The Medicaid Expansion

A Toolkit for State-Level Advocacy

October 25, 2012
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October 25, 2012

Dear NUNS, Faith Leaders, and faithful citizens who are concerned for the most vulnerable of us:

We are asking all nuns, faith leaders, religious congregations and people who care about others, to form teams of activists for Medicaid expansion in your state. Although the Supreme Court upheld the constitutionality of the Affordable Care Act (ACA), it also held that expanding Medicaid is not mandatory. As of this ruling, states can opt into or out of the expansion of Medicaid without penalty.

Tragically, since the Supreme Court decision, some governors have announced that they will not expand Medicaid in their state. Others have remained quiet because they fear political consequences.

The reality is that, if a state doesn’t expand Medicaid in 2014, there will be no valid health insurance option for many low-income people who earn between 100 and 133% of the national poverty level. (About $22,000 - $29,000 for a family of four). Under the expansion, these people would have had coverage.

Advocates are needed to lay the groundwork to make sure that your state expands Medicaid. We hope you will help us continue the work of the “nuns on the bus” campaign by committing to the following actions:

1. Learn the messaging related to Medicaid Expansion and bring others along.
2. Meet with your Governor and/or decision makers
3. If commitment to expand Medicaid is obtained, lobby federal legislators for continued federal funding.
4. Publicize your actions via social media and get other media attention

If you are willing to be a part of a team or lead a team in your state to effect this important systemic change, please email Sr. Mary Ellen Lacy, D.C . or Ellen Albritton at the below email addresses.

We have a comprehensive toolkit for your group to use in order to become knowledgeable about this issue and lobby for change. Ellen and I are eager to accompany you from afar by assisting you with messaging training, providing information about lobbying or education about Medicaid, and making appointments with your governor. We will also hook you up with others in your area and state that may be working on this project too.

You may be concerned that you are only one person and you do not have a team. You may think you are only a drop of water in the ocean compared to all that needs to be done. That is okay. We will find a group for you in the larger activist group. In fact, your willingness to be assigned may enable or empower someone else to contribute to this Gospel work. Let your drop of water fall into the ocean of concern and watch its ripples become waves!

Thank you for all you do and please do a little more,

Sr. Mary Ellen

Ellen Albritton

Sr. Mary Ellen  melacy@networklobby.org
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Understanding the Medicaid Basics

Define Medicaid for yourself and fellow lobbyists.

Medicaid is a joint federal and state program that finances health care for certain categories of low-income individuals. It covers more than 60 million low-income individuals, including children and families, people with disabilities, and some seniors who are also covered by Medicare. Medicaid is the primary source of the country’s long-term care financing and fills large gaps in our health insurance system. It provides stabilizing support for the struggling health centers and safety-net hospitals that serve the nation’s uninsured and millions of others.

Medicaid insures health and long-term care services, but program benefits vary by state. It also covers services that most private insurers and Medicare exclude or limit, including long-term care, mental health care, and services and supports needed by people with disabilities.

Medicaid provides for transportation, translation, and other services in order to minimize access barriers that many in the low-income population face. Medicaid enrollees obtain most services from providers and managed care plans in the private sector. It is a successful state/federal government partnership program. See http://www.kff.org/medicaid/upload/7334-04.pdf and http://www.kff.org/medicaid/upload/83781.pdf.

Understand the recent US Supreme Court decision regarding the Affordable Care Act and Medicaid Expansion

On June 28, the Supreme Court upheld the constitutionality of the Affordable Care Act (ACA). The opinion resulted in only one change in the law. The court ruled that the federal government cannot require states to expand Medicaid up to 133% of the federal poverty level, as it was written in the ACA. Presently, states can opt in or out. Nevertheless, the expansion itself IS constitutional and the federal “match” for the expansion population remains available and intact.

The “federal match” amount that states will receive, if they choose to expand the eligible population, is as follows:

- 100 percent in 2014, 2015, and 2016;
- 95 percent in 2017;
- 94 percent in 2018;
- 93 percent in 2019; and
- 90 percent in 2020 and thereafter.

Many governors have said that they will not expand Medicaid in their state. Others have remained silent on this matter, presumably until after the election. If a state doesn’t expand Medicaid by 2014, most low-income people who would otherwise have gained coverage under the expansion will be without access to affordable insurance. There are no tax credits for those earning less than 100% of the federal poverty level. Even those eligible for the credits will experience minimal assistance. The credits were not the solution for those living in poverty. The ACA was written with the intention of Medicaid being expanded to 133% of the federal poverty level. For low-income people, Medicaid remains the most comprehensive provider for health insurance.

With permission, excerpted from Families USA website www.familiesusa.org

To see where your state stands on expansion as of October 22, 2012, click on the link below http://www.washingtontimes.com/news/2012/oct/18/a-state-by-state-look-at-medicaid-expansion/?page=all
Medicaid Expansion: Major Talking Points

- **Medicaid Expansion will provide unprecedented benefits to our state and it is a fiscally sound decision.** This relatively small and very smart investment will save lives and billions of dollars in uncompensated care costs. Refusing federal Medicaid funds that would ensure healthcare coverage for many of us results in large numbers of people who cannot afford early diagnosis and intervention. Instead, they wait until they are very sick and end up going to the emergency room, requiring much more expensive care. The rest of us foot the bill. Instead of strict partisanship and the polarity of politics, we should focus on making healthcare affordable for all so that our state can enjoy a healthy future.

- **The expansion would be good for the people of our state.** Good health and healthcare are fundamental needs for all human beings. Health insurance improves the overall health of working families by providing for early diagnosis and intervention. It alleviates suffering for our elderly and sickest residents by ensuring nursing home services are available to all families.

- **The Medicaid expansion will help our economy.** A healthy workforce is more productive and leads to a growing state economy, more local jobs and more local spending.

- **It is good for our bottom line.** The federal “match” for the expansion population did not change after the Supreme Court ruling. The federal financial “match” level remains as 100 percent in 2014, 2015, and 2016; 95 percent in 2017; 94 percent in 2018; 93 percent in 2019; and 90 percent in 2020 and thereafter. If an employer offered this kind of “match” everyone would take it without reservation, but sometimes politics blinds us to benefits. The low percentage that the state will be required to pay in upcoming years will be offset by the decrease in uncompensated care costs, the decline in the death rate of working citizens, and enhanced productivity of a healthy workforce. Let’s bring back our tax dollars to pay for our state’s priorities.

- **Failure to expand will have negative consequences on local hospitals and other providers.** Presently, hospitals and providers absorb most of the costs for uncompensated care by increasing charges or decreasing services and staff. Since those increased charges are rarely paid in full due to contractual allowances, hospitals more often decrease the necessary services which cause them to lose money. We all suffer for this loss/decrease of services.

- **It is good for our working families.** Hard working people need the security of affordable healthcare so they can start new businesses and look to the future. The heads of households need the security of knowing that their kids will thrive and that their parents will remain at home for as long as possible or have access to care when needed. Only then will they take the reasonable risks of starting new businesses, buying homes, investing in local projects and taking ownership of their communities.

*It is helpful to customize your talking points with at least one local fact and/or personal story to provide specificity.*
Issues Related to the Economic Cost of Medicaid

Much of the resistance to expansion of Medicaid is centered upon the perceived expense to the states if it expands Medicaid. It would be beneficial for you to review how different parties estimate costs so that you can educate your governor’s staff should they verbalize inappropriate references to excessive costs for the states. The following is a synopsis of a more in depth article related to Medicaid expansion costs that can be found at www.familiesusa.com

How is the economic cost of expanding Medicaid determined?

Costs related to the Medicaid expansion vary depending upon the state. According to Families USA, it is estimated that it may take years of outreach, education, and simplification of the enrollment process to maximize participation among parents and childless adults. When speaking with officials, stress that it is more reasonable to estimate a modest increase in new participants initially, with a slow increase which will never be at 100 percent of those newly eligible.

While some analyses simply use the number of non-elderly, non-disabled adults with incomes below 133 percent of the federal poverty line (FPL), this would lead to an erroneous number and is inaccurate. Some people already have insurance and others will not be eligible for Medicaid despite their suffering at an eligible income threshold. (e.g., legal immigrants who have been in the U.S. for less than five years).

What is “crowd-out” and why are people concerned about it?

Crowd-out refers to the possibility that Medicaid coverage will crowd-out private health insurance. Politicians are concerned about crowd-out because this industry has a powerful lobbyist group and it employs many people. However, crowd-out would only occur if the poor and struggling people earning less than 133% FPL could afford healthcare coverage to begin with.

Studies focusing primarily on state expansions of the Children’s Health Insurance Program (CHIP) show only modest crowd-out. They found that a mere 10-20 percent of new Medicaid enrollees previously had private coverage.

The risk of crowd-out should not affect the insurance industry any more than the implementation of a tax for impoverished persons on the purchase of mink coats would affect the fur business. The majority of low-income individuals who will become eligible for Medicaid under a 133% expansion cannot afford any kind of insurance at present.

It also follows that there is no validity to the argument that we will lose jobs in the insurance industry if a large amount of people are “transferred” to Medicaid. There is no transfer.
What is the estimated per-enrollee cost of covering new people with Medicaid?

The best, most reliable means to calculate the cost of new enrollees is to compare this cost with the cost of covering parents in your state’s Medicaid program today.

What is the expected increase in administrative costs?

When speaking with your governor or his /her staff, it is good to diminish any inflated figures and errors in calculation of final costs with actual facts. The issue of administrative costs for Medicaid will often be raised as an obstacle to expanding Medicaid because of accounting misconceptions and politics, which has been loose with the math. In fact, Medicaid will help the overall economy of the state. (See Benefits of Medicaid expansion in this toolkit for more on this.)

The administrative costs should generally fall in a range of 3 percent to 8 percent of medical costs. It is important to ensure that only Medicaid administrative costs are included in state estimates. Some analyses have included the cost of administering the healthcare exchanges in a state, which is inappropriate as this is unrelated to the Medicaid expansion. Secondly, administrative costs are usually calculated as a percentage of total medical costs, so a state’s assumptions around participation and the per-person cost of coverage will affect this estimate. If those two factors are inflated, then administrative costs will be inflated as well.

Can all states afford to cover all the people who qualify under an expansion of Medicaid to 133% of the FPL?

YES!

Spiritually, morally, and economically, no state can afford to leave people under- or uninsured. Losses related to an unhealthy citizenry and a sick workforce morally and economically surpass the relatively minor costs of Medicaid expansion. Initially, except the 3-8% administrative costs, it is free. FREE.

Under the healthcare reform law, the federal government pays the entire cost of Medicaid coverage for newly eligible beneficiaries for three years, from 2014 to 2016. FREE. Then the federal share incrementally declines to 90% over the next 4 years—95 percent in 2017, 94 percent in 2018, 93 percent in 2019 and 90 percent in 2020. It will never go below 90%.

The costs related to uncompensated care for expensive, emergency room or ICU care due to lack of preventative services, lost productivity due to missed work, and community economic loss due to illness and unpaid leaves from work are among the many economic damages that the expansion will alleviate. This alleviation will more than cover the 5-10% cost of expanded Medicaid coverage over the years.
The Benefits of the Medicaid Expansion

- **Saves Lives:** Each year as many as 45,000 Americans die in large part because of a lack of health insurance, and some states that have previously expanded Medicaid have seen a 6.1% decline in mortality. ([http://tinyurl.com/29xe4n5](http://tinyurl.com/29xe4n5) & [http://tinyurl.com/999cmm2](http://tinyurl.com/999cmm2))

- **Improves Health:** A recent study in Oregon shows that those who gained access to Medicaid reported better health. They were also more likely to have a regular source of care and have access to preventive health services, which produces better health outcomes and helps prevent against expensive, emergency care. ([http://familiesusa2.org/assets/pdfs/medicaid/Medicaid-Is-Good-Care.pdf](http://familiesusa2.org/assets/pdfs/medicaid/Medicaid-Is-Good-Care.pdf))

- **Provides for a Healthier, More Productive Workforce:** Healthy people are more reliable employees, they get paid and spend more, and the state receives more revenue.

- **Strengthens Financial Security for Hardworking Families:** Expanding coverage in Oregon for uninsured adults resulted in a 40% reduction in the probability that people borrow money or skip other bills to cover medical expenses and a 25% reduction in the probability that they have unpaid medical bills sent to a collection agency. ([http://www.healthlaw.org/images/stories/2012_08_02_50_reasons.pdf](http://www.healthlaw.org/images/stories/2012_08_02_50_reasons.pdf))

- **Stimulates the State’s Economy:** New federal Medicaid dollars will travel throughout the local economy—from healthcare providers, to their employees, to local businesses. Those who gain access to coverage have also been shown to substantially increase their spending on consumer goods—by an average of $800 per year. (Gruber, J., January 2009, *New England Journal of Medicine*).

- **Creates Jobs:** Medicaid dollars are especially good at creating jobs because medical care involves good jobs at many different skill levels, and these jobs can’t leave the state for places with cheaper labor.

- **Saves the State Money:** States already cover the cost of a lot of uncompensated care when people cannot pay, and the Medicaid expansion will save states and localities between $42 and $85 billion on uncompensated care just from 2014-2019. ([http://www.urban.org/UploadedPDF/1001480-Affordable-Care-Act.pdf](http://www.urban.org/UploadedPDF/1001480-Affordable-Care-Act.pdf))

- **Keeps Federal Tax Dollars in the State:** Residents’ federal tax dollars will help fund the Medicaid Expansion, even if their state doesn’t participate. Enacting the expansion will allow states to keep these federal dollars in their own state.
Specific Counter Arguments for those who Oppose Expansion

Starting Points in a Potentially Adversarial Interaction

In responding to someone who opposes the expansion of Medicaid, start by raising up something you agree upon. For example, many people believe that impoverished children and mothers deserve healthcare coverage. Elderly need nursing care. It is important to note that there are many hardworking Americans who lost their jobs or work full time and earn between 100-133% of the federal poverty level. Although they cannot afford private health insurance, they deserve to live free of preventable, treatable or even curable diseases. Working people need someone working for them. After establishing common values, address the specific attack, and then quickly pivot to your core proactive messages that resonate with your target audience.

The Arguments and Counter Arguments

Opposition is typically raised in three main categories:

• Short-sighted economic concerns
• Lack of trust in government-run operations
• Uninformed opinion regarding quality of the Medicaid Program.

1. Economic Attacks

Opposition #1: Our state cannot afford to support this expansion.

Response: On the contrary, we cannot afford to refuse the federal funding and Medicaid coverage for our citizenry. (Our STATE) should prioritize healthy working families and healthy children, mothers and seniors, and a healthy state budget. Providing coverage through Medicaid brings in guaranteed revenue to (STATE). It makes our economy stronger and frees up money for education and other state priorities. Our money, which is currently spent on the high costs of uncompensated care and resulting issues, can be utilized for other priorities like education and job creation. Politicians may be giving us a false choice. We need leaders who have the best interest of our families and our budget at heart.

Opposition #2: The federal government can’t afford to expand coverage to those living under 133% of the federal poverty level. This is just increasing the massive federal deficit.

Response: That is “penny wise and pound foolish” economics. Certainly, reducing the federal deficit is the right and responsible thing to do. We need to accomplish this in a manner that is consistent with the Christian priorities of hardworking American families. It is erroneous to believe that most Americans want politicians to conform to the priorities of heavy political donors and lobbyists. Providing working families, seniors and children with access to affordable health care is a far greater priority than providing...
wealthy donors another tax break. Investing in working families, repaying those who fought America’s ill-conceived wars, caring for those who raised us and ensuring a future for our young is the best way to help our economy.

2. Lack of Trust in Government/Role of Government

Opposition #1: The promise of federal money will be forgotten and the states will be stuck with the bill.

Response: There is no direct or tangible evidence to suggest this. The federal government has continued Medicaid funding since its inception. The “sky is falling” argument can be applied to any project. It is irresponsible of politicians to use scare tactics and focus on something that will not happen. It is foolish and unfair to deny working families, seniors, veterans and children access to affordable health care when there is no real risk to [STATE] and so much to gain. A healthier population is more productive, makes families more secure, and leads to a stronger and more vital economy.

Opposition #2: The government is already too big and “big brother” is taking over too much.

Response: We can disagree about the size of government. Regardless of political affiliation, we all agree that we want a strong military, good public schools, affordable health care, and dignity in old age. It is the government’s job to protect all of us and to make sure everyone has the opportunity to get affordable health care they can count on.

3. Medicaid Efficacy

Opposition #1: Medicaid is a bad program. Why increase funding?

Response: This is an unjustifiable, media-produced stance. Medicaid has been and continues to be successful. Seniors remain in their homes longer and have access to nursing home care when needed. Children, veterans and people with disabilities have improved health, security and a chance to live with dignity. This expansion will give the same health security to many hard working individuals in [STATE] whose full time salaries do not provide for shelter, food AND health care. No one should have to choose amongst these needs.

Opposition #2: Medicaid is bad care. It is worse than no insurance.

Response: This is another conclusion developed from ignorance of the facts. Medicaid has been proven to improve health and save lives. It allows people to live as God intends for all of us to live. Patients are more satisfied and have more security. In fact, some opponents to Medicaid argue that people on Medicaid get better care than some private insurance companies provide to employees. That may be true, and we should rejoice in that fact. But we should NOT look to make more people suffer; no, we should call on private insurers to step up. We need to expand Medicaid because it is time that working families have access to quality and secure services that they can afford.
**Opposition #3:** Physicians don’t accept Medicaid because it underpays them. This will only get worse when states expand Medicaid.

**Response:** This improvement in Medicaid comes alongside the biggest investment in primary care in the last 40 years. This investment trains more doctors and nurses who will then be available to you and your family for preventive and personal care. Finally, it increases payments to doctors so more current doctors will make themselves available to Medicaid patients.

**Opposition #4:** Medicaid is filled with fraud and abuse. Why give more money to the program before fixing it? (Opponents frequently repeat stories of millionaires on the program, patients getting prescription drugs and selling them on the black market.)

**Response:** Fraud and abuse should never be tolerated. The new health law makes sure working families can afford coverage and comes with the most effective attack on fraud and abuse since Medicare and Medicaid were started. More fraud has been weeded out of health coverage since the health law passed than in any prior period.


**Opposition #5:** Uninsured people already have care through the emergency room.

**Response:** No reputable healthcare professional agrees with this statement. Healthcare provided solely by an ER is costly, ineffective and impedes the delivery of quality care for the whole community it serves. Adequate healthcare depends upon regular prevention and treatment of health needs that cannot be provided through ER visits. A recent study out of Harvard University found Medicaid expansions were associated with a significant reduction in adjusted all-cause mortality. Three states which expanded Medicaid experienced a 6% decrease in their death rate over a five year period. SIX percent of their population would have been dead today, but they are alive. See


The ER treats people with no insurance. It is not the place for people to go for regular, non-emergency care. Non-emergency care in the ER means more stress on hospitals and longer waits for those who have real emergencies. That’s an inefficient and high-cost way to provide care, and it ends up costing those of us with coverage more in uncompensated care costs.
Lobbying Your Governor for Medicaid Expansion

1. Request an Appointment
   - Invite people who know the issue to join you. It helps to have people who are affected by the issue and people who are well-known and respected, e.g. clergy, head of an organization.
   - Contact the scheduler in your Governor’s office for an appointment. Try to get a commitment to meet with your Governor, but if that’s not possible, arrange to meet with the staffer who works on healthcare, specifically Medicaid. Don’t be discouraged if you aren’t able to meet with the Governor—staffers can be quite knowledgeable and they inform the Governor’s opinions, in many cases.
   - Explain that you are a voter and citizen of that state.
   - Tell the scheduler the dates you are available, that you want to discuss the Medicaid expansion, and who will be present.
   - They may ask you to submit a letter requesting the meeting. Agree to do so. The letter only needs to identify your desire to visit, the date requested, and the topic. Be prepared to be persistent.
   - Call back the week before to confirm your appointment and then again the day before. Do not meekly re-ask, but confirm your business appointment like any other confirmation of a date. They work for you and they are not doing you a favor. Certainly, you are not calling to give them a way out if their schedule has gotten full since they made the commitment to see you.

2. Prepare for the Visit
   - Know your Governor’s position on the issue, including any statements he or she has made about why they are undecided or have decided not to expand Medicaid, and their history with Medicaid
   - Review background on Medicaid, including any information specific to your state.
   - Prepare a one-page summary of your position to leave with your Governor.
   - Make a plan for the visit:
     - Choose a spokesperson to start the visit
     - Decide who will say what
     - Think of questions and counterpoints that may come up and plan possible responses
   - Practice the visit.

3. Make the Visit
   - Dress for success and be on time.
   - Bring a camera so you can take photos at the meeting—great for posting on social media!
   - Explain who you are and why you are there.
   - Connect with the Governor by expressing appreciation for something he or she has done.
   - Be polite and firm in explaining why you want the Governor to support the Medicaid expansion.
   - Use examples from your personal experience.
   - Bring the conversation back to your message if it goes off track.
   - Ask what the Governor’s position is on the expansion and what it would take for him or her to support the expansion.
   - Make a very specific “ask” for the Governor to support the expansion.
   - Record key points made during the conversation and any questions you couldn’t answer; volunteer to find more information and get back to the Governor’s office with that information.
   - Leave a short summary of your position.
4. Follow-up on the Visit

- Send a thank you note to the governor and/or staff person within 3-5 days of your visit. Remind them of who you are and why you visited.
- Send the answers to any questions you said you would follow-up on
- Use all your social media to publicize your event. Write of your visit, what you asked the Governor to do, the Governor/staffer’s response, and your intention to keep working on this issue.
- Let us know how your visit went! Email Ellen at ealbritton@networklobby.org or Sr. Mary Ellen at melacy@networklobby.org.
Lobby Visit Planning Sheet

Governor: _____________________________  Office Location: _____________________________
Staff: _____________________________  Date/Time of Visit: _____________________________

1. Facts about Governor:
   Party: _____________________________  Religion: _____________________________
   Term: When elected: _________________  When up for re-election: _____________________________
   Record on Medicaid: _______________________________________________________________
   Positive Contributions: _____________________________________________________________

2. People Making this Visit:
   __________________________________________   __________________________________________
   __________________________________________   __________________________________________
   __________________________________________   __________________________________________
   __________________________________________   __________________________________________
   __________________________________________   __________________________________________

   Tip: Each person introduces self—name; where you live; if you are a constituent; name groups you
   represent and tell how many people are involved in each.
   Initial spokesperson: _____________________________  Note-taker: _____________________________
   Tip: Say something positive about the Governor at the beginning of the visit.
   Manager/Timekeeper: _____________________________
   Tip: Don’t let the Governor/staff person take the conversation off track.
   Speaker: _____________________________  What they will talk about:
   __________________________________________  __________________________________________
   __________________________________________  __________________________________________
   __________________________________________  __________________________________________
   __________________________________________  __________________________________________
   __________________________________________  __________________________________________
   Tip: Tell a personal story that connects you with the issue.

3. About the Issue:
   Bring in a copy of talking points for yourself
   Bring in a summary of position to leave with Governor or staff person
   Make specific ask for expanding Medicaid
   Tip: Thank the Governor/staff for their time and consideration

4. Follow-Up:
   Who will write thank you note? _____________________________
   What additional information needs to be sent and who will send it? _____________________________
   __________________________________________
   Who will follow-up with NETWORK? _____________________________
   What are the next steps? _____________________________
   __________________________________________
SAMPLE PRESS RELEASE:

Use this sample press release to notify your local media that you will be meeting with your Governor or a Governor’s staff member regarding the Medicaid expansion. Use your specific information in place of what is in parentheses, and try to alter this sample with a quote from someone from your organization and any other key information that will speak to your state.

If you have any questions, feel free to contact Ellen at ealbritton@networklobby.org or Sr. Mary Ellen at melacy@networklobby.org.

(Logo of Your Organization)

FOR RELEASE: (write date of 2-3 days before your visit)

CONTACT: (Identify a contact person and list email and phone number)

“Nuns on the Bus” and Other Faith Leaders to Meet with Governor (Your State Governor) Regarding Medicaid Expansion [Use Title that is Specific to Your State/Organization]

(YOUR CITY/STATE) - On (date) local and national faith leaders will be meeting with Governor (NAME) to encourage him to support the Medicaid expansion in his state of (state name).

After the Supreme Court’s ruling on the Affordable Care Act, the Medicaid expansion has essentially become optional for states. Sr. Mary Ellen Lacy, an original “Nun on the Bus” and lobbyist for NETWORK, has called on governors to enact the Medicaid expansion, saying “The reality is that, if a state doesn’t expand Medicaid by 2014, there will be no valid health insurance option for many low-income children, seniors and disabled persons. As Christians, and as American neighbors, we are called to advocate for policies that promote the common good. The Medicaid expansion enables families to live more healthy and secure lives, as God intended.”

In a state where over (the % in your state) of the nonelderly population is uninsured and (___%) of children lack health insurance, this united group of faith leaders maintains that refusing to expand Medicaid is something that (STATE NAME) cannot afford, both morally and economically.

In their meeting, these faith leaders will raise the following concerns regarding Governor (name)’s decision to not expand Medicaid:

- The small cost to the state, given that the federal government will pay for 100% of the expansion through 2016, gradually decreasing to only 90% in 2020 and thereafter
- The potential for enormous cost savings, given that (STATE) will spend significantly less on uncompensated care for those currently uninsured and underinsured
- The economic boost these additional federal dollars will give to the (STATE) economy

(Your group) believes that Medicaid is an example of a responsible program that ensures hardworking and struggling families have access to life-saving healthcare.

(Provide background information on your organization, and refer to your organization’s website for more information.)

###
Letters to the Editor: Key Tips

- Follow guidelines for your local paper (word count, submission instructions, etc.)
- Frame your letter in relation to a recent news item
- Use state specific data whenever possible (let us know if you need help finding some!)
- Address counterarguments (costs of the expansion)
- Be aware of your audience and emphasize how the expansion is good for ALL residents of the state
- Criticize other positions, not people
- Include your credentials (especially if you work in the healthcare field)
- Avoid jargon and abbreviations
- Don’t overload on statistics and minor details

Send a copy of any published letters to Ellen at ealbritton@networklobby.org or Sr. Mary Ellen at melacy@networklobby.org.

Sample Letter to the Editor: Missouri

Medicaid expansion would benefit Missouri

As explained by Joel Ferber, Legal Services of Eastern Missouri, "the Supreme Court upheld the ... constitutionality of the Affordable Care Act. The court, however, did what no (other) court had done ... allowing the federal government to remove all Medicaid funding for states that do not expand coverage to 133 percent of the federal poverty level was unconstitutional, even though the expansion itself is constitutional."

One of the most important areas to comprehend is expansion of the Medicaid program. If expanded, according to the Missouri Department of Social Services, an estimated 255,000 uninsured Missourians are expected to enroll in the MO HealthNet Program. If Missouri lawmakers make a political rather than humane decision, those 255,000 people will remain uninsured.

Additionally, with Medicaid expansion, Missouri will receive 100 percent federal funding for the first three years gradually lowering to a 90 percent match by 2020. That federal funding is typically matched at a 63 percent rate. The state estimates that Medicaid expansion would bring in more than $11 billion yet cost only $375.3 million. This will grant an enormous amount of needed funding both for Missouri and medical providers.

Refusing to expand Medicaid will save Missouri nothing, however, we will still be helping other states expand. By that I mean our tax dollars go to the states that are expanding Medicaid as Missouri sits idly by.

Missouri’s economy is weak, and Medicaid expansion will strengthen it. [Link to article]

Always frame your letter in relation to a recent news item—but remember to keep it short and to the point!

Use state-specific information whenever possible.

Mention who will specifically benefit from the expansion.

It’s important to address counter arguments—the perceived cost is a concern for many!

Point out how the expansion is good for ALL people in the state—a good place to mention economic benefits.
Sample Letter to the Editor: West Virginia

Medicaid expansion will help West Virginians

The Daily Mail July 6 editorial suggesting that West Virginia cannot afford to expand Medicaid does not consider the issue in all of its complexity.

Everyone will benefit from the Medicaid expansion including the Daily Mail staff. Here's why:

The Medicaid expansion will reduce costs for uncompensated care. We all pay more for our health care because of uncompensated care.

A March 2009 study prepared for the West Virginia Health Care Authority by CCRC Actuaries found that with a Medicaid expansion to 100 percent of the federal poverty level, West Virginians would save $288 million on charity care in 2014. By 2019, savings would be $378 million. Savings would accrue to hospitals, PEIA and private insurers.

The expansion will reduce state spending on mental health for low-income and uninsured patients. Given the state’s enormous problems with substance abuse and increasing rates of incarceration, providing health coverage and treatment may help contain or even reverse these trends.

For the first three years, the Medicaid expansion is 100 percent federally funded bringing millions of new federal dollars into the state, which will provide jobs and increase business activity. We take all the federal dollars we can when it comes to highway spending; why wouldn't we do the same for health care?

A 2009 study done for the West Virginia Center on Budget and Policy by Families USA, a national health policy group, showed that new federal Medicaid funding of $100 million creates 1,900 new jobs and generates $183 million in increased business activity.

Beyond the economics, there are the social costs of being uninsured including family economic insecurity, bankruptcy, poor physical and mental health. A Harvard study suggested that 200 West Virginians die every year because they don’t have health coverage. Do we really want to tolerate this inequality in a civilized society?

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http://www.dailymail.com/Opinion/LetterstotheEditor/201207120194
Sample Letter to the Editor: Oklahoma

Medicaid expansion vital

David Blatt (Commentary, “Oklahoma and Medicaid Expansion,” July 18, Oklahoma Gazette) makes some important points about the benefits of expanding Medicaid under Obamacare, but neglects to mention the astonishing profit of the plan to the state and taxpayers.

According to Mike Fogarty, CEO of Oklahoma Health Care Authority, the uncompensated cost of treating the uninsured in Oklahoma exceeds $1 billion annually, most of it paid for by shifting the cost to insured families, while bad debt and charity care costs hospitals $365 million a year.

Fogarty estimates that the $1 billion in uncompensated costs would be cut in half through expansion of Medicaid. He has reportedly said that the average yearly state investment of $63 million to provide the mandated coverage will likely see a return on investment of 8 to 1. Because the feds will pay at least 90 percent of the cost, the state cost per person is just $32 dollars each year.

Conservatives can’t do math, so they resort to bizarre fear mongering. U.S. Sen. Tom Coburn says the $63 million a year in increased cost “will force the governor and Legislature to raise taxes, raise college tuitions, decrease the quality of education, or all three.”

Dr. Tom needs to get a clue. The conservative Oklahoma Council of Public Affairs has documented how the state raised more than $200 million in funds for Medicaid in 2011: The Supplemental Hospital Offset Payment Program assessed a 2 percent “provider fee” on certain hospitals that serve Medicaid patients. The revenue from the “fee” was then “used to match federal funds to increase reimbursements to hospitals that treat Medicaid patients. Estimates suggest the fee would generate approximately $118 million in fee revenue and $208.3 million in federal funds.”

Translation: The state can raise hospital fees for expanded coverage ($63 million a year), but the feds now contribute at least $9 for every state dollar; the hospitals recover the fee (and a boatload more) through expanded Medicaid spending, and the state saves $500 million a year in uncompensated costs with no tax increase whatsoever. Where’s the beef?

**Additional Resources**

Catholic Health Association Medicaid Page: [http://www.chausa.org/Pages/Advocacy/Issues/Preserving_Medicaid/](http://www.chausa.org/Pages/Advocacy/Issues/Preserving_Medicaid/)


Families USA Medicaid Expansion Center: [http://www.familiesusa.org/issues/medicaid/expansion-center/](http://www.familiesusa.org/issues/medicaid/expansion-center/)

Families USA Medicaid Expansion—Resources from the State: [http://www.familiesusa.org/issues/medicaid/expansion-center/resources-from-the-states.html](http://www.familiesusa.org/issues/medicaid/expansion-center/resources-from-the-states.html)

Kaiser Family Foundation Medicaid Page: [http://www.kff.org/medicaid/index.cfm](http://www.kff.org/medicaid/index.cfm)
