

Beshear advocates phone calls in support of Medicaid

BY MELISSA PATRICK
Kentucky Health News



Kentucky Gov. Andy Beshear has called for Kentuckians to call Congressional offices regarding proposed cuts to Medicaid. (Gov. Andy Beshear Facebook photo)

When it comes to persuading Congress to stop funding cuts to Medicaid, Gov. Andy Beshear said one of the most important things Americans can do is to flood their phones with stories of how they are impacted by the Medicaid program, speaking as a collective voice.

"Remember, cuts to Medicaid will have to go through Congress," he said. "The more Americans that are speaking up telling their story, where their friends who don't see them as political are hearing the impact that it has on them, thousands of voices coming together — that will create the pressure that will finally have Congress do their job and serve the American people."

Beshear made these comments during an April 18 Zoom interview with long-time journalist and author Larry Tye, who is the director of Harvard's Center for Health Communication's Health Coverage Fellowship.

Beshear, who is also the vice-chair of the Democratic Governor's Association, said when it comes to the current federal administration's economic impact on health care, he is most concerned about potential Medicaid cuts, National Institutes of Health funding cuts and pandemic funding cuts.

The Medicaid cuts would come from the U.S. House Energy and Commerce Committee, which has been instructed to find \$880 billion in savings from its areas of jurisdiction, which includes Medicaid. This committee is led by U.S. Rep. Brett Guthrie of Bowling Green. The committee is targeting May 7 for a markup of

its portion of the Republican reconciliation package. (NPR offers a detailed explainer of how reconciliation works in a Feb. 25 story.)

"Potential cuts to Medicaid would be devastating to the United States of America and would wipe out rural health care," Beshear said. "It's important to remember that Medicaid covers the people we love the most, our kids and our parents. Fifty percent of Kentucky's kids, that's half, are on Medicaid; 70% of our long-term care costs in Kentucky are covered by Medicaid."

Further, he said major cuts to Medicaid and expanded Medicaid, which allows Kentuckians who make up to 138% of the federal poverty line to qualify for Medicaid, which is free of charge, would "gut rural health care."

"Significant cuts to Medicaid would close virtually every rural hospital system and clinic," he said.

He also noted that rural hospital systems are the No. 2 employer in many counties, behind the public

school system.

"And what that means for a rural American is that regardless of whether you're covered by Medicaid or private insurance, you're driving two hours to a big city to see the same doctor who had to leave your community and was paying taxes and ultimately helping the economy in your community to go where they can now have a job in that larger city. It's bad for everyone," he said.

In response to a question about the impacts of Medicaid cuts on seniors, Beshear called this a "huge challenge," especially considering the number of seniors that are in the United States right now.

"Most people don't realize the amount of Medicaid coverage that allows them to age at home," he said, pointing to Kentucky's Program of All-Inclusive Care for the Elderly, or PACE program, which provides comprehensive services to Kentuckians who are 55 and older who need nursing facility level of care, but prefer to live at

home. He said cuts to these types of programs would mean seniors who participate in the program would need to find care elsewhere.

"There isn't a place for this number of seniors to go. There isn't another option. . . it would cause a problem without a solution," he said.

And this, he added, would force families to take over their care, which would then impact economic productivity, he said.

Beshear also criticized the proposed NIH funding cuts, which he said could cost the University of Kentucky \$40 million, impacting cancer, heart disease and Alzheimer's research.

Beshear said the idea that decisions about which NIH grants are allowed being made by "tech folks that we wouldn't allow treat a child for cancer" is concerning. "It's not being done well, and it's going to have repercussions in the future."

He also emphasized the importance of maintaining pandemic funding to support the public health infrastructure, addiction

treatment and the 988 mental health crisis hotline.

Beshear said the underlying legal cause that the federal government is using to make these pandemic cuts "is not a legally recognized cause." He said he is part of a group of attorneys general that have worked to restrain these attempts. "Those dollars should continue to flow," he said.

"So this is the federal government saying we're going to ignore the law, we're going to ignore the appropriation, we're going to ignore the written contract. And too bad that you relied on the federal government to keep its word," he said. "Sorry. We're not going to allow that to happen. And my hope is, as these court cases continue to go through, the federal administration learns that lesson, keeps the promises, and we continue to see very important public health dollars flow."

Asked what it would mean for states if large Medicaid cuts are implemented, Beshear said, "No state could make up for a large federal cut . . . at least not for more than maybe a year, and it would eat up any and all savings, bond

ratings would drop."

"Rural hospital systems would close. Clinics will close. There will not be much, if any, medical availability facilities in rural America, and that's not just in Kentucky," he said. "This is one of those things that if the federal government does it, it's going to have devastating impacts — and people see it and feel it."

He also warned that the federal government might try to claim they are not cutting Medicaid by giving block grants, but if this amount is less than the reimbursements the state is getting right now, "That's a cut," he said.

Further, he said giving states less Medicaid money and telling them to root out the fraud or placing a cap on how much each individual gets also constitutes a cut.

"Again, if the dollars are different, that's a cut," he said. "And no matter how they do it, if they make major cuts, rural healthcare gets hit first, but it's going to be quality of care, numbers of specialists, the attention to those that need it the most. It's gonna hit the entire healthcare system with a sledgehammer."

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