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Domestic Action Sheet  
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Strengthen Medicaid

## Pushing for Health Reform that Meets the Needs of the Most Vulnerable

### Continue to set up conference calls with Senate and House health aides to discuss a strong Medicaid expansion

NOTE: This is a continuation of our [September Action](#) and is geared towards those that have a basic knowledge of health reform issues and the workings of the legislative process in order to have a successful conference call with key legislative staff. Use our e-mail system to tell Congress to [Expand and Strengthen Medicaid in Health Care Reform](#). For outreach events or letter-writing meetings, RESULTS recommends you use the [Medicaid outreach action sheet](#).

1. **Introduce yourself as a RESULTS activist and a constituent committed to quality, affordable health care for everyone in the U.S.**
2. **State your strong support for enacting meaningful health reform this year that builds on America's successful public programs** — Medicare, Medicaid and the Children's Health Insurance Program (CHIP) — which already provide comprehensive, affordable and reliable coverage to tens of millions of Americans.
3. In particular, state that you are **pleased that the health reform bill moving through the Senate and House expands Medicaid coverage to all Americans with incomes at or below 133 percent of the federal poverty line**. This expansion will help reduce the number of uninsured in the U.S. by at least one-third.
4. Urge your senator or representative **to protect the quality coverage provided in Medicaid by securing full federal financing for Medicaid expansions to ensure that states have the capacity to extend coverage to newly eligible populations without compromising benefits and affordability**. As Medicaid is a critical safety net federal funding should also automatically increase during economic downturns to help states maintain and extend coverage when it is most needed.
5. Point out that **Congress must focus on expanding coverage and access to quality care by allocating the resources necessary to reimburse health providers within Medicaid at fair levels** by bringing reimbursement rates at least up to those in Medicare.
6. Express your concern that the Senate Finance Committee proposal delays implementation of the Medicaid expansion until 2014 and **urge policymakers to move forward more quickly to expand coverage to society's most vulnerable without compromising health care quality by offering lower-level benefits to those who get coverage**.
7. Specifically, **request that your senator and representative work with congressional leadership to strengthen Medicaid by securing full federal financing for the expansion, providing "traditional" Medicaid benefits to all those who gain coverage, expand access through increased Medicaid reimbursement rates, and not making our most vulnerable wait five years to get coverage through Medicaid**.

To find contact information, including telephone numbers and addresses for congressional offices and the names of the health staffer, visit the [Take Action Now](#) page of this RESULTS website. Please contact the RESULTS staff for [updated talking points](#) when you have a conference call or lobby meeting scheduled.

### Senate and House Expand Medicaid — Make Sure States Enroll the Most Vulnerable

RESULTS continues to encourage our activists to set up conference calls with their Senators and House members to discuss the importance of health reform, including the need for a fully federally financed expansion of Medicaid to all individuals at or below 133 percent of the poverty line. The Senate Finance Committee has concluded its mark up of the *America's Healthy Future Act of 2009*, and will vote on the bill after receiving a preliminary score from the Congressional Budget Office (CBO). At the present time, Senator Olympia Snowe, the best hope for a Republican yes vote on the bill, has remained silent about her intentions, and two Democrats, Senators Ron Wyden and John D. Rockefeller, have both stated that they are not comfortable voting for the bill in its current state and want to continue discussions. Senator Maria Cantwell has also previously stated that she could not support a bill that does not include a public option, which the current Finance Committee bill lacks. There is a concern whether there are enough votes for the bill to be voted out of committee.

The cost of expanding Medicaid is shared by the federal government and individual states in the Senate Finance Committee bill in a complicated formula (for details, see the [Kaiser Foundation Side-by-Side Comparison](#) of the health reform bills). The federal government will pay for the entire Medicaid expansion for states with low Medicaid enrollment and high unemployment rates. Governors around the country have become increasingly vocal about the high costs of Medicaid expansion considering that they will now be asked to share part of the financial burden. Many states, particularly those likely to see the number of Medicaid recipients rise significantly with an expansion, are hesitant to support expanding costs to already over-extended

state budgets during this current economic crisis; therefore, there is significant bipartisan agreement among many in Congress that Medicaid expansion must be fully federally financed to ensure access for every American regardless of where they live.

The House continues to move toward a floor debate, possibly beginning as early as the week of October 14. The House bill also expands Medicaid to all those at or below 133 percent of poverty, and the initial draft provided for full federal financing of the Medicaid expansion. Negotiations this summer within the House Democratic Caucus itself have put the full federal financing of Medicaid in jeopardy. Several conservative “Blue Dog” Democrats have insisted that federal financing of Medicaid must be offset, in part, by the individual states in order to meet President Obama’s criteria of a health care reform plan which pays for itself. The House Energy and Commerce passed legislation that provides for 93 percent of the financing for Medicaid expansion to be covered by the federal government, with the remaining 7 percent becoming the responsibility of the states. The financial burden placed on the states may increase if the House Democrats are asked to find more “savings” in the bill before a final vote.

Assuming the full House and Senate both consider and pass versions of health reform legislation this fall, congressional leaders and the White House will then work to produce final legislation through what’s called a conference committee. Your conference call meetings and other communications with representatives and senators are key — not only for influencing the legislation this month, but making sure the final bill serves the needs of society’s most vulnerable. ***During conversations with congressional staff, it’s critical to send a strong message to our members of Congress that the costs of expanding Medicaid be covered by the federal government to ensure that states move forward in enrolling the most vulnerable in society.***

## **Expanding Access to Quality Coverage for Low-Income Populations in Medicaid**

Many of low-income Americans, including those currently enrolled in Medicaid, struggle to access coverage in their communities. In particular, reimbursement rates under Medicaid are so low that health providers do not accept Medicaid patients. RESULTS continues to support increased Medicaid payment levels to primary care providers so that Medicaid enrollees have a realistic opportunity to secure treatment from health providers. The House of Representatives’ *America’s Affordable Health Choices Act of 2009* brings Medicaid reimbursement rates up to Medicare levels; Medicaid rates are as low as 40 percent of Medicare in some states. Senator Grassley, the leading Republican on the Senate Finance Committee, offered an amendment to increase Medicaid provider rates during committee markup but it was defeated.

The increased reimbursement rates are also critical for Community Health Centers (CHCs). Health centers rely heavily on Medicaid dollars to fund their operations; Medicaid accounts for over one-third of community health centers’ total operating budget. Therefore, RESULTS support for the *Access for All America Act*, S.486 and H.R.1296, also requires a strong Medicaid program, which includes the expansion of the number of people eligible and provider reimbursement rates that will support CHCs throughout the country. Larger reimbursement rates to CHCs will allow them to more appropriately allocate funds to services for patients.

In order to expand access to coverage, it’s important that the expansion of Medicaid happen as soon as possible, and that new Medicaid enrollees have access to a package of benefits that meets their needs. Unfortunately, the Senate Finance Committee proposal delays the Medicaid expansion effective date to January 2014, six months after other provisions in the legislation including subsidies for moderate-income families take effect, so the poorest uninsured Americans will have to wait longer for coverage. It makes little sense to isolate the poor for later help, both because they need such help the most and because it leaves the critical Medicaid expansion more vulnerable to further delay or possible evisceration. In addition, the Finance Committee proposal provides coverage at the “bronze” level; newly eligible low-income Medicaid enrollees will not have access to the same benefit package of those in traditional Medicaid plans, with policies which are specifically suited to meet the needs of low-income Americans that are not typically covered by private insurance such as assistance with transportation costs and critical mental health services.

***RESULTS believes that those most in need of the services provided by Medicaid should not be forced to wait for coverage and should not be provided with a limited benefits package. And, in order to expand access to care and not just coverage, Congress must invest in increasing Medicaid reimbursement rates at least to those in Medicare.***

## **RESULTS’ Continued Long-Term Goal of Single Payer**

RESULTS remains committed to the long term goal of a national health program, such as H.R.676. Senator Bernie Sanders and Reps. Anthony Weiner and Dennis Kucinich have all proposed single payer amendments to the current health reform bills. Senator Sanders’ amendment to the HELP Committee bill would have allowed a limited number of states to implement single payer experiments using federal money allocated to Medicaid and Medicare. The bill was defeated in Committee, but it did receive “yea” votes from Sanders and Senators Harkin, Brown and Merkley. Rep. Weiner’s amendment would strike the existing language of H.R.3200 and replace it with H.R.676, establishing a single payer health system in the United States. Speaker Pelosi has promised that the amendment will receive a vote by the full House when the bill is brought to the floor later this month. RESULTS continues to support all amendments that would move us closer to a national health care system and we urge our activists to thank those who continue to make single payer an issue in the health care debate.

Many believe that as a first step toward a single payer system in the United States we must have at least a “public option.” The public health insurance plan, or “public option,” would operate as a government-run health insurance plan that will compete with private insurance companies. The House health reform package includes a public option but both proposed amendments to include a public option in the Senate Finance Committee’s proposal were rejected by the panel. RESULTS supports a strong public option but we are focusing our energy on critical pieces of health reform that will impact low-income populations, policies often overlooked during the health reform debate.