

## Medicaid Expansion (ME) As a Form of Economic Stimulus?

Why are the 11 states that haven't expanded Medicaid so reluctant to accept the economic benefits of ME?

Some conservative lawmakers voice their fear that ME will create unsustainable financial burdens for their state, but the experiences of the "expansion states" say just the opposite. With 30 states across the political spectrum accepting ME by 2014 and another 10 "late-expansion states" coming on board since 2015, there are many sources of evidence demonstrating ME's advantages and its lack of disadvantages.

Surprisingly, on top of more predictable health and social justice improvements, they also show economic stimulus effects. As MT state representative Buttrey remarked, "If someone is unhealthy or...addicted, they simply are unable to contribute to their own or their state's success..."

Indeed, the states that insist on work requirements for enrollees are **putting the cart before the horse**. By providing benefits to the more than 60% of potential Medicaid recipients who cannot work because they are disabled, ill, retired, in school, or addicted, expansion states have found that employment among the new Medicaid recipients rises once access to medical care and addiction services is improved. The 90% federal contribution already offsets the added state obligation, but a further **multiplier effect** is achieved when higher employment--stimulated by ME--leads to fewer evictions, more home ownership, less medical debt, and even reduced crime. In general, recipients

have more disposable income and pay more state and local taxes.

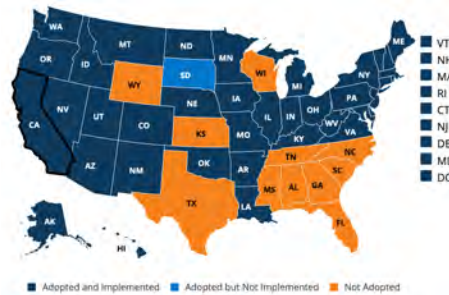
The budget picture for the state improves **directly** from the higher tax revenues and **indirectly** when having fewer uninsured residents relieves pressure on the state to cover uncompensated care. Analyses from the Commonwealth Fund project that ME under the American Rescue Plan

would create a million jobs nationwide, and state economies would increase by \$350 billion between 2022-2025, with Texas, Florida, North Carolina, and Georgia seeing the largest gains. Florida alone stands to add 135,000 jobs.

Several late-expansion states expanded because of popular demand--with successful ballot initiatives in ID, OK, ME, MO, SD, and UT. However, **Florida is so determined to block the benefits of ME** that it recently made a

ballot question harder: it raised the required signatures to 900,000 and now requires a 60% majority to pass it.

Single Payer advocates have typically maintained that, if we had Medicare for All, we wouldn't need Medicaid Expansion. This is true, but given ME's **recently demonstrated economic benefits and popularity with voters in conservative states**, their lawmakers may be more willing to support universal care through ME than M4A. In fact, since Medicaid is not as big a profit center for private enterprise as Medicare (Advantage and REACH), the full force of the medical-industrial complex, more generally, seems less committed to blocking Medicaid Expansion than M4A.



**NEXT MEETING**

Sunday, January 29

8:00 p.m. ET  
5:00 p.m. PT

Register at  
<https://tinyurl.com/HCR4US-Jan29>

Tentative Agenda:

- Intros for New Attendees
- Announcements
- Program Planning
- Education/Advocacy
- Break-out Sessions

## A Behavioral Health Equity Model

The nation's first crisis lifeline for American Indian and Alaska Native populations has launched in Washington state. The Native and Strong Lifeline, part of the **statewide 9-8-8 system**, activated in November 2022. It is specifically for Washington's American Indian and Alaska Native communities.

Historical trauma, disproportionate poverty, and other factors contribute to an increased risk of suicide for Native populations. Native and Strong Lifeline operators are all tribal members or descendants, and they receive specialized training to help American Indian and Alaska Native people through crisis. The new lifeline offers a culture for healing that centers the lived experiences, traditions, and wisdom of Native people. The all-Native crisis counselors and staff are a testament to this indigenous-centered approach.

In addition to the Native and Strong Lifeline, the Washington Indian Behavioral Health Hub is a statewide central resource line developed to meet the needs of tribes and tribally affiliated people who may need help navigating the behavioral health system.



## In Case You Missed It

—Alan Unell and Voki Hovagimian (WA) provide a daily newsletter through Substack. Each issue is a concise treatment of a single topic, with references and action steps for readers to do that day. They welcome suggestions for topics to research and publish!

**Health Care Advocacy** -- action newsletter. [https://healthcarereformau.substack.com/?r=1n82x4&utm\\_campaign=pub&utm\\_medium=web](https://healthcarereformau.substack.com/?r=1n82x4&utm_campaign=pub&utm_medium=web)

—US Senator Bernie Sanders highlights health care in his New Year message (1:00-4:00) <https://www.youtube.com/watch?v=zbKSqE6ct-Y>

—Wendell Potter asserts in his remarks to NYC's Committee on Civil Service and Labor on Jan 9 that Medicare Advantage is a "cash cow" for insurance companies <https://www.youtube.com/watch?v=aSRwF7NGSNY>

## Websites

**HCR4US Youtube Channel:**

<https://www.youtube.com/c/LWVHealthCareReform>

**HCR4US Web-Contact Form:** [tinyurl.com/Contact-LWV-HCR-4US](https://tinyurl.com/Contact-LWV-HCR-4US)

**HCR4US Google Drive:**

<https://tinyurl.com/HCR4US-Jan8-Minutes>

**HCR4US Toolkit:**

<https://lwvhealthcarereform.org>

## Upcoming

**Jan 26: Exposing the profiteers behind Medicare REACH** A PNHP program about the REACH program and the Protect Medicare Coalition response.

[https://us02web.zoom.us/webinar/register/WN\\_IsLymcbTT9mMbYMKvTFHOQ?eType=EmailBlastContent&eId=3f05748f-3a42-4b56-bb05-131142ff574d](https://us02web.zoom.us/webinar/register/WN_IsLymcbTT9mMbYMKvTFHOQ?eType=EmailBlastContent&eId=3f05748f-3a42-4b56-bb05-131142ff574d)

**Jan 31: BU School of Public Health--Insecure Housing, Homelessness and Health**

This program will explore the factors that threaten the health of those who are precariously housed or homeless.

<https://www.bu.edu/sph/conversations/uncategorized/insecure-housing-homelessness-and-health/>

**HCR4US:** Dedicated to educating and mobilizing League members to work toward legislation that enacts the goals of our LWVUS health care position  
**Newsletter Committee:** Barbara Pearson, Jon Li, Candy Birch, Kathy Yen, Tom Cherry, Jody Disney

## Ready to Advocate? Medicare for All Resolution Process

Resolutions are a flexible means to educate and persuade legislators and the public. They help build a local movement and get "earned media" in the process. At the January 8 HCR4US meeting, attendees learned how the Georgia PNHP convinced the Atlanta City Commission in September to adopt a Medicare for All Resolution--on its 2nd attempt. Other successful resolutions this year (with HCR4US connections) were seen in St. Louis MO, Gainesville FL, Fort Collins and Denver CO. Denver brought the total so far to 111.

Any individual or organization can submit a resolution to anyone--legislators, organizations, faith groups, medical societies, or commissions. Below is a county-level example of the process to inspire you to make it happen.

Useful materials and help are available from Public Citizen's Medicare for All Resolutions campaign.

- Contact your representative in the County Legislature for support and advice on how best to proceed.
- Get on the agenda: Contact the Clerk of the County Legislature to have the draft resolution added to the appropriate committee agenda.
- Provide a copy of the draft resolution and a packet of supporting documentation to the County Clerk for Committee members and Legislators. Supporting documentation may include a list of allied organizations, sign-on letters of support, statistics, reports, studies, memorandums, etc.
- Encourage allied organizational representatives to attend the meeting and make separate comments during the public comment period.
- Identify yourself as an individual or representative of an organization.
- Present the resolution briefly and be prepared to answer questions.
- Send follow-up communication thanking the Clerk, Committee members and Legislators for their consideration of the resolution and submit additional information requested and answers to any questions raised in a timely fashion.
- Don't give up if the committee does not advance the resolution or if the resolution fails to be adopted on the first vote. Try reintroducing it again at a later date.



After a presentation on Oct. 22 to the City Commission, Gainesville FL became the 110<sup>th</sup> of 111 Public Citizen M4A resolutions so far--including LA, Kent OH, Tucson, Indianapolis.

