Missouri health care advocate: U.S. Senate bill a 'slow-moving catastrophe'

By Crystal Thomas at Joplin Globe

After seeing the U.S. House's version of health care legislation, Stephanie Brady at the Joplin Community Clinic said she braced herself for an uptick in business. For a clinic that solely services the uninsured, that's not necessarily a good thing.

With the newest iteration of Congress's health care bill released Thursday by the U.S. Senate, one of the largest concerns for health care advocates in Missouri is the bill's reconfiguration of how the federal government provides for Medicaid, which serves disabled, pregnant, elderly and low-income Americans.

Not only would the Senate bill phase out funding for states that expanded Medicaid under the Affordable Care Act, it also would put a cap on the amount of federal funding available per person. As the increase in costs outpaces the federal formula, the burden of paying for Medicaid would shift to state budgets, according to Traci Gleason, Missouri Budget Project's communications director.

And that would leave Missouri with some tough choices.

Medicaid in Missouri

The current system requires that for every dollar that Missouri pays for Medicaid, the federal government matches with $1.72. Providers are reimbursed for the services they offer for Medicaid recipients, though at a lower rate than what the services cost.

Missouri didn't expand Medicaid under the Affordable Care Act, and it has tightened eligibility requirements in recent years because of rising costs. About two-thirds of enrollees are children, and about 25 percent are seniors and people with disabilities.

In the next couple of years, more baby boomers — seniors who often have the most cost associated with health care — are expected to need Medicaid, said Dave Dillon, spokesperson for the Missouri Hospital Association. That, along with the federal government's rollback of Medicaid dollars, is a large concern, he said.

"This is a slow-moving catastrophe we are looking at," Dillon said. "The Senate did a really good job of insulating against the politics of tomorrow."

Even the money the state can collect from hospitals and other providers to pay for Medicaid would be reduced under the Senate bill, Dillon said.

Currently, states can collect provider taxes that make up no more than 6 percent of their revenue; in Missouri, the money collected pays for most of the state's Medicaid match. In the Senate bill, the 6 percent collection would be knocked down to 5 percent over five years, Dillon said, meaning Missouri could lose out on hundreds of millions of dollars to keep its Medicaid program going.

With the bill's elimination of the individual mandate to buy insurance and the allowance for employers to no longer cover their employees, more people could become uninsured, and there could be fewer healthy people to offset the cost of sick people, Dillon said. And as hospitals take care of more people who don't have insurance, the cost of coverage will be reflected in the rising costs to those with commercial insurance, he said.

"Insurance will be prohibitively expensive (especially for sick people)," Dillon said. "This is what the marketplace looked like before the Affordable Care Act."

If the state has less money to work with from the federal government or from within the state, that could result in the following options, Dillon said: cuts to other programs in the state budget, lowering Medicaid eligibility even more, cuts in reimbursements to providers or raising revenue through taxes.

During the past legislative session, state lawmakers already put aside $100 million to cover any unexpected expenses associated with rising costs of health care, said Missouri House Budget Chair Scott Fitzpatrick, R-Shell Knob. With the fiscal year ending this week, the money most likely will be used.
"The way Medicaid is structured right now, it's already growing faster than we can keep (up) with," Fitzpatrick said. "If we become responsible for a greater portion or cost association with Medicaid, we are going to have choices about (what) we can or can’t cover."

U.S. Sen. Roy Blunt, R-Mo., said in a statement that the Senate bill "takes important steps" toward a more reliable and affordable health care system.

"The draft health care legislation preserves access to care for people with pre-existing conditions, strengthens Medicaid and does not change Medicare, gives people more health insurance choices, and allows more people to stay on their family health insurance plan until they are 26," he said.

When asked for further clarification as to what in the bill "strengthens" Medicaid, Blunt spokesperson Katie Boyd said it would put Medicaid on a more "sustainable" path and "focuses resources on those most in need."

Health care impact

Several health care advocates in Missouri disputed Blunt's characterization of the bill. By focusing on those "most in need," they said, Medicaid would still be cut to those still in need.

All the advocates noted that the bill could be changed with amendments before the vote, which could take place before July 4. The impact of the Senate bill is still unknown; a House version would cause 23 million people to lose insurance by 2026, according to the nonpartisan Congressional Budget Office.

Locally, the bill would have an impact on residents who need health care services from Planned Parenthood and other providers, advocates said.

About 800 Medicaid patients access Planned Parenthood clinics in Joplin and Springfield, according to Jesse Lawder, Planned Parenthood spokesperson.

The Senate bill wouldn’t allow Planned Parenthood to be reimbursed for a year, cutting off access to services such as breast cancer screening and sexually transmitted infection testing, Lawder said. No federal or state funding, including Medicaid, can be used to pay for an abortion, those those clinics do not currently offer abortion services.

About 90 percent of the patients at the Independent Living Center covering Jasper, Newton, Barton, Barry, McDonald and Dade counties access Medicaid, said Ali O’Dell, the center's director of community outreach. The center helps the elderly and those with disabilities live independently and stay out of more expensive nursing homes.

About 80 of the center’s 400 clients are already feeling the squeeze from the state after it capped their number of hours to get in-home care. Several also have lost prescription assistance from the state through the MoRx program, which was cut from the budget this year.

"People are already in tough situations," O’Dell said. "Some of these people have to choose between their laundry — clean clothes — and having their meal prepared."

Brady, of the Joplin Community Clinic, said the clinic currently sees about 7,500 visits per year, all of which are paid through patient donations, private donations and foundation grants. About 80 percent of patients are in the coverage gap: They make too much money for Medicaid but not enough to afford co-pays or hit their deductibles.

"There are going to be longer waiting lists, and there are going to be fewer services that an individual can receive" if the uninsured population in Joplin balloons, Brady said.

Area coverage under Medicaid

In Jasper County, 1 in 5 people are covered by Medicaid, while in Newton County, 18,5 percent of residents have Medicaid coverage, according to the Missouri Budget Project.

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