2017 Medicaid Expansion Talking Points

1. **Texas** has both the **highest number of people** as well as the **highest rate of uninsured** in the country.¹

2. **The burden of our high uninsured falls onto local taxpayers who end up paying for healthcare FOUR TIMES OVER:**
   
   a. we pay through our **insurance premiums** (if we have insurance);
   
   b. we pay through **rising healthcare costs** from our providers;
   
   c. we pay through our **local property taxes** that go to support safety net hospitals and healthcare systems that care for the uninsured and don't get paid otherwise, and;
   
   d. we also pay through our federal income taxes, but don't get full advantage of them because Texas officials have not accepted billions in Medicaid funding for low-income adults.

3. Between **750,000 and 1 million uninsured Texans** are in the **Coverage Gap**, waiting for the Legislature to accept the funding that was intended to cover them. They have no affordable health insurance options but would be covered if the state accepted new federal health care funds intended for them. They do not receive health insurance from their employers. They make less than $24,300 for a family four, so they do not qualify for financial assistance on healthcare.gov. (*An illustration of the Coverage Gap is available [here](#).*

4. **The majority of Texans in the Coverage Gap are working and include those in construction, the sales and food industry, and transportation.** They cook our food, build our houses, take care of our young children or elderly parents, and launch small businesses in our communities. Others include college students, people with mental health challenges, parents who are raising their young children while a spouse works, and older Texans who don’t qualify for Medicare yet but are having trouble competing with younger workers for new jobs. (*More information on the occupations of Texans in the Coverage Gap is available [here](#).*

5. Many believe people with chronic illness have access to coverage.

6. **The federal government has set aside Medicaid funding for 90% of the cost of covering Texans in the Coverage Gap.** Funding streams to cover the federal match have been secured largely from the healthcare industry, which is greatly benefiting from expanded coverage. If we do not use our share, the federal government will keep it.

7. **Turning down this funding is already causing hospitals to close and make cuts, hurting all Texans’ access to hospital care.** The funding is designed **more than** to replace the previous federal funding stream (1115 Waiver) that offsets hospitals’ unpaid medical bills for uninsured patients. Ten rural hospitals have closed in the last two years and Harris Health has eliminated over 200 staff positions and made other cuts, in part because of the Legislature’s decision. We
are unlikely to get a long-term renewal on the 1115 Waiver’s uncompensated care funding, and this puts Texas hospitals in a serious financial bind. Accepting Medicaid funding is the only way to sustain our hospital system.

8. There is broad support for a solution. Twenty-six Texas business groups have called on the Legislature to either expand Medicaid or develop an alternative plan to cover more Texans. Doctors, pastors, the Catholic bishopric, health clinics, hospitals, County Judges, the Texas Association of Municipal Health Officials, a health care task force appointed by then-Governor Perry, and a majority of Texans have joined them in calling for a solution. (A list of current supporters is available here.)

9. Expanding access to coverage will improve the health of Texans and help protect them from financial crisis. Health care bills are the number one cause of bankruptcy. Expanding coverage would ensure that working Texans have access to cancer treatment, mental health care, preventive care that saves lives and money, and other care that is not available in the ER or in the patchwork of other services for the uninsured. More women would be able to access health care during the critical pre-pregnancy time, leading to healthier pregnancies and children. More families would avoid bankruptcy and financial instability resulting from health problems.

10. A solution would provide significant economic benefits. It would create up to 300,000 jobs over three years, according to an estimate by former Deputy Texas Comptroller Billy Hamilton. It would help small businesses that can’t afford to offer insurance or have their employees out sick. It would reduce the pressure on local property taxes and insurance premiums to cover unpaid hospital bills for the uninsured. It would help hospitals stay in business and avoid cutting jobs. The Bureau of Labor Statistics shows health care and social services jobs grew more than 30 percent faster between December 2013 and December 2014 in the states that expanded Medicaid on January 1, 2014 than in those that did not. (An illustration of the benefits is available here and information on the benefits for each county is available here.)

11. Legislators should allow their constituents to get the same coverage they get through taxpayer funds. Legislators are able to get preventive health check-ups, chronic disease management, and affordable treatment when emergencies arise. These benefits are paid for by Texas taxpayers. However, those to whom they represent, and to whom they deny coverage get late diagnosis and experience financial disaster when emergency strikes or a health issue gets out of control.

12. Accepting available Medicaid Expansion funds would relieve pressure on local property taxes.

   a. Because such a huge amount of local property tax in Texas is spent on care for the uninsured, ($4,380,711,550 in FY 2016), there is a connection and we should talk about them as related issues. Medicaid Expansion funding would reduce pressure on the property tax that the counties have to work with.
