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Monday Morning Medicaid Must Reads

Helping you consider differing viewpoints. Before it's illegal.

July 15th, 2019

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In this issue...

Article 1: *California Becomes First In
Nation To Expand Medicaid To
Undocumented Young Adults*

Clay's summary: Before all you federal "taxpayers" get upset- I am pretty sure anything they are offering to these

folks is paid for by state only funds.. So its not exactly Medicaid. But it makes a great headline, amiright?

Key Excerpts from the Article:

Some lawmakers argued California should be spending health care dollars on its own citizens, rather than people who are not living in the state legally.

"We are going to be a magnet that is going to further attract people to a state of California that's willing to write a blank check to anyone that wants to come here," said Republican Senator Jeff Stone at a recent legislative hearing.

President Donald Trump also criticized California for offering health insurance to undocumented people.

"They don't treat their people as well as they treat illegal immigrants," the Republican president told reporters in the White House on Monday. "It's very unfair to our citizens and we're going to stop it, but we may need an election to stop it."

Read full article in packet or at links provided

Article 2: *Block Granting Medicaid is Still a Terrible Idea*

Clay's summary: Sort of related, sort of serious question: Is a salary sort of a micro-block grant? Like at the individual level?

Key Excerpts from the Article:

While the promise of increased flexibility can sound enticing, the reality is that so-called flexibility pits funding choices against one another and ultimately leads to cuts. Medicaid already has the flexibility it needs to respond to economic downturns or public health crises, and capping funding for the program makes these responses more difficult.

Block grants have not worked in the Temporary Assistance for Needy Families (TANF) program. What we know from 20 years of experience with TANF is that funding has not increased with inflation or in response to poverty and need. Moreover, states have used TANF funds to support alternative programs and have significantly decreased the aid going directly to families.

Read full article in packet or at links provided

Article 3: *The inconvenient truths of Louisiana's Medicaid expansion*

Clay's summary: All that "free" Federal funding still comes from taxpayers like you and me.

Key Excerpts from the Article:

In the wake of a wave of stories about the tens of thousands of ineligible individuals who received Medicaid benefits, supporters keep trying to defend Louisiana's expansion of Medicaid to the able-bodied. But their defenses ignore several inconvenient truths.

First, money doesn't grow on trees. Health Secretary Rebekah Gee recently claimed that Louisiana's "Medicaid expansion comes at no additional cost to taxpayers." Because she believes the federal government will pay all the cost of Medicaid expansion, she thinks Louisiana taxpayers are "off the hook" for the program's spending. But anyone who had to mail a check to the Internal Revenue Service on April 15 would disagree. By definition, any new government spending imposes a cost to taxpayers, because Louisiana residents pay taxes to Washington just like everyone else.

And Louisiana has seen a ton of new government spending due to Medicaid expansion. In 2015, the Legislative Fiscal Office projected spending on expansion to total \$1.2 billion-\$1.4 billion per year. In the last fiscal year, Louisiana spent nearly \$3.1 billion on expansion—or more than double the Fiscal Office's original estimates.

Read full article in packet or at links provided

California Becomes First In Nation To Expand Medicaid To Undocumented Young Adults

SourceURL: <http://www.capradio.org/articles/2019/07/09/california-becomes-first-in-nation-to-expand-medicaid-to-undocumented-young-adults/>

California Becomes First In Nation To Expand Medicaid To Undocumented Young Adults

- [Sammy Caiola](#)

Tuesday, July 9, 2019 | Sacramento, CA | [Permalink](#)

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Supporters of proposals to expand California's government-funded health care benefits to undocumented immigrants gathered at the Capitol for the Immigrants Day of Action, Monday, May 20, 2019, in Sacramento.

Rich Pedroncelli / AP Photo

For years, Beatriz Basurto's family has had to make hard choices about when to pay for medical care, and who should get treatment.

"To me, it was always the doctor would be the last resort," she says. "But for my parents, the doctor was never a choice. No matter how sick they got, they had to suck it up."

Basurto, 19, says her parents always put the kids' medical needs before their own. The family moved to California from Mexico more than 15 years ago. During that time, most of her family members have been ineligible for Medi-Cal, the state's version of Medicaid, because they aren't citizens.

Their situation started to change in 2016, when California expanded the program to all low-income children 18 and under, regardless of immigration status. That opened the doors for Basurto's little sister to enroll.

And starting in January, Beatriz will be allowed to sign up, too.

California has approved \$98 million to expand Medi-Cal to income-eligible undocumented adults between ages 19 and 26, making it the first state in the United States to cover this group. The state estimates 138,000 young adults will become insured under the new policy.

While the state has expanded options for children and young adults, most undocumented people in California still have limited access to health care. They can sign up for “restricted” Medi-Cal, but it only covers emergencies and pregnancy-related care. Many people on this plan end up putting off treatment or turning to county clinics for help.

Supporters who want to further expand Medi-Cal to all residents say that move would boost public health and bring down emergency room costs. California Gov. Gavin Newsom has vowed to make everyone eligible.

“We believe in universal health care,” he said during a speech this month. “Universal health care’s a right, and we’re delivering it — regardless of immigration status — to everyone up to the age of 26, and we’re gonna get the rest of that done, mark my words.”

But after months of debate at the California State Capitol, proposals to offer Medi-Cal to all undocumented adults, as well as a push to cover undocumented seniors, were deemed too costly.

Medicaid is a joint state-federal program, but California would use state dollars to pay for expanded benefits to immigrants living in the U.S. without legal permission.

Some lawmakers argued California should be spending health care dollars on its own citizens, rather than people who are not living in the state legally.

“We are going to be a magnet that is going to further attract people to a state of California that’s willing to write a blank check to anyone that wants to come here,” said Republican Senator Jeff Stone at a recent legislative hearing.

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But advocates say California isn't done fighting for Medicaid expansion.

Almas Sayeed, deputy director of the California Immigrant Policy Center says providing health care is crucial given federal anti-immigrant hostility.

"For young immigrants, it's a moment of feeling like we don't belong in this country," she says "We work really hard in California to make sure communities know that they do."

Nineteen-year-old Beatriz Basurto plans to sign up for Medi-Cal this January. She attends community college near Los Angeles and wants to become an environmental scientist. She hopes getting insurance will allow her to seek out mental health care.

"The world isn't always so welcoming," she says. "It can be really, really overwhelming. It exhausts you mentally. It's almost like I have no time to feel anything because there's always something else I have to do."

Brenda Huerta, an undocumented 22-year-old, was enrolled in a health plan through her university until this month, when her eligibility expired post-graduation. She said her plan was great for checkups but didn't cover large expenses. When Huerta broke her leg she ended up paying for her care out of pocket. And she's still helping pay off hospital bills from when her mom had major surgery.

Huerta needs new glasses, and she wants to continue regular medical and dental care. But she isn't sure if she'll sign up for Medi-Cal next year. Even with coverage, she's worried costs will stack up.

"Paying the [student] loans that I have, I haven't really been thinking about health insurance," she says.

She and other young adults recently met with Gov. Gavin Newsom to lobby for the expansion of Medicaid eligibility to all Californians.

“Everyone in the room, we did talk about our struggles as undocumented people not having health insurance,” she says. “And we also mentioned how our parents suffer from not having health insurance, because it puts an economic burden on us.”

Newsom’s office estimated expanding the program to all undocumented adults would cost \$3.4 billion. About two thirds of California’s roughly [2.2 million](#) undocumented immigrants [would qualify for Medi-Cal](#) based on income guidelines.

Beatriz Basurto says even though coverage for undocumented adults is a small step in the larger battle for equal rights, it makes her feel more at home in the U.S.

“I do belong here regardless of what others say,” she says.

This story is part of NPR’s health reporting collaboration with Capital Public Radio and Kaiser Health News.

Block Granting Medicaid is Still a Terrible Idea

SourceURL: <https://www.clasp.org/blog/block-granting-medicaid-still-terrible-idea>

Block Granting Medicaid is Still a Terrible Idea

By Suzanne Wikle

In its latest effort to reduce access to affordable health care, the federal Centers for Medicare and Medicaid Services (CMS) is reportedly working on guidance to pave the way for states to apply for waivers to block grant their Medicaid programs. Under a traditional block grant, states would receive a fixed, capped dollar amount of federal funding, whereas now they can draw down federal funds based on the program's expenditures. State proposals in the works may take a less-traditional approach to block grants and propose strategies that effectively create a "back door" block grant by allowing states to cap enrollment. Any effort by CMS permitting states to block grant Medicaid is not only legally dubious, but also ill-informed policy that will only act as a cut to Medicaid.

Alaska is rumored to be one of the first states to request a block grant waiver, and this past week Tennessee's legislature directed the governor to seek such a waiver. No matter which state is the first to officially request permission from CMS, any state pursuing such a change is ultimately seeking to cut its program and risk the lives of its residents. Block granting is also a short-sighted choice that puts a state's budget at risk in the face of an epidemic or a new, expensive breakthrough drug.

Congressional attempts to block grant Medicaid have been defeated time and again because it's well documented block grants are fiscally risky for states, lead to programmatic cuts, and prevent states from responding to economic downturns. The American public has been vocal in its support of maintaining and strengthening Medicaid. Should CMS approve these waivers, it would be enacting policy that failed to pass in Congress and is counter to public opinion.

While the promise of increased flexibility can sound enticing, the reality is that so-called flexibility pits funding choices against one another and ultimately leads to cuts. Medicaid already has the flexibility it needs to respond to economic downturns or public health crises, and capping funding for the program makes these responses more difficult.

Block grants have not worked in the Temporary Assistance for Needy Families (TANF) program. What we know from 20 years of experience with TANF is that funding has not increased with inflation or in response to poverty and need. Moreover, states have used TANF funds to support alternative programs and have significantly decreased the aid going directly to families. Despite assurances they would fund key supports like affordable child care, policymakers haven't been able to deliver on their promises.

Advocates, hospitals, and providers have all been vocal about the harm block grants will cause. At the same time, a growing body of evidence continues to show that expanding Medicaid, as intended under the Affordable Care Act (ACA) has numerous benefits: [improving the health of Black infants and reducing disparities with white infants](#), [reducing deaths from heart disease](#), [increasing cancer screenings](#), and [improving treatment for people with opioid addiction](#). Policymakers should pay attention to the evidence and stop using the false narrative of “flexibility” as a cover for shrinking a successful program.

The inconvenient truths of Louisiana’s Medicaid expansion

SourceURL: <https://www.theadvertiser.com/story/opinion/2019/05/17/inconvenient-truths-louisianas-medicaid-expansion/3693606002/>

The inconvenient truths of Louisiana’s Medicaid expansion

Chris Jacobs Published 5:24 p.m. CT May 17, 2019
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In the wake of a wave of stories about the tens of thousands of ineligible individuals who received Medicaid benefits, supporters keep trying to defend Louisiana’s expansion of Medicaid to the able-bodied. But their defenses ignore several inconvenient truths.

First, money doesn’t grow on trees. Health Secretary Rebekah Gee recently claimed that Louisiana’s “Medicaid expansion comes at no additional cost to taxpayers.” Because she believes the federal government will pay all the cost of

Medicaid expansion, she thinks Louisiana taxpayers are “off the hook” for the program’s spending. But anyone who had to mail a check to the Internal Revenue Service on April 15 would disagree. By definition, any new government spending imposes a cost to taxpayers, because Louisiana residents pay taxes to Washington just like everyone else.

And Louisiana has seen a ton of new government spending due to Medicaid expansion. In 2015, the Legislative Fiscal Office projected spending on expansion to total \$1.2 billion-\$1.4 billion per year. In the last fiscal year, Louisiana spent nearly \$3.1 billion on expansion—or more than double the Fiscal Office’s original estimates.



Chris Jacobs (Photo: Courtesy photo)

Second, the truly vulnerable continue to get overlooked due to Medicaid expansion. Secretary Gee claimed that her “top priority is to ensure every dollar spent [on Medicaid] goes towards providing health care to people who need it most.” But Louisiana still has tens of thousands of individuals with disabilities on waiting lists for home and community-based services—who are not getting the care they need, because Louisiana has focused on expanding Medicaid to the able-bodied.

Since Louisiana expanded Medicaid in July 2016, at least 5,534 Louisiana residents with disabilities have died—yes, died—while on waiting lists for Medicaid to care for their personal needs. Louisiana should have placed the needs of these vulnerable patients ahead of expanding coverage to able-bodied adults—tens of thousands of whom already had private health insurance and dropped that insurance to enroll in Medicaid expansion.

This skewed sense of priorities pervades supporters of Medicaid expansion. One recently claimed that most of the individuals improperly enrolled in expansion

“are poor, but not poor enough to qualify for coverage” under Medicaid.

The Louisiana Legislative Auditor’s report suggests otherwise. The 100 Medicaid recipients studied by the auditor, 93 of whom did not qualify for benefits for at least one month they received them, had an average—repeat, average—household income of \$67,742. Fourteen of the recipients reported income of over \$100,000. One recipient reported income of \$145,146—well above Governor John Bel Edwards’ annual salary of \$130,000.

The Louisiana Department of Health recently acknowledged that at least 1,672 individuals receiving over \$100,000 qualified for Medicaid benefits. Supporters of Medicaid expansion can claim that these six-figure Medicaid beneficiaries classify as “poor,” but hardworking taxpayers forced to foot the bill for these recipients would likely disagree.

Louisiana taxpayers deserve policies that prioritize the most vulnerable in society—individuals with disabilities currently dying on waiting lists—rather than funding benefits for enrollees with six-figure incomes, or able-bodied adults who dropped their private coverage to enroll in Medicaid. They deserve more than claims that money grows on trees, or that expanding dependency will lead to growth and prosperity. They deserve better than Medicaid expansion’s failed status quo.

Mr. Jacobs is a Senior Fellow with the Pelican Institute, and Founder and CEO of Juniper Research Group, a policy consulting firm.

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