OKLAHOMA ACADEMY OF FAMILY PHYSICIANS
STRONG MEDICINE FOR OKLAHOMA

Talking Points: Why A Block Grant is a Bad Deal

Note: due to the complexity of the financing structure described in the guidance, we do not recommend including the arguments above in our core messaging.

Medicaid expansion saves lives, improves families' financial security, and supports health care providers.

- **Medicaid expansion saved the lives** of at least 19,200 older low-income adults from 2014 to 2017 in states that adopted it, while state decisions not to expand *cost* the lives of 15,600, including 476 in our state.
- **Medicaid expansion improves quality of care.** Several recent studies show that Medicaid increases early-stage cancer diagnoses as well as the share of people getting surgical care consistent with clinical guidelines, such as less invasive surgical techniques when feasible.
- **Medicaid expands access to treatment for people struggling with opioid use disorder.** Expansion increased treatment facility admissions in which patients were given medication assisted treatment — the gold standard treatment for opioid use disorder — by about 50 percent.
- Instead of accepting a bad deal that would cap our state's program, we should fully expand Medicaid, cover 233,000 people, and bring in $11.5 billion in new federal funding over the next decade to our state.

Converting our state's Medicaid program to a capped block grant would harm low-income families. The waivers would directly harm people with Medicaid by taking away coverage and access to needed care for some of our most vulnerable, including working parents, and offer states new or fast-track authorities to cut coverage and benefits by:

- Taking coverage away from people who don't pay premiums, even those with very low incomes.
- Allowing states to deny coverage for prescription drugs, likely leading to denials of expensive but needed treatments.
- Allowing states to impose higher copayments on doctor visits and prescription drugs, which could deter people from seeking needed care.
- Eliminating retroactive coverage, which allows low-income people who are eligible for Medicaid but not enrolled to avoid bankruptcy if they become ill or are injured.
- Waiving standards and oversight of managed care plans, which could result in plans rationing care or providing such narrow networks that beneficiaries can't find needed specialists.

The waivers would pressure states to use both new and existing authorities to take coverage away and cut access to care by cutting federal funding precisely when need is greatest.

- Currently, Medicaid funding automatically adjusts to meet need. If more people sign up for Medicaid when a recession hits or costs per person rise in a public health emergency, federal funding automatically increases to cover most of the extra costs.
- Under the waivers, a state's federal Medicaid funding would be capped. The state would be on the hook for 100 percent of costs from higher-than-expected enrollment or per-person costs.
- Faced with rising costs and capped federal funding, states could take away coverage and cut access to care just when it's needed most.