

How to Counter Objections to BadgerCare Expansion - 2/27/19

Despite the obvious benefits of Medicaid Expansion, objections will be raised when talking to others.

A list of common objections and possible responses are provided below. When answering objections, respond but keep your response as short as possible. If someone is thoroughly convinced Medicaid expansion is wrong, you may at least give them something to think about.

1. What happens when the Federal assistance that is supporting the expansion is diminished or goes away? Once you give people healthcare you cannot take it away.
 - Funding for Medicaid expansion remains at 90% at 2020 and beyond.
 - 36 other states (72%) including DC has accepted Medicaid expansion. It is not likely this program will disappear without additional legislation being passed to accommodate that change.
 - The additional people in Waukesha covered by Medicaid expansion (2200 people) desperately need care. They are not offered insurance where they work or are unable to afford premiums or co-pay.
2. In Wisconsin, people 100%-138% FPL are already covered by the ACA. BadgerCare expansion is not needed.
 - The ACA is a poor substitute for people living near the poverty line. The ACA still requires you to pay premiums and co-pays. The loss of benefits when transitioning from BadgerCare to the ACA is a disincentive to improving one's economic situation and can be fatal to those with chronic conditions who require continuous care.
 - By cutting BadgerCare off at 100 % FPL, the BadgerCare program currently costs taxpayers \$185 million more per year.
3. Expanding Medicaid will drive up the insurance rates for people not on BadgerCare.
 - Insurance rates for people in the marketplace will be reduced because the marketplace risk pool will be healthier and the incidence of uncompensated (free) emergency room care will be reduced.
 - Studies have shown that insurance rates in states that have expanded Medicaid have 7% to 11% lower insurance rates¹.
 - Studies have shown declines in uninsured ER visits and increases in Medicaid-covered ER visits following expansion implementation¹³.
4. Expanding Medicaid will reduce the number of healthcare professionals because Medicaid reimbursement rates are too low.
 - Hospitals would rather see patients receive care before their condition becomes very costly to treat. Secondly, they would rather receive some payment for their services rather than no reimbursement whatsoever. For this reason, they like Medicaid.
 - To what extent are healthcare costs too high?
 - Americans spend more on healthcare than other developed countries, more than twice the average,^{2,4} in many cases with less healthy outcomes³.

- The pharmaceutical industry is able to realize net profit margins ranging from 12 percent to 26 percent⁸ because in America demand is high for new and improved drugs and alternatives are not available because of patent restrictions. It is true, these profits help fund new research but also go to pay dividends, retained earnings and executive compensation as well.
 - The relative lack of competition within medical/hospital/drug industry has allowed high prices to cover up things like high administrative costs, inefficiencies, and waste⁵.
 - On average, specialists, nurses and primary care doctors earn significantly more in the U.S. compared to other countries⁶
 - Doctors site considerable frustration with administrative tasks that keep them from seeing more patients⁷.
 - The serious nature of many health care problems and, to some extent, the fact that you are insured, is a disincentive for healthcare consumers to shop around for the “best value.” As a result, the for-profit nature of the industry charges all that the market will bear except for what can be negotiated down by insurance companies.
5. Medicaid expansion will increase the opioid epidemic (ie. recipients will get drugs for free which they will then sell).
- Medicaid has done more than any other government program to treat the opioid addiction^{10, 12}.
 - 50% of the opioid addicts live under 200% FPL. To say Medicaid should not treat these people is to say if you are poor, you are not entitled to help¹².
 - Medication-assisted therapy (MAT), reduces the possibility of death by 50% and a 80% chance at successfully ending addiction¹⁰.
6. We don't need to expand Medicaid. We need to return to what the state provided before the ACA (usually referring to the HIRSP program-high insurance risk pool).
- Simple fact: When you herd high risk people into a common pool you have to cut benefits in order to make it affordable otherwise government still needs to pick up the cost.
 - High risk insurance pools have been tested in Wisconsin and found not to be affordable or comprehensive for people with disabilities, chronic medical conditions, or pre-existing conditions.
 - The HIRSP program had a 6-month waiting period which could be detrimental to the type of people needing care.¹¹
 - Excluded from the HIRSP program were many people with preexisting conditions who were without comprehensive and affordable care (ie. people with only catastrophic insure through their employer.)
7. Government needs to be smaller, not larger. Healthcare programs raise our taxes and increase the federal deficit.
- Basic healthcare directly impacts the safety and wellbeing of more people than a strong military or police force. It therefore needs to be considered a human right guaranteed, protected, and regulated by government.

- We are all part of a larger community and the benefits derived thereof cannot be realized without recognition and support for the common good. Since we all benefit from the common good at some point in our lives, it is our duty as citizens to financially support it.
 - There are many benefits we all enjoy that would not be possible without government such as infrastructure and regulations that allows business to flourish, consumer protections, parks, fire and police protections, clean water and air, and military defense.
8. Healthcare should be a commodity. If you can't afford it, you will need to take better care of yourself.
- Being poor is not a sign of being irresponsible. Being poor is a sign of not having the resources or opportunities to better yourself. Being poor should not exclude you from receiving life preserving healthcare.
 - Hard times can hit nearly everyone and how we respond to providing the basic necessities to those not as fortunate as ourselves determines the type of society we create for ourselves.
 - No one wants to be unhealthy and yet we all make decisions at some point that can adversely affect our health. The temptation and misinformation that trigger unhealthy choices can come from many sources such as fast food and soft drink industry advertisements.
9. If healthcare is free, people will not have the incentive to live a healthy lifestyle.
- The fact that some people do not live healthy lives is exactly the reason to support a healthcare system that promotes and provides for healthy living.
 - The possibility that someone might make unhealthy choices is a poor reason to deny thousands of people life-saving healthcare that they would otherwise be unable to afford.

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