



THE UNIVERSITY OF ARIZONA
HEALTH NETWORK

Medicaid Expansion, The Arizona Experience

America's Essential Hospitals Webinar
12 March 2013

Presented by Helena Whitney



PRE MEDICAID EXPANSION

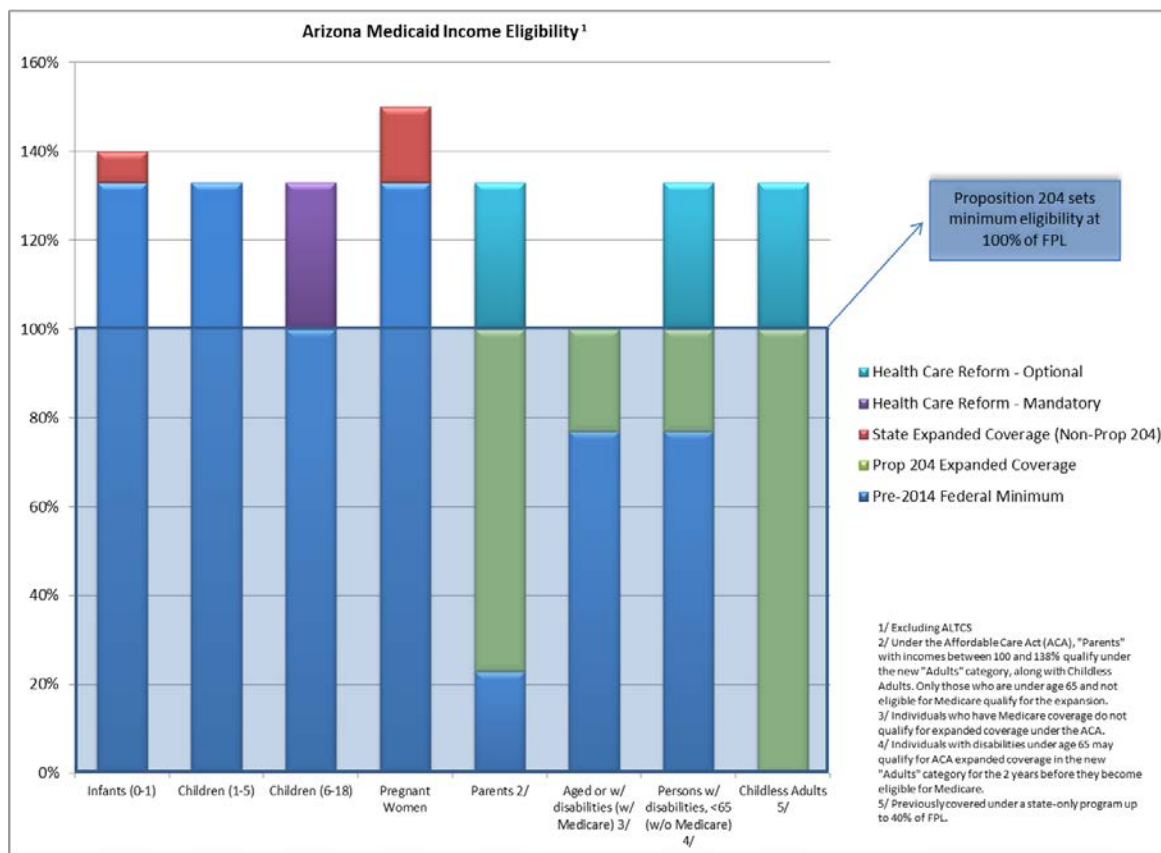


MEDICAID IN ARIZONA

- AHCCCS is Arizona's version of Medicaid
- In 1998 Arizona voters set AHCCCS eligibility at 100% of the Federal Poverty Level (FPL)
- AHCCCS operates under an 1115 waiver, allowing the state to operate a managed care Medicaid program



ARIZONA MEDICAID INCOME ELIGIBILITY



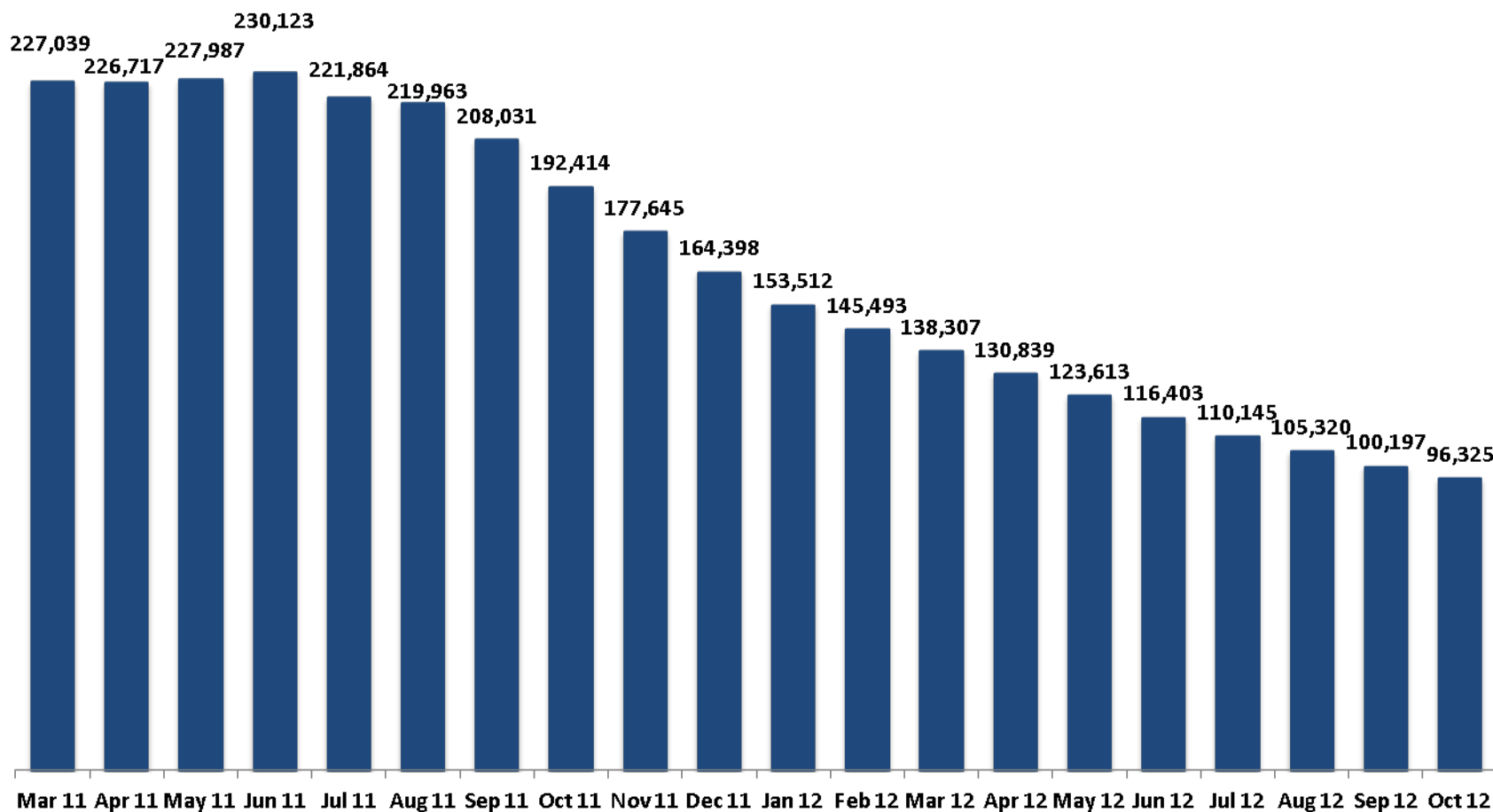


STATE BUDGET DEFICIT – MEDICAID SOLUTIONS

- In October of 2010, to remain within the budget guidelines set forth by the Governor and legislature, AHCCCS made a variety of changes to the Medicaid program including:
 - Reducing funding by over \$2 billion
 - Enrollment freeze for KidsCare
 - Phase out of Spend Down program
 - Implementation of the 25 day rule
 - Enrollment freeze for Childless Adult population on July 2011
- The decrease in Medicaid eligibility created a significant financial burden (uncompensated care) for UAHN and other major hospital systems across the state.
 - **UAHN's uncompensated care tripled during the implementation of the AHCCCS reductions.**



CHILDLESS ADULTS (PROP. 204) - AFTER BUDGET SOLUTIONS





POLICY OPTIONS FOR ARIZONA'S MEDICAID PROGRAM

AHCCCS coverage options:

- Full Medicaid expansion: 138% FPL
- Restore childless adult population: 100% FPL with traditional FMAP
- Do nothing

Facts influencing Arizona policy makers:

- At the height of enrollment 1.2 million on Medicaid
- FY13 general fund obligation of \$2.8 billion (state general fund)
- Competing Interests
 - K12
 - Universities
 - Corrections



THE ROAD TO RESTORATION & EXPANSION



STEP 1

CREATE THE PLAN

IDENTIFY YOUR CHAMPION

DEVELOP THE GUIDING PRINCIPLES



DEVELOP THE PLAN

- Set clear goals.
 - In Arizona the goals were:
 - Restore Medicaid for Childless adults
 - Expand Medicaid for everyone between 100% and 138% FPL
 - Budget neutral to the state general fund
- Identify your champion.
 - Consider political your reality.
 - Make it personal.
 - Understand their competing interests.
- Develop your guiding principles.
 - Be mindful of the audience you need to sway.
 - Be mindful of your base.



ARIZONA HEALTH CARE REFORM GUIDING PRINCIPLES

- Leverage the competitive, private insurance market to promote individual choice and reduce dependency on public entitlements, thereby maximizing coverage and strengthening Arizona's health care system.
- Recognize that, through Proposition 204, Arizona voters mandated coverage of individuals with incomes below 100% FPL.
- Implement payment reform strategies that lower costs by promoting quality of care and by maximizing personal responsibility through innovative cost-sharing designs.
- Work with health care, business and community stakeholders to build a high quality health care infrastructure that is patient-centered, sustainable, accessible and affordable.
- **Keep health care decision making as local as possible.**
- **Acknowledge the importance of the health care industry to the state's overall economy and the impact of a stable health care system on Arizona's ability to attract and retain high quality jobs, including those in the medical profession.**



STEP 2

BUILD YOUR COALITION & YOUR MESSAGE



ARIZONA HEALTH CARE REFORM – THE MESSAGE

No State Expense: The Brewer Medicaid Plan comes at NO COST to the General Fund. Best of all, by taking Medicaid pressure off the General Fund, we can protect critical services like Education and Public Safety.

Upholds the will of voters: Arizonans have TWICE voted to restore Medicaid. By adding about 57,000 individuals to a Medicaid membership of more than 1 million – we can leverage federal support and vastly diminish State expenses.

Keeps Arizona tax dollars in Arizona: Restoration of Arizona's Medicaid program will inject nearly **\$8 billion** into our economy over the first four years alone. This means thousands of quality jobs in every part of our state. To reject this funding – while neighboring states like California, Nevada, Colorado and New Mexico have already said 'yes' – would only place Arizona at an economic disadvantage for years to come.

Protects rural and safety-net hospitals: Let's face it – uninsured Arizonans get sick just like the rest of us. When they do, they tend to show up in Emergency Rooms – with the exorbitant costs of their care borne by hospitals and the insured. Without action, the very survival of some of our hospitals is threatened, and Arizona families will continue to pay a Hidden Health Care Tax estimated at nearly **\$2,000** per year.



HOW TO BUILD THE MESSAGE

- Data collection
 - What are the impacts of doing nothing?
 - What are the impacts of expansion?
- Polling
 - Three separate in-depth polls were conducted during the process.
 - Messaging must be tailored to your audience!
 - Who delivers the message matters:
 - Doctors and insurance companies polled as the LEAST trusted
 - Nurses polled as the MOST trusted



RESTORING ARIZONA: THE GUIDING PRINCIPLES

- Build a broad coalition:
 - Geographic diversity
 - Membership diversity
 - <http://restoringarizona.com/about-the-issue/over-120-businesses-signed-on-in-support>
- Consistent Communication
 - Speak with one voice
 - Restoring Arizona Website: www.restoringarizona.com
 - Make it real:
 - *“If Arizona does not restore Medicaid coverage, more than 60,000 Arizonans will be dropped from their healthcare at the end of 2013. Regardless of their health condition, people who need help the most will not receive it.”*
 - *“On January 1st, 2014, as many as 60,000 Arizonans will lose access to their health care. Cancer patients will no longer receive potentially lifesaving treatment, patients on the transplant list will be left to die and Arizona citizens with mental health and behavioral health issues will be cut off from their medication and recovery plans.”* Restoring Arizona Website
 - Bill & June: <https://www.youtube.com/watch?v=Evc9z52YgCQ>



RESTORING ARIZONA: THE GUIDING PRINCIPLES

- Consistent Communication Continued:
 - Make it simple! https://www.youtube.com/watch?v=Nv4j_bk97Qk
 - Connect on different levels:
 - Patient stories: <https://www.youtube.com/user/RestoringArizona>
 - The pocketbook: <https://www.youtube.com/watch?v=549Nw-EpGqw>
 - Be prepared to rebut arguments against expansion:
<http://www.azgovernor.gov/documents/Medicaid/MedicaidRealityCheck.pdf>
- Don't let up!
 - Email campaign
 - Social Media- Facebook & Twitter are your friend!
 - Op-Eds by coalition members/community leaders
 - Rallies and other public events:
https://www.youtube.com/watch?v=Cfqm_lXd85k



QUESTIONS?



Missouri Medicaid Reform



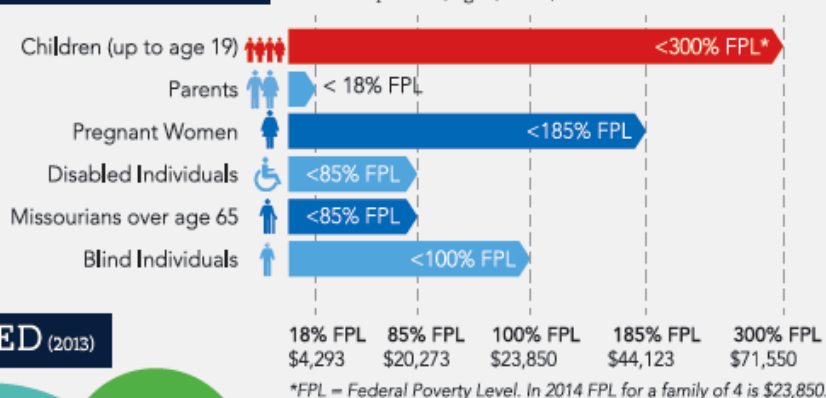
Gerard J. Grimaldi

MISSOURI MEDICAID 101

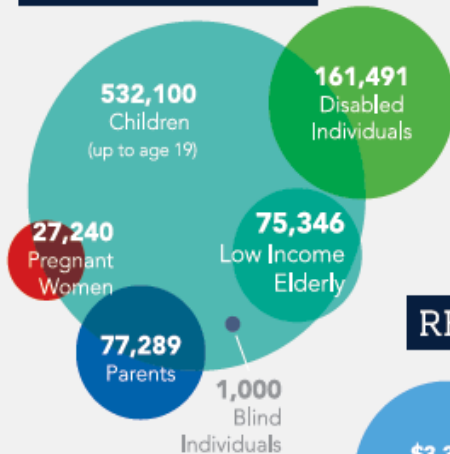
Medicaid is a federal-state partnership that provides health coverage for low-income people. The federal government offers matching funds to states to support the financing of Medicaid. In general, for every dollar spent on Medicaid, \$.62 comes from the federal government and \$.38 comes from the state. MO Health Net is the name of the Medicaid program in the state of Missouri.

COVERED POPULATIONS

In general, MO Health Net covers low-income children and their parents, aged, blind, or disabled individuals.



ENROLLED (2013)

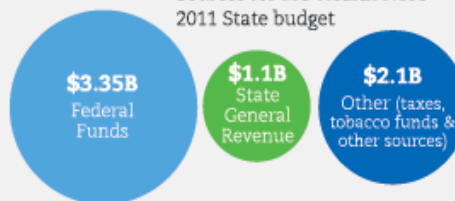


ANNUAL EXPENDITURES



REVENUE SOURCES

Sources for MO Health Net's 2011 State budget



AVERAGE MONTHLY EXPENSES PER ENROLLEE





November, 2012

President

Obama
45%

Romney
55%

Governor

Nixon
56%

Spence
44%

Missouri General Assembly

Republican Veto-Proof Super Majorities



Proposition E, November, 2012

Prohibit state-based health insurance exchange unless authorized by a vote of the people or by the legislature

Yes

No

62%

38%

Proposition C, August, 2010

Deny the government authority to penalize citizens for refusing to purchase private health insurance...

Yes

No

71%

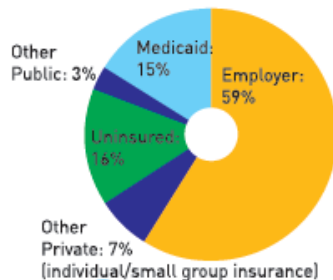
29%

LEFT BEHIND:

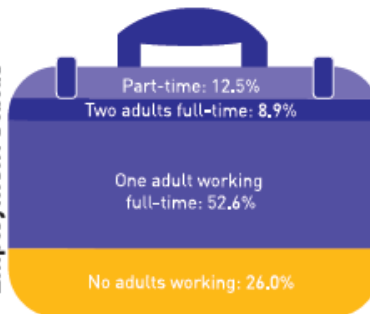
MISSOURI'S UNINSURED

A profile of Missouri's uninsured population

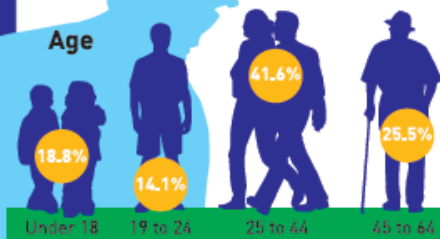
Insurance Status of MO Residents <65



Employment Status

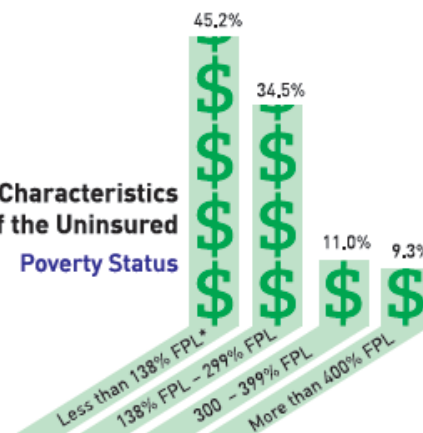


Age

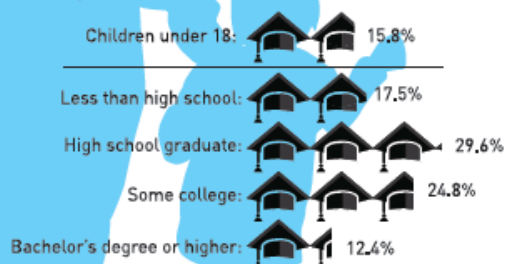


Characteristics of the Uninsured

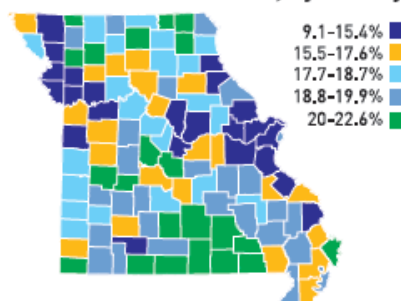
Poverty Status



Highest Level of Education



Percentage of Missourians Under 65 Who Were Uninsured in 2009, by County



 **Health Care Foundation**
OF GREATER KANSAS CITY
www.hcfcgkc.org

*FPL = Federal Poverty Level, In 2014 FPL for a family of 4 is \$23,850.



“We all know there are problems with Obamacare, and Washington’s implementation of it has been abysmal.”

*Governor Jay Nixon
State of the State Address 2014*



“And since that time, we’ve seen Governors and Legislators, Democrats and Republicans, in other states, come together to reform their health care systems. But here in Missouri we stood still. And now we’ve fallen behind.

This year, Missouri is paying the cost.

This year, Missourians are suffering the consequences.

I look forward to working with all of you to bring affordable health coverage to working families in Missouri and reform Medicaid the Missouri way.”

*Governor Jay Nixon
State of the State Address 2014*

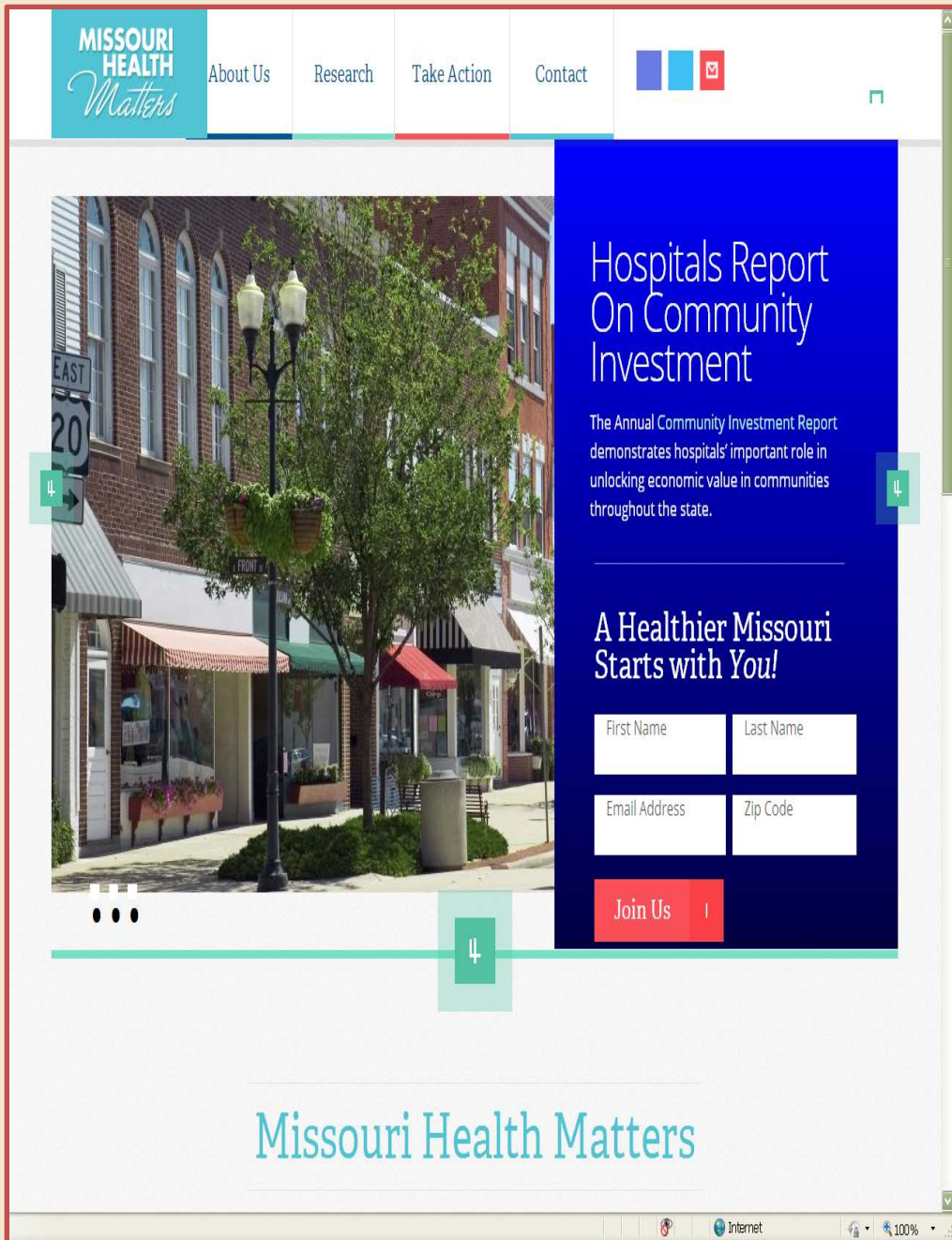


“We are doing a disservice to just put more people in this broken system.”

Senator Brad Lager

“I hope people understand, we are compassionate people, but at the same time, we have to pay the bill in Missouri.”

Senator Dan Brown



MISSOURI'S BUSINESS COMMUNITY SUPPORTS MEDICAID REFORM

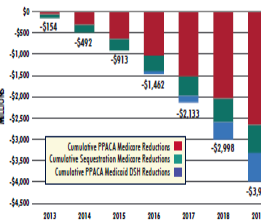
In 2013 and early 2014, the major statewide business organizations, more than 65 local chambers of commerce, other business groups and municipalities endorsed legislative action on Medicaid reform.

Medicaid reform has not been enacted, but payment cuts to Missouri's hospitals continue. The cuts have just begun and will grow even larger in 2019. *The situation is serious and threatens medical services, business growth, and quality of life.*

Hospitals would be able to leverage the program, which would reduce the cost of newly insured patients by \$1.2 billion annually. The burden of the program, which would reduce the cost of newly insured patients by \$1.2 billion annually, is shared by the state and local governments. The burden of the program, which would reduce the cost of newly insured patients by \$1.2 billion annually, is shared by the state and local governments.



HOSPITAL PAYMENT CUTS: 2013 - 2019



MEDICAID REFORM IN MISSOURI Know Your Facts

The following are common questions and answers about Medicaid reform in Missouri.

Q If we accept the federal tax dollars, won't that increase the federal debt and the amount we must borrow from China?

A The Affordable Care Act, which includes expansion of the Medicaid program, does not add to the federal debt. In fact, it generates a budgetary surplus. The Congressional Budget Office found that, as enacted, Medicaid expansion brings in more money than it costs by more than \$100 billion. The United States did not and will not need to borrow any money from China or anyone else to pay for the ACA. At least for the 10-year term of the budgetary score. The cost is paid by various higher taxes, as well as savings from reduced expenditures. People may not like the higher taxes or reduced spending, but it is inaccurate to assert that the ACA adds to the federal deficit. It does not.

Q Will the federal dollars that would come to Missouri for Medicaid funding be spent in another state if we don't take it?

A Yes. As previously noted, this program does not add to the federal deficit. However, it is true that if Missouri doesn't take the money we've sent to other states to help fund their health care programs or other federal programs. Our tax dollars will not go toward deficit reduction because they are not put away in a "lock box" for that purpose. The real question for Missouri is this - who is the best steward of our

dollars? Is it Washington bureaucrats or our elected officials in Jefferson City? If you believe that the best decisions are made close to home, then Missouri should ensure that their hard-earned dollars come back to the state where they can be used to support our communities and residents. The only way to ensure we get our money back to benefit Missourians is to support Medicaid reform.

The actual dollars are significant. Forgoing Medicaid reform would eliminate federal payments to the state by \$18.8 billion between 2015 and 2022, according to the Missouri budget office. Missouri taxpayers will continue to pay federal taxes at the same rate, and provide new ACA taxes on businesses and individuals will take effect. This will result in a significant loss of revenue to the state. Missouri's balance of payment to the Medicaid expansion will be tempered by an increase in the economic growth. According to data received by the state, it contributed \$1.2 billion to the state's budget in 2014.

Less than one quarter of these low-wage workers have health insurance coverage through their employer or an individual commercial insurance policy. Almost 400,000 Missourians at this income level are uninsured.

Under Missouri's current Medicaid program, an adult in a three-person household must earn no more than \$3,515 per year to be eligible for coverage. Low-income, single individuals are not eligible at any income level.

The cost of employer-sponsored or individual coverage in the health insurance marketplace is often out of reach for these Missourians. Many low-wage employees have few resources available after paying for housing, utilities, transportation and other necessities. In addition, worker contributions for health care premium costs increased by 47 percent between 2005-2010 - from \$2,713 to \$3,997 - placing access to employer-sponsored plans further out of reach.³

The number of Missouri citizens living in poverty has almost doubled in 10 years, growing from 8 percent in 2000 to 15.4 percent in 2011. This significantly exceeds the national increase in the poverty rate of 3.7 percent during the same period. Missouri's poverty rate of 15.4 percent is also a disparity in health status between urban and rural citizens, with rural rates of death for the top 10 causes of death exceeding urban areas.⁴

³ Missouri Department of Social Services, January 2013
⁴ Urban Institute and Kaiser Commission on Medicaid and the Uninsured, 2010-2011
⁵ Kaiser HIEET Survey of Employer-Sponsored Health Benefits, 2005-2010
⁶ Missouri Rural Health Biennial Report 2010-2011

uninsured, both on their workers and through cost shifting.



COVERING MISSOURI'S WORKING POOR Reforming Medicaid

Missouri's working poor represent more than half of the state's uninsured residents. These low-income, uninsured citizens often have jobs in such professions as retail, restaurants and construction. Child care workers, hairdressers, hotel clerks, waiters, waitresses and home health aides earn wages that place them with incomes below 138 percent of the poverty level - \$12.95 per hour.¹

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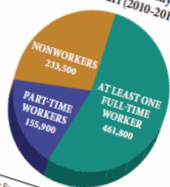
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⁵ Kaiser HIEET Survey of Employer-Sponsored Health Benefits, 2005-2010
⁶ Missouri Rural Health Biennial Report 2010-2011

Uninsured People By Family Work Status Missouri (2010-2011)



Kaiser Family Foundation, www.kff.org/medicaid

Workplaces and Occupations With Significant Numbers of Uninsured Workers Who Could Gain Medicaid Coverage in 2014 (based on income level at or below 138% of the federal poverty level)

Restaurants and Food Service	
Construction	
Medical and Health Services	34,200
Cashiers	18,300
Maid and Housekeeping	14,900
Retail Sales	10,700
Grounds Maintenance Workers	7,300
Agricultural Workers	7,600
Elementary and Secondary School Teachers	7,200
Child Care Workers	1,900
	1,800
	3,000

The Medicaid Expansion is Good Medicine for Missouri, Joel Perber, January 2013



Missouri Will Lose \$2 BILLION In Federal Funds In 2014



Bond pushes expansion of Medicaid

Written by Jonathan Shorman
Feb. 26, 2014 |

news-leader.com

JEFFERSON CITY — Former Republican U.S. Sen. Kit Bond told business leaders Tuesday that Medicaid expansion will help fight problems caused by the Affordable Care Act.

Bond made clear he does not like the healthcare law placed on rural hospitals. Bond, who appeared at a Chamber event, has been hired by the organization to lobby for expansion.

"Our community health centers are being completely shut down where care is needed," Bond said.

expansion will help alleviate the burden of rural communities. In some areas, they've had to shut down particularly in rural communities.

ent said in a study that new federal \$402 million in state

and the Chamber — are

Medicaid. In U.S. Supreme cases over

been ment. Just



8:55 PM
TUE FEBRUARY 25, 2014

Bond Pushes Medicaid Expansion In Jefferson City

BY MARSHALL GRIFFIN



Former U.S. Sen. Kit Bond, R, speaks in support of expanding Medicaid at a Mo. Chamber event in Jefferson City on Feb. 25, 2014.

Credit Marshall Griffin/St. Louis Public Radio
Former U.S. Sen. Kit Bond paid a visit to persuade his fellow Republicans in the Missouri Chamber of Commerce and Industry. The former longtime U.S. senator has been hired by the chamber to lobby fellow Republicans in the state Capital who have repeatedly defeated a Medicaid expansion. "We need a common sense, Show-it-away from Obamacare, and give it away from health-care system they deserve."

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NEWS

Ex-Sen. Bond making case for Missouri Medicaid expansion

February 25

JEFFERSON CITY — Former Republican Sen. Kit Bond is attempting to make the case for Medicaid expansion to reluctant state lawmakers.

Bond is to be part of a panel discussion Tuesday about Medicaid expansion hosted by the Missouri Chamber of Commerce and Industry. The former longtime U.S. senator has been hired by the chamber to lobby fellow Republicans in the state Capital who have repeatedly defeated a Medicaid expansion.

States that expand Medicaid eligibility to more low-income adults can receive billions of

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More News

- Kansas Supreme Court to hand down school finance decision Friday
- Lawsuit alleges Power & Light District created disturbances to reject black patrons; developer denies claim
- IC 2000 firefighter: teacher are finalists in 'Today Show' best proposal contest
- Missouri oral chemotherapy bill wins legislative approval
- Phone scan uses misleading pics

[Read more news](#)

MATT

SLEEP OR MONI





Missouri Medicaid Reform



Gerard J. Grimaldi
gerard.grimaldi@tmcmed.org



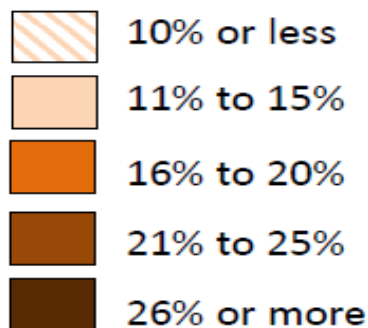
Darlene Burgess
VP Corporate Government Affairs
Henry Ford Health System
Detroit, Michigan
dburges1@hfhs.org

America's Essential Hospitals
Webinar on Medicaid
Wednesday, March 12, 2014

Prior to Expansion

- **Michigan Total Population - 10 million people**
- **Medicaid Enrollment - 1.7 million (mostly moms, kids, disabled)**
- **Enrollment Threshold - about 65% FPL (\$11,500 family of 4)**
- **MiChild - 37,000 kids**

Percentage of Population Served by Medicaid



- Total State Population: 9,883,640
- Medicaid Caseload: 1,779,449
- Children Covered by Medicaid: 965,042
- Medicaid Payments: \$12,785,983,902

Michigan Department
of Community & Health

MDCH

Rick Snyder, Governor
Scott E. Harris, Director

*Based on FY 2012 Medicaid Data and 2010 Census Data
Data reflects traditional Medicaid and does not include Healthy Michigan Plan*

After Expansion

- Expand by 400,000 new lives
- Everyone up to 133% FPL (\$30,000 family of 4)
- 20% of total state population (2.1 million people)
- Adds \$2 Billion per year in new federal revenue
- Saves \$225 per year for services previously covered by state (mental health)

What Happened

The Situation:

- Large Republican Majorities in House and Senate
- Legislature had already rejected Exchange
- Some Tea Party Influence
- Could Count on Urban Democrats
- Senate Appropriations Chairman is Physician

Chronology:

- **Republican Governor Snyder Announced Support-February 2013 Budget Message**
- **Legislation formally introduced May 9 in House as Separate Bill**
- **Passed House, Stalled in Senate - Final Vote late August**
- **Final Bill Presented as "Medicaid Reform"**
- **Called "Healthy Michigan Act" (not expansion)**
- **Insufficient Votes for "Immediate Effect"**
- **Effective Date is April 2014**

Key Provisions, Some Requiring Federal Waivers:

- **Expand Coverage to 133% FPL**
- **Install "Health Savings Accounts"**
 - Administered by Health Plans, not Hospitals
 - Contribute up to 5% Annual Income
 - Can be Used in Wellness Incentive Program
- **After 48 Months, convert to Exchange or Pay 7% of Income**
- **Convert all Medicaid to HMO Coverage by September 2015**
- **Capped Hospital Charges at 115% Medicare for bills to people with 250% FPL**

What We Did

Strategy Was Aimed at Cultivating Republican Support (Majority in House & Senate)

Michigan Republicans mostly from outstate & rural areas

- **Concerned about Access to Care**
- **Concerned about Jobs**
- **Concerned about Local Economies**
- **Emphasized Endorsement by Physicians**

Endorsed Reform Mood of Republicans

Messaging Reinforced Benefits of:

- **Influx of \$2 billion per year into local economies**
- **Healthy Workforce (Jobs)**
- **Healthcare Access in Rural Areas**
- **Savings to State Budget (\$225 M per year)**

Handouts:

- **County by County new Enrollment**
- **Maps showing local benefit**
- **Lists showing Coverage Gains by Senator**
- **Twenty Questions Handouts, Letters**

Reform >> Medicaid

Saves Money, Saves Lives

www.ReformMedicaidMI.com

FOR IMMEDIATE RELEASE
July 15, 2013

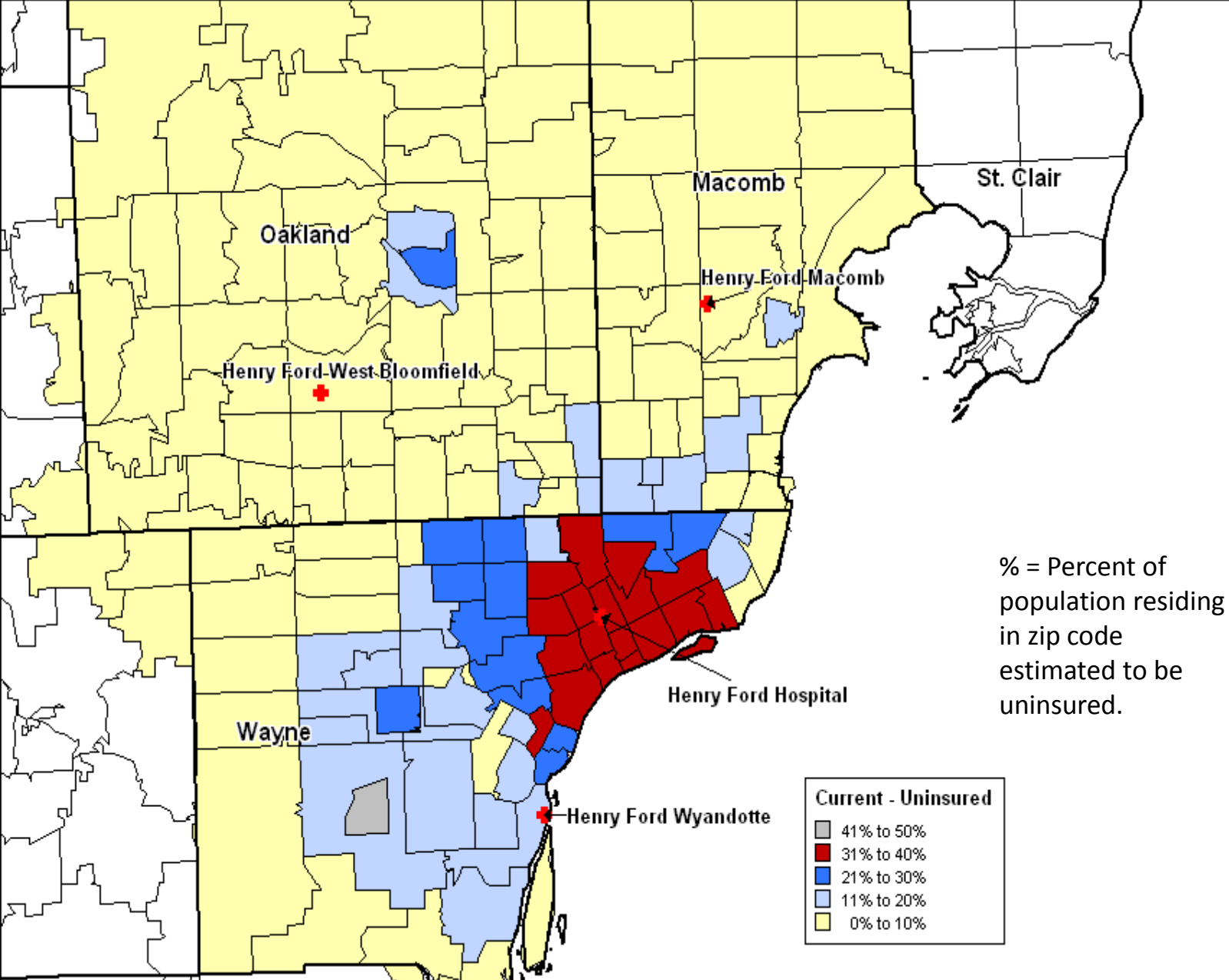
Contact: Roger Martin, APR
(517) 290-2330, rmartin@mwadvocacy.com

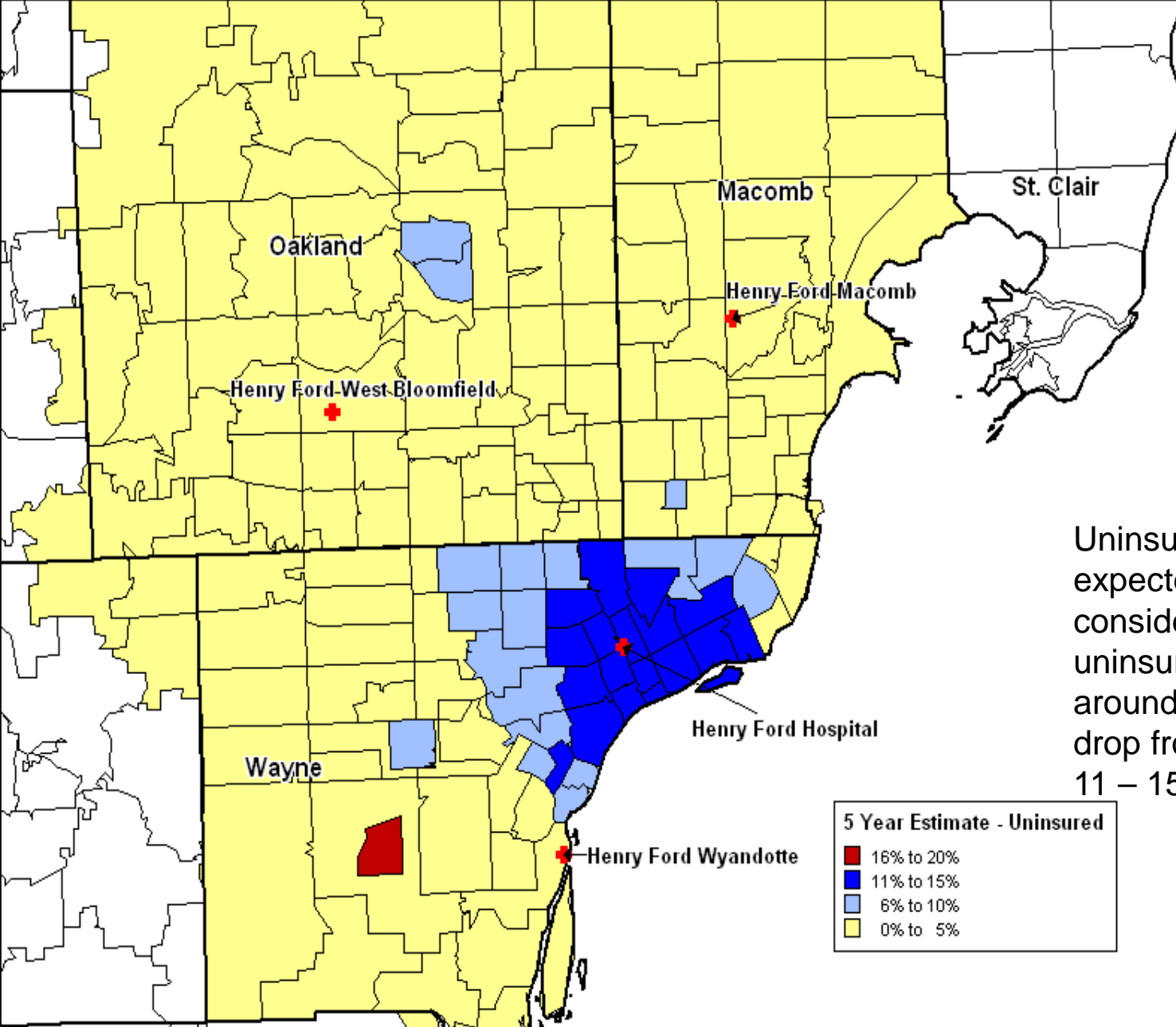
Statewide Totals of Workers Who Would Gain Insurance Under House-Passed Medicaid Reforms

Statewide Totals By County	
County	Number
Alcona	547
Alger	397
Allegan	5,325
Alpena	1,499
Antrim	1,266
Arenac	1,030
Baraga	413
Barry	2,126
Bay	4,877
Benzie	897
Berrien	7,871
Branch	2,263
Calhoun	7,288
Cass	2,761
Charlevoix	1,070
Cheboygan	1,446
Chippewa	1,893
Clare	1,838
Clinton	2,252
Crawford	767
Delta	1,703
Dickinson	1,056
Eaton	3,527
Emmet	1,429
Genesee	18,422
Gladwin	1,484
Gogebic	852
Grand Traverse	3,362

Statewide Totals (Cont'd)	
County	Number
Gratiot	1,823
Hillsdale	2,403
Houghton	2,094
Huron	1,528
Ingham	13,591
Ionia	2,512
Iosco	1,308
Iron	574
Isabella	4,773
Jackson	6,954
Kalamazoo	12,539
Kalkaska	985
Kent	29,461
Keweenaw	104
Lake	780
Lapeer	3,737
Leelanau	785
Lenawee	4,509
Livingston	4,483
Luce	303
Mackinac	667
Macomb	35,373
Manistee	1,136
Marquette	2,704
Mason	1,455
Mecosta	2,775
Menominee	1,071
Midland	3,106

Statewide Totals (Cont'd)	
County	Number
Missaukee	869
Monroe	4,985
Montcalm	3,575
Montmorency	571
Muskegon	9,145
Newaygo	2,954
Oakland	42,547
Oceana	1,855
Ogemaw	1,352
Ontonagon	351
Osceola	1,365
Oscoda	602
Ostego	1,171
Ottawa	8,814
Presque Isle	685
Roscomon	1,421
Saginaw	9,872
Sanilac	2,426
Schoolcraft	465
Shiawassee	3,163
St. Clair	7,474
St. Joseph	3,109
Tuscola	2,808
Van Buren	4,650
Washtenaw	13,618
Wayne	119,993
Wexford	1,699
Statewide Total: 474, 733	





Uninsured population expected to decrease considerably. The uninsured population around HFH expected to drop from 31 – 40% to 11 – 15%

MI Legislators Medicaid Expansion Vote Grid

Key: * = Term Limited R=Republican D=Democrat I=Independent (Page 1 of 2)

First	Last	Area	Party
Senate HFHS Service Area			
Yes Vote			
Jim	Marleau	Lake Orion	R
Mike	Kowall	White Lake	R
Randy	Richardville	Monroe	R
Tory	Rocca	Sterling Hts	R
Glenn	Anderson *	Westland	D
Steven	Bieda	Warren	D
Vincent	Gregory	Southfield	D
Morris	Hood III	Detroit	D
Hoon-Yung	Hopgood	Taylor	D
Tupac	Hunter *	Detroit	D
Bert	Johnson	Highland Prk	D
Virgil	Smith	Detroit	D
Rebekah	Warren	Ann Arbor	D
Coleman	Young Jr.	Detroit	D
No Vote			
Jack	Brandenberg	Harrison Twp	R
Patrick	Colbeck	Canton	R
John	Pappageorge *	Troy	R
David	Robertson	Grand Blanc	R
Senate Non Service Area			
Yes Vote			
Roger	Kahn *	Saginaw	R
Howard	Walker	Traverse City	R
Tom	Casperson	Escanaba	R
Geoff	Hansen	Hart	R
Jim	Ananich	Flint	D
Gretchen	Whitmer *	East Lansing	D
No Vote			
Darwin	Booher	Evart	R
Bruce	Caswell	Hillsdale	R
Judy	Emmons	Sheridon	R
Mike	Green	Mayville	R
Dave	Hildenbrand	Lowell	R
Joe	Hune	Hamburg	R
Mark	Jansen *	Grand Rapids	R
Rick	Jones	Grand Ledge	R
Arlan	Meekhof	West Olive	R
John	Moolenaar	Midland	R
Mike	Nofs	Battle Creek	R
Phil	Pavlov	St. Clair	R
John	Proos	St. Joseph	R
Tonya	Shuitmaker	Lawton	R
House HFHS Service Area			
Yes Vote			
Hugh	Crawford *	Novi	R
Anthony	Forlini	Harrison Twp	R

Medicaid expansion per MI Senate District

**Based on county lines (equally divided, if necessary)

Senate District:	Number of Uninsured Eligible for Medicaid Expansion**
Coleman Young II 1	16,279
Bert Johnson 2	16,279
Morris W. Hood III 3	16,279
Virgil Smith 4	16,279
Tupac A. Hunter 5	16,279
Glenn Anderson 6	16,279
Patrick Colebeck 7	16,279
Hoon-Yung Hoggood 8	16,279
Steven M. Bieda 9	12,724
Tory Rocca 10	12,724
Jack Bernierburg 11	12,724
Jim Merleau 12	11,885
John Papageorge 13	11,885
Vincent Gregory 14	11,885
Mike Kowall 15	11,885
Bruce Caswell 16	13,622
Rancy Richaville 17	5,416
Rebekah Warren 18	14,775
Mike No's 19	15,335
Tonya Schumaker 20	13,414
John Proos 21	16,664
Joe Hune 22	4,941
Gretchen Whitner 23	14,784
Rick Jones 24	11,987
Phil Pavlov 25	12,198
David B. Robertson 26	10,046
VACANT 27	10,046
Mark C. Jensen 28	16,100
Dave Hildenbrand 29	16,099
Arian B. Weikhof 30	9,817
Mike Green 31	13,839
Roger Kahn 32	12,646
Judy K. Emmons 33	14,073
Goett Hansen 34	16,790
Darwin L. Booher 35	15,905
John Woodruff 36	13,498
Howard Walker 37	12,912
Tom Casperson 38	12,884
TOTAL	513,735

Wayne County	130,234
Macomb County	38,171
Oakland County	47,537
Genesee County	20,091
Washtenaw County	14,775



Medicaid Expansion 2013 - Twenty Questions

1. What is Medicaid Expansion?

The Patient Protection and Affordable Care Act of 2010 required states to expand eligibility for Medicaid to all people earning less than 133% of the Federal Poverty Level (\$31,322 for a family of 4 people, \$15,282 for an individual). The U. S. Supreme Court ruled that PPACA was constitutional, but made Medicaid Expansion optional for the states.

2. Why are we talking about Medicaid Expansion now?

Governor Snyder has asked the Legislature to authorize Medicaid Expansion in the State Budget for FY 2013-14. If the Legislature approves, Medicaid will be available for all Michigan citizens earning less than 133% FPL, beginning January 2014.

Expansion would provide health care access to 470,000 citizens who can't afford to buy health insurance. They tend to be sicker than the general population and are mostly low income adults. The current Medicaid population is largely pregnant women, children and very poor disabled adults.

3. What exactly does Governor Snyder Endorse?

Governor Snyder recommends that Medicaid be expanded, effective January 2014, to include about 470,000 low income people who currently are uninsured. These citizens generally are too poor to afford to pay for health insurance. Those with jobs often work for businesses that do not offer insurance the worker can afford.

The federal government provides full funding of Medicaid expansion costs for 3 calendar years, 2014, 2015 and 2016. Some of that funding will be lost if the Legislature delays implementation beyond January 2014.

- **Secured Endorsements from Major Business Groups (Detroit, Mi Chambers)**
- **Endorsements from Major & community Media**
- **CapWiz - Generated 5,000 email messages from HFHS Employees**
- **Meetings in Lansing - 80 separate meetings by HFHS Leaders (Physicians where possible)**

In Sum – Get Numbers, Make it Local, Cover each Legislator, Engage Business, Media, Count Votes!