

CHA Highlights the Many Ways Medicaid Makes It Possible

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The Medicaid program, which was expected to cover about 75 million Americans by the end of 2018, provides essential health care coverage for people from all walks of life, including half of the babies born in the U.S. and over 60 percent of the nation's nursing home residents.

Multiple studies underscore the benefits of Medicaid to those enrolled and to society at large. A study released in October 2018 by the Government Accountability Office showed that low-income persons with Medicaid are less likely to forgo needed medical and dental care and more likely to fill prescriptions than those without coverage.¹ A review of Medicaid studies by the Henry J. Kaiser Family Foundation in March 2018 points to multiple economic and health benefits related to Medicaid expansion, including improvements in disparities by race, income and education level when measuring access and affordability of care.² And as Louisiana Gov. John Bel Edwards highlights in his article for *Health Progress* (see page 14), Medicaid coverage allows people more access to preventive care to improve health outcomes. They stay healthier and productive, which helps the overall economy.

Within that context, one might expect that policymakers at the state and federal level would be inclined to strengthen, or at least maintain, funding for the Medicaid program. However, over the past two years, there have been multiple efforts to

curtail both funding and access to the program.

In 2017, there were numerous attempts by some in Congress to undermine the Medicaid program through legislation that would have had a devastating impact on our nation's most vulnerable citizens. The U.S. House of Representatives approved the American Health Care Act (AHCA) in May 2017, which would have dramatically restructured and limited federal Medicaid financing by changing it to a per capita cap — that is, a cap on what the federal government will pay each state for its Medicaid enrollees. The legislation would have ended the federal guarantee of providing matching funds for each state's actual Medicaid spending and replace it with a capped, pre-set amount and pre-set growth rate. It was estimated that this would cause millions of individuals and families to lose coverage.

After passage in the House, this legislation moved to the U.S. Senate where it transformed into the Better Care Reconciliation Act (BCRA). Under the Senate version of BCRA, the proposed cap on federal Medicaid funding and an elimination of the coverage expansion funding would



have amounted to hundreds of billions of dollars in reductions for state Medicaid programs. According to initial Congressional Budget Office estimates, the results would have been tremendous Medicaid coverage losses for over 14 million of our nation's most vulnerable and low-income people.³ By the end of July, thanks in part to the many voices of the Catholic health ministry, the Senate considered and rejected three versions of the BCRA.

When neither the AHCA or BCRA could move forward, a new piece of legislation was introduced in September 2017 by Republican senators Lindsey Graham (S.C.) and Bill Cassidy (La.). The Graham-Cassidy legislation to repeal the Affordable Care Act and cap federal funding for the Medicaid program was pulled from consideration on the Senate floor after it became clear that there were not 50 senators willing to support it.

Members of the Catholic Health Association responded in force to all these legislative efforts and sent over 7,400 messages to Congress in opposition. Unfortunately, in December 2017, Congress enacted tax reform legislation that included the elimination of the tax penalty for the individual insurance coverage mandate and did not offset the full costs. It is estimated that this legislation could increase the deficit by up to \$1.5 trillion over the next 10 years.⁴

The results of 2018's midterm elections may have saved programs like Medicaid from major funding cuts by some in Congress looking toward entitlement reform, but looming budget pressures could motivate efforts that create unwelcome changes. However, over the next two years, the more likely changes to Medicaid will occur state by state.

The midterm elections gave Medicaid expansion a boost in some parts of the country. With many gubernatorial changes and successful ballot initiatives, several states are poised to expand Medicaid or revisit restrictive Medicaid waivers to open the program up to more recipients. But there are still some states that are not open to the idea of expansion, or those that have submitted waivers being considered by the administration that would exclude parts of the population from needed coverage.

Because of ongoing legislative and regulatory efforts targeting Medicaid, in early 2018, the CHA

board of trustees initiated a public awareness campaign designed to educate Americans about the extensive reach of Medicaid coverage and to dispel myths about the program.

In June, CHA launched the Medicaid Makes It Possible campaign during its annual Catholic Health Assembly in San Diego. The campaign calls on the Catholic health ministry to share stories from across the nation of those served by Medicaid and those who provide their care. Through storytelling, the campaign hopes to highlight the human impact of Medicaid in a manner that goes beyond statistics and policy debates.

In the first few months of the campaign, CHA received stories from Providence St. Joseph Health, Ascension, Mercy, Trinity Health, SSM Health, CHRISTUS Health, Benedictine Health System and Saint Anthony Hospital in Chicago. One such story is about Micah, age 3, who has autism and is receiving care at Mercy Kids Autism Center in St. Louis. Micah's mother, Wynette, shares how Medicaid coverage has provided him with access to comprehensive treatment that is helping improve his speech and his ability to eat and walk.

Another story is about Sylvia, who suffered a massive stroke in her 50s. Although Sylvia had medical insurance through her job as a consultant, she needed to turn to Medicaid when the cap on her private insurance was reached and she required ongoing nursing and assisted living care at Providence Mount St. Vincent in Seattle. These

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and other stories are being shared on CHA's Medicaid website at chausa.org/Medicaid and via social media using #MedicaidPossible.

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fited from Medicaid coverage. In the fall of 2018, colleagues from Trinity Health visited Capitol Hill and posted pictures of their meetings with lawmakers on the importance of Medicaid. Others are engaging in the campaign by posting links to news articles or op-eds, or by reposting CHA's content on their social media channels. CHA also has created easy-to-print placards for people to print out, personalize and use when taking a selfie, available at chausa.org/Medicaid. These photos can then be posted to Twitter, Facebook or LinkedIn using #MedicaidPossible as a simple way to amplify the message.

In addition, the CHA website's online store has posters, fact sheets and stickers that can be ordered for community events, meetings with lawmakers or internal educational sessions. The CHA Medicaid website has links to resources to support advocacy efforts including information that CHA members, the Kaiser Family Foundation and Georgetown University have published. The website also includes an interactive map of the U.S. that links to state-centric Medicaid facts, resources and stories.

In 2019, the Medicaid Makes It Possible campaign will have laid a foundation for CHA membership to more effectively engage lawmakers and counter false arguments that stigmatize Medicaid recipients as undeserving of health care coverage. CHA staff will continue to collect Medicaid stories and encourage engagement among CHA members, our Catholic partners, other national

organizations that advocate for Medicaid, and the public at large. This is an important moment and major effort toward stabilizing our health care system for the most vulnerable.

Working together, we can be a collective passionate voice for compassionate care.

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NOTES

1. U.S. Government Accountability Office, *Medicaid: Access to Health Care for Low-Income Adults in States with and without Expanded Eligibility*, (Washington, D.C.: U.S. Government Printing Office, September 2018) www.gao.gov/products/GAO-18-607.
2. Larisa Antonisse et al., "The Effects of Medicaid Expansion under the ACA: Updated Findings from a Literature Review," Henry J. Kaiser Family Foundation Issue Brief (March 2018). www.kff.org/medicaid/issue-brief/the-effects-of-medicaid-expansion-under-the-aca-updated-findings-from-a-literature-review-march-2018/.
3. Congressional Budget Office, *Cost Estimate HR 1628 American Health Care Act of 2017* (Washington, D.C.: U.S. Government Printing Office, May 24, 2017). www.cbo.gov/publication/52752.
4. Congressional Budget Office, *The Budget and Economic Outlook: 2018 to 2028* (Washington, D.C.: U.S. Government Printing Office, April 9, 2018). www.cbo.gov/publication/53651.

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