

WHY KENTUCKY SHOULD EXPAND MEDICAID: GOOD FOR THE ECONOMY, GOOD FOR HEALTH, GOOD FOR KENTUCKY

Key Reasons to Expand Medicaid

WE MUST EXPAND COVERAGE FOR UNINSURED KENTUCKIANS BECAUSE THE COST OF NOT DOING SO IS SIMPLY TOO HIGH FOR OUR STATE'S HEALTH AND POCKET BOOK.

- More than 621,000 Kentuckians currently lack health coverage. Not only does this drive down Kentucky's health statistics but Kentucky's uninsured are costing the state an estimated \$1.1 billion per year in health care costs.
- A provision of the new Affordable Care Act gives Kentucky the opportunity to expand Medicaid to more than half of this uninsured population at no cost to the state for 3 years and only minimal cost after that. This expansion will make our residents healthier and save the state precious taxpayer dollars.
- These statistics add up to one simple fact, if Kentucky does not expand Medicaid under the Affordable Care Act (ACA), too many Kentuckians will remain uninsured. This will not only affect the health of the commonwealth, but the economics of our healthcare system.

THE VAST MAJORITY OF KENTUCKIANS SUPPORT EXPANDING MEDICAID.

- In a recent poll released by the American Cancer Society Cancer Action Network, 63% of Kentucky voters favor accepting federal funds to broaden access to health coverage through Medicaid. This support crosses demographic lines as a majority of voters favored expansion regardless of party affiliation, gender, age, race, income level, or address.
- Voters realize Kentucky is an unhealthy state and they want to see change. In order for us to improve the health of our citizens, they must have access to quality healthcare. Providing Medicaid for the uninsured is an important step in the process of increasing access to care.
- Kentucky voters correctly understand that inaction regarding our uninsured population will force those with private insurance to pay even more to absorb the cost of uncompensated care.

THE COST OF EXPANDING MEDICAID IS A RELATIVE BARGAIN COMPARED TO THE STATUS QUO AND CAN LEAD TO TREMENDOUS BENEFITS IN TERMS OF KENTUCKY'S PHYSICAL AND FISCAL HEALTH.

- Federal funding for Medicaid is based on a state's poverty level. As a low-income state, Kentucky already receives one of the highest federal matches in the country.
- The expansion of Medicaid will help make Kentucky healthier, reduce long term healthcare costs, and pump money into Kentucky's healthcare economy.
 - Physical Health – Kentucky is confronted with profound health challenges and is consistently identified as a national leader in poor health. Research by the Harvard School of Public Health suggests that by expanding coverage, Kentucky can reduce its death rate by 6%.
 - Fiscal Health – Medicaid expansion is estimated to bring in over \$11 billion from 2014-2019. That money is not paid to Medicaid recipients, but rather to local healthcare providers. Those dollars flow into the economy as indirect spending and boost the state budget through tax dollars.

Kentucky Voices for Health Overall Priorities

- Assure that all Kentuckians have access to high quality, affordable health care
- Make prevention a priority for Kentucky's health policies and programs
- Improve the efficiency and effectiveness of health care for Kentuckians
- Improve the health of Kentucky's children





Estimated Number of Uninsured Kentuckians (Below Age 65) by County Who Could Qualify for Medicaid if Eligibility was Expanded to 138% of the Federal Poverty Level

COUNTY	NUMBER	COUNTY	NUMBER	COUNTY	NUMBER
ADAIR	1,762	GRANT	1,821	MASON	1,371
ALLEN	1,619	GRAVES	3,241	MEADE	1,962
ANDERSON	1,280	GRAYSON	2,254	MENIFEE	604
BALLARD	544	GREEN	965	MERCER	1,378
BARREN	3,308	GREENUP	2,272	METCALFE	1,025
BATH	977	HANCOCK	531	MONROE	1,154
BELL	2,721	HARDIN	6,832	MONTGOMERY	2,042
BOONE	5,386	HARLAN	2,676	MORGAN	1,040
BOURBON	1,645	HARRISON	1,263	MUHLENBERG	2,372
BOYD	3,394	HART	1,678	NELSON	2,821
BOYLE	1,876	HENDERSON	2,968	NICHOLAS	650
BRACKEN	676	HENRY	1,170	OHIO	1,730
BREATHITT	1,129	HICKMAN	343	OLDHAM	1,730
BRECKINRIDGE	1,771	HOPKINS	3,447	OWEN	779
BULLITT	3,852	JACKSON	1,308	OWSLEY	462
BUTLER	1,090	JEFFERSON	47,451	PENDLETON	1,095
CALDWELL	929	JESSAMINE	3,472	PERRY	2,330
CALLOWAY	2,887	JOHNSON	1,698	PIKE	5,127
CAMPBELL	4,502	KENTON	8,734	POWELL	1,084
CARLISLE	383	KNOTT	1,211	PULASKI	5,209
CARROLL	888	KNOX	2,999	ROBERTSON	198
CARTER	2,208	LARUE	1,112	ROCKCASTLE	1,644
CASEY	1,761	LAUREL	5,120	ROWAN	2,081
CHRISTIAN	5,190	LAWRENCE	1,243	RUSSELL	1,622
CLARK	2,537	LEE	638	SCOTT	2,350
CLAY	1,663	LESLIE	849	SHELBY	2,875
CLINTON	999	LETCHER	2,006	SIMPSON	1,264
CRITTENDEN	754	LEWIS	1,370	SPENCER	930
CUMBERLAND	717	LINCOLN	2,026	TAYLOR	1,918
DAVISS	5,358	LIVINGSTON	698	TODD	1,170
EDMONSON	1,058	LOGAN	2,408	TRIGG	1,083
ELLIOTT	634	LYON	467	TRIMBLE	659
ESTILL	1,278	MCCRACKEN	4,083	UNION	1,226
FAYETTE	22,966	MCCREARY	1,861	WARREN	9,274
FLEMING	1,347	MCLEAN	665	WASHINGTON	904
FLOYD	3,356	MADISON	6,474	WAYNE	2,144
FRANKLIN	3,192	MAGOFFIN	1,083	WEBSTER	1,038
FULTON	542	MARION	1,516	WHITLEY	2,838
GALLATIN	748	MARSHALL	1,867	WOLFE	658
GARRARD	1,409	MARTIN	814	WOODFORD	1,584

Source: Small Area Health Insurance Estimates, 2010, U.S. Census Bureau, August 2012