MEDICAID EXPANSION IN THE SOUTH

May 10, 2016
http://southernaidsstrategy.org

Lauren Sanders, Duke Law Class of 2016

Carolyn McAllaster, Clinical Professor of Law
Director: Southern HIV/AIDS Strategy Initiative
mcallaster@law.duke.edu

Allison Rice, Senior Lecturing Fellow
Enacted in 1965 as part of President Johnson’s War on Poverty, Medicaid offers federal funding to states to help pregnant women, children, poor families, the elderly, or people who are disabled in obtaining medical care. To receive federal Medicaid funding, states must comply with conditions set by the federal government.\(^1\)

In 1982, Arizona became the last state in the country to agree to participate in Medicaid and receive federal funding.\(^2\) Medicaid funding makes up a large portion of state budgets; in most states, Medicaid funding makes up approximately ten percent of the annual budget.\(^3\)

In 2010, Congress enacted the Patient Protection and Affordable Care Act (ACA).\(^4\) Congress sought to require states to expand Medicaid assistance to people who earn less than or equal to 138% of the Federal Poverty Level.\(^5\) Under the ACA, the federal government would offer states substantial financial assistance to help offset the cost of the increased number of people receiving Medicaid.\(^6\) Between 2012 and 2016, the federal government would pay 100% of the costs, which would be reduced to 90% by 2020.\(^7\)

As the ACA was originally written, states that refused to expand Medicaid coverage would lose all of their federal Medicaid funding.\(^8\)

In 2012, the U.S. Supreme Court ruled that the ACA Medicaid expansion requirement was too coercive to be constitutional.\(^9\) The Court determined that states could voluntarily expand Medicaid, but they could not be required to do so.\(^10\)

“No longer will young families see their own incomes, and their own hopes, eaten away simply because they are carrying out their deep moral obligations to their parents, and to their uncles, and their aunts.”

- Remarks of President Lyndon B. Johnson at the signing in Independence of the Medicare Bill, P.L. 89-97, July 30, 1965\(^13\)
Understanding Medicaid Expansion in the South

As of April 2016, the majority of states—32 states—have adopted Medicaid expansion.¹ Three states are discussing expansion.² Many of the remaining states that have not expanded Medicaid and not considering doing so are located in the South: Florida, Georgia, Mississippi, North Carolina, South Carolina, Tennessee, and Texas. Louisiana plans to expand Medicaid in July 2016, and Alabama is actively considering expansion as part of its section 1115 waiver.

Why does it matter?

In states that have not expanded Medicaid, people remain uninsured because they do not qualify for traditional Medicaid under the states’ rules and cannot afford to purchase insurance on the ACA Insurance Marketplace. These people fall into what is called the “coverage gap.”

Who falls in the coverage gap?

The “coverage gap” includes people who do not qualify for traditional Medicaid but earn too little to qualify for insurance subsidies on the ACA Insurance Marketplace. Insurance subsidies (tax credits) are not available for those with incomes below 100% of the federal poverty level ($11,880 in 2016 for a household of one) because the ACA drafters assumed that Medicaid would be available for those in this income bracket. Many immigrants, including those who are undocumented, are in the coverage gap. According to the Kaiser Family Foundation, approximately 90% of people in the coverage gap live in the South.³

Where do people in the coverage gap get health care?

- Community health centers⁴
- Emergency rooms⁵

Are there any effects on the states?

Yes. Researchers at the Urban Institute estimated that states not expanding Medicaid would lose billions of dollars of federal aid between 2013 and 2020.⁷
For every $1 a state invests in expanding Medicaid, that state receives $13.41 in federal funds. The refusal of these federal funds also could cause a state to lose out on economic activity and job growth. The researchers also estimated that hospitals in non-expansion states would lose millions of dollars per year for uncompensated and charity care.

Recent data shows that 11 states that expanded Medicaid—Arkansas, California, Colorado, Kentucky, Michigan, New Mexico, Oregon, Maryland, Pennsylvania, Washington state, and West Virginia—and the District of Columbia experienced job growth in the health sector and saw a reduction in uncompensated care. Additionally, the growth of state Medicaid spending in these expansion states was slower than in non-expansion states: in the 11 expansion states, Medicaid spending increased by 3.4%, while spending in non-expansion states increased by 6.9%.

![Number of People in Coverage Gap (in hundreds of thousands)](chart.png)
Number of Women in Coverage Gap (in hundreds of thousands)

Number of People of Color in Coverage Gap (in hundreds of thousands)
Approximately 23% of Alabama’s population is uninsured, and almost 140,000 people fall into the coverage gap. Eligibility for traditional Medicaid is extremely limited. For example, Medicaid in Alabama is available for parents only if they have a household income of 18 percent of the federal poverty level or less ($4,374 for a family of four).

In late 2015, Governor Robert Bentley organized the Health Taskforce. The taskforce recommended that Governor Bentley and the Alabama Legislature find a way to provide health insurance for Alabamians who lack coverage. The recommendation did not specifically call for Medicaid expansion. But a two page statement attached to the recommendation described benefits that would come with expansion. The full report is expected to be released in the spring of 2016.

Activists in the state are cautiously optimistic that Alabama will expand Medicaid because of the Health Taskforce’s recommendation.

### Quick Facts

**Total Population of Alabama**

(2015) 4,858,979

**Number of Uninsured People in Alabama**

(2013) 645,000, 13.6% of the population

(2014) 579,000, 23.2% of the population

**Number of People in the Coverage Gap**

139,000

**Number of Women in the Coverage Gap**

65,330

**Number of People of Color in the Coverage Gap**

63,940

### Estimated Economic Gains From Medicaid Expansion (2014-2020)

<table>
<thead>
<tr>
<th>Increase in State Business Activity</th>
<th>Increase in State GDP</th>
<th>Number of Jobs Added</th>
</tr>
</thead>
<tbody>
<tr>
<td>$29 billion</td>
<td>$16.9 billion</td>
<td>24,600 to 51,900; average of 30,700 per year</td>
</tr>
</tbody>
</table>
What Politicians Are Saying About Medicaid Expansion

Democrats in the Alabama Legislature have called for Medicaid expansion for several years. Governor Bentley has not taken a position on Medicaid expansion or the Health Taskforce’s recommendations, but it is expected that he will. The governor is a former physician and is familiar with needs of patients and providers.

Governor Bentley has the power to expand Medicaid without legislation. But the state’s legislature must fund the expanded program. Legislators may not be willing to finance the expansion of Medicaid because of concerns about the cost of the current traditional Medicaid program. Agency officials said in early January 2016 that they need an additional $156 million this year to provide the same services to the more than 1 million current Medicaid enrollees.

The Affordable Care Act and Alabama

Between 2013 and 2015, Alabama experienced an estimated 4.7% decrease in the number of uninsured people in the state.

Between November 1, 2015 and February 1, 2016, 195,055 people in Alabama enrolled in a marketplace plan. Alabamians were able to access enrollment information on the Internet. AIDS Alabama, Alabama’s federally funded navigator organization, provided in-depth enrollment assistance on its Enroll Alabama website. Arise Citizens’ Policy Project provided a short informational brochure on their website. The Decatur Public Library included on its website three information guides from the Centers for Medicare and Medicaid Services that discussed enrolling in a marketplace plan.

Alabamians were also able to find in-person enrollment help. Local hospitals and other health organizations held events to encourage enrollment in marketplace plans. Several public libraries also held enrollment events.

Groups Involved in Medicaid Expansion

There are number of coalitions involved in advocacy efforts to expand Medicaid. One coalition is Alabama’s Best, which is led by the Alabama Hospital Association. There are approximately 30 member organizations in Alabama’s Best, including:

- AIDS Alabama
- Alabama Arise
- Alabama Chapter, American Academy of Pediatrics
- Alabama HIV/AIDS Policy Partnership
- Alabama Primary Health Care Association
- American Heart Association
- Business Council of Alabama
- Greater Birmingham Ministries
- Jefferson County Children’s Policy Cooperative
- Mercy Life of Alabama
- National MS Society

Alabama’s Best has been heavily involved with Governor Bentley’s Health Taskforce.

Want to Get Involved in Expanding Medicaid in Alabama?

Visit http://alabamasbest.org to stay involved, volunteer, add your story, or add a supporting organization. You can also contact Alabama’s Best by email (info@alabamasbest.org).
Approximately 17% of Florida’s population is uninsured, and almost 570,000 people fall in the coverage gap. More than 70% of the people who fall into the coverage gap work part-time or full-time for small employers who do not offer health insurance benefits. Many work for the hospitality and service, administration and management, and retail industries.

Medicaid enrollment is highly restricted in Florida. Only low-income children, extremely low-income parents, pregnant women, and disabled adults are eligible for Medicaid. As is true in all states that have not expanded Medicaid, non-disabled adults without dependent children are ineligible for Medicaid, regardless of their income.

Given the state’s conservative political climate, advocates do not believe that Medicaid will be expanded in Florida in 2016 or 2017.

### Quick Facts

<table>
<thead>
<tr>
<th>Total Population of Florida</th>
<th>Number of Uninsured People in Florida</th>
<th>Number of People in the Coverage Gap</th>
<th>Number of Women in the Coverage Gap</th>
<th>Number of People of Color in the Coverage Gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>(2015) 20,271,272&lt;sup&gt;a&lt;/sup&gt;</td>
<td>(2013) 3,853,000, 20.0% of the population&lt;sup&gt;b&lt;/sup&gt;</td>
<td>567,000&lt;sup&gt;c&lt;/sup&gt;</td>
<td>283,500&lt;sup&gt;d&lt;/sup&gt;</td>
<td>323,190&lt;sup&gt;e&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

### Estimated Economic Gains From Medicaid Expansion (2016)<sup>f</sup>

<table>
<thead>
<tr>
<th>Increase in Economic Activity</th>
<th>Number of Jobs Added</th>
<th>Percent Increase in Current Number of Jobs</th>
</tr>
</thead>
<tbody>
<tr>
<td>$8.9 billion</td>
<td>71,300</td>
<td>.64%</td>
</tr>
</tbody>
</table>
What Politicians Are Saying About Medicaid Expansion

Florida House Republicans voted to reject a Senate plan to expand Medicaid in June 2015. Legislators asserted that the expansion was too costly.


The Affordable Care Act and Florida

Between 2013 and 2015, Florida experienced an estimated 6.4% decrease in the number of uninsured people in the state.

Between November 1, 2015 and February 1, 2016, 1,742,819 people in Florida enrolled in a marketplace plan. The University of South Florida received a 2015 CMS Navigator Grant to provide state-wide enrollment assistance. Groups such as Planned Parenthood assisted with enrollment throughout the state. Cities in South Florida experienced a growth of storefront sign-up locations run by insurance agents and brokers. In Miami, residents of the Sant La Haitian Neighborhood could receive help from an enrollment counselor with the nonprofit Epilepsy Foundation of Florida.

Groups Involved in Medicaid Expansion

Florida Chain leads efforts to expand Medicaid in Florida, including by publishing fact sheets and press releases. Some of its partners include:

- AARP-Florida
- Advocacy Center for Persons with Disabilities
- Center on Budget and Policy Priorities
- Doctors for America
- Florida Academy of Family Physicians
- Florida Association of Counties
- Florida Association of Planned Parenthood Affiliates
- Florida Consumer Action Network
- Florida Council for Community Mental Health
- Florida Covering Kids and Families
- Florida Health Care Association
- Florida Legal Services
- Florida Medical Association
- Florida Pediatric Society
- Florida State Hispanic Chamber of Commerce
- Health Care for America Now
- Health Planning Council of Northeast Florida
- Herndon Alliance
- Hispanic Health Initiatives
- Human Services Coalition
- Jacksonville Area Legal Aid
- Mental Health Association, Greater Tampa Bay
- NAMI- Florida
- Tampa Bay Healthcare Collaborative

Want to Get Involved in Expanding Medicaid in Florida?

Visit Florida Chain’s website to take action and volunteer: http://floridachain.org/category/issues/medicaid/medicaid-expansion/
Approximately 16% of Georgia’s population is uninsured, and almost 305,000 people fall in the coverage gap.\(^1\)

There have been many discussions about trying to reform the state’s primary healthcare to expand coverage.\(^2\) Given the state’s conservative political climate, advocates do not believe that Medicaid will be expanded in Georgia in 2016.\(^3\)

**Quick Facts**

**Total Population of Georgia**
(2015) 10,214,860\(^4\)

**Number of Uninsured People in Georgia**
(2013) 1,846,000, 18.8% of the population\(^5\)
(2014) 1,568,000, 15.8% of the population\(^6\)

**Number of People in the Coverage Gap**
304,000\(^7\)

**Number of Women in the Coverage Gap**
155,040\(^8\)

**Number of People of Color in the Coverage Gap**
224,960\(^9\)

**Estimated Economic Gains From Medicaid Expansion (2014-2023)\(^{10}\)**

<table>
<thead>
<tr>
<th>Increase in Economic Output</th>
<th>Increase in State and Local Tax Revenue</th>
<th>Number of Jobs Added</th>
</tr>
</thead>
<tbody>
<tr>
<td>$276.5 million</td>
<td>$276.5 billion</td>
<td>70,343</td>
</tr>
</tbody>
</table>
What Politicians Are Saying About Medicaid Expansion

The Georgia House Democratic Caucus announced a Medicaid expansion bill, called the Expand Medicaid NOW Act in January 2016. In response, Georgia Governor Nathan Deal announced that he would continue to oppose efforts to expand Medicaid in the state because of high costs he asserts are associated with expansion. Governor Deal stated that the state would need to spend $2.1 billion “just to turn in the paperwork.”

The Affordable Care Act and Georgia

Between 2013 and 2015, Georgia experienced an estimated 5.5% decrease in the number of uninsured people in the state.

Between November 1, 2015 and February 1, 2016, 587,845 people in Georgia enrolled in a marketplace plan. Georgia Legal Aid provided online information about enrolling in marketplace plans. Additionally, people could receive in-person enrollment help. Health Care Central Georgia dba Community Health Works received a 2015 CMS Navigator Grant to provide statewide enrollment assistance. Insure Georgia partnered with Cancer Coalitions of Georgia, Morehouse School of Medicine, Emory University, the Northwest Georgia Healthcare Partnership, and multiple hospitals and health systems throughout the state to assist Georgians with obtaining affordable health care.

Groups Involved in Medicaid Expansion

Georgians for a Healthy Future, the Cover Georgia Coalition is helping to lead efforts toward expanding Medicaid. Members include more than 70 organizations.

The Cover Georgia Coalition has engaged in a variety of advocacy efforts, including petitions, speaking engagements, earned media, story sharing, and data distribution.

Want to Get Involved in Expanding Medicaid in Georgia?

Visit the Georgians for a Healthy Future website to take action and volunteer: http://healthyfuturega.org

11
Approximately 15% of Louisiana’s population is uninsured. In January 2016, newly elected Louisiana Governor John Bel Edwards signed an executive order expanding Medicaid coverage in the state, which will eliminate the coverage gap. The expansion goes into effect on July 1, 2016.

In 2015, the Legislature passed a statute—crafted by the Louisiana Hospital Association—that allows hospitals to pool their funds into a state operated fund to be used as part of the state’s contributions for an expanded Medicaid program.

Only two other Southern states, Arkansas and Kentucky, have expanded Medicaid.

---

### Quick Facts

#### Total Population of Louisiana
(2015) 4,670,724

#### Number of Uninsured People in Louisiana
(2013) 751,000, 16.6% of the population
(2014) 672,000, 14.8% of the population

#### Number of People in the Coverage Gap
Not Available - Louisiana is expanding Medicaid

#### Number of Women in the Coverage Gap
Not Available - Louisiana is expanding Medicaid

#### Number of People of Color in the Coverage Gap
Not Available - Louisiana is expanding Medicaid

---

### Estimated Economic Gains From Medicaid Expansion (2016)

<table>
<thead>
<tr>
<th>Increase in Economic Activity</th>
<th>Number of Jobs Added</th>
<th>Percent Increase in Current Number of Jobs</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1.8 billion</td>
<td>15,600</td>
<td>.32%</td>
</tr>
</tbody>
</table>
Louisiana Republicans have historically opposed Medicaid expansion, but they recently softened their stance. However, in January 2016, Representative Alan Seabaugh of Shreveport, a Republican and one of the most conservative House members, said he was intending to start an effort to block Governor Edwards’s Medicaid expansion plan, but he did not give details.

The conservative group Americans for Prosperity issued a news release following Governor Edwards' expansion order, condemning it as a “policy move that won't end well for Louisiana.”

“"By July 1, we expect more than 300,000 hard-working citizens will have the comfort and security of health coverage . . . This will not only afford them peace of mind, but also help prevent them from slipping further into poverty and give them a fighting chance for a better life."
-Governor Edwards, January 12, 2016"

Many coalitions actively worked toward Medicaid expansion in the state. Louisiana Medicaid Expansion was one such coalition. The coalition received supporting signatures from 106 organizations, including:

- AARP
- ACT-UP Shreveport
- Advocates for Louisiana Public Healthcare
- Children’s Bureau of New Orleans
- DEAF Louisiana
- HOPE for the Homeless
- League of Women Votes of Louisiana
- Louisiana AIDS Advocacy Network
- Mental Health American of Louisiana
- National MS Society
- NO/AIDS Task Force
- PREACH
- Southern Poverty Law Center
- United Labor Unions, Local 100
- Winn Community Health Center

Groups Involved in Medicaid Expansion

Want to Get Involved in Expanding Medicaid in Louisiana?
Contact your state legislator and urge them to support Medicaid expansion. You can find your state legislator’s contact information at https://www.legis.la.gov/legis/FindMyLegislators.aspx.
Approximately 15% of Mississippi’s population is uninsured, and about 100,000 people fall in the coverage gap. The coverage gap is widened by economic and political factors. The local economy is dominated by small businesses, which do not offer insurance benefits. Mississippi has one of the most restrictive traditional Medicaid eligibility requirements in the United States. Parents must earn less than 22% of the Federal Poverty Level to enroll (about $462/month for a family of four). As is true in all states that have not expanded Medicaid, non-disabled adults without dependent children may not receive Medicaid, regardless their income.

Many Mississippi politicians remain committed to opposing Medicaid expansion.
What Politicians Are Saying About Medicaid Expansion

In 2013, under the leadership of Governor Phil Bryant, Senate Republicans rejected an expansion plan that would have extended Medicaid to 300,000 people. House Republicans rejected a similar plan. Governor Bryant and state Republican legislators have continued to oppose the expansion of Medicaid in the state.

“For us to enter into an expansion program would be a fool’s errand. I mean, here we would be saying to 300,000 Mississippians, ‘We’re going to provide Medicaid coverage to you,’ and then the federal government through Congress or through the Senate, would do away with or alter the Affordable Care Act, and then we have no way to pay that. We have no way to continue the coverage.” – Governor Bryant, interview with the Associated Press, January 1, 2014

Groups Involved in Medicaid Expansion

Cover Mississippi has actively advocated for Medicaid expansion. Partners in Cover Mississippi include:

- AARP Mississippi
- American Association of University Women
- American Cancer Society
- Children’s Defense Fund Southern Regional Office
- Health Help Mississippi
- Humana
- Jackson-Hinds Comprehensive Health Center
- Mississippi Center for Justice
- Mississippi Economic Policy Center
- Mississippi Human Services Coalition
- Mississippi Immigrants Rights Alliance
- Mississippi Primary Health Care Association
- Mississippi State Conference NAACP
- Planned Parenthood Southeast

Cover Mississippi partners share learning and best practices, maximize resources, identify challenges and opportunities, and help build an inclusive plan to insure all Mississippians.

Want to Get Involved in Expanding Medicaid in Mississippi?

Visit http://www.mscenterforjustice.org/contact-us. You can also contact Linda Dixon Rigsby at the Mississippi Center for Justice by email (lrigsby@mscenterforjustice.org) or phone (601) 709-0861
North Carolina

Approximately 13% of North Carolina’s population is uninsured,¹ and 244,000 people fall into the coverage gap.² If North Carolina were to expand Medicaid, 500,000 people would be eligible for coverage, and expansion could help an additional 144,000 children gain coverage.³ Participants in the annual “Moral March” on the state capital have included Medicaid expansion in their advocacy agenda.⁴ Republican politicians in North Carolina, particular Senate leadership, have historically opposed Medicaid expansion.⁵ In 2013, the General Assembly passed S.L. 2013-5, which prohibits expansion without legislative approval.⁶ Some are advocating for expansion to be included in the section 1115 waiver that the state will be seeking to convert its traditional Medicaid program to a managed care model.⁷ Yet, given the political climate, and the difficulty of expanding Medicaid while at the same time privatizing traditional Medicaid, advocates do not believe that North Carolina will expand Medicaid in the 2016 legislative session.⁸

Quick Facts

Total Population of North Carolina
(2015) 10,042,802

Number of Uninsured People in North Carolina
(2013) 1,509,000, 15.6% of the population ¹⁰
(2014) 1,276,000, 13.1% of the population ¹¹

Number of People in the Coverage Gap
244,000¹²

Number of Women in the Coverage Gap
129,320¹³

Number of People of Color in the Coverage Gap
117,120¹⁴

Estimated Economic Gains From Medicaid Expansion (2014-2021)¹⁵

<table>
<thead>
<tr>
<th>Increase in State GDP</th>
<th>Real disposable Personal Income Increases</th>
<th>Number of Jobs Added</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1.4 billion</td>
<td>$1 billion</td>
<td>23,000</td>
</tr>
</tbody>
</table>
What Politicians Are Saying About Medicaid Expansion

The North Carolina General Assembly historically has been reluctant to expand Medicaid, as demonstrated by its passage of S.L. 2013-5 in 2013. At a town hall meeting in Winston-Salem in January 2016, Rep. Donny Lambeth (R., Winston-Salem) said there was some recent discussion in Raleigh about expanding Medicaid. But with a complicated Medicaid reform process just getting underway, there is little chance of expansion getting through the General Assembly in the 2016 legislative session that begins in late April.

North Carolina Governor Pat McCrory has said he opposes expansion unless he can secure waiver exceptions for what he has called “a North Carolina plan, and not a Washington plan.”

The Affordable Care Act and North Carolina

Between 2013 and 2015, North Carolina experienced an estimated 6.0% decrease in the number of uninsured people in the state.

Between November 1, 2015 and February 1, 2016, 613,487 people in North Carolina enrolled in a marketplace plan. Legal Aid of North Carolina led the state’s navigator consortium, “Get Covered North Carolina.” Enrollment events were held throughout the state. An Affordable Care Act Enrollment Fair was held at the Salisbury Civic Center. Blue Cross and Blue Shield of North Carolina held an open enrollment event at Pitt Community College in Greeneville. Harris Regional Hospital held an open enrollment event in its lobby. The Opportunities Industrialization Center’s Family Medical Center provided enrollment counseling in Rocky Mount. The Affordable Healthcare Coalition of Robeson County also assisted with ACA enrollment. The Duke Health Justice Clinic provided enrollment guidance to those living with HIV.

Groups Involved in Medicaid Expansion

A strategic alliance is working to expand Medicaid. The alliance is led by the NC Justice Center and Planned Parenthood of the South Atlantic. Members include:

- AARP
- Action NC
- AFL-CIO
- NC AIDS Action Network
- Disability Rights NC
- Duke Health Justice Clinic
- Healthcare for All-NC
- League of Women Voters of NC
- MomsRising.org
- NAACP
- NC AFL-CIO
- NC AIDS Action Network
- NC Justice Center’s Health Access Coalition
- NC Women United
- Progress NC
- Western NC AIDS Project
- Working America

The alliance has engaged in a variety of advocacy efforts, including writing letters to newspapers, holding press conferences, and writing fact sheets.

Want to Get Involved in Expanding Medicaid in North Carolina?

Visit the NC Health Access Coalition Website to take action: http://www.ncjustice.org/?q=medicaidexpansion.
South Carolina

Approximately 13% of South Carolina’s population is uninsured.¹ Seventeen percent of the population lives below the federal poverty level.²

Forty-eight percent of the state’s total uninsured population—about 123,000 people—would be eligible for Medicaid if the state were to expand the program.³ About 26,700 are military veterans and their spouses. Many are between 50 and 64 years of age.⁴

The state’s leadership remains opposed to expanding Medicaid.⁵ Because of this political climate, advocates do not believe that Medicaid will be expanded in the foreseeable future.⁶

Quick Facts

Total Population of South Carolina
(2015) 4,896,146⁷

Number of Uninsured People in South Carolina
(2013) 739,000, 15.8% of the population⁸
(2014) 642,000, 13.6% of the population⁹

Number of People in the Coverage Gap
123,000¹⁰

Number of Women in the Coverage Gap
84,870¹¹

Number of People of Color in the Coverage Gap
50,430¹²

Estimated Economic Gains From Medicaid Expansion (2014-2020)¹³

<table>
<thead>
<tr>
<th>Economic Output</th>
<th>Increase in Labor Income</th>
<th>Number of Jobs Added</th>
</tr>
</thead>
<tbody>
<tr>
<td>$3.3 billion</td>
<td>$1.5 billion</td>
<td>44,000</td>
</tr>
</tbody>
</table>

¹¹¹
What Politicians Are Saying About Medicaid Expansion

South Carolina Democrats have pushed for Medicaid expansion, while the Republican-controlled Legislature remains opposed. Democratic Senator Joel Lourie (D., Richland) and Senator Ray Cleary (R., Georgetown) filed Senate Bill 845 to establish “Health SC,” a private option form of Medicaid. As of March 2016, the bill was in the Senate Committee on Finance.

South Carolina Governor Nikki Haley opposes Medicaid expansion. “We will not expand Medicaid on President Obama’s watch. We will not expand Medicaid ever.” - Governor Haley, March 30, 2013

The Affordable Care Act and South Carolina

Between 2013 and 2015, South Carolina experienced an estimated 6.4% decrease in the number of uninsured people in the state. Between November 1, 2015 and February 1, 2016, 231,849 people in South Carolina enrolled in a marketplace plan. Palmetto Project, Inc. received a 2015 CMS Navigator Grant to provide statewide enrollment assistance. One example of local enrollment assistance in the state was the work of the Tri-County ACA Work Group, which helped people in Orangeburg, Bamberg, and Calhoun Counties enroll in ACA insurance.

Groups Involved in Medicaid Expansion

The South Carolina Appleseed Legal Justice Center helps lead the Close the Gap SC Coalition. Some members include:

- AARP South Carolina
- American Cancer Society Cancer Action Network, Inc.
- Columbia Urban League, Inc.
- Health Care for All–SC
- League of Women Voters of SC
- National Association of Social Workers—SC
- Palmetto Project
- SC Appleseed Legal Justice Center
- SC Christian Action Council, Inc.
- SC Hispanic and Latino Health Coalition
- SC Small Business Chamber of Commerce

Palmetto Plus is another coalition working to support Medicaid expansion through a market-based proposal. Some members of Palmetto Plus include:

- AARP South Carolina
- American Cancer Society Cancer Action Network, Inc.
- Columbia Urban League, Inc.
- Health Care for All SC
- League of Women Voters of SC
- National Alliance on Mental Illness (NAMI)
- National Association of Social Workers SC
- Protection and Advocacy for People with Disabilities, Inc.
- SC Appleseed Legal Justice Center
- SC Christian Action Council
- SC Hispanic and Latino Health Coalition
- SC Small Business Chamber of Commerce

Want to Get Involved in Expanding Medicaid in South Carolina?

Visit the Palmetto Plus’s website (http://palmettoplussc.org/take-action/) to tell your Legislator that you support expanding Medicaid. You can also join Close the Gap SC at http://www.closethegapsc.org/membership/.
Approximately 13% of Tennessee’s population is uninsured, and almost 120,000 people fall in the coverage gap.

Tennessee’s reluctance to expand Medicaid is partially the result of its previous experience with expanding its traditional Medicaid program. In 1994, the state privatized TennCare, its Medicaid program. In exchange for privatizing TennCare, the state expanded Medicaid coverage to cover people who were uninsured because of the high cost of insurance or their preexisting conditions. In the late nineties, the state eliminated coverage for people who were uninsured because of rising costs. The program continued to provide coverage for people with preexisting conditions, which caused the cost of the program to continue to rise. Because of the high cost of this expanded coverage, the state eliminated coverage for people with preexisting conditions in 2005.

Advocates are hopeful that expansion will happen after the current election cycle, in 2017.

---

**Quick Facts**

**Total Population of Tennessee**
(2015) 6,600,299

**Number of Uninsured People in Tennessee**
(2013) 1,509,000, 15.6% of the population
(2014) 1,276,000, 13.1% of the population

**Number of People in the Coverage Gap**
118,000

**Number of Women in the Coverage Gap**
55,460

**Number of People of Color in the Coverage Gap**
Unknown


<table>
<thead>
<tr>
<th>Goods and services Output</th>
<th>State and Local Tax Revenue</th>
<th>Number of Jobs Added</th>
</tr>
</thead>
<tbody>
<tr>
<td>$17.6 billion</td>
<td>$577.9 million</td>
<td>21,898</td>
</tr>
</tbody>
</table>
The Affordable Care Act and Tennessee

Between 2013 and 2015, Tennessee experienced an estimated 3.8% decrease in the number of uninsured people in the state. Between November 1, 2015 and February 1, 2016, 268,867 people in Tennessee enrolled in a marketplace plan. Tennessee residents were able to receive assistance and/or information about plans from Enroll America, the Tennessee Department of Commerce & Insurance, and Get Covered Tennessee. Enrollment events were also held throughout the state.

Governor Haslam called a special legislative session to consider Insure Tennessee. The plan was rejected by the Senate in committee. Governor Haslam then brought the plan to the Legislature’s regular session. Insure Tennessee was again defeated in committee. Leadership in the legislature was divided. Senate Majority Leader Mark Norris (R., Collierville) would not sponsor the resolution on Governor Haslam’s proposal. Majority Leader Gerald McCormick (R., Chattanooga) sponsored the resolution, but House Speaker Beth Harwell (R., Nasville) never clearly came out for or against the proposal. House Republican Caucus Chair Glen Casada (R., Franklin) firmly opposed the proposal.

Many Republican lawmakers have not opposed or promoted Medicaid expansion since Insure Tennessee’s defeat. They face pressure from the Tea Party to oppose the plan, while facing pressure from the business sector to pass it.

What Politicians Are Saying About Medicaid Expansion

In 2015, Governor Bill Haslam, a Republican, proposed a market-based plan to expand Medicaid, called Insure Tennessee. The plan would have included copayments and “personal responsibility” components similar to those in employer-based insurance.

Governor Haslam called a special legislative session to consider Insure Tennessee. The plan was rejected by the Senate in committee. Governor Haslam then brought the plan to the Legislature’s regular session. Insure Tennessee was again defeated in committee. Leadership in the legislature was divided. Senate Majority Leader Mark Norris (R., Collierville) would not sponsor the resolution on Governor Haslam’s proposal. Majority Leader Gerald McCormick (R., Chattanooga) sponsored the resolution, but House Speaker Beth Harwell (R., Nasville) never clearly came out for or against the proposal. House Republican Caucus Chair Glen Casada (R., Franklin) firmly opposed the proposal.

Many Republican lawmakers have not opposed or promoted Medicaid expansion since Insure Tennessee’s defeat. They face pressure from the Tea Party to oppose the plan, while facing pressure from the business sector to pass it.

The Coalition for a Healthy Tennessee supported Governor Haslam’s proposal for expanding Medicaid. Coalition members included:

- AARP
- Interdenominational Ministers Fellowship
- Tennessee Business Roundtable and chambers of commerce
- Tennessee Hospital Association
- League of Women Votes
- Health care providers
- Other organizations interested in improving the health of Tennesseans.

The coalition’s activities largely ended with the defeat of Governor Haslam’s plan. The Tennessee Center for Justice has been working to renew support for the plan. The Center has held town hall meetings across the state, written op-eds and letters to the editor, and conducted petition campaigns.

The Center is gathering old keys to represent the state’s uninsured population to send to House Speaker Beth Harwell to remind her that her leadership is “key.” The Center does not believe it can pass Insure Tennessee without greater support, but it hopes that it can keep the issue at the forefront of Tennessee politics and in the thoughts of the people, legislators, and media.
In April 2016, partly in response to this advocacy, Speaker Harwell announced the establishment of a task force charged with developing a plan for pilot programs to reform Medicaid based on “conservative ideas.” Whether the plan meets the enrollment and coverage goals intended for Medicaid expansion and/or will be approved by CMS remain to be seen.

Want to Get Involved in Expanding Medicaid in Tennessee?

Visit the Tennessee Justice Center’s website (https://www.tnjustice.org/gap/action-for-insuretn) to learn about Medicaid expansion in the state and to get involved.
Approximately 19% of the Texas population is uninsured,¹ and 766,000 people fall in the coverage gap.² State legislators have proposed expanding Medicaid every legislative session since the Affordable Care Act was passed in 2010.³ Local organizations and politicians have supported these proposals.⁴ For example, in 2015, a Harris County judge joined with a Dallas County judge to advance Medicaid expansion proposals.⁵ Despite this support, all attempts to expand Medicaid have been defeated.⁶

Texas’s hesitation in expanding Medicaid stems from its conservative political climate.⁷ The Texas legislature is comprised of Tea Party and Libertarian members who oppose increasing state spending.⁸ Advocates are hopeful that the political environment of the state will begin to change during the next election cycle, which would create opportunities for Medicaid expansion.⁹

**Quick Facts**

**Total Population of Texas**
(2015) 27,469,114⁸

**Number of Uninsured People in Texas**
(2013) 5,748,000, 22.1% of the population¹¹
(2014) 5,047,000, 19.1% of the population¹²

**Number of People in the Coverage Gap**
766,000⁹

**Number of Women in the Coverage Gap**¹⁴
421,300⁴

**Number of People of Color in the Coverage Gap**¹⁵
513,220⁴

**Estimated Economic Gains From Medicaid Expansion (2014-2023)¹⁶**

<table>
<thead>
<tr>
<th>Increase in State GSP</th>
<th>Increase in Person-Years of Employment</th>
<th>Number of Jobs Added</th>
</tr>
</thead>
<tbody>
<tr>
<td>$270 billion (in 2012 dollars)</td>
<td>3.2 million person-years</td>
<td>Unknown</td>
</tr>
</tbody>
</table>
What Politicians Are Saying About Medicaid Expansion

The Texas State Legislature has historically opposed Medicaid expansion. The legislature has only moved ideologically further to the right since previous battles over the issue. This year, Senate Republicans stood with Lt. Governor Dan Patrick to announce that they would not expand Medicaid.

Texas Governor Greg Abbott opposes Medicaid expansion. “Medicaid expansion is wrong for Texas” – Governor Greg Abbott, April 20, 2015

Groups Involved in Medicaid Expansion

In Texas, interest groups have informally organized in support of Medicaid expansion.

The Metro 8 Chambers of Commerce is one such group. The Metro 8 represents the business sectors of the eight largest metropolitan cities in Texas: Arlington, Austin, Corpus Christi, Dallas, El Paso, Fort Worth, Houston, and San Antonio.

The Texas Medical Association, the Texas Organization of Rural and Community Hospitals (TORCH), and the Texas Hospital Association, and others that are involved in direct service and care support Medicaid expansion.

A number of the state specialty physician associations have independently supported expansion efforts.

Health and Human Services collaborative organizations are working on a grassroots level to expand Medicaid.

Want to Get Involved in Expanding Medicaid in Texas?

Become a member of One Voice Texas: A Collaborative for Health & Human Services (http://www.onevoicetexas.org/welcome.html), or a member of United Way’s Health Services Collaborative (http://www.uwayep.org/advocate/health-and-human-services-collaborative/general-hlisc-information/).
Sources

**States and Medicaid Expansion**

5. See footnote 4.
10. 42 U.S.C.S. § 1396c.
11. See footnote 4 at p. 2603.
12. See footnote 10.

**Understanding Medicaid Expansion in the South**

2. See footnote 1.
8. See footnote 7.
10. See footnote 7.
12. See footnote 11.
13. See footnote 3.
15. See footnote 3.
Alabama

2. See footnote 1.
5. See footnote 4.
7. See footnote 4.
8. Telephone Interview with Alex Smith, Director of Policy and Advocacy, AIDS Alabama (Feb. 12, 2016).
12. See footnote 11.
13. See footnote 11.
14. See footnote 11.
15. See footnote 11.
18. See footnote 17.
19. See footnote 8.
20. See footnote 8.
23. See footnote 22.
31. See footnote 8, See also http://alabamasbest.org.
32. See footnote 8.
33. See footnote 8.
Florida


2. See footnote 1.


4. See footnote 3 at p. 2.

5. See footnote 3 at p. 1.


7. Telephone Interview with Adam Searing, Associate Professor of the Practice, Georgetown University McCourt School of Public Policy, Center for Children and Families (Feb. 29, 2016).


10. See footnote 9.

11. See footnote 1.

12. See footnote 1.

13. See footnote 1.


16. See footnote 15.


Georgia

2. Telephone Interview with Adam Searing, Associate Professor of the Practice, Georgetown University McCourt School of Public Policy, Center for Children and Families (Feb. 29, 2016).
3. See footnote 2.
6. See footnote 5.
7. See footnote 1.
8. See footnote 1.
9. See footnote 1.
19. See footnote 2.
Louisiana

8. See footnote 7.
9. See footnote 1.
10. See footnote 1.
11. See footnote 1.
16. See footnote 15.
23. See footnote 22.
Mississippi

2. See footnote 1.
4. See footnote 3.
5. See footnote 3.
7. See footnote 3.
8. Telephone Interview with Linda Rigsby, Health Law Director, Mississippi Center for Justice (Feb. 10, 2016).
11. See footnote 11.
12. See footnote 1.
13. See footnote 1.
17. See footnote 16.
27. See footnote 25.
North Carolina

2. See footnote 1.
5. Telephone Interview with Adam Linker, Co-Director, Health Access Coalition (Feb. 23, 2016).
7. See footnote 5.
8. See footnote 5.
12. See footnote 1.
13. See footnote 1.
18. See footnote 17.
29. See footnote 5.
30. See footnote 5.
31. See footnote 5.
32. See footnote 5.
South Carolina


4. See footnote 3.

5. Telephone Interview with Adam Searing, Associate Professor of the Practice, Georgetown University McCourt School of Public Policy, Center for Children and Families (Feb. 29, 2016).

6. See footnote 5.


10. See footnote 1.

11. See footnote 1.

12. See footnote 1.


15. See footnote 14.


19. See footnote 18.


24. See footnote 5.


Tennessee

2. See footnote 1.
3. Telephone Interview with Joseph Interrante, Chief Executive Officer, Nashville Cares (Feb. 24, 2016).
4. See footnote 3.
5. See footnote 3.
7. See footnote 3.
8. See footnote 3.
12. See footnote 11.
13. See footnote 1.
17. See footnote 3.
19. See footnote 18.
20. See footnote 3.
23. See footnote 22.
24. See footnote 22.
25. See footnote 3.
26. See footnote 3.
34. See footnote 3.
35. See footnote 3.
36. Telephone Interview with Gordon Bonnyman, Staff Attorney, Tennessee Justice Center (Feb. 29, 2016).
37. See footnote 36.
38. See footnote 36.
39. See footnote 36.
Texas

2. See footnote 1.
3. Telephone Interview with Freddy Warner, Vice President, Government Affairs, Memorial Hermann Health System (Feb. 25, 2016).
4. See footnote 3.
5. See footnote 3.
7. See footnote 3.
8. See footnote 3.
12. See footnote 11.
13. See footnote 1.
15. See footnote 1.
18. See footnote 17.
19. See footnote 17.
20. See footnote 17.
26. Peggy O’Hare, Health Plan Enrollment Up in Texas, SAN ANTONIO EXPRESS-NEWS, Jan. 6, 2016, at 1B.
27. See footnote 26.
31. See footnote 3
32. See footnote 3.
33. See footnote 3.
34. See footnote 3.
35. See footnote 3.
36. See footnote 3.