

Inconvenient Truths

Medicaid expansion facts they're not telling you

Medicaid expansion is grossly unfair to existing patients. It will put more people under Medicaid to see an already small number of doctors, forcing existing Medicare patients to the back of the line. Medicaid patients are reimbursed at a much higher rate than Medicare patients in Alaska.

Expansion changes Medicaid structurally. Where it once was a safety net for needy individuals, such as the elderly, blind, pregnant women, children, low-income parents and others with children, and disabled individuals, it would become a program covering all lower income people under 138 percent of the federal poverty level.

Expansion creates a "first class" Medicaid client. And a second-class Medicare client, too. The first-class client is an able-bodied adult without children. Seniors will have a harder time finding a doctor.

Medicaid puts prisoners at the front of the line. State corrections clinics will make ends meet by outsourcing more care for prisoners, as off-site care is paid for with Medicaid dollars. Seniors will wait in line, while prisoners receive priority health care.

Expansion has no funding limit. Medicaid is an open-ended program with no preset spending cap, unlike funding for other government programs, such as roads. The more states that participate in expansion, the more Medicaid will cost taxpayers.

Alaska will be on the hook for Medicaid once the federal government begins to diminish its reimbursements.

Expansion is paid for, in part, by major cuts to Medicare fee-for-service hospital payments and cuts to hospitals serving a disproportionate number of the poor and uninsured.

Expansion comes with hidden taxes. HB 148 calls for a possible tax to be recommend by Jan. 1, 2016, up to a 6% tax on 19 different provider types, from private doctors to hospitals, regardless of whether the provider accepts Medicaid patients.

Alaska now spends \$1.6 billion per year on Medicaid. The cost of expansion is unknown and Alaska will never be able to budget accurately for this program, since it is open-ended.



Expansion has consequences

In Texas, the number of doctors who will take Medicare patients went from 78 percent to 58 percent. Senior citizens have paid into the Medicare system their whole lives now find it harder to find a doctor who will take them, as reimbursements are not adequate.

Studies in Oregon have shown that Oregonians on Medicaid have worse health outcomes than those who have no health insurance at all.

Oregon saw that Medicaid expansion led to a 41 % increase in visits to emergency rooms.

Medicaid expansion increases the risk the federal government will shift costs back to the states in the future, as it has in the past.

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