

Medicaid Expansion Update

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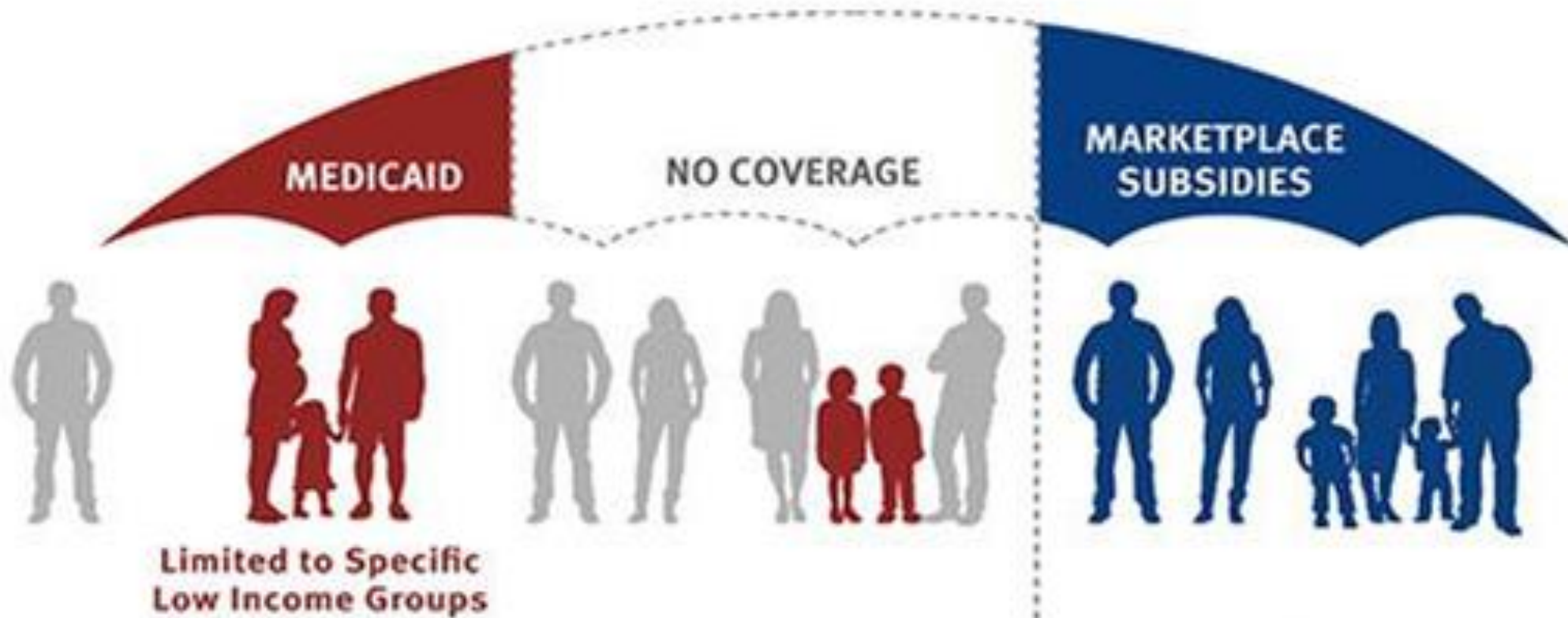
Justus-Warren Heart Disease and Stroke Prevention Task Force Meeting
December 1, 2022



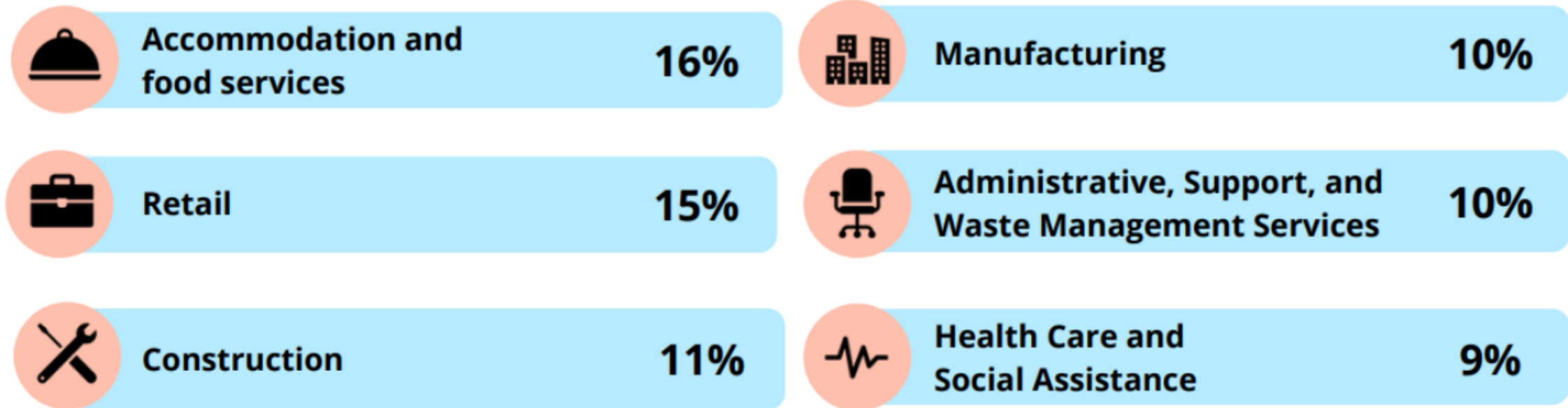
Medicaid Expansion Update



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Source: Georgetown University. (2021, Apr.) A Profile of North Carolina's Low-Wage Uninsured Workers.

Medicaid Expansion Update



Impact of Closing the Coverage Gap on Graham County

People in the "coverage gap" make too much to qualify for Medicaid but do not earn enough to qualify for a subsidy in the private marketplace. Closing the health insurance coverage gap would provide affordable health coverage to hundreds of people in Graham County that cannot get the health care they need.

Closing the coverage gap would expand access to affordable care.

Approximately **612** people in Graham County would gain access to coverage.¹

Closing the coverage gap would create new jobs and help the economy.

26.1% of non-elderly WORKERS are uninsured in Graham County²

12 new jobs in Graham County¹

\$2,200,000 in new business activity¹

\$43,800 in new county revenue¹

Cost of Lowest-priced Bronze Plan in the Private Marketplace for Someone in the Coverage Gap in Graham County

	Monthly Premium	Estimated Annual Cost*
Married age 40 with One Child	\$372.39	\$4,914.00
Married age 40 with Family of Four**	\$419.31	\$5,367.00
Single Woman age 40	\$731.66	\$9,125.00

*Estimated annual cost is based on low-cost, low-risk enrollees on hospital visits, few doctor visits, and occasional primary care.
**Premium and estimated annual cost is based on coverage for entire family, does not include coverage for family members.

Closing the coverage gap would improve county public safety by covering people with mental health and substance use disorder treatment.

In 2019, there was **1** death and **4** emergency department visits for opioid overdose in Graham County.⁴

Closing the coverage gap would also help offset county spending on inmate health care costs.

Graham County spent **\$64,390.00** on inmate medical expenses in 2020.



Impact of Closing the Coverage Gap on Rockingham County

People in the "coverage gap" make too much to qualify for Medicaid but do not earn enough to qualify for a subsidy in the private marketplace. Closing the health insurance coverage gap would provide affordable health coverage to thousands of people in Rockingham County that cannot get the health care they need.

Closing the coverage gap would expand access to affordable care.

Approximately **5,846** people in Rockingham County would gain access to coverage.¹

Closing the coverage gap would create new jobs and help the economy.

12.8% of non-elderly WORKERS are uninsured in Rockingham County²

270 new jobs in Rockingham County¹

\$44,300,000 in new business activity¹

\$699,500 in new county revenue¹

Cost of Lowest-priced Bronze Plan in the Private Marketplace for Someone in the Coverage Gap in Rockingham County

	Monthly Premium	Estimated Annual Cost*
Married age 40 with One Child	\$264.30	\$3,617.00
Married age 40 with Family of Four**	\$297.59	\$3,907.00
Single Woman age 40	\$519.28	\$6,577.00

*Estimated annual cost is based on low-cost, low-risk enrollees on hospital visits, few doctor visits, and occasional primary care.
**Premium and estimated annual cost is based on coverage for entire family, does not include coverage for family members.

Closing the coverage gap would improve county public safety by covering people with mental health and substance use disorder treatment.

In 2019, there were **20** deaths and **180** emergency department visits for opioid overdose in Rockingham County.⁴

Closing the coverage gap would also help offset county spending on inmate health care costs.

Rockingham County spent **\$40,044.00** on inmate medical expenses in 2020.



Impact of Closing the Coverage Gap on Lenoir County

People in the "coverage gap" make too much to qualify for Medicaid but do not earn enough to qualify for a subsidy in the private marketplace. Closing the health insurance coverage gap would provide affordable health coverage to thousands of people in Lenoir County that cannot get the health care they need.

Closing the coverage gap would expand access to affordable care.

Approximately **4,519** people in Lenoir County would gain access to coverage.¹

Closing the coverage gap would create new jobs and help the economy.

17.4% of non-elderly WORKERS are uninsured in Lenoir County²

203 new jobs in Lenoir County¹

\$41,600,000 in new business activity¹

\$474,900 in new county revenue¹

Cost of Lowest-priced Bronze Plan in the Private Marketplace for Someone in the Coverage Gap in Lenoir County

	Monthly Premium	Estimated Annual Cost*
Married age 40 with One Child	\$400.20	\$5,247.00
Married age 40 with Family of Four**	\$450.62	\$5,743.00
Single Woman age 40	\$786.30	\$9,781.00

*Estimated annual cost is based on low-cost, low-risk enrollees on hospital visits, few doctor visits, and occasional primary care.
**Premium and estimated annual cost is based on coverage for entire family, does not include coverage for family members.

Closing the coverage gap would improve county public safety by covering people with mental health and substance use disorder treatment.

In 2019, there were **12** deaths and **52** emergency department visits for opioid overdose in Lenoir County.⁴

Closing the coverage gap would also help offset county spending on inmate health care costs.

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**PRIVATE HEALTH
INSURANCE RATES
HAVE BEEN REDUCED BY
11% ON AVERAGE IN
STATES THAT CLOSED
THEIR COVERAGE GAP**

CLOSING THE COVERAGE GAP HELPS THE
ALREADY INSURED SAVE MONEY.

**NORTH CAROLINA
HAS THE 5TH HIGHEST
UNINSURED VETERAN
POPULATION IN THE
COUNTRY**

CLOSING THE COVERAGE GAP IN NORTH
CAROLINA WOULD PROVIDE COVERAGE TO
APPROXIMATELY **12,000 VETERANS** THAT ARE
CURRENTLY UNINSURED.

SOURCE: WAKE FOREST UNIVERSITY, HALL, M. AND BOOTH, K. (2016). CAN MEDICAID HELP MILITARY VETERANS?

**UNINSURED LOW- AND
MIDDLE-INCOME
ADULTS ARE MORE
LIKELY TO HAVE
SIGNIFICANT MEDICAL
DEBT**

<https://www.healthsystemtracker.org/press/the-burden-of-medical-debt-in-the-united-states/#hant320ck320ackl320wh4320havy320more320than32019200320of320medical320debt,320by320household320income320and320insurance320status3202019>

Medicaid Expansion Update



November 16, 2021

Never Give Up—600,000 North Carolinians are Counting on Us!

By Peg O'Connell, Chair of Care4Carolina This has been a tough week. As you probably know by now, the North Carolina legislature has decided not to

 [Weekly Blog](#)

 [Care4Carolina. Coverage Gap](#)



February 9, 2022

This Valentine's Day, Celebrate Heart Health by Closing the Gap

By Terri L. Phillips, M.D., Chief Medical Affairs Officer, Merz Aesthetics, Chair, American Heart Association Triangle Board During American Heart

 [Updates](#)

 [Coverage Gap. Heart Disease](#)



January 25, 2022

A Healthy Economy Needs Healthy Workers

By John Chaffee, Business Broker and Care4Carolina Business Advisory Council Member I spent my entire career in economic development in eastern

 [Updates](#)

 [Good for the Economy. Workers](#)

Medicaid Expansion Update

Heart Disease

Heart disease patients in the gap have **poorer management** of their condition and are at **greater risk of mortality**.^{4,5,6}

Uninsured stroke victims experience longer hospital stays and a **24-56% higher risk of death** than the insured.^{7,8}

- ♥ Increased utilization of preventive care
- ♥ Declines in uninsured hospitalizations
- ♥ Reduced racial health disparities
- ♥ Decreased incidence of Out-of-Hospital Cardiac Arrest

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“We have to do something to expand healthcare... We need coverage for the working poor.”

“The Affordable Care Act is not going to go away. All legal and legislative attempts have not succeeded, and I don’t think that’s going to change. And I think it’s likely the 90% reimbursement will continue.”

“Medicaid expansion has evolved to the point where it is good state fiscal policy.”

“The case I always think about and talk about in this context is a single mother who is working full time ... has 2 or 3 children, children covered by Medicaid. She is not covered. She does not have other health care options. She had difficult choices. She pays for food, clothing, shelter. ... It’s a logical choice not to pay \$600, \$700 or \$800 a month for policy just for her. ... She ends up in the emergency room... Those are the people we need to help, and those are people this bill will help.”



Medicaid Expansion Update

House speaker adds another Medicaid expansion plan to the mix

New proposal to expand Medicaid could be an answer to some advocates' prayers but it comes with caveats and another study group.

by Rose Hoban
June 23, 2022



Speaker of the North Carolina House of Representatives Tim Moore (R-Kings Mountain) speaks to reporters via Wednesday about his new proposal for Medicaid expansion. Photo credit: Rose Hoban

“I see federal funds that are available, that our citizens are paying and are not coming back, are going to other states,”

“Instead of the feds or anyone else just creating something and sending it here, this is something we have the opportunity, from start to finish, to make sure it makes sense for North Carolinians”

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