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Missouri considers Medicaid expansion

Mary Ann McGivern | Aug. 15, 2013 NCR Today

I testified yesterday at a Missouri legislative hearing regarding the expansion of Medicaid. The legislature voted it down last year but members seem to have some unease about the repercussions. So they are holding hearings.

The St. Louis hearing was the last one on the calendar. It ran from 9 a.m. through 6 p.m. at the community college. As far as I could see, only about half of the 40-plus panel of legislators and citizens were present. But those in attendance paid attention and asked good questions.

I was number 73 or so on the witness list so I got there at about noon. Most of the testimony was technical. For example, ?churning? describes being eligible for poverty services such as food stamps and Medicaid ? except for those months when the person works extra hours or takes on a second job and loses those benefits. ?Spend down? means that in order to stay eligible for Medicaid if one?s income is over the limit one must spend that excess on medical bills. The Missouri monthly income limit for one adult on Medicaid is $813.91. We heard how the ?spend down? actions left one recipient choosing food or electricity month after month.

Testimony on health delivery described the benefits of teams, how nurse practitioners can telecommute from rural areas, the losses rural hospitals are facing and a lot of cost-benefit illustrations.

The man representing Paraquad, a disability rights group, is himself a quadriplegic. He gave up his disability to work and so he pays his aide out of pocket. He was dressed up, wearing a bow tie for the occasion and he was eloquent and charming. It?s a risk for him to work and his point was that increasing Medicaid eligibility to 135 percent of poverty would enable more people to take that risk and get a job.

Here?s some of what I said:

The healthier our citizens are, the more productive they are. It is as simple as that. You can't contribute much to society if you are crippled with a foot broken years ago and never repaired properly. You can't contribute much if you are burdened by depression or an untreated psychosis or lupus or rheumatoid arthritis. We benefit from the productivity of healthy people.

Furthermore, we benefit from their health itself. If poor people don't get checked for tuberculosis, the rest of us are at risk. If poor people don't get treated for addiction, we all suffer from petty theft to secure them a supply of drugs. If mental illness isn't diagnosed and treated early, that burden is for all of us to bear. We pay a lot more to care for the mentally ill in prison than early treatment would cost. And it?s cruel as well as expensive.

Medicaid expansion will benefit those of us who don't need it, who have health insurance, as well as benefitting those who cannot afford insurance.

But most important as a matter of law, caring for the poorest among us, ensuring that they receive the benefits of good health care, is a measure of the quality of our society. Do we harden our hearts and turn our backs? Or do we provide quality care to everyone who needs it?

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