Talking Points on Strong Medicaid Enrollment in States that Closed the Coverage Gap

Recently, some news articles have been appearing in states that chose to close the Medicaid coverage gap reporting that Medicaid enrollment has exceeded expectations. Our opposition uses this data to push two messages: 1) too many people are enrolling in Medicaid and 2) Medicaid is a "budget buster" when you close the coverage gap.

- **Tweets:**
  - Strong enrollment in expansion states shows that ppl in those states can now go 2 the doc & get preventive care b4 they need the ER #utleg
  - Expansion states did the right thing and accepted fed $$ set aside to #closethegap http://snip.ly/DTEw #utleg #utpol #g6solution
  - ppl getting covered in expansionstates R hrdwrking indvdls & families who Rnt offered or cant afford ins thru emplyrs http://snip.ly/Evfo
  - In UT many of our friends & neighbors fall into the #coveragegap they R #stillwaiting for a #g6solution #utpol #utleg http://snip.ly/Opm0
  - A recent report from AR found that #closingthegap will help AR realize a + impact of $438M bw 2017-21 #g6solution #closethegap #utpol #utleg
  - A recent report in KY shows an estimated gain of $820M b/w 2014-21 #g6solution #closethegap #utpol #utleg
  - Data from KY & AR shows increasing coverage through expansion will be a net saver for each state even when state pays 10% #closethegap
  - AR saved $17.2M in uncompensated care savings #socanUT #g6solution #utpol #utleg #HealthyUT would save $814 M over 10yrs if we #closedthegap
  - @RWJF & @urbaninstitute report shows #closingthegap in UT would return $5.3B of our tax $$ back to the state http://snip.ly/KWfj #utleg
  - Low wage emplyrs in nonexpansion states like UT R vulnerable to penalties UT emplyers may risk losing up to $23M/year http://snip.ly/0GxT

- **Strong enrollment shows that closing the gap [is/was] the right decision.**
  - Strong enrollment in the new coverage options provided by the ACA, including in Medicaid, shows that people in states that have closed the coverage gap can now go to the doctor and get things taken care of before they wind up in the ER.
  - These states did the right thing and accepted the federal dollars set aside to close the coverage gap, meaning they offer coverage to people who earn too much to qualify for traditional Medicaid and too little to get a tax credit on Healthcare.gov.
  - The people getting covered are hardworking individuals and families who aren't offered or can't afford insurance through their job. They work in industries such as construction, hospitality, tourism or home health care.
  - In our state, many of our friends and neighbors fall into the coverage gap, leaving them with little to no option for affording health care.
  - We should follow the example of states like Arkansas and Iowa and create our own plan to close the coverage gap/encourage our state's leaders to close the coverage gap.

- **Strong enrollment means states are saving money now and in the future.**
  - Now that 31 states have accepted the federal funding to increase coverage through Medicaid, we have concrete evidence and data about the impact of that decision, and what we're finding is positive for state budgets.

- States are finding that they will save money in both the short and long-term, and those savings will continue many years into the future.
- For example, in Arkansas, a recent report found that closing the gap will help the state realize a positive impact of $438 million between 2017 and 2021.
- Another report on Kentucky shows an estimated gain of $819.6 million between 2014 and 2021.
- The data from Kentucky and Arkansas show that increasing coverage through Medicaid will be a net saver for each state even when the state is required to chip in a small portion of the cost of insuring people who are newly eligible.
- An increase in insured people in Utah means fewer unpaid hospital bills, known as uncompensated care costs.
  - State and local governments provide approximately [37 percent of uncompensated care funding](). Closing the gap would reduce the burden on state, county and local budgets and free up this money for other priorities.
  - State examples of uncompensated care savings:
    - [$17.2 million in Arkansas]().
    - [$1.9 billion in Kentucky from 2013 to 2014]().
    - [$150 million in New Jersey for 2015]().
- In addition to lowering the amount of unpaid hospital bills, strong Medicaid enrollment also translates to lower state costs for other coverage programs. States like Colorado, Michigan and West Virginia have been able to use federal dollars to cover people through Medicaid who previously had been insured by programs that used more state dollars, such as family planning services and care for certain women with breast and cervical cancers.

- **The cost of doing nothing is much greater.**
  - Closing the gap would return [$5.3 Billion of our tax dollars back into Utah]().
  - Low-wage employers in coverage gap states are vulnerable to penalties if some of their low-income employees enroll in Marketplace coverage and receive premium tax credits. [In Utah,]() employers may risk losing up to $23 million per year.
  - Our state is also missing the opportunity to provide better care for people with mental health and substance use disorders, meaning we are missing out on major savings in our behavioral health and criminal justice systems.
  - Rural hospitals are suffering from high uncompensated care burdens, and closing the coverage gap can help these critical care providers keep their doors open so they can continue to serve everyone in their communities. The evidence so far indicates that rural hospitals are closing at a faster rate in states that have not closed their coverage gap. Since 2013, 24 rural hospitals have shut down across the nation – and most of those have been in states that have not closed the coverage gap
  - CBS News reported this month that America's uninsured rate has fallen below 10% - the lowest number of people uninsured in our country since 1972! We are on the right track to reduce the number of people without insurance and affordable Medicaid coverage is a big part of this success. By doing nothing to increase coverage for the lowest-income families in our state, we continue to be part of the problem instead of part of the solution.