimates are based on CBO's March 2016 baseline, adjusted for subsequent legislation. They reflect the average number of people without insurance coverage over the course of the year in the noninstitutionalized civilian population of the 50 states and the District of Columbia.

The width of each bar represents the relative share of the population in each age and income category. In CBO's projections, 200 percent of the FPL in 2026 would amount to \$30,300 for a single person.

AHCA = American Health Care Act; FPL = federal poverty level.

American Health Care Act: Impact

Federal Medicaid Outlays under Proposed AHCA



Lisa...



left her job in 2013 to take care of her ailing mother in Mississippi. After her mother passed away in 2015, Lisa started working part-time, but her job didn't provide health coverage. Lucky for Lisa, she had moved back to California, which expanded Medicaid. When she injured her shoulder last year she was able to get the MRI and physical therapy she needed through the Medicaid expansion.

Dewey...

struggled without insurance for most of his adult life. Before the ACA, he could not afford individual insurance, and his employer did not offer any. He was in a terrible construction accident a number of years ago, and is still dealing with the residuals. He had no insurance at the time and the medical bills were daunting.

Then the expansion of Medicaid began in Michigan, and Dewey got covered. Dewey says that getting on Medicaid “has changed my life. I can work full time and live a much more positive life because I don't have to worry if I can make it to work or not.” Dewey notes that “working with Medicaid has been surprisingly uncomplicated, no more burdensome than dealing with any insurance company.”



Key takeaways

- **The Medicaid Expansion has increased coverage while helping state budgets.**
- **The Medicaid Expansion is good for people with disabilities, parents and caretakers, and the working poor.**
- **The Medicaid Expansion improves access to care.**
- **The American Health Care Act will hurt state budgets and increase uninsurance rates.**

What you can do

- Contact your elected representatives
- Work with state coalitions
- Prepare fact sheets and other materials (NHeLP is here to help!)
- Story collection – Medicaid works!
- Mobilize, organize, resist!



Now @ NHeLP



The president and his allies are pushing policies to trample the health rights of our most vulnerable. We need your help. Share your stories about the importance of health care coverage. Your stories will help us fight to protect health care for millions of Americans. And join the effort to #ProtectMedicaid and #SaveHealthCare.

- Click here to share your story about Medicaid and the ACA
- Comparta su historia con nosotros aquí!



THANK YOU

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