



Expand Medicaid in Missouri

Missouri has an opportunity to expand Medicaid to provide health insurance to over 260,000 workers with low wages who earn up to 138% of the federal poverty level, or about \$26,000 for a family of three. Over 25 states have already expanded Medicaid but key elected officials in Missouri have refused.

Under health reform, every person was supposed to have a way to get health care coverage. Workers with low incomes would qualify for Medicaid. Because some of Missouri's key elected officials have refused to expand Medicaid, there is now a coverage gap where people make too much money to qualify for the current Medicaid system yet they make too little money to qualify for the subsidies under the Affordable Care Act.



What happens if Missouri doesn't act?

As many as 700 Missourians will die each year unless we act. Women in Missouri will miss 4,086 mammograms and 14,134 Pap smears; 12,947 diabetics won't get their medications; 21,816 of our friends and neighbors will not get their depression recognized and treated; 7,770 won't be spared from catastrophic medical expenses.ⁱ Missouri can do better than this!

Who Benefits from Medicaid Expansion?

Working Families

Medicaid expansion will help working families with low incomes who are doing all they can to make ends meet in a difficult economy. Allowing our working neighbors to have access to health insurance will enable them to stay healthy in order to keep working and lift themselves into better economic circumstances.

People with mental illness

Expanding Medicaid will protect and expand care for people with mental illness. When people with mental illness are unable to access mental health care, the consequences can be tragic for the individual, family and community, leading to outcomes such as emergency room visits, arrest, incarceration, or suicide.ⁱⁱ When people are able to access mental health care, they receive the help they need to successfully manage their illness and move into recovery.

Rural Missourians

Rural Missourians face a lack of affordable, accessible healthcare because of their lower incomes, older populations, higher costs of health insurance policies and less access to providers. Medicaid expansion will make quality health care available to many farmers, rural families, and people who live in rural communities. In all, Medicaid expansion will reduce the number of rural uninsured people by 30%.ⁱⁱⁱ

Students

After graduating, getting on a career path can be difficult. Having a safety net in those first few years can encourage our young people to take more risks like starting a new business or continuing their education without having to worry about accumulating medical debt if something happens.

People with disabilities

Nearly 80% of people with disabilities are unemployed because current rules punish them for working by ending health care benefits at very low levels of income. Being able to work, but maintaining Medicaid coverage for health benefits, will benefit the quality of life of people with disabilities and the communities in which they live.^{iv} Income guidelines for compassionate support programs must be based on the real costs of living if we do not want to do harm to persons with disabilities and their families.

Children

Expanding Medicaid will benefit children. Even though this expansion primarily affects adults, studies have shown that children who are eligible for coverage are three times more likely to enroll and much more likely to stay enrolled if their parents also have insurance. Children whose parents are covered are also more likely to receive recommended care such as checkups. Finally, covering parents protects the family from financial distress in case of a medical emergency.^v

Every community in Missouri

Medicaid expansion will keep hospitals open, ambulances running, create and save over 24,000 jobs, and benefit every person in Missouri.^{vi}



Who Qualifies?

Under today’s rules in Missouri, childless adults are unable to qualify for basic health care through Medicaid, and a single mother of two can’t qualify if she makes anything more than \$3,504 per year – just 18% of the poverty line. If Missouri expanded Medicaid, here is who would qualify:



	Single Adult	Family of 2	Family of 3	Family of 4	Family of 5
Adults who make up to:	\$1,284/mo or \$15,414/year	\$1,739/mo or \$20,879/year	\$2,195/mo or \$26,344/year	\$2,650/mo or \$31,809/year	\$3,106/mo or \$37,273/year

One person working full time (40 hours/week) at minimum wage (\$7.50/hour in 2013) will earn \$15,387 in a year. However, many minimum wage jobs do not regularly schedule employees full-time. These occupations would likely make a family of 3 eligible for health insurance^{vii}:

Occupation	Avg. Hourly Wage	Avg. Annual Wage
Child Care Worker	\$9.66	\$20,101
Hairdressers	\$11.60	\$24,140
Home Health Aides	\$9.61	\$19,984
Hotel & Motel Desk Clerks	\$9.68	\$20,150
Landscaping Workers	\$11.74	\$24,431
Maids and Housekeeping Staff	\$9.34	\$19,412
Waiters/Waitresses	\$9.30	\$19,346

How is Missouri's Economy Affected by Medicaid Expansion?

Federal Dollars

Without accepting federal dollars to cover over 260,000 individuals in the Medicaid gap, **Missouri is losing approximately \$5 million a day.** ^{viii} Providing health coverage in Missouri through Medicaid brings in guaranteed revenue – nearly \$2 billion a year in federal funds. It is projected that if Missouri expands Medicaid, the state budget would save nearly \$1 billion by 2022.

Jobs

Just like a new factory or federal project, Medicaid expansion will bring a lot of money into Missouri's economy. That money will be spread among all 114 counties. It will increase incomes for all types of health care service providers, including hospitals and their employees, doctors and nurses, and medical suppliers. Health care providers and businesses will spend large portions of their revenues and salaries in the local economies. As a result, the Medicaid expansion will create jobs throughout Missouri. According to the Missouri Hospital Association, hospitals in Missouri have laid off or not filled about 1,000 jobs.^{ix}



Hospitals

Expanding Medicaid will greatly reduce the number of people without health insurance and thus the costs of uncompensated care. The ACA will reduce Disproportionate Share Hospital (DSH) payments to the state for uninsured patients based on the assumption that the reduction in DSH payments would be more than made up for by an increase in the insured population. DSH cuts will still go in effect even if Missouri does not provide the Medicaid expansion. ^x Medicaid expansion would save Missouri approximately \$385 million in uncompensated care costs from 2013 to 2022.^{xi} **With no corresponding Medicaid expansion to make up for these cuts in hospital payments, this could force some rural hospitals to close.**^{xii}

Individuals

Without expansion, hard-working Missourians will be left without insurance. Congress estimated that the cost of uncompensated care raises family health insurance premiums on average by \$1,000 a year.^{xiii} Missourians will have to continue to bear that cost entirely on their own without the benefit of federal Medicaid funds.

Increasing health care coverage through Medicaid will give Missouri's hard-working families access to affordable health care. A healthier population is more productive, makes families more secure, and leads to a stronger and more vital economy. Investing in these families is the best way to help our economy.

Who Supports Expansion?

A broad, diverse range of stakeholders from the Chamber of Commerce, unions, faith-based groups, hospitals, non-profit safety net providers, and health advocacy groups have all come to the table to push for expansion.^{xiv} These organizations represent the majority of Missourians and for Missouri's elected officials to ignore that and play politics as usual is irresponsible.

ⁱ <http://healthaffairs.org/blog/2014/01/30/opting-out-of-medicaid-expansion-the-health-and-financial-impacts/>

ⁱⁱ J. Miller, C. Lentz, N. Maududi, and J. Harding, "The Waterfall Effect: Transformative Impacts of Medicaid Expansion on States." National Association of State Mental Health Program Directors.

ⁱⁱⁱ Missouri Rural Crisis Center Fact Sheet.

^{iv} J. Miller, C. Lentz, N. Maududi, and J. Harding.

^v K. Schwartz, "Spotlight on Uninsured Parents: How a Lack of Coverage Affects Parents & Their Families," Kaiser Commission on Medicaid & the Uninsured, June 2007.

^{vi} C. Davis, *Q & A: Disproportionate Share Hospital Payments and the Medicaid Expansion*, National Health Law Program, July 2012.

^{vii} Missouri Economic Research and Information Center

^{viii} S. Glied and S. Ma, "How States Stand to Gain or Lose Federal Funds by Opting In or Out of Medicaid Expansion." The Commonwealth Fund.

^{ix} Missouri Hospital Association data, provided by Mary Becker, December 6, 2012.

^x Missouri Hospital Association data, provided by Mary Becker, December 6, 2012.

^{xi} John Holohan, Matthew Buettgens, Caitlin Carroll & Stan Dorn, The Urban Institute, *The Cost and Coverage Implications of the ACA Medicaid Expansion: National and State-by-State Analysis*, Kaiser Commission on Medicaid and the Uninsured at 53, November 2012.

^{xii} C. Davis, July 2012.

^{xiii} National Federation of Independent Business, 2012 U.S. LEXIS 4876 AT *37; 42 U.S.C. Section 18091(2)(F).

^{xiv} <http://www.momedicaidcoalition.org/content/supporters-medicaid-expansion>

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www.momedicaidcoalition.org

www.howmuchhasmoleftonthetable.com

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