



# **American Bridge**

## **Trump Policy Brief: The Better Care Reconciliation Act**

**7.10.17**

## THE BETTER CARE RECONCILIATION ACT

The Senate GOP's health care bill, known as the Better Care Reconciliation Act, would be disastrous for most Americans, but especially for low-income adults and children, the elderly, the disabled, and those suffering from substance abuse disorders. Beneficiaries of the legislation would be predominantly individuals earning over \$200,000 per year and couples earning over \$250,000 per year.

✓ The CBO said that “few low-income people would purchase any plan” under the BCRA. Cost-sharing subsidies that help over 7 million Americans afford deductibles and out-of-pocket expenses would be eliminated, and premium tax credits for individual market customers of modest means would be significantly reduced.

✓ The BCRA would make cuts to Medicaid so drastic as to effectively end the program as we know it. The bill would convert Medicaid funding from an open-ended to a per-capita system, likely to result in reduced services and eligibility, and tie its funding growth rate to the Consumer Price Index for Urban Consumers, which grows significantly slower than inflation for medical costs and will amount to hundreds of billions in cuts over time.

✓ Cuts to Medicaid also threaten access to treatment for Americans suffering from opioid and other substance abuse disorders. Although experts fear the opioid epidemic could kill over half a million people over the next ten years, the BCRA provides a mere \$2 billion to fight it, paired with many billions in cuts to the primary health delivery mechanism to the poor and Essential Health Benefits waivers that could put substance abuse coverage at risk.

✓ Medicaid cuts within the BCRA also threaten nursing home services for over one million American seniors. The average nursing home charges \$250 per day, and Medicare only covers the first 100 days of each stay. An estimated 40% of Americans stay in nursing homes during their lifetimes, and 2/3 of those people need Medicaid to pay for it.

### CBO: “Few Low-Income People Would Purchase Any Plan” Under The Senate GOP Bill

#### CBO: “FEW LOW-INCOME PEOPLE WOULD PURCHASE ANY PLAN” UNDER THE SENATE GOP BILL

**CBO: If The GOP Senate Bill Becomes Law, “Few Low-Income People Would Purchase Any Plan.”** According to the Congressional Budget Office, “Under this legislation, starting in 2020, the premium for a silver plan would typically be a relatively high percentage of income for low-income people. The deductible for a plan with an actuarial value of 58 percent would be a significantly higher percentage of income—also making such a plan unattractive, but for a different reason. As a result, despite being eligible for premium tax credits, few low-income people would purchase any plan, CBO and JCT estimate.” [Congressional Budget Office, [6/26/17](#)]

#### SUBSIDIES TO HELP AMERICANS OF MODEST MEANS PAY FOR COVERAGE WOULD BE LOWERED UNDER THE BCRA, AND ENDED ALTOGETHER FOR SOME

**CBO: “Fewer People Would Enroll In The Nongroup Market [...] Because The Average Subsidy For Coverage In That Market Would Be Substantially Lower For Most People Currently Eligible For Subsidies – And For Some People That Subsidy Would Be Eliminated.”** According to the Congressional Budget Office, “On net, CBO and JCT estimate that roughly 7 million fewer people would obtain coverage in 2018 through the nongroup market under this legislation than under current law; that figure would be about 9 million in 2020 and about 7 million in 2026 (see Table 4, at the end of this document). Fewer people would enroll in the nongroup market mainly because the penalty for not having insurance would be eliminated and, starting in 2020, because the average subsidy for coverage in that market would be substantially lower for most people currently eligible for subsidies—and for some people that subsidy would be eliminated.” [Congressional Budget Office, [6/26/17](#)]

**CBO: Under The BCRA, Cost-Sharing Subsidies Would Be Eliminated And Premium Tax Credits Only Available To People Earning Up To 350% Of The Federal Poverty Level.** According to the Congressional Budget Office, “Under this legislation, starting in 2020, the reference premium would be changed to become the premium for the median plan with an actuarial value of 58 percent. Costsharing subsidies would be eliminated. Eligibility for premium tax credits would be extended to people with income below 100 percent of the FPL who were not eligible for Medicaid and eliminated for people with income above 350 percent of the FPL.” [Congressional Budget Office, [6/26/17](#)]

- **CBO: “The Average Subsidy Per Subsidized Enrollee Under This Legislation Would Be Significantly Lower Than The Average Subsidy Under Current Law, Starting In Calendar Year 2020.”** According to the Congressional Budget Office, “According to CBO and JCT’s estimates, the average subsidy per subsidized enrollee under this legislation would be significantly lower than the average subsidy under current law, starting in calendar year 2020. Nevertheless, some people would be eligible for larger subsidies than those under current law, whereas others would be eligible for smaller ones.” [Congressional Budget Office, [6/26/17](#)]
- **The Cost-Sharing Subsidies Eliminated In The BCRA Help Over 7 Million Low-Income Americans Pay For Coverage.** According to the Journal Sentinel, “But it also would raise costs for millions of people. Among the projected changes, the Senate bill would: Increase premiums for most people, particularly those over 50, for coverage comparable to what they're getting now. Raise deductibles, co-pays and other out-of-pocket expenses. End subsidies that help offset deductibles and other out-of-pocket expenses for people with low incomes, most of whom work in low-wage jobs. About 7.1 million people now receive the subsidies.” [Journal Sentinel, [7/7/17](#)]

### **...AND PLANS WOULD COVER FEWER COSTS...**

**Under The BCRA, The Actuarial Value – Or Percentage Of Healthcare Costs Covered By The Insurance Company – For Each Benchmark Plan Would Be Lower.** According to Business Insider, “For people considering which plan to buy, under the BCRA, the actuarial value for each benchmark plan would be lower, the CBO said. The actuarial value is the percentage of healthcare costs that would be covered by the insurance company in a certain plan.” [Business Insider, [6/26/17](#)]

**The BCRA’s Subsidies Would Be Based Around Plans Covering 58 Percent Of Expected Health Care Costs.** According to Vox, “The BCRA cuts Obamacare’s subsidies and designs its own subsidies around plans that cover 58 percent of expected health care costs. Those plans, the CBO estimates, will come with deductibles of around \$6,000 — which means they would bankrupt many poor people before they ever got through the deductible.” [Vox, [6/26/17](#)]

- **ACA Subsidies Were Based On “Silver” Plans That Cover 70 Percent Of Costs.** According to Vox, “A ‘silver plan’ is an insurance plan that covers 70 percent of a person’s expected health care

costs. Obamacare's subsidies were designed to make silver plans affordable and to limit out-of-pocket costs." [Vox, [6/26/17](#)]

**CBO: "The Deductible For A Plan With An Actuarial Value Of 58 Percent Would Be A Significantly Higher Percentage Of Income – Also Making Such A Plan Unattractive" To Low-Income Customers.** According to the Congressional Budget Office, "Under this legislation, starting in 2020, the premium for a silver plan would typically be a relatively high percentage of income for low-income people. The deductible for a plan with an actuarial value of 58 percent would be a significantly higher percentage of income — also making such a plan unattractive, but for a different reason." [Congressional Budget Office, [6/26/17](#)]

- **The CBO Projected That Deductibles Of Around \$6,000 Under The BCRA Would Bankrupt Many Poor People Before They Ever Got Through The Deductible.** According to Vox, "The BCRA cuts Obamacare's subsidies and designs its own subsidies around plans that cover 58 percent of expected health care costs. Those plans, the CBO estimates, will come with deductibles of around \$6,000 — which means they would bankrupt many poor people before they ever got through the deductible." [Vox, [6/26/17](#)]

## **...BUT THE RICHEST AMERICANS WOULD RECEIVE HUNDREDS OF BILLIONS IN TAX CUTS**

**The Senate Bill Would Give \$231 Billion In Tax Breaks Over 10 Years To Individuals Earning Over \$200,000 And Couples Earning Over \$250,000.** According to the Journal Sentinel, "The Senate bill, like the one passed by the House, would repeal the Affordable Care Act's taxes on people with high incomes, pharmaceutical and medical device companies, and health insurers. A large share of the tax cuts — an estimated \$231 billion over 10 years — would go to people with incomes above \$200,000 for one person and \$250,000 for couples. Those taxes help subsidize insurance for people who can't afford it, insurance that is especially costly because the United States has the distinction of spending 50% more on health care than any other industrialized country." [Journal Sentinel, [7/7/17](#)]

## **The Better Care Reconciliation Act Would Cut Medicaid Funding Over One-Third By 2036, Ending The Program As We Know It**

### **CBO: THE BETTER CARE RECONCILIATION ACT WOULD CUT MEDICAID FUNDING ABOUT 35 PERCENT BY 2036**

**The Congressional Budget Office Estimated That Medicaid Spending Would Be 35 Percent Lower Under The Better Care Reconciliation Act Than It Would Be Under Existing Law By 2036.** According to the Congressional Budget Office, "In the Congressional Budget Office's assessment, Medicaid spending under the Better Care Reconciliation Act of 2017 would be 26 percent lower in 2026 than it would be under the agency's extended baseline, and the gap would widen to about 35 percent in 2036 (see Figure 1)." [Congressional Budget Office, [6/29/17](#)]

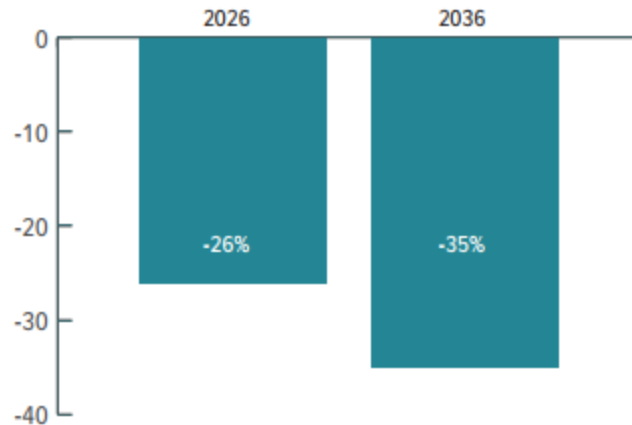
Figure 1.

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**Changes in Medicaid Spending Under the Better Care Reconciliation Act Compared With CBO's Extended Baseline**

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Percent



Source: Congressional Budget Office.

These estimates are for the Better Care Reconciliation Act of 2017, a Senate amendment in the nature of a substitute to H.R. 1628.

Estimates are based on CBO's July 2016 extended baseline.

[Congressional Budget Office, [6/29/17](#)]

## **THE BILL WOULD CONVERT MEDICAID FUNDING TO A PER-CAPITA SYSTEM, RESULTING IN OVER \$800 BILLION IN CUTS TO THE PROGRAM OVER 10 YEARS**

### **The BCRA Would Set A Per-Person Cap On Medicaid Spending For Each State**

**The June 2017 Senate Health Care Bill Would Set A Per-Person Cap On Medicaid Spending For Each State.** According to The Washington Post, “With a small tweak to a relatively obscure part of the Republican health-care bill, GOP senators would make deep, permanent cuts to a low-income insurance program that covers tens of millions of Americans. [...] Both the House and Senate bills aim to set a per-person cap on Medicaid spending in each state. That cap would adjust annually to take into account inflation.” [Washington Post, [6/22/17](#)]

*States Unable To Cover Costs Beyond The Per-Enrollee Allotment Would Be Forced To Reduce Benefits Or Cut Eligibility*

**CNN Money: With Responsibility For Funding Medicaid Shifted Toward The States, They Would Likely Either Reduce Eligibility Or Benefits If They Did Not Have The Money To Make Up The Funding Difference.** According to CNN Money, “It would overhaul the whole program, which covers more than 70 million people, by sending states a fixed amount of money per enrollee, known as a per-capita cap. This would limit federal responsibility, shifting that burden to the states. However, since states don't have the money to make up the difference, they would likely either reduce eligibility, curtail benefits or cut

provider payments. All this could hurt not only poor adults, but also low-income children, women, senior citizens and the disabled.” [CNN Money, [3/6/17](#)]

**A Per Capita Funding System Ended The Guarantee Of Coverage For All Eligible Medicaid Enrollees, Subjecting Them To Reductions Or Having Coverage Cut Outright Depending On The Finances Of Their Particular State.** According to the Georgia Budget & Policy Institute, “[Current Medicaid Structure:] Health coverage is guaranteed to all eligible Medicaid enrollees, as the federal share adjusts to help states when need grows [Block Grants:] Health coverage can be reduced or cut if the state is short money to cover costs above the block grant amount [Per Capita Caps:] Health coverage can be reduced or cut if the state is short money to cover costs above the capped amount[.]” [Georgia Budget & Policy Institute, [3/7/17](#)]

**Changing Medicaid Funding To A Per Capita Cap System Would End Medicaid's Guarantee Of Coverage For All Who Qualified.** According to Governing, “The bill would also change Medicaid's funding formula to a per capita cap system. Currently, the federal government pays a share of each state's Medicaid spending - anywhere from 50 percent to 80 percent - with no limit on total costs. A ‘per capita cap’ provides funds for each Medicaid beneficiary in certain groups - such as pregnant mothers, the disabled and children - up to a specified amount. Doing so would end Medicaid's guarantee of coverage for all who qualify and would require restructuring program eligibility and coverage rules.” [Governing, [3/7/17](#)]

### **The Bill Would Reduce The Rate Of Inflation For State Medicaid Programs, Cutting Overall Funding By Billions**

*The Bill Would Tie Inflation Adjustments To The Consumer Price Index For Urban Consumers (CPI-U) Starting In 2025, Instead Of The Faster-Rising CPI For Medical Costs (CPI-M)*

**Beginning In 2025, The Formula Used To Make Adjustments To The Per-Person Cap Would Be Based On The Consumer Price Index For Urban Consumers (CPI-U), Rather Than The CPI For Medical Costs (CPI-M).** According to The Washington Post, “Both the House and Senate bills aim to set a per-person cap on Medicaid spending in each state. That cap would adjust annually to take into account inflation. Through 2025, both bills would adjust the cap based on a measure of how rapidly medical costs are expanding — a measure known as the CPI-M. Starting in 2025, however, the Senate bill would change the formula, instead funding Medicaid based on a measure of how rapidly all costs are rising (technically, the Consumer Price Index for urban consumers, or just CPI-U).” [Washington Post, [6/22/17](#)]

**According To The Washington Post, The General CPI Typically Rose More Slowly Than Medical Costs.** According to The Washington Post, “Starting in 2025, however, the Senate bill would change the formula, instead funding Medicaid based on a measure of how rapidly all costs are rising (technically, the Consumer Price Index for urban consumers, or just CPI-U). General costs, however, typically rise more slowly than medical costs.” [Washington Post, [6/22/17](#)]

*According To Projections, The Slow Growth Of CPI-U Would Force Medicaid Spending To Fall Behind By More Than \$800 Billion*

**The CBO Projected That The Medicaid Growth Rate For Nondisabled Children And Nondisabled Adults Under The ACA Would Be 4.9 Percent Between 2017 And 2024.** According to the Congressional Budget Office, “If a state spent more than the amount eligible for federal reimbursement, the federal government would provide no reimbursement for spending over the limit. By CBO’s projections for the 2017-2024 period, the limit on federal reimbursement would reduce outlays because Medicaid spending, on a per-enrollee basis, for nondisabled children and nondisabled adults under current law (after the changes to

the Medicaid expansion population have been accounted for) would grow faster, at 4.9 percent, than the CPI-M, at 3.7 percent.” [Congressional Budget Office, [6/26/17](#)]

- **After 2025, The CBO Projected That The CPI-U Growth Rate Would Be 2.4 Percent.** According to the Congressional Budget Office, “In 2025 and beyond, the differences between spending growth for Medicaid under current law and the growth rate of the per capita caps for all groups would be substantial, as CBO projects the growth rate of the CPI-U in those years to be 2.4 percent.” [Congressional Budget Office, [6/26/17](#)]

**Increases In Medicaid Funding Tied To The CPI-U Would Likely Not Be Able To Keep Pace With Growing Medical Costs.** According to The Washington Post, “Starting in 2025, however, the Senate bill would change the formula, instead funding Medicaid based on a measure of how rapidly all costs are rising (technically, the Consumer Price Index for urban consumers, or just CPI-U). General costs, however, typically rise more slowly than medical costs. After 2025, the increases to Medicaid would no longer be able to keep pace, with the gap growing each year.” [Washington Post, [6/22/17](#)]

**Capping Medicaid Growth Using The CPI-U Would Lead To \$841 Billion Less In Federal Medicaid Spending Compared To The ACA By 2028.** According to the Urban Institute, “Capping Medicaid growth at the CPI-U over the same budget window would lead to \$841 billion less federal Medicaid spending than current law from 2019 to 2028, or \$467.4 billion less than the AHCA passed by the House.” [Urban Institute, [6/21/17](#)]

*Medicaid Spending Cuts Brought About By The CPI-U Move Could Force States To Cut Their Medicaid Rolls In Order To Save Money*

**Limits On Medicaid Funding Brought About By Tying Price Caps To The CPI-U Could Force States To Cut Their Medicaid Rolls In Order To Save Money.** According to The Washington Post, “Obamacare contained a similar provision. The law called for a change to the index used to calculate federal subsidies for Americans buying individual private insurance several years after taking effect. Elmendorf said that that aspect of Obamacare was also objectionable but not as consequential as the change from CPI-U to CPI-M in the GOP bill. Those Obamacare subsidies might have become less generous over time, but households would still be able to benefit from them as long as they were able to put up their share of the premium. By contrast, the limitations on funding for Medicaid could force states to cut the rolls to save money, leaving some consumers without any affordable options.” [Washington Post, [6/22/17](#)]

*Even Tying Growth To CPI-M Would Be Insufficient To Keep Up With Rising Medical Costs*

**The CBO Found That Between 2017 And 2024, Medicaid Spending Would Grow Faster Than Even The CPI-M By More Than 1 Percent.** According to the Congressional Budget Office, “If a state spent more than the amount eligible for federal reimbursement, the federal government would provide no reimbursement for spending over the limit. By CBO’s projections for the 2017-2024 period, the limit on federal reimbursement would reduce outlays because Medicaid spending, on a per-enrollee basis, for nondisabled children and nondisabled adults under current law (after the changes to the Medicaid expansion population have been accounted for) would grow faster, at 4.9 percent, than the CPI-M, at 3.7 percent.” [Congressional Budget Office, [6/26/17](#)]

## **EXPERTS SUGGESTED GOP LEADERS MAY HAVE BEEN ATTEMPTING TO BACKLOAD THE CUTS IN ORDER TO HIDE THEM**

**Urban Institute Economist Linda Blumberg Suggested Republicans May Have Been Attempting To Hide The Scope Of Medicaid Budget Cuts By Switching From CPI-U To CPI-M At The End Of**

**The Budget Window.** According to The Washington Post, “Both the House and Senate bills aim to set a per-person cap on Medicaid spending in each state. That cap would adjust annually to take into account inflation. Through 2025, both bills would adjust the cap based on a measure of how rapidly medical costs are expanding — a measure known as the CPI-M. Starting in 2025, however, the Senate bill would change the formula, instead funding Medicaid based on a measure of how rapidly all costs are rising (technically, the Consumer Price Index for urban consumers, or just CPI-U). [...] Some experts suggested that Republicans were trying to conceal the significance of the change. After all, it is just one letter. ‘They’re trying to hide how much they’re taking out of the program,’ said Linda Blumberg, an economist at the Urban Institute. ‘If you put it at the end of the budget window, it doesn’t look as bad. Don’t be fooled. This is a very dramatic difference.’” [Washington Post, [6/22/17](#)]

- **According To Blumberg, The Difference Between Tying Per-Person Price Caps To CPI-U And CPI-M Would Be “Very Dramatic.”** According to The Washington Post, “‘They’re trying to hide how much they’re taking out of the program,’ said Linda Blumberg, an economist at the Urban Institute. ‘If you put it at the end of the budget window, it doesn’t look as bad. Don’t be fooled. This is a very dramatic difference.’” [Washington Post, [6/22/17](#)]

**Committee For A Responsible Federal Budget Policy Director Marc Goldwein Said That Tying Per-Person Price Cap Adjustments To The CPI-U Could Be A “Very Small Issue In 2026, But [...] A Very Huge Issue By 2040.”** According to The Washington Post, “Both the House and Senate bills aim to set a per-person cap on Medicaid spending in each state. [...] Starting in 2025, however, the Senate bill would change the formula, instead funding Medicaid based on a measure of how rapidly all costs are rising (technically, the Consumer Price Index for urban consumers, or just CPI-U). [...] ‘It’s a very small issue in 2026 but, potentially, a very huge issue by 2040,’ said Marc Goldwein, policy director at the Committee for a Responsible Federal Budget, an organization that advocates reducing the federal deficit.” [Washington Post, [6/22/17](#)]

**According To Former CBO Director Douglas Elmendorf, The Move Would Allow The Senate Bill’s Proponents To “Take Credit For Budgetary Savings In The Long Run While Ducking The Long-Run Effects On The Number Of People In America Who Have Health Insurance.”** According to The Washington Post, “Both the House and Senate bills aim to set a per-person cap on Medicaid spending in each state. That cap would adjust annually to take into account inflation. Through 2025, both bills would adjust the cap based on a measure of how rapidly medical costs are expanding — a measure known as the CPI-M. Starting in 2025, however, the Senate bill would change the formula, instead funding Medicaid based on a measure of how rapidly all costs are rising (technically, the Consumer Price Index for urban consumers, or just CPI-U). [...] ‘The bill’s proponents will take credit for budgetary savings in the long run while ducking the long-run effects on the number of people in America who have health insurance,’ said Douglas Elmendorf, a former CBO director. ‘This is worse than a gimmick,’ he said. ‘It does game the scoring process, and it disguises the damaging effects of the bill.’” [Washington Post, [6/22/17](#)]

## **Cuts To Medicaid Would Threaten A Lifeline For Thousands Seeking Treatment For Opioid & Other Substance Abuse Disorders**

### **THE SENATE GOP BILL WOULD END THE ACA’S MEDICAID EXPANSION AND MAKE DEEP LONG-TERM CUTS TO THE PROGRAM**

**The Senate GOP Health Care Bill Would End The ACA’s Medicaid Expansion And Make Deep Long-Term Cuts To The Program.** According to The Washington Post, “Senate Republicans on Thursday morning plan to release a health-care bill that would curtail federal Medicaid funding, repeal taxes on the



wealthy and eliminate funding for Planned Parenthood as part of an effort to fulfill a years-long promise to undo Barack Obama's signature health-care law. [...] The Senate measure would cut off expanded Medicaid funding for states more gradually than the House bill but would enact deeper long-term cuts to the health-care program for low-income Americans." [Washington Post, [6/22/17](#)]

## **OVER 1.8 MILLION AMERICANS RECEIVE SUBSTANCE ABUSE OR MENTAL HEALTH TREATMENT UNDER MEDICAID EXPANSION, AND 29% OF EXPANSION BENEFICIARIES SUFFER FROM MENTAL HEALTH OR ADDICTION PROBLEMS**

**Approximately 1.84 Million Americans Receive Mental Health Or Substance Abuse Treatment Under Medicaid Expansion.** According to Business Insider, "Approximately 1.84 million people in the US are receiving treatment for substance-use disorders or mental illnesses through Medicaid expansion or the ACA's individual insurance marketplace, according to research conducted by Richard Frank, a professor of health economics at Harvard Medical School, and Sherry Glied, a dean at New York University." [Business Insider, [6/25/17](#)]

**Emily Kaltenbach Of The Drug Policy Alliance Said 29% Of Those Who Benefitted From Medicaid Expansion Have Mental Health Or Addiction Problems.** According to Vice, "This plan would be a disaster for individuals who are struggling with problematic drug use, currently enrolled in treatment services, or would want to be," said Emily Kaltenbach, the Drug Policy Alliance's senior director of national criminal justice reform strategy. She noted that about 29 percent of the people enrolled in the Medicaid expansion have mental health or addiction problems, and said virtually all of those people could eventually lose health coverage if Congress approves the current version of the Republican plan." [Vice, [3/9/17](#)]

**Those Receiving Treatment For Substance-Abuse Disorders And Mental Illness Through Medicaid Could Lose Approximately \$5.5 Billion Under The BCRA.** According to Business Insider, "Approximately 1.84 million people in the US are receiving treatment for substance-use disorders or mental illnesses through Medicaid expansion or the ACA's individual insurance marketplace, according to research conducted by Richard Frank, a professor of health economics at Harvard Medical School, and Sherry Glied, a dean at New York University. Those people would be at risk of losing the approximately \$5.5 billion paid out for treatment through those two avenues of insurance." [Business Insider, [6/25/17](#)]

- **Out-Of-Pocket Costs For Consumers In Need Of Substance-Abuse Treatment Could Rise By \$1,333 A Year On Average, And By \$12,261 A Year For "High-Need" Consumers.** According to Business Insider, "An analysis conducted by Eibner and Christopher Whaley, a policy researcher at Rand, found that in places that waive substance-treatment benefits, the out-of-pocket cost for consumers who use those benefits could rise by \$1,333 a year. For 'high-need' consumers, like those who need an in-patient stay at a treatment facility, out-of-pocket costs could rise to \$12,261 a year." [Business Insider, [6/25/17](#)]

### **HHS: "If Additional States Chose To Expand Medicaid, Almost 30 Percent Of Those Who Could Gain Coverage Have A Substance Use Or Mental Health Disorder"**

**HHS: "If Additional States Chose To Expand Medicaid, Almost 30 Percent Of Those Who Could Gain Coverage Have A Substance Use Or Mental Health Disorder."** According to the Department of Health and Human Services, "These data are consistent with other evidence that the ACA's coverage expansions have been especially important to people with substance use disorders and other behavioral health conditions. For example, ASPE previously estimated that, if additional states chose to expand Medicaid, almost 30 percent of those who could gain coverage have a substance use or mental health disorder."

[Department of Health and Human Services, “Continuing Progress on the Opioid Epidemic: the Role of the Affordable Care Act,” [1/11/17](#)]

### **HHS: “Mental Health Disorders Are Among The Most Common Pre-Existing Health Conditions For Which Americans Might Have Been Denied Coverage Or Charged More For Coverage Prior To ACA”**

**HHS: “Mental Health Disorders Are Among The Most Common Pre-Existing Health Conditions For Which Americans Might Have Been Denied Coverage Or Charged More For Coverage Prior To ACA.”** According to the Department of Health and Human Services, “ASPE also recently estimated<sup>6</sup> that mental health disorders are among the most common pre-existing health conditions for which Americans might have been denied coverage or charged more for coverage prior to ACA.” [Department of Health and Human Services, “Continuing Progress on the Opioid Epidemic: the Role of the Affordable Care Act,” [1/11/17](#)]

### **The 5 States With The Highest Rates Of Drug Overdose Deaths – Fueled By The Rise In Opioid-Related Deaths – All Opted To Expand Medicaid Under The ACA**

**2015: West Virginia, New Hampshire, Kentucky, Ohio, And Rhode Island Had The Highest Rates Of Drug Overdose Deaths, Fueled By Increases In Opioid-Related Deaths.** According to the CDC, “Opioids—prescription and illicit—are the main driver of drug overdose deaths. Opioids were involved in 33,091 deaths in 2015, and opioid overdoses have quadrupled since 1999. In 2015, the five states with the highest rates of death due to drug overdose were West Virginia (41.5 per 100,000), New Hampshire (34.3 per 100,000), Kentucky (29.9 per 100,000), Ohio (29.9 per 100,000), and Rhode Island (28.2 per 100,000).” [CDC, accessed [3/10/17](#)]

**West Virginia, New Hampshire, Kentucky, Ohio, And Rhode Island All Expanded Medicaid Under The ACA.** According to the Kaiser Family Foundation, West Virginia, New Hampshire, Kentucky, Ohio, and Rhode Island all “Adopted the Medicaid Expansion” made available by the Affordable Care Act. [Kaiser Family Foundation, accessed [3/10/17](#)]

*Four Of The Top 20 States For Opioid Overdoses Would Automatically End Medicaid Expansion Under The Bill*

**New Hampshire, New Mexico, Michigan, And Indiana Would Automatically End Medicaid Expansion Due To Funding Changes Proposed By The BCRA.** According to Business Insider, “The BCRA would phase out the Medicaid expansion established by the Affordable Care Act, which extended the program to those making between 100% to 138% of the federal poverty limit. [...] Further, eight states that chose to expand Medicaid include provisions that would automatically end the expansion if funding changes. Four of those states — New Hampshire, New Mexico, Michigan, and Indiana — are in the top 20 of states with the highest overdose death rates.” [Business Insider, [6/25/17](#)]

- **Those Four States Ranked In The Top 20 Of States With The Highest Opioid Overdose Death Rates.** According to Business Insider, “Further, eight states that chose to expand Medicaid include provisions that would automatically end the expansion if funding changes. Four of those states — New Hampshire, New Mexico, Michigan, and Indiana — are in the top 20 of states with the highest overdose death rates.” [Business Insider, [6/25/17](#)]

### **Medicaid Expansion Cut The Share Of Uninsured Substance Abuse And Mental Health Disorder Hospitalizations By 75%**

**Medicaid Expansion Brought The Uninsured Share Of Substance Use And Health Disorder Hospitalizations Down From 20 Percent In 2013 To 6 Percent In 2014 Across All States For Which Data Is Available.** According to the Department of Health and Human Services, “Across all Medicaid expansion states for which data are available, the uninsured share of substance use or mental health disorder hospitalizations plummeted from about 20 percent in 2013 to around 6 percent by the end of 2014. For the 10 Medicaid expansion states with data available through the third quarter of 2015, the uninsured share fell from 20 percent at the end of 2013 to about 5 percent in 2015-Q3.” [Department of Health and Human Services, “Continuing Progress on the Opioid Epidemic: the Role of the Affordable Care Act,” [1/11/17](#)]

### **Opioid Abusers Tend To Have Multiple Health Problems, So Addressing The Problem Through Medicaid Is A Sensible Approach**

**Opioid Abusers Typically Had Other Health Problems, Like HIV, Hepatitis C, Chronic Pain Or Mental Health Problems That Required Additional Treatment And Services.** According to McClatchy, “But health experts say their 10-year funding request won’t come close to providing the services needed by untold thousands of opioid abusers who are expected to lose their private health insurance and Medicaid coverage under the GOP legislation. That’s because opioid abusers typically have other health problems, like HIV, Hepatitis C, chronic pain or mental health problems that require additional treatment and services.” [McClatchy, [6/20/17](#)]

- **American Society Of Addiction Medicine Legislative Advocacy Committee Chair Dr. Corey Waller: “Funding Only Patients’ Substance Abuse Treatment Without Addressing Their Other Needs Would Likely Prove Ineffective.”** According to McClatchy, “Funding only patients’ substance abuse treatment without addressing their other needs would likely prove ineffective, said Dr. Corey Waller, who chairs the legislative advocacy committee of the American Society of Addiction Medicine. ‘You can’t treat any medical condition in isolation,’ Waller said. ‘It just seems illogical at every level.’” [McClatchy, [6/20/17](#)]
- **Waller: Treating Medical Conditions In Isolation “Just Seems Illogical At Every Level.”** According to McClatchy, “Funding only patients’ substance abuse treatment without addressing their other needs would likely prove ineffective, said Dr. Corey Waller, who chairs the legislative advocacy committee of the American Society of Addiction Medicine. ‘You can’t treat any medical condition in isolation,’ Waller said. ‘It just seems illogical at every level.’” [McClatchy, [6/20/17](#)]

### **THE BILL WOULD ALSO WAIVE ESSENTIAL HEALTH BENEFITS REQUIREMENTS, PUTTING AFFORDABLE SUBSTANCE ABUSE TREATMENT AT RISK**

**The BCRA Would Allow States To Waive Some Of The 10 Essential Health Benefits (EHBs) Put Into Place By The ACA.** According to Business Insider, “The BCRA, like the AHCA’s MacArthur Amendment, would allow states to apply for permission to rescind some of the Affordable Care Act’s regulations as long as states show how it provides ‘for alternative means of, and requirements for, increasing access to comprehensive coverage, reducing average premiums, and increasing enrollment.’ Unlike the AHCA, the Senate bill would not allow states to rescind regulations related to preexisting conditions, but it would allow states to waive some of the 10 essential health benefits that Obamacare mandated all health plans cover.” [Business Insider, [6/25/17](#)]

**According To Health Economist Christine Eibner, Substance Abuse Treatment Was The EHB “Most At Risk” To Be Cut By States.** According to Business Insider, “Christine Eibner, a health economist for the Rand Corporation, told Business Insider in May that while there was uncertainty about how states would change regulations, it was reasonable to think state legislators would be under a lot of

pressure to cut back on EHBs if other states are able to show that doing so brings down premiums. If that happens, substance-abuse treatment is viewed as the benefit ‘most at risk’ to be cut, Eibner said.” [Business Insider, [6/25/17](#)]

- **According To Eibner, State Legislators Would Be Pressured To Cut Back On EHBs If Other States Were Able To Lower Premiums By Making Cuts.** According to Business Insider, “Christine Eibner, a health economist for the Rand Corporation, told Business Insider in May that while there was uncertainty about how states would change regulations, it was reasonable to think state legislators would be under a lot of pressure to cut back on EHBs if other states are able to show that doing so brings down premiums. If that happens, substance-abuse treatment is viewed as the benefit ‘most at risk’ to be cut, Eibner said.” [Business Insider, [6/25/17](#)]

## **THE BILL ONLY PROVIDES \$2 BILLION TO FIGHT THE OPIOID CRISIS – A STARTLINGLY LOW NUMBER THAT SHOULD BE A DEAL-BREAKER FOR MANY IN THE SENATE GOP**

### **Some Republicans Called For \$45 Billion In Funding To Address The Opioid Crisis, But The Bill Contained Just \$2 Billion**

**Some Republicans Sought A \$45 Billion Fund To Treat Opioid Addiction.** According to The Washington Post, ‘Portman and Capito have also been pushing for the inclusion of a \$45 billion fund to treat and prevent opioid addiction. As of early Wednesday afternoon, the opioid money was not included in McConnell’s proposal, according to a top GOP senator and Senate aide familiar with the discussions.’ [Washington Post, [6/22/17](#)]

**The Bill Contained Just \$2 Billion To Fight The Opioid Crisis In FY 2018.** According to The Tennessean, ‘The U.S. Senate’s health care bill contains just \$2 billion to help fight the opioid crisis gripping the nation, far less than some Republican senators had initially hoped. The the bill lists an appropriation of \$2 billion for fiscal year 2018 to provide grants to states to support and treatment and recovery services for people with mental or substance abuse disorders. This amount would fall far short of the reported \$45 billion in support some Republicans senators had sought over 10 years. The 142-page bill to repeal the Affordable Care Act contained a single mention of the opioid crisis.’ [Tennessean, [6/22/17](#)]

### **Advocates Say They Need Far, Far More – \$190 Billion Over Ten Years – To Properly Address The Crisis**

**The Senate’s New Health Care Bill Provided Just \$2 Billion Of The \$190 Billion Advocates Say Is Needed To Address The Opioid Crisis.** According to Vox, “As an unprecedented number of Americans die from opioid overdoses, the Senate’s new health care bill is trying to put a Band-Aid over a gaping wound. The Better Care Reconciliation Act of 2017, the Senate’s plan to repeal and replace Obamacare, would appropriate \$2 billion in 2018 to fund state grants to boost treatment and recovery services for those struggling with drug addiction and mental health disorders. There’s no mention of more money going to fund drug treatment beyond 2018. The \$2 billion number proposed is a fraction of what two key Republican senators from states hardest hit by the opioid crisis were asking for in the bill’s final version. Ohio Sen. Rob Portman and West Virginia Sen. Shelley Moore Capito had requested \$45 billion over the next 10 year. And it’s way less than the number that opioid advocates say will truly help in addressing the addiction crisis: \$190 billion over the next 10 years.” [Vox, [6/22/17](#)]

**CAP: “The Opioid Fund Included In That Bill Would Not Come Close To Mitigating Harm From Other Parts Of Bill. Even If The Entirety Of The Fund Were Available To Cover Low-Income Individuals Being Treated For [Opioid Use Disorder], \$45 Billion Would Provide Only Half Of The**

**\$91 Billion That Would Be Available Under The ACA For Health Coverage Alone.”** According to the Center for American Progress, “More importantly, the Senate ACA repeal bill is not a substitute for the comprehensive health benefits currently available through Medicaid and the ACA marketplaces. The opioid fund included in that bill would not come close to mitigating harm from other parts of bill. Even if the entirety of the fund were available to cover low-income individuals being treated for [opioid use disorder], \$45 billion would provide only half of the \$91 billion that would be available under the ACA for health coverage alone.” [Center for American Progress, [6/20/17](#)]

**Harvard University Health Economics Professor Dr. Richard Frank: Roughly \$190 Billion Over 10 Years Was “Closer To What’s Actually Needed.”** According to McClatchy, “Considering the need for extra services and the fast growth of the opioid problem, Dr. Richard Frank, a Harvard University health economics professor, said roughly \$190 billion over 10 years is closer to what’s actually needed.” [McClatchy, [6/20/17](#)]

### **The Bill Only Mentioned The Opioid Crisis Once, In A Clause Discussing The Paltry \$2 Billion Allowance**

**The Better Care Reconciliation Act Of 2017 Only Contained One Mention Of The Opioid Crisis, In Which It Allocated \$2 Billion “To Provide Grants To States To Support Substance Use Disorder Treatment.”** According to Business Insider, “Senate Republican leadership on Thursday released a draft of its long-awaited healthcare bill, the Better Care Reconciliation Act of 2017. The bill contained only one mention of the ongoing opioid crisis: It appropriates \$2 billion for fiscal year 2018 for the secretary of Health and Human Services ‘to provide grants to states to support substance use disorder treatment and recovery support services for individuals with mental or substance use disorders.’” [Business Insider, [6/25/17](#)]

### **President Trump Had Repeatedly Promised To Do More To Help Americans Addicted To Opioids**

**Trump: “I Would Dramatically Expand Access To Treatment Slots And End Medicaid Policies That Obstruct Inpatient Treatment.”** [Donald Trump, Rally, Portsmouth, NH, 10/15/16]

**Trump On The Opioid Epidemic: “We’re Going To Clean It Up And Help The People Badly Addicted.”** [“Morning Joe,” MSNBC, 2/8/16]

**Trump On The Opioid Epidemic: “We Must Do More To Help These Addicts, We’re Not Doing Enough.”** [Donald Trump, Rally, Windham, NH, 1/11/16]

**Trump: “We Will Fight To Increase Access To Life-Saving Treatment To Battle The Addiction To Drugs, Which Is Afflicting Our Nation Like Never Ever Before.”** Trump: “As part of our commitment to safe communities, we will also work to address the mental health crisis. Prisons should not be a substitute for treatment. We will fight to increase access to life-saving treatment to battle the addiction to drugs, which is afflicting our nation like never ever before -- ever.” [Donald Trump, MCCA Conference, Washington, DC, 2/8/17]

**Trump Promised “Our Terrible Drug Epidemic Will Slow Down And Ultimately Stop.”** [Donald Trump, Speech to a Joint Session of Congress, Washington, DC, 2/28/17]

**Trump Promised Rural Towns And States That He Would Solve The Epidemic Ravaging Their Communities: “We Will Give People Struggling With Addiction Access To The Help They Need.”** According to Politico, “As a candidate, Donald Trump promised rural towns and states hit hard by opioid addiction that he’d solve the epidemic ravaging their communities. ‘We will give people struggling with addiction access to the help they need,’ Trump vowed in October.” [Politico, [3/29/17](#)]

## **EXPERTS FEAR THAT OPIOIDS COULD KILL MORE THAN HALF A MILLION AMERICANS OVER THE NEXT 10 YEARS**

### **Opioids Killed Nearly 100 Americans Per Day As Of June 2017, And Could Kill More Than 650,000 Over The Next 10 Years**

**According To Data Compiled By STAT News, Opioids Could Kill Almost Half A Million People Across The Country Over The Next Ten Years.** According to STAT News, “Opioids could kill nearly half a million people across America over the next decade as the crisis of addiction and overdose accelerates.” [STAT News, [6/27/17](#)]

**As Of 2017, Drug Overdoses Were The Leading Cause Of Death For Americans Under The Age Of 50.** According to STAT News, “Deaths from opioids have been rising sharply for years, and drug overdoses already kill more Americans under age 50 than anything else.” [STAT News, [6/27/17](#)]

**As Of June 2017, Opioids Killed Nearly 100 Americans Per Day.** According to STAT News, “There are now nearly 100 deaths a day from opioids, a swath of destruction that runs from tony New England suburbs to the farm country of California, from the beach towns of Florida to the Appalachian foothills.” [STAT News, [6/27/17](#)]

**Experts Predicted That As Many As 250 Americans Per Day Could Die Of Opioid Overdoses If The Rapid Spread Of Drugs And Long Wait Times For Treatment Continued.** According to STAT News, “In the worst-case scenario put forth by STAT’s expert panel, that toll could spike to 250 deaths a day, if potent synthetic opioids like fentanyl and carfentanil continue to spread rapidly and the waits for treatment continue to stretch weeks in hard-hit states like West Virginia and New Hampshire.” [STAT News, [6/27/17](#)]

- **At That Rate, Over 650,000 People Could Die From Opioid Overdose Over The Next Decade.** According to STAT News, “In the worst-case scenario put forth by STAT’s expert panel, that toll could spike to 250 deaths a day, if potent synthetic opioids like fentanyl and carfentanil continue to spread rapidly and the waits for treatment continue to stretch weeks in hard-hit states like West Virginia and New Hampshire. If that prediction proves accurate, the death toll over the next decade could top 650,000.” [STAT News, [6/27/17](#)]

### **The Opioid Epidemic Is Poised to Kill As Many Americans As Gun Violence, Breast And Prostate Cancers, And The Entire Span Of The HIV/AIDS Epidemic**

**Opioids Could Kill As Many Americans In 10 Years As HIV/AIDS Killed In 35 Years.** According to STAT News, “In the worst-case scenario put forth by STAT’s expert panel, that toll could spike to 250 deaths a day, if potent synthetic opioids like fentanyl and carfentanil continue to spread rapidly and the waits for treatment continue to stretch weeks in hard-hit states like West Virginia and New Hampshire. If that prediction proves accurate, the death toll over the next decade could top 650,000. That’s almost as many Americans as will die from breast cancer and prostate cancer during that time period. Put another way, opioids could kill nearly as many Americans in a decade as HIV/AIDS has killed since that epidemic began in the early 1980s.” [STAT News, [6/27/17](#)]

#### **650,000 Deaths Per Year Would Approach The Number Killed By Breast And Prostate Cancers.**

According to STAT News, “In the worst-case scenario put forth by STAT’s expert panel, that toll could spike to 250 deaths a day, if potent synthetic opioids like fentanyl and carfentanil continue to spread rapidly and the waits for treatment continue to stretch weeks in hard-hit states like West Virginia and New Hampshire. If that prediction proves accurate, the death toll over the next decade could top 650,000. That’s almost as many

Americans as will die from breast cancer and prostate cancer during that time period. Put another way, opioids could kill nearly as many Americans in a decade as HIV/AIDS has killed since that epidemic began in the early 1980s.” [STAT News, [6/27/17](#)]

**Conservative Estimates Projected That By 2027, The Annual Death Toll From Opioids Would Surpass The Worst Year Of Gun Deaths On Record.** According to STAT News, “Even the more middle-of-the-road forecasts suggest that by 2027, the annual U.S. death toll from opioids alone will likely surpass the worst year of gun deaths on record, and may top the worst year of AIDS deaths at the peak of that epidemic in the 1990s, when nearly 50,000 people were dying each year.” [STAT News, [6/27/17](#)]

## **SHELLEY MOORE CAPITO’S WEST VIRGINIA SUFFERS FROM SOME OF THE HIGHEST OPIOID DEATH TOLLS IN THE COUNTRY**

### **West Virginia Counties Have Some Of The Highest Death Tolls From Opioid Addiction In The Country**

**Six West Virginia Counties Topped The List Of Highest Death Tolls Resulting From Opioid Addiction In The Country.** According to Quartz, “Reporters at the Charleston Gazette-Mail in West Virginia analyzed shipment data from the US Food and Drug Administration and found three major drug manufacturing companies—McKesson, Cardinal Health, and AmerisourceBergen—made \$17 billion by sending 423 million opioid painkillers to West Virginia between 2007 and 2012. Six of the 55 counties in West Virginia have the highest death tolls resulting from opioid addiction in the country.” [Quartz, [12/19/16](#)]

**Wyoming County, West Virginia Had The Nation’s Highest Opioid Overdose Death Rate By County.** According to the Charleston Gazette-Mail, “Rural and poor, Mingo County has the fourth-highest prescription opioid death rate of any county in the United States. The trail also weaves through Wyoming County, where shipments of OxyContin have doubled, and the county's overdose death rate leads the nation.” [Charleston Gazette-Mail, [12/17/16](#)]

### **Hundreds Of West Virginians Die From Opioid Overdoses Per Year, A Rate 2.5 Times Higher Than The National Average**

**More Than 800 West Virginians Died Due To Opioid Overdoses During 2016, Which Amounted To An Increase Of More Than 17 Percent From The Previous Year.** According to West Virginia Public Broadcasting, “West Virginia’s opioid overdose death rate is two and a half times the national average, the highest in the country. Last year, 864 West Virginians died from an overdose, up by more than 17 percent from the year prior.” [West Virginia Public Broadcasting, [5/9/17](#)]

**The Death Rate For West Virginians Due To Drug Overdoses Was 2.5 Times Higher Than The National Average Between 2011 And 2013.** According to The Fiscal Times, “West Virginia has the highest rate of deaths from drug overdoses of any state. Between 2011 and 2013, West Virginia suffered from a rate of 33.5 drug overdoses per 100,000 people, compared to a national average of 13.4 deaths, according to a report by the non-partisan Trust for America’s Health and the Robert Wood Johnson Foundation.” [Fiscal Times, [12/19/16](#)]

**The Fire Department In Huntington, West Virginia Once Responded To 26 Opioid Overdose Cases In A Single Day.** According to The Christian Science Monitor, “Rader and the rest of the Huntington team – the first of its kind in the state – are not waiting for the state or federal government to take action against opioid addiction. They can’t afford to: The Huntington Fire Department responds to at least five overdose calls per day. On one memorable August day, there were 26 – in just a few hours.” [Christian Science Monitor, [5/22/17](#)]

**During 2016, One Person In West Virginia Died From Drugs Every 10 Hours On Average.** According to The Christian Science Monitor, “In West Virginia, one person died from drugs every 10 hours on average in 2016. That’s due to a number of factors, say experts: chronic pain from manual labor, the lowest education rate in the country, and an influx of pills from drug wholesalers.” [Christian Science Monitor, [5/22/17](#)]

### **Opioid Pills Are Being Shipped To West Virginia At An Alarming Rate**

**Out-Of-State Drug Companies Shipped Nearly 9 Million Hydrocodone Pills Over Two Years To Kermit, A Small West Virginia Town With A Population Of 392.** According to the Charleston Gazette-Mail, “The trail of painkillers leads to West Virginia's southern coalfields, to places like Kermit, population 392. There, out-of-state drug companies shipped nearly 9 million highly addictive — and potentially lethal — hydrocodone pills over two years to a single pharmacy in the Mingo County town.” [Charleston Gazette-Mail, [12/17/16](#)]

**Over A Six Year Period, Hydrocodone And Oxycodone Shipments To West Virginia Amounted To 433 Pills For Every Person In West Virginia.** According to the Charleston Gazette-Mail, “In six years, drug wholesalers showered the state with 780 million hydrocodone and oxycodone pills, while 1,728 West Virginians fatally overdosed on those two painkillers, a Sunday Gazette-Mail investigation found. The unfettered shipments amount to 433 pain pills for every man, woman and child in West Virginia.” [Charleston Gazette-Mail, [12/17/16](#)]

### **Medicaid Expansion Gave Health Care Coverage To Over 200,000 West Virginians Suffering From Mental Illness Or Substance Abuse Disorder**

**204,819 West Virginians With Mental Illness Or Substance Abuse Disorder Are Covered By Medicaid Expansion.** According to Richard G. Frank of the Harvard Medical School Department of Health Care Policy and Margaret T. Morris of New York University’s Wagner School of Public Service, there are 204,819 individuals “with mental illness and substance use disorder conditions in Medicaid expansion” in West Virginia. [Richard G. Frank and Margaret T. Morris – The Hill, [1/11/17](#); Background Information: Richard Frank Op-Ed, accessed [6/23/17](#)]

- **Medicaid Paid For 45 Percent Of Addiction Treatment Costs In West Virginia.** According to STAT News, “The massive influx of money would have at least partially helped make up for the Senate’s proposed rollback of Medicaid, which pays for roughly half of addiction treatment in many states. In West Virginia, it funds nearly 45 percent of addiction treatment costs. In Ohio, the figure is 49.5 percent.” [STAT News, [6/22/17](#)]

### **West Virginians Of All Ages – Even Babies – Are Struggling And Dying From Opioid Addiction**

**More Than 3 Percent Of Babies Born In West Virginia During 2013 Experienced Opioid Withdrawal Symptoms.** According to STAT News, “The number of babies being born in the United States addicted to opioids has tripled in a 15-year stretch, according to a government report published Thursday. [...] While the report showed huge jumps in nearly every state, the hardest hit were Maine, Vermont, and West Virginia. In West Virginia, 33.4 of every 1,000 babies born went through withdrawal symptoms in 2013.” [STAT News, [8/11/16](#)]

**West Virginia Resident Mary Kathryn Mullins Died After Becoming Addicted To Pain Pills Following An OxyContin Prescription She Received For Injuries Related To A Car Crash.** According to the Charleston Gazette-Mail, “Mary Kathryn Mullins' addiction, her mother said, started after a car crash



near her home in Boone County. Her back was hurting. A doctor prescribed OxyContin. ‘She got messed up,’ Kay Mullins said. ‘They wrote her the pain pills, and she just got hooked.’ Kay Mullins has a hard time talking about the 10 years that followed, all the lies her daughter told to cover her addiction, stealing from her brother, the time she shot herself in the stomach in an attempt to end her life. [...] Two days later, she stopped breathing in her bed. Her brother, Nick Mullins, a Madison police officer, responded to the 911 call. He tried chest compressions, but he could not revive his sister. At age 50, Mary Kathryn Mullins was dead.” [Charleston Gazette-Mail, [12/17/16](#)]

- **Mullins Would Consume As Many As 120 Pills Per Week, Purchasing Pills With Cash Since She Didn’t Have Insurance.** According to the Charleston Gazette-Mail, “Mary Kathryn Mullins’ path of dependence took her to pain clinics that churned out illegal prescriptions by the hundreds, pharmacies that dispensed doses by the millions and, on many occasions, to a Raleigh County doctor who lectured her about the benefits of vitamins but handed her prescriptions for OxyContin. ‘She’d get 90 or 120 pills and finish them off in a week,’ recalled Kay Mullins, Mary Kathryn’s mother. ‘Every month, she’d go to Beckley, they’d take \$200 cash, no insurance, and the pills, they’d be gone within a week.’” [Charleston Gazette-Mail, [12/17/16](#)]
- **Mullins Would Receive Illegal Prescriptions From A Doctor, Who Would Give Her The Pills At His Residence In A Wooded Area.** According to the Charleston Gazette-Mail, “Mary Kathryn Mullins would go to dozens of doctors for prescriptions. She was a ‘doctor shopper.’ Her mother can’t recall most of the doctors by name. She said she believes the doctor who talked to her daughter about vitamins was recently in the news after being charged with prescription fraud. Many rogue pain clinics have been shut down in recent years. ‘She’d go to his house in the woods for prescriptions,’ Kay Mullins said.” [Charleston Gazette-Mail, [12/17/16](#)]
- **Before Her Death, Mullins Attempted To Take Her Life By Shooting Herself In The Stomach.** According to the Charleston Gazette-Mail, “Mary Kathryn Mullins’ addiction, her mother said, started after a car crash near her home in Boone County. Her back was hurting. A doctor prescribed OxyContin. ‘She got messed up,’ Kay Mullins said. ‘They wrote her the pain pills, and she just got hooked.’ Kay Mullins has a hard time talking about the 10 years that followed, all the lies her daughter told to cover her addiction, stealing from her brother, the time she shot herself in the stomach in an attempt to end her life.” [Charleston Gazette-Mail, [12/17/16](#)]

**17-Year-Old Zaine Pulliam Became An “Opiate Orphan” After Finding Both Of His Parents Dead On Their Bedroom Floor From An Opioid Overdose.** According to The Washington Post, “The midmorning sun came in through the curtains and Zaine Pulliam awoke to the debris of a weekend party. [...] Nearly everyone in Zaine’s life had been anxiously monitoring that line for the past year and a half, ever since both of his parents died of heroin overdoses in April 2015. His parents had become two of the record 33,091 people to die of opioid overdoses that year in a national crisis that has been worst of all in rural West Virginia, where health officials estimate that overdose rates are now eight to 10 times higher than the national average. [...] These children are sometimes referred to by health officials here as opiate orphans, and three of the most recent ones live in a small house in South Charleston: Zoie, 10, who believed that her parents had died in their sleep; Arianna, 13, who was just starting to wear her mother’s old makeup; and Zaine, 17, who had been the one to discover his parents that morning on their bedroom floor, and whose grades had begun to drop ever since.” [Washington Post, [12/17/16](#)]

**Breanne McUly Became The Leading Heroin Dealer In Petersburg, West Virginia At The Age Of 19.** According to The Guardian, “he was the town’s leading heroin dealer. She was 19 years old [...] Before long, McUly reckons she was the leading heroin supplier in Petersburg. She was 19 years old.” [The Guardian, [6/19/17](#)]

- **McUly Would Receive Illicit Opioid Prescriptions From Dr. Rajan Masih, Who Was Also Addicted To The Pills.** According to The Guardian, “But McUly knew from those of her friends who preferred to get high on painkillers – effectively heroin in a legal pill – that Masih was the go-to doctor for illicit opioid prescriptions in Grant County, West Virginia. ‘Everybody knew him as pretty much the top drug dealer around here,’ said McUly ‘Maybe he got greedy. Everybody makes mistakes just like I did. He’s a decent person now, trying to make up for it.’ But Masih was more than a dealer. The doctor was also hooked on the pills he was feeding to other opioid addicts.” [The Guardian, [6/19/17](#)]
- **McUly Drove To Columbus, Ohio To Purchase Heroin From Mexican Dealers.** According to The Guardian, “By the time Masih went to prison in 2010, the authorities were finally responding to the epidemic and cracking down on pill mills. That drove up prices on the black market and cheap heroin filled the undiminished demand. McUly did not miss the opportunity. She hooked up with Mexican dealers in Columbus, Ohio, a five hour drive west. She turned a 3.5g ‘eight ball’ of heroin for \$600 into several thousand dollars worth of individual hits on the street in Petersburg.” [The Guardian, [6/19/17](#)]

### **March: Capito Wrote To Mitch McConnell Expressing The Importance Of Substance Abuse Treatment Under Medicaid Expansion**

**Sen. Shelley Moore Capito Wrote A Letter With Three Other Senators Emphasizing The Need For Families Benefiting From Medicaid Expansion Programs To Have Access To Treatment For Substance Use Disorder.** According to a letter by Sens. Shelley Moore Capito, Rob Portman, Cory Gardner, and Lisa Murkowski sent to Senate Majority Leader Mitch McConnell, “We are concerned that any poorly implemented or poorly timed change in the current funding structure in Medicaid could result in a reduction in access to life-saving health care services. The Medicaid population includes a wide range of beneficiaries, many of which cycle on and off Medicaid due to frequent changes in income, family situations, and living environments. The Department of Health and Human Services reports that nearly one-third of individuals covered under the Medicaid expansion have a mental health or substance use disorder.” [Office of Senator Shelley Moore Capito, [3/6/17](#)]

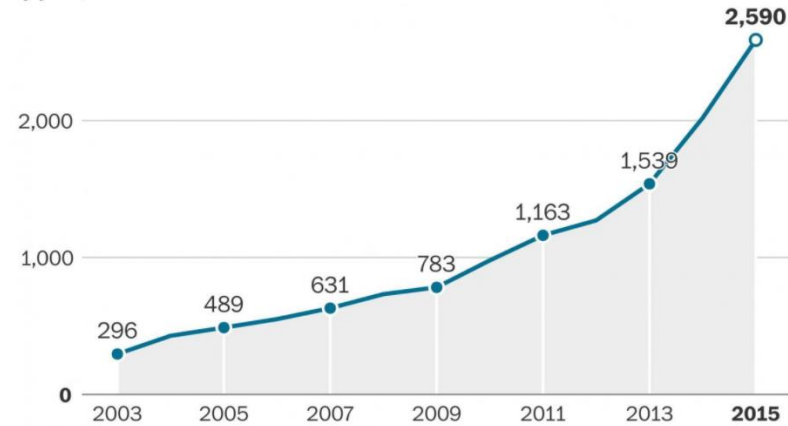
### **ROB PORTMAN’S OHIO HAD MORE OPIOID-RELATED DEATHS IN 2014 THAN THE SIGNIFICANTLY LARGER STATES OF CALIFORNIA, FLORIDA, AND NEW YORK**

#### **Ohio Is A National Leader In Opioid-Related Deaths**

**Ohio: More Than 2,500 People Died From Opioid Overdoses, More Than Four Out Of Five Drug Overdose Deaths.** According to the Kaiser Family Foundation analysis of Centers for Disease Control and Prevention National Center for Health Statistics, there were 2,698 opioid overdose deaths in Ohio in 2015, making up 82% of the state’s 3,310 deaths from drug overdose. [Kaiser Family Foundation, accessed [5/9/17](#)]

## Ohio drug overdose deaths

by year, 2003-2015



Source: Ohio Department of Health

WASHINGTON POST

[Washington Post, [3/16/17](#)]

**Ohio Led The Nation In Opioid Overdose Deaths In 2014, With More Than States Like California, Florida And New York, Whose Populations Were Significantly Larger.** According to The News-Herald, “In 1999, Ohio ranked 15th in total opioid overdose deaths. There were 164 that year, 53 from heroin. Fifteen years later, things looked much different in the Buckeye State. In 2014, 7.4 percent of all opioid overdose deaths happened in Ohio, making it the deadliest state in the nation in this category. It was the first time Ohio topped the list, surpassing states like California, Florida and New York, whose populations are significantly larger.” [News-Herald, [12/1/16](#)]

- **Ohio Led The Nation In Heroin And Synthetic Opioid Deaths, Ranking Third In Natural And Semisynthetic Opioid Deaths.** According to The News-Herald, “In addition to the most total opioid overdose deaths in 2014, Ohio led the nation in heroin and synthetic opioid deaths. Ohio was third in natural and semisynthetic opioid deaths.” [News-Herald, [12/1/16](#)]

**Overdose Deaths Caused Capacity Issues For The Montgomery County Coroner, Which Had To Utilize Its Contingency Plan Of Calling For The Help Of Local Funeral Homes Or Storing Bodies In Refrigerated Trucks Outside The Facility.** According to The Associated Press, “An increasing number of overdose deaths in Ohio has led the Dayton-area coroner to seek a funeral home’s help to store bodies. Montgomery County Coroner Kent Harshbarger tells the Dayton Daily News it happened once late last year. If the office reaches capacity, its contingency plans call for enlisting the help of local funeral homes or storing bodies in refrigerated trucks that could be parked outside the facility in Dayton.” [News-Herald, [12/1/16](#)]

- **Drug Overdoses Were The Suspected Cause Of Death For About Two-Thirds Of The Ten People Whose Bodies The Montgomery County Coroner Retrieved From Thirty Ohio Counties On A Daily Basis.** According to The Associated Press, “An increasing number of overdose deaths in Ohio has led the Dayton-area coroner to seek a funeral home’s help to store bodies. Montgomery County Coroner Kent Harshbarger tells the Dayton Daily News it happened once late last year. [...]cThe county takes bodies from 30 of the 88 counties in Ohio, one of the U.S. states hardest hit by rising death tolls from heroin and other drugs. Harshbarger says his office handles about 10 bodies a day, and up to 65 percent of those are suspected overdose deaths.” [News-Herald, [12/1/16](#)]

## **Medicaid Expansion Provided Health Care To 700,000 Ohioans, Including Over 150,000 With Mental Illness Or Substance Abuse Disorder**

**700,000 Ohioans Gained Health Care Coverage Through Medicaid Expansion.** According to USA Today, “Portman said he is acutely aware of the possible consequences of rolling back Medicaid, a joint federal-state insurance program for the poor, elderly and disabled. Under Obamacare, Ohio and 31 other states (plus the District of Columbia) expanded Medicaid, with Washington paying more than 90% of the cost for the new enrollees. In Ohio, that move has helped about 700,000 people gain health coverage, with many accessing desperately needed services for addiction treatment as the state grapples with the opioid epidemic.” [USA Today, [6/9/17](#)]

**USA Today: Medicaid Expansion In Ohio Has Helped Many Access “Desperately Needed Services For Addiction Treatment As The State Grapples With The Opioid Epidemic.”** According to USA Today, “Portman said he is acutely aware of the possible consequences of rolling back Medicaid, a joint federal-state insurance program for the poor, elderly and disabled. Under Obamacare, Ohio and 31 other states (plus the District of Columbia) expanded Medicaid, with Washington paying more than 90% of the cost for the new enrollees. In Ohio, that move has helped about 700,000 people gain health coverage, with many accessing desperately needed services for addiction treatment as the state grapples with the opioid epidemic.” [USA Today, [6/9/17](#)]

**151,257 Ohioans With Mental Illness Or Substance Abuse Disorder Are Covered By Medicaid Expansion.** According to Richard G. Frank of the Harvard Medical School Department of Health Care Policy and Margaret T. Morris of New York University’s Wagner School of Public Service, there are 151,257 individuals “with mental illness and substance use disorder conditions in Medicaid expansion” in Ohio. [Richard G. Frank and Margaret T. Morris – The Hill, [1/11/17](#); Background Information: Richard Frank Op-Ed, accessed [6/23/17](#)]

- **Medicaid Paid For 49.5 Percent Of Addiction Treatment Costs In Ohio.** According to STAT News, “The massive influx of money would have at least partially helped make up for the Senate’s proposed rollback of Medicaid, which pays for roughly half of addiction treatment in many states. In West Virginia, it funds nearly 45 percent of addiction treatment costs. In Ohio, the figure is 49.5 percent.” [STAT News, [6/22/17](#)]
- **Ohio’s Republican Governor, John Kasich, Expressed “Deep Concerns” With The Senate's Plan Lack Of Resources For “Those Who Are Dealing With Drug Addiction.”** According to The Associated Press, “I have deep concerns with details in the U.S. Senate's plan to fix America's health care system and the resources needed to help our most vulnerable, including those who are dealing with drug addiction, mental illness and chronic health problems and have nowhere else to turn,” Ohio Gov. John Kasich, a Republican, said in a Twitter message. Kasich was part of a group of Republican and Democratic governors who wrote a letter last week to Senate leaders calling for them to work in a bipartisan way to revamp the nation's complex health insurance policies.” [Associated Press, [6/23/17](#)]
- **Ohio Mental Health And Addiction Services Director Tracy Plouck: Medicaid Expansion Allowed Ohio To Redirect Its Own Resources To Priorities Like Providing Recovery Housing After Detox And Reversal Posed “A Risk That's Nearly Insurmountable” In Taking Away Those Resources.** According to The Associated Press, “Tracy Plouck, Ohio's director of mental health and addiction services, said Medicaid expansion dollars from Washington have allowed her state to redirect its own resources to priorities like providing recovery housing after detox. Reversing that would have real consequences for people who are trying to straighten their out

their lives, she said. ‘If you go back into an environment where people are using, that sets you up with a risk that's nearly insurmountable.’” [Associated Press, [6/20/17](#)]

### **Opioid Addiction Has Devastated Families Across Ohio**

**A Police Officer In East Liverpool, Ohio Found 47-Year-Old James Lee Acord And 50-Year-Old Rhonda Pasek Barely Conscious And Overdosed On Opioids While Driving Their 4-Year Old Grandson.** According to The Washington Post, “On Wednesday afternoon, a police officer in East Liverpool, Ohio, stopped a vehicle for driving erratically and made a shocking discovery: The driver was barely conscious. A woman was slumped across the passenger seat next to him, turning blue. In the back of the vehicle, a 4-year-old boy sat restrained in a car seat, according to a police report. The report identified the woman as the boy's mother. However, a family friend said she is his paternal grandmother. The officer called an ambulance, and when the EMTs arrived, they administered the lifesaving drug Narcan, used to reverse opioid overdoses. After 47-year-old James Lee Acord and 50-year-old Rhonda L. Pasek were revived, police arrested them and contacted Columbiana County Children’s Services. Acord pleaded no contest and was sentenced to 180 days in jail on charges of driving under the influence and endangering children, according to a local news report. Pasek pleaded not guilty to charges of disorderly conduct, endangering children and a seat-belt violation.” [Washington Post, [9/9/16](#)]

**29-Year Old Brenden Clark Had To Have A Heartbreaking Conversation With His 8-Year Old Son, Informing Him That His Mom Had Died Of A Heroin Overdose.** According to The Washington Post, “Brenden Clark sat across from his 8-year-old son at a picnic table in northeastern Ohio, preparing to deliver devastating news. ‘I’ve got something to tell you, okay?’ he said, reaching across the table to take his son’s hand. The 29-year-old father bowed his head and took a deep breath, then flicked the ashes from a cigarette resting between his fingers. The young boy, still wearing his backpack after a long day at school, looked anxiously at his grandmother, who was sitting beside him. ‘Mommy died last night,’ Clark told his son. ‘Okay?’ His son, Cameron, stared into his father’s face. ‘What?’ he said. ‘Mommy died last night. Okay?’ Clark repeated, his voice beginning to break. ‘What do you mean? My mom?’ he questioned. ‘Yes,’ Clark said quietly. ‘How!’ the boy cried out. ‘From drugs,’ Clark said. The boy fell into his grandmother’s arms and let out an agonizing wail. ‘God!’ Clark said, reaching across the table to grab his son. Seconds later, the father walked across the picnic table and wrapped his arms around his child. ‘I’m so sorry,’ he told him.” [Washington Post, [10/15/16](#)]

**In Centerville, Ohio, 36-Year Old Pilot Brian Halye And His 34-Year-Old Wife, Courtney, Were Found Dead By Their Children From An Apparent Heroin Or Fentanyl Overdose.** According to Fox 59, “CENTERVILLE, Ohio — A Spirit Airlines pilot and his wife were found dead in their southwestern Ohio home Thursday. Authorities are still investigating but have said the deaths appear to be drug-related. Brian J. Halye, 36, a pilot with Spirit Airlines and his wife, 34-year-old Courtney A. Halye, were found dead in a bedroom of their home by their children, officials said. In one of two 911 calls placed just before 8 a.m., the oldest of their children is talking to a dispatcher while his sisters can be heard crying in the background. Police are investigating the deaths. Several things indicate drug use may have been a factor. Centerville Police Department spokesman John Davis cited drug paraphernalia that was found at the scene as one tip-off that it appears the deaths are drug-related. Ken Betz, director of the Montgomery County Coroner’s office, said the preliminary results of the couple’s autopsies indicate that an accidental drug overdose may have led to their deaths. The Dayton Daily News reports that the coroner’s preliminary findings suggest that the couple might have overdosed on heroin or fentanyl.” [Fox 59, [3/19/17](#)]

### **Sen. Portman Said He Wouldn’t Vote For A Health Care Replacement That Didn’t Address The Opioid Crisis**

**Sen. Portman: “Any Replacement Is Going To Have To Do Something To Address This Opioid Crisis That Is Gripping Our Country.”** According to The New York Times, “Without some opioid

funding, Mr. Portman cannot vote for the bill, he said, adding, ‘Any replacement is going to have to do something to address this opioid crisis that is gripping our country.’” [New York Times, [6/20/17](#)]

### **March: Portman Wrote To Mitch McConnell Expressing The Importance Of Substance Abuse Treatment Under Medicaid Expansion**

**Sen. Portman Wrote A Letter With Three Other Senators Emphasizing The Need For Families Benefiting From Medicaid Expansion Programs To Have Access To Treatment For Substance Use Disorder.** According to a letter by Sens. Shelley Moore Capito, Rob Portman, Cory Gardner, and Lisa Murkowski sent to Senate Majority Leader Mitch McConnell, “We are concerned that any poorly implemented or poorly timed change in the current funding structure in Medicaid could result in a reduction in access to life-saving health care services. The Medicaid population includes a wide range of beneficiaries, many of which cycle on and off Medicaid due to frequent changes in income, family situations, and living environments. The Department of Health and Human Services reports that nearly one-third of individuals covered under the Medicaid expansion have a mental health or substance use disorder.” [Office of Senator Shelley Moore Capito, [3/6/17](#)]

### **2015: OVER 1,300 PEOPLE DIED OPIOID-RELATED DEATHS IN PAT TOOMEY’S PENNSYLVANIA**

#### **Opioid Overdoses Killed Over 1,300 Pennsylvanians In 2015**

**Pennsylvania: More Than 1,300 People Died From Opioid Overdoses, More Than A Third Of All Deaths From Drug Overdoses.** According to the Kaiser Family Foundation analysis of Centers for Disease Control and Prevention National Center for Health Statistics, there were 1,362 opioid overdose deaths in Pennsylvania in 2015, making up 42% of the state’s 3,264 deaths from drug overdose. [Kaiser Family Foundation, accessed [5/9/17](#)]

**Philadelphia’s Overdose Fatalities Were Three Times The City’s Murder Rate.** According to The Philadelphia Inquirer, “These smuggled drugs are fueling the rapidly growing epidemic, and there are few communities that haven’t felt the impact. In 2015, more than 3,500 people died in Pennsylvania from overdoses, up 30 percent from 2014. Last year, Philadelphia suffered 900 fatal overdoses – three times the city’s murder rate. It endangers our police and first responder community as well. While making drug busts, officers across the country have been hospitalized, and the Drug Enforcement Administration has even issued a special warning on fentanyl’s toxicity to law enforcement.” [Philadelphia Inquirer, [5/9/17](#)]

#### **Medicaid Expansion Provided Health Care To 700,000 Pennsylvanians, Including Over 80,000 With Mental Illness Or Substance Abuse Disorder**

**700,000 Pennsylvanians Gained Health Care Coverage Through Medicaid Expansion.** According to Penn Live, “One of the key components of the Affordable Care Act, or Obamacare, is expanding Medicaid to cover many more people. Some states turned down the expansion. But Pennsylvania is among the states that accepted, receiving hundreds of millions in federal funds to pay for the expansion. As a result, about 700,000 Pennsylvania residents have gained medical coverage, including drug addiction treatment. About 63,000 of them were treated for substance abuse in 2015, according to the Pennsylvania Department of Human Services.” [Penn Live, [1/12/17](#)]

**80,910 Pennsylvanians With Mental Illness Or Substance Abuse Disorder Are Covered By Medicaid Expansion.** According to Richard G. Frank of the Harvard Medical School Department of Health Care Policy and Margaret T. Morris of New York University’s Wagner School of Public Service, there are 80,910 individuals “with mental illness and substance use disorder conditions in Medicaid expansion” in

Pennsylvania. [Richard G. Frank and Margaret T. Morris – The Hill, [1/11/17](#); Background Information: Richard Frank Op-Ed, accessed [6/23/17](#)]

### **Opioids Have Destroyed Lives Across Pennsylvania**

**A Wilkes-Barre Man Overdosed On Opioids While Driving His Car With His Child In The Back Seat.** According to the Times Leader, “A man reportedly overdosed in his car with a child in the backseat at the busy intersection of North Wilkes-Barre Boulevard and Conyngham Avenue Wednesday morning. Wilkes-Barre police took the child who had been strapped into a car seat. The unidentified driver was taken by ambulance to a local hospital. First responders administered naloxone, an opioid antidote to the driver. A police officer held the naloxone spray injector and syringe in his right hand and a spoon in his left hand. The items were taken from the car during the response that snarled traffic at the intersection.” [Times Leader, [4/19/17](#)]

**An 11-Year Old Pittsburgh Girl Overdosed On Heroin.** According to CBS Pittsburgh, “A child overdosed on heroin in Beechview on Wednesday, KDKA has confirmed. It happened in the 2300 block of Palm Beach Avenue around 6 p.m. Officers were called for the suspected overdose of an 11-year-old female. Paramedics arrived and administered Narcan. The girl was transported to UPMC Children’s Hospital and is in critical condition. ‘Her sister found her,’ the girl’s grandmother said. ‘It was after dinner, she didn’t come down to eat.’ Sources tell KDKA investigators found multiple stamp bags of heroin with the child, and one of the bags was open. ‘The ambulance was here, police, I don’t know what went on in my neighbor’s house but the police were there for a very long time, first time ever an incident over there,’ neighbor Denise Shealey said. ‘They were taking the little girl out of the house and she was screaming.’ No further information has been released.” [CBS Pittsburgh, [4/11/17](#)]

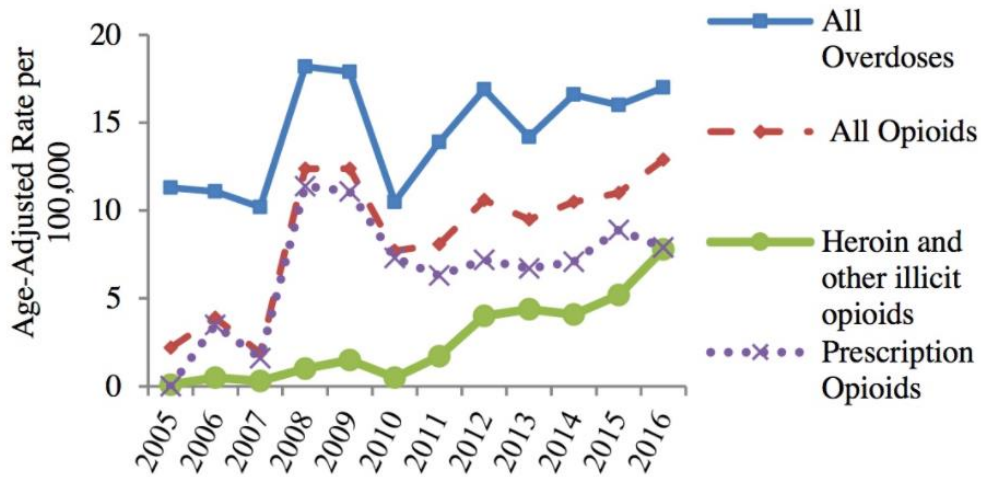
**Two Halfway House Counselors In A Chester County Died Of Opioid Overdoses.** According to Philly.com, “Two counselors at a halfway house for recovering addicts in Chester County died Sunday of drug overdoses, the county District Attorney’s Office said Wednesday. Residents found their counselors unresponsive in two bedrooms at Freedom Ridge Recovery Lodge in West Brandywine Township around 2 p.m. They tried to revive one with a nasal spray of naloxone. When the counselor did not respond, the residents called 911. The counselors, who lived and worked at the home, were pronounced dead at the scene. Their names were not released. [...] ‘If anybody is wondering how bad the opioid epidemic has become, this case is a frightening example,’ Chester County District Attorney Thomas Hogan said in a statement. ‘The staff members in charge of supervising recovering addicts succumbed to their own addiction and died of opioid overdoses.’” [Philly.com, [5/24/17](#)]

## **IN LISA MURKOWSKI’S ALASKA, OPIOID ADDICTION IS ON THE RISE**

### **Alaska Has Experienced A Recent Surge In Heroin Overdoses**

**2015: 86 People Died From Opioid Overdoses In Alaska, More Than A Two-Thirds Of All Deaths From Drug Overdoses.** According to the Kaiser Family Foundation analysis of Centers for Disease Control and Prevention National Center for Health Statistics, there were 86 opioid overdose deaths in Alaska in 2015, making up 70% of the state’s 122 deaths from drug overdose. [Kaiser Family Foundation, accessed [5/9/17](#)]

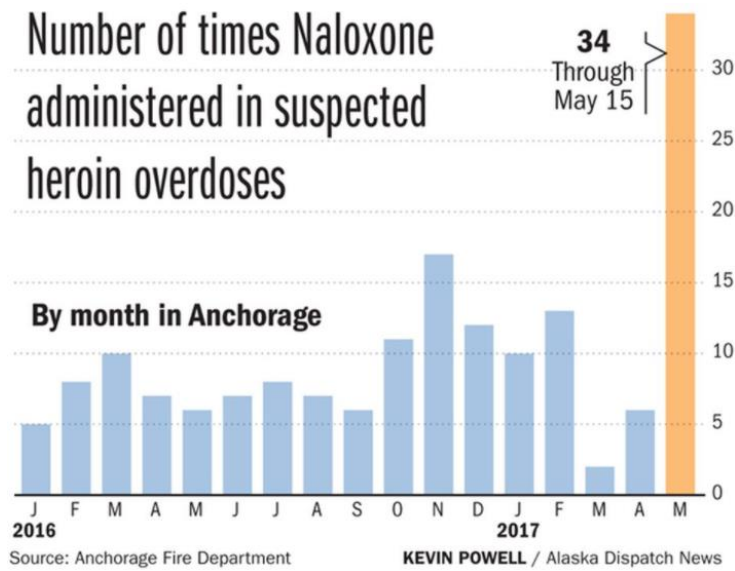
**Figure. Overdose Deaths by Drug Category — Alaska, 2005–2016**



[KTUU, 4/20/17]

**In The First Two Weeks Of May, 2017, There Was A Surge In Heroin Overdoses In Alaska.**

According to ADN.com, “Since the beginning of May, a disturbing surge of heroin overdoses has been playing out in parking lots and homes across Anchorage. Since May 1, emergency responders in Alaska's biggest city have used naloxone to revive people from suspected heroin overdoses 34 times, according to the Anchorage Fire Department. That's a rate of more than two overdoses per day.” [ADN.com, 5/17/17]



Source: Anchorage Fire Department KEVIN POWELL / Alaska Dispatch News

[ADN.com, 5/17/17]

**As Of May 2017, The Anchorage Fire Department Was Using Naloxone To Revive Patients From Heroin Overdoses At A Rate Of More Than Two Times Per Day.** According to Alaska Dispatch News, “Since the beginning of May, a disturbing surge of heroin overdoses has been playing out in parking lots and homes across Anchorage. Since May 1, emergency responders in Alaska's biggest city have used naloxone to



revive people from suspected heroin overdoses 34 times, according to the Anchorage Fire Department. That's a rate of more than two overdoses per day.” [Alaska Dispatch News, [5/17/17](#)]

- **During April 2017, Naloxone Had Only Been Used A Total Of Six Times By The Anchorage Fire Department.** According to Alaska Dispatch News, “Since May 1, emergency responders in Alaska's biggest city have used naloxone to revive people from suspected heroin overdoses 34 times, according to the Anchorage Fire Department. That's a rate of more than two overdoses per day. In the month of April, medics used naloxone a total of six times.” [Alaska Dispatch News, [5/17/17](#)]

### **Medicaid Expansion Provided Health Coverage To Nearly 15,000 Alaskans, Including Over 5,000 With Mental Illness Or Substance Abuse Disorder**

**Medicaid Expansion Provided Health Coverage To Nearly 14,400 Alaskans On Top Of The Nearly 140,000 Already Receiving Care.** According to The Kaiser Family Foundation, 137,800 Alaskans were enrolled in Medicaid and 14,400 Alaskans received Medicaid through Medicaid expansion as of March, 2016. [Kaiser Family Foundation, [2016](#)]

**5,389 Alaskans With Mental Illness Or Substance Abuse Disorder Are Covered By Medicaid Expansion.** According to Richard G. Frank of the Harvard Medical School Department of Health Care Policy and Margaret T. Morris of New York University's Wagner School of Public Service, there are 5,389 individuals “with mental illness and substance use disorder conditions in Medicaid expansion” in Alaska. [Richard G. Frank and Margaret T. Morris – The Hill, [1/11/17](#); Background Information: Richard Frank Op-Ed, accessed [6/23/17](#)]

- **Alaska Gov. Bill Walker Said He Was Concerned About The Senate Plan's “One-Size-Fits-All” Approach Which Could Compromise Medicaid.** According to the Alaska Dispatch News, “Alaska Gov. Bill Walker echoed that sentiment, noting that Alaska pays the ‘highest health care premiums in the country,’ and many in the state face steep costs for health care. Walker, who chose to expand Medicaid coverage to include more Alaskans who live near the poverty line, said that affordable treatment is necessary to manage the state's opioid epidemic. ‘My team and I are analyzing the newly released discussion draft of the Senate Republican health care bill. Given the population size, vastness, and remote location of Alaska, I am deeply concerned about the potential effects of a one-size-fits-all approach,’ Walker said.” [Alaska Dispatch News, [6/22/17](#)]
- **Alaska Gov. Bill Walker Said Medicaid Has Provided The Affordable Treatment Necessary To Address The State's Opioid Epidemic.** According to the Alaska Dispatch News, “Alaska Gov. Bill Walker echoed that sentiment, noting that Alaska pays the ‘highest health care premiums in the country,’ and many in the state face steep costs for health care. Walker, who chose to expand Medicaid coverage to include more Alaskans who live near the poverty line, said that affordable treatment is necessary to manage the state's opioid epidemic. ‘My team and I are analyzing the newly released discussion draft of the Senate Republican health care bill. Given the population size, vastness, and remote location of Alaska, I am deeply concerned about the potential effects of a one-size-fits-all approach,’ Walker said.” [Alaska Dispatch News, [6/22/17](#)]

### **Opioids Have Killed Young People Across Alaska**

**24-Year Old Kellsie Green Of Wasilla Died Of Heroin Withdrawal In An Anchorage Jail.** According to ADN.com, “Kellsie Green died in January, six days after she entered the Anchorage jail -- 24 years old, weighing only about 80 pounds and about to embark on the brutal process of detoxing from a 4-gram-a-day heroin habit. Now Green's father is claiming in a civil wrongful death lawsuit filed late last month against the Alaska Department of Corrections that the brief jail sentence he'd hoped would save her life instead led to

her death. John Green said his daughter's cellmates at the Anchorage jail told him requests to help Kellsie went mostly ignored even as her condition worsened to the point she could no longer stand, vomited blood and soiled herself. "The lack of compassion for somebody that's going through this -- how can that be?" the Wasilla resident said during a recent interview. "This isn't a jail in Turkey or somewhere. This is America." The Alaska Correctional Officers Association is disputing the story Kellsie Green's cellmates told about requests for help being ignored. A representative said correctional officers tried to get help from medical staff. Green's death has already changed the way DOC monitors inmates going through withdrawal." [AND.com, [9/18/16](#)]

- **Kellsie Green's Heroin Habit Brought Her Weight Down To Just 80 Pounds.** According to ADN.com, "Kellsie Green died in January, six days after she entered the Anchorage jail -- 24 years old, weighing only about 80 pounds and about to embark on the brutal process of detoxing from a 4-gram-a-day heroin habit. Now Green's father is claiming in a civil wrongful death lawsuit filed late last month against the Alaska Department of Corrections that the brief jail sentence he'd hoped would save her life instead led to her death. John Green said his daughter's cellmates at the Anchorage jail told him requests to help Kellsie went mostly ignored even as her condition worsened to the point she could no longer stand, vomited blood and soiled herself. "The lack of compassion for somebody that's going through this -- how can that be?" the Wasilla resident said during a recent interview. "This isn't a jail in Turkey or somewhere. This is America." The Alaska Correctional Officers Association is disputing the story Kellsie Green's cellmates told about requests for help being ignored. A representative said correctional officers tried to get help from medical staff. Green's death has already changed the way DOC monitors inmates going through withdrawal." [AND.com, [9/18/16](#)]

**In The Span Of One Day, Four People In The Remote Alaskan Village Of Quinhagak Overdosed On Heroin.** According to ADN.com, "On Aug. 15, one after the other, four people overdosed on heroin in Quinhagak, a remote Bering Sea village of fewer than 700 people. It's a place where the city council is grappling with loose dogs and where piped water has finally reached almost every home in town. Three men lived, including Church's older brother. The heroin this time came mixed with the powerful painkiller fentanyl. For Roberts, the combination was deadly." [ADN.com, [9/18/16](#)]

- **19-Year Old Jamie Roberts Died Of A Heroin Overdose.** According to ADN.com, "That last time, that worst time, the high came on fast and strong. They were inhaling smoke from cooked heroin — once, twice, then each did a bit more, 'three little tiny specks' in all, said Shane Church, 20. Soon he and his girlfriend closed their eyes, relaxing, lying together close. She never woke up. Jamie Roberts was just 19 and, as her family tells it, a happy new graduate of Kuinerrarmiut Elitnaurviat, the just-remodeled school in the Southwest Alaska village of Quinhagak. Her whole name was on the bulletin for her memorial service: Jamie Brenda Nekevvaq Nalugalria Roberts." [ADN.com, [9/18/16](#)]

**A 14-Year-Old Anchorage Girl Died After She Was Given Heroin By 29-Year Old Sean Michael Warner.** According to KTVA, "ANCHORAGE – A man who admitted to injecting heroin into a 14-year-old who later died has been sentenced on a single charge related to her death. Sean Michael Warner, 29, was sentenced to 18 years in prison by U.S. District Court Judge Sharon L. Gleason for the charge of distributing heroin. Warner pleaded guilty to the charge on Aug. 28 after agreeing to a plea deal that included a recommended sentence of 13 to 18 years." [KTVA, [6/29/15](#)]

### **March 2017: Murkowski Criticized The House Health Care Bill For Its Lack Of Opioid Abuse Treatment Assistance**

**CNN: Lisa Murkowski Expressed Opposition To The House Health Care Bill Over Concerns That It Would "Cut Off Those Relying On Medicaid To Address Opioid Addiction And Mental Health**

**Issues.”** According to CNN, “Another issue that has split Senate and House Republicans is the proposed overhaul of the Medicaid program. Even before the House bill was released, four Senate Republicans -- Murkowski, Rob Portman of Ohio, Shelly Moore Capito of West Virginia, and Cory Gardner of Colorado -- of penned a letter to McConnell expressing concerns that the legislation would cut off those relying on Medicaid to address opioid addiction and mental health issues.” [CNN, [3/7/17](#)]

- **Lisa Murkowski Press Release: “Senators Portman, Capito, Gardner & Murkowski Outline Need To Protect Medicaid Expansion Recipients, Especially Those With Opioid And Mental Health Treatment.”** According to a Lisa Murkowski Press Release, “GOP Senators Say House Health Care Draft Lacks Key Protections for Medicaid Expansion Population[.] Senators Portman, Capito, Gardner & Murkowski Outline Need to Protect Medicaid Expansion Recipients, Especially Those With Opioid and Mental Health Treatment[.]” [Lisa Murkowski Press Release, [3/6/17](#)]

## **IN RON JOHNSON’S WISCONSIN, HUNDREDS DIE EACH YEAR OF OPIOID OVERDOSES WHILE THOUSANDS ARE DENIED TREATMENT WITHOUT AN EXPANDED MEDICAID PROGRAM**

### **2015: Over 600 People Died From Opioid Overdoses, More Than 2/3 Of All Drug-Related Deaths**

**Wisconsin: More Than 600 People Died From Opioid Overdoses, More Than Two-Thirds Of All Deaths From Drug Overdoses.** According to the Kaiser Family Foundation analysis of Centers for Disease Control and Prevention National Center for Health Statistics, there were 622 opioid overdose deaths in Wisconsin in 2015, making up 71% of the state’s 878 deaths from drug overdose. [Kaiser Family Foundation, accessed [5/9/17](#)]

### **If Wisconsin Expanded Medicaid, 120,000 Additional Wisconsinites Could Be Insured Under The Program**

**The Obama Administration Found That 120,000 Additional People In Wisconsin Could Have Been Covered By Medicaid Expansion In That State.** According to WITI, “The White House has released a report entitled ‘Missed Opportunities’ -- showing the effect of Governor Walker’s decision to turn away millions in federal money to expand BadgerCare. [...] The White House report examines the 24 states that chose to refuse the funds. It contends Wisconsin could have insured 120,000 more people by taking the money. The report says expansion would lead to 11,200 new jobs by 2017 and result in nearly \$2.6 billion in additional federal spending in Wisconsin.” [WITI, [7/2/14](#)]

### **Opioids Are Killing People Of All Ages Across Wisconsin**

**In 2016, Four Children Died In Wisconsin From Accidental Opioid Overdose.** According to the Associated Press, “In 2000, 14 children in the U.S. under age 5 died after ingesting opioids. By 2015, that number climbed to 51, according to the Centers for Disease Control and Prevention. In Milwaukee County, Wisconsin, alone, four children died last year of accidental overdoses. Another 2-year-old perished in January.” [Associated Press, [3/23/17](#)]

**Two-Year-Old Londyn Raine Robinson Sack Died After Ingesting An Opioid Obtained Illegally By Her Mother.** According to the Associated Press, “At just 2 years old, Londyn Raine Robinson Sack was protective of her baby brother, Liam. [...] Londyn’s own mother was convicted of second-degree manslaughter and risk of injury to a child in connection with the Oct. 19, 2014, death of her daughter, who

ingested an opioid known as Suboxone that was packaged in the form of a dissolving strip. Prosecutors in New Britain, Connecticut, said the drug was obtained illegally by her mother and was dispensed in a box, not a child-resistant container.” [Associated Press, [3/23/17](#)]

**A Marine Corps Veteran Died Of An Opioid Overdose At A Wisconsin VA Hospital Nicknamed “Candy Land” For The Amount of Pain-Killer Prescriptions Given At The Center.** According to NBC News, “A Wisconsin VA hospital nicknamed ‘Candy Land’ by some for an alarming surge in pain-killer prescriptions is under investigation — six months after a Marine Corps veteran died of an overdose in the psychiatric ward. [...] The amount of opiates doled out by the U.S. Department of Veteran Affairs Medical Center in Tomah nearly quadrupled over eight years, under the leadership of the chief of staff, Dr. David Houlihan, as the non-profit Center for Investigative Reporting first revealed.” [NBC News, [2/24/15](#)]

- **The Number Of Opiates Prescribed At The VA Medical Center In Tomah, WI Nearly Quadrupled Over 8 Years.** According to NBC News, “The amount of opiates doled out by the U.S. Department of Veteran Affairs Medical Center in Tomah nearly quadrupled over eight years, under the leadership of the chief of staff, Dr. David Houlihan, as the non-profit Center for Investigative Reporting first revealed.” [NBC News, [2/24/15](#)]
- **Veteran Jason Simcakoski Died Of “Mixed Drug Toxicity” After Being Prescribed An Opioid To Treat Addiction To Other Drugs.** According to NBC News, “Her 35-year-old son checked into the Tomah facility for a painkiller addiction and severe anxiety last summer. The married father was already taking more than a dozen drugs — including anti-psychotics, tranquilizers, and a painkiller — when Dr. David Houlihan added Suboxone, an opioid used to treat addiction, to the list. ‘I met with a lot of the nurses, counselors and everybody. And they all said to me that your son's on too many meds,’ said Jason's father, Marvin Simcakoski. Jason Simcakoski died weeks after being admitted of what the autopsy report called ‘mixed drug toxicity.’” [NBC News, [2/24/15](#)]

## **IN JEFF FLAKE’S ARIZONA, OPIOID ADDICTION IS DEVASTATING LIVES**

### **2015: More Than Half Of All Drug Overdose Deaths In Arizona Were Opioid-Related**

**Arizona: Nearly 700 People Died From Opioid Overdoses, More Than Half Of All Deaths From Drug Overdoses.** According to the Kaiser Family Foundation analysis of Centers for Disease Control and Prevention National Center for Health Statistics, there were 671 opioid overdose deaths in Arizona in 2015, making up 53% of the state’s 1,274 deaths from drug overdose. [Kaiser Family Foundation, accessed [5/9/17](#)]

- **More Than Four In 10 Adults In Arizona Knew Someone Who Has Been Addicted To Prescription Painkillers, And A Higher Percentage Personally Knew Someone Who Had Taken A Prescription Opioid Which Had Not Been Prescribed To Them.** According to The Mojave Daily News, “More than four in 10 adults in Arizona know someone who has been addicted to prescription painkillers, according to a Morrison-Cronkite News poll. ‘Opioid addiction knows no boundaries,’ Special Agent Douglas W. Coleman, Phoenix division of the Drug Enforcement Administration, said. ‘It affects every demographic. It affects rich, poor, black, white. It affects everybody.’ The poll showed that 44.8 percent of adults in Arizona personally know someone who has taken a prescription opioid not prescribed to them and 41.8 percent know someone who has been addicted to prescription painkillers.” [Mojave Daily News, [4/16/17](#)]
- **Arizona Criminal Justice Commission: Enough Prescription Pain Relievers Were Dispensed In 2016 To Medicate Every Adult In Maricopa County Around-The-Clock For 2 Weeks.** According to KPNX, “Prescription opioid abuse is a prevalent issue in the U.S. and in Arizona, with

the U.S. Surgeon General and the Arizona Governor's office making efforts to address this epidemic. Enough prescription pain relievers were dispensed last year to medicate every adult in Maricopa County around-the-clock for 2 weeks – that's 193 million pain reliever pills -- according to the Arizona Criminal Justice Commission." [KPNX, [1/6/17](#)]

### **Over 100,000 Arizonans Benefited From Medicaid Expansion, Including Over 15,000 With Mental Illness Or Substance Abuse Disorder**

**ACA Medicaid Expansion Made Over 100,000 Arizonians Eligible For The Program.** According to the Kaiser Family Foundation, Arizona's newly eligible enrollment under the ACA's Medicaid expansion was 110,400. [Kaiser Family Foundation, accessed [6/22/17](#)]

**15,400 Arizonans With Mental Illness Or Substance Abuse Disorder Are Covered By Medicaid Expansion.** According to Richard G. Frank of the Harvard Medical School Department of Health Care Policy and Margaret T. Morris of New York University's Wagner School of Public Service, there are 15,400 individuals "with mental illness and substance use disorder conditions in Medicaid expansion" in Arizona. [Richard G. Frank and Margaret T. Morris – The Hill, [1/11/17](#); Background Information: Richard Frank Op-Ed, accessed [6/23/17](#)]

### **Opioid Addiction Is Devastating Lives Across Arizona**

**Jonathan, A Child In North Phoenix, Saw His Parents Divorce Because Of His Father's Addiction To Prescription Painkillers.** According to Cronkite News, "Janece, who lives in north Phoenix, said her son Jonathan was an easy-going kid growing up. 'He was a bit mischievous, but not in a bad way. He would disrupt the class with his desire to make others laugh,' she said. 'He became an ambassador for the underachievers in fourth and fifth grade.' Janece was no stranger to drug addiction, saying she divorced Jonathan's father because he was addicted to prescription painkillers. Her older son used meth but stopped using after his girlfriend overdosed." [Cronkite News, [1/13/15](#)]

- **Jonathan Started Using Marijuana As A Teenager And Began Using Heroin At Around Age 20, Becoming Instantly Addicted.** According to Cronkite News, "Jonathan started using marijuana as a teenager and graduated to heroin when he was around 20 years old, Janece said. 'He told me the first time he did heroin he was addicted,' she said. 'There was no going back.'" [Cronkite News, [1/13/15](#)]
- **Jonathan Overdosed And His Mother Asked A Social Worker To Keep Him At The Hospital Overnight, But Was Told They Could Not Keep Him Because "If We Kept Every Person That OD'd Every Night, We Wouldn't Have Beds For Any Of The Sick People."** According to Cronkite News, "The two of them have been on the journey to recovery for three years, Janece said. In that time, she said she felt like she couldn't find help anywhere. 'One time when he OD'd, a social worker came to the hospital to speak with me. I asked her, 'Just keep him overnight so I can find a place for him to go,' she said. 'This is the most shocking thing that she said to me. She said, 'We can't keep him. If we kept every person that OD'd every night, we wouldn't have beds for any of the sick people.'" [Cronkite News, [1/13/15](#)]
- **Jonathan's Mother Eventually Kicked Him Out And He Was Imprisoned For Breaking Into A Car To Steal Change.** According to Cronkite News, "From 2010 to 2013, Janece took her son to 15 therapists and medical professionals and to 10 drug centers. She knew her son was still using heroin during that time but didn't confront him about it. 'I just wanted it all to go away,' she said. Janece got tired of spending the time and money, and she eventually kicked Jonathan out. He's now

serving a prison term for breaking into a car to steal change he saw in it, his mother said.” [Cronkite News, [1/13/15](#)]

**Blake Landry, A Promising High School Soccer Star From Flagstaff, Started Using Heroin When She Was 20.** According to Cronkite News, “‘I didn’t care about my family. I just really had no purpose.’ said Blake Landry, 23, once a promising high school soccer star from Flagstaff who started heroin when she was 20. ‘I was just, ‘Well I’m going to be a heroin addict for the rest of my life and that’s how it is.’” [Cronkite News, [1/13/15](#)]

- **Landry: “Well I’m Going To Be A Heroin Addict For The Rest Of My Life And That’s How It Is.”** According to Cronkite News, “‘I didn’t care about my family. I just really had no purpose.’ said Blake Landry, 23, once a promising high school soccer star from Flagstaff who started heroin when she was 20. ‘I was just, ‘Well I’m going to be a heroin addict for the rest of my life and that’s how it is.’ [...] At 16, Landry started smoking marijuana, doing ‘shrooms’ and then methamphetamine.” [Cronkite News, [1/13/15](#)]
- **In Order To Afford Drugs, Landry Danced For Men, Hung Out With Gangs And Sold Her Father’s Wedding Ring.** According to Cronkite News, “At 20, she was addicted to heroin, homeless and living out of a car with her boyfriend. To buy sacks of dope, she danced for men, hung out with gangs and sold her father’s wedding ring.” [Cronkite News, [1/13/15](#)]
- **Addicted To Heroin, Landry Became Homeless And Lived Out Of A Car With Her Boyfriend.** According to Cronkite News, “‘I didn’t care about my family. I just really had no purpose.’ said Blake Landry, 23, once a promising high school soccer star from Flagstaff who started heroin when she was 20. [...] At 20, she was addicted to heroin, homeless and living out of a car with her boyfriend.” [Cronkite News [1/13/15](#)]

## The BCRA Would Imperil The Well-Being Of Nursing Home Residents Who Rely On Medicaid To Cover Their Stays

### MEDICAID CUTS WITHIN THE SENATE GOP HEALTH CARE BILL COULD IMPACT NURSING HOME RESIDENTS

**Medicaid Cuts Within The Senate GOP Health Care Bill Could Impact Nursing Home Residents.** According to Business Insider, “On June 22, Senate Republicans released their version of a plan to repeal and replace Obamacare. The plan, like one passed by the House of Representatives, rolls back many of the provisions of Obamacare, including taking deep cuts from Medicaid — the federal program that covers medical expenses for low-income Americans. That rollback in Medicaid funding could particularly hit one unexpected group of people: elderly people living in nursing homes.” [Business Insider, [6/26/17](#)]

**Long-Term Services, Such As Nursing Home Stays, Accounted For 42 Percent Of All Medicaid Spending.** According to The New York Times, “While most Medicaid enrollees are children, pregnant women and nonelderly adults, long-term services such as nursing homes account for 42 percent of all Medicaid spending — even though only 6 percent of Medicaid enrollees use them.” [New York Times, [6/24/17](#)]

**National Association Of States United For Aging And Disabilities Senior Director Damon Terzaghi: “If You’re Going To Cut That Much Money Out, It’s Going To Be Coming From Older People And**

**People With Disabilities.”** According to The New York Times, “‘Moms and kids aren’t where the money is,’ said Damon Terzaghi, a senior director at the National Association of States United for Aging and Disabilities, a group representing state agencies that manage programs for these populations or advocate on their behalf. ‘If you’re going to cut that much money out, it’s going to be coming from older people and people with disabilities.’” [New York Times, [6/24/17](#)]

### **States Are Required To Provide Nursing Facility Services Under Their Medicaid Programs, But Could Decrease Funding Or Restrict Eligibility If The Cost Burden Were Shifted From The Federal Government**

**States Are Required To Provide Nursing Facility Services Under Their Medicaid Programs For All Individuals Over 21 In Need Of Them.** According to Medicaid.gov, “Nursing facility services for are required to be provided by state Medicaid programs for individuals age 21 or older who need them. States may not limit access to the service, or make it subject to waiting lists, as they may for HCBS. Therefore in some cases NF services may be more immediately available than other long term care options. NF residents and their families should investigate other long-term care options in order to transition back to the community as quickly as possible. Need for nursing facility services is defined by states, all of whom have established NF level of care criteria. State level of care requirements must provide access to individuals who meet the coverage criteria defined in Federal law and regulation. Individuals with serious mental illness or intellectual disability must also be evaluated by the state’s PASRR program to determine if NF admission is needed and appropriate. Nursing Facility Services for individuals under age 21 is a separate Medicaid service, optional for states to provide. However all states provide the service, and in practice there is no distinction between the services. In some states individuals applying for NF residence may be eligible for Medicaid under higher eligibility limits used for residents of an institution. See your state Medicaid agency for more information.” [Medicaid.gov, accessed [5/22/17](#)]

**State Medicaid Programs Are Required To Cover Nursing Home Stays, But State Officials Decide How Much To Pay The Facilities.** According to The New York Times, “On Thursday, Senate Republicans joined their House colleagues in proposing steep cuts to Medicaid, part of the effort to repeal the Affordable Care Act. Conservatives hope to roll back what they see as an expanding and costly entitlement. But little has been said about what would happen to older Americans in nursing homes if the cuts took effect. Under federal law, state Medicaid programs are required to cover nursing home care. But state officials decide how much to pay facilities, and states under budgetary pressure could decrease the amount they are willing to pay or restrict eligibility for coverage.” [New York Times, [6/24/17](#)]

- **Center For Medicare Advocacy Senior Policy Attorney Toby Edelman: “The States Are Going To Make It Harder To Qualify Medically For Needing Nursing Home Care.”** According to The New York Times, “But state officials decide how much to pay facilities, and states under budgetary pressure could decrease the amount they are willing to pay or restrict eligibility for coverage. ‘The states are going to make it harder to qualify medically for needing nursing home care,’ predicted Toby S. Edelman, a senior policy attorney at the Center for Medicare Advocacy. ‘They’d have to be more disabled before they qualify for Medicaid assistance.’ States might allow nursing homes to require residents’ families to pay for a portion of their care, she added. Officials could also limit the types of services and days of nursing home care they pay for, as Medicare already does.” [New York Times, [6/24/17](#)]
- **States Could Allow Nursing Homes To Require Residents’ Families To Pay For A Portion Of Their Care Or Limit The Types Of Services And Days Of Nursing Home Care They Paid For.** According to The New York Times, “States might allow nursing homes to require residents’ families to pay for a portion of their care, she added. Officials could also limit the types of services and days of nursing home care they pay for, as Medicare already does.” [New York Times, [6/24/17](#)]

## **AT A PRICE OF \$250 PER DAY ON AVERAGE, NURSING HOMES ARE PROHIBITIVELY EXPENSIVE FOR MANY FAMILIES TO AFFORD ON THEIR OWN**

### **Medicare Only Covers The First 100 Days Of A Nursing Home Stay**

**Medicare Only Covers The First 100 Days Of A Nursing Home Stay.** According to U.S. News, “Seniors and their families facing a near-term need for a nursing home should first determine whether Medicare will cover at least a portion of the stay. The Medicare program provides coverage for rehabilitation—but not long-term care. If an individual has spent at least three days in a hospital for medically necessary care, Medicare will pick up the tab for up to 100 days of convalescent care immediately following discharge, as long as the patient goes to a home that’s a Medicare-certified skilled nursing facility.” [U.S. News, [2/26/13](#)]

### **After More Than 100 Days In A Nursing Home, Those Without Savings Move To Medicaid.**

According to The New York Times, “Some residents who come to the nursing home after a hospital stay are initially covered by Medicare, but if they stay longer than 100 days, that benefit ends, and those without savings move to Medicaid.” [New York Times, [6/24/17](#)]

### **The Average Daily Cost Of A Private Nursing Home Room Is \$253 And Growing**

**The National Median Daily Rate For A Private Nursing Home Room Is \$253.** According to Genworth Financial’s 2016 Cost of Care Survey, the national median daily rate for a private nursing home room is \$253. [Genworth Financial, Cost of Care Survey [2016](#)]

- **The Cost Of A Private Room Increased 3.51% Over Five Years.** According to Genworth Financial’s 2016 Cost of Care Survey, the five-year annual growth rate in the national median cost of a private nursing home room is 3.51%. [Genworth Financial, Cost of Care Survey [2016](#)]

**The National Median Daily Rate For A Semi-Private Nursing Home Room Was \$225.** According to Genworth Financial’s 2016 Cost of Care Survey, the national median daily rate for a semi-private nursing home room is \$225. [Genworth Financial, Cost of Care Survey [2016](#)]

- **The Cost Of A Semi-Private Room Increased 3.12% Over Five Years.** According to Genworth Financial’s 2016 Cost of Care Survey, the five-year annual growth rate in the national median cost of a semi-private nursing home room is 3.12%. [Genworth Financial, Cost of Care Survey [2016](#)]

**Leadership Council Of Aging: Nursing Home Care Often Cost About \$100,000 A Year, Causing Seniors To Quickly Run Through Their Life Savings Before Turning To Medicaid.** According to a letter by the 66 group Leadership Council of Aging Organizations coalition, “Dear Majority Leader McConnell and Minority Leader Schumer: [...] Medicaid is a lifeline for 7 million low-income seniors. The AHCA’s cuts to the program would impact families across this country—including middle-class families—who have already spent down their resources paying out of pocket for long-term care and who rely on Medicaid for critical home and community-based services (HCBS), nursing home care, or other services for a family member with disabilities. Medicaid covers 2 in 3 nursing home residents. With nursing home care often costing about \$100,000 a year, seniors quickly run through their life savings before turning to Medicaid.” [Leadership Council of Aging Organizations, [6/21/17](#)]



## **MILLIONS RELY ON MEDICAID TO COVER NURSING HOME SERVICES, WHICH 40 PERCENT OF AMERICANS WILL NEED DURING THEIR LIFETIMES**

### **Over 40 Percent Of Americans Will Spend Time in A Nursing Home During Their Lifetimes**

**Over 40 Percent Of Americans Will Spend Time In A Nursing Home During Their Lives.** According to U.S. News, “Odds are high that someone in your family will need a nursing home sooner or later. A majority of people over age 65 will require some type of long-term care services during their lifetime, and over 40 percent of people will need a period of care in a nursing home, according to the Centers for Medicare and Medicaid Services.” [U.S. News, [2/26/13](#)]

### **Nearly One Million Nursing Home Residents Depended On Medicaid Across The U.S.**

**CMS: There Were 1.4 Million Nursing Home Residents In The U.S., With Nearly Two-Thirds Receiving Medicaid Benefits.** According to the Center for Medicare and Medicaid Services, “There are about 1.4 million nursing home residents in the United States. Almost two-thirds of those residents are Medicaid beneficiaries.” [Center for Medicare and Medicaid Services Nursing Home Toolkit, [11/16/15](#)]

**New York Times: “Relying On Medicaid For Nursing Home Care Has Become The New Normal.”** According to The New York Times, “They should not be, said Jennifer Harper, the assistant director of nursing [at county-owned nursing home Dogwood Village]. Relying on Medicaid for nursing home care has become the new normal. ‘These folks have worked their whole lives, some with pretty strenuous jobs, and paid into the system,’ she said. But with changes looming, she said, ‘it may be a system that fails them.’” [New York Times, [6/24/17](#)]

**Medicaid Helped Nursing Home Resident Who Did Not Even Know They Were On Government Insurance.** According to The New York Times, “Some residents do not even know they are on government insurance; administrators often complete the paperwork to start Medicaid once other insurance expires. Others are embarrassed that they are dependent on a program that still carries stigma.” [New York Times, [6/24/17](#)]

### **About Two-Thirds Of Americans In Nursing Homes Rely On Medicaid, With Rates Approaching Four Out Of Five In Alaska, Louisiana And West Virginia**

**About Two-Thirds Of Americans In Nursing Homes Used Medicaid As The Primary Payer Source.** According to the Kaiser Family Foundation, “Distribution of Certified Nursing Facility Residents by Primary Payer Source[-] Timeframe: 2015[-] [Location:] United States[;] Medicaid[;] 62%[.]” [Kaiser Family Foundation, accessed [6/27/17](#)]

**More Than Three Out Of Four Alaskans In Nursing Homes Used Medicaid As The Primary Payer Source.** According to the Kaiser Family Foundation, “Distribution of Certified Nursing Facility Residents by Primary Payer Source[-] Timeframe: 2015[...] [Location:] Alaska[;] Medicaid[;] 79%[.]” [Kaiser Family Foundation, accessed [6/27/17](#)]

**More Than Half Of Arizonans In Nursing Homes Used Medicaid As The Primary Payer Source.** According to the Kaiser Family Foundation, “Distribution of Certified Nursing Facility Residents by Primary Payer Source[-] Timeframe: 2015[...] [Location:] Arizona[;] Medicaid[;] 59%[.]” [Kaiser Family Foundation, accessed [6/27/17](#)]

**Nearly Two-Thirds Of Coloradans In Nursing Homes Used Medicaid As The Primary Payer Source.** According to the Kaiser Family Foundation, “Distribution of Certified Nursing Facility Residents by Primary Payer Source[-] Timeframe: 2015[...] [Location:] Colorado[;] Medicaid[;] 61%[.]” [Kaiser Family Foundation, accessed [6/27/17](#)]

**More Than Two-Thirds Of Kentuckians In Nursing Homes Used Medicaid As The Primary Payer Source.** According to the Kaiser Family Foundation, “Distribution of Certified Nursing Facility Residents by Primary Payer Source[-] Timeframe: 2015[...] [Location:] Kentucky[;] Medicaid[;] 67%[.]” [Kaiser Family Foundation, accessed [6/27/17](#)]

**Nearly Three Out Of Four Of Louisiana’s Nursing Homes Residents Used Medicaid As The Primary Payer Source.** According to the Kaiser Family Foundation, “Distribution of Certified Nursing Facility Residents by Primary Payer Source[-] Timeframe: 2015[...] [Location:] Louisiana [;] Medicaid[;] 74%[.]” [Kaiser Family Foundation, accessed [6/27/17](#)]

**Nearly Two-Thirds Of Maine’s Nursing Homes Residents Used Medicaid As The Primary Payer Source.** According to the Kaiser Family Foundation, “Distribution of Certified Nursing Facility Residents by Primary Payer Source[-] Timeframe: 2015[...] [Location:] Maine[;] Medicaid[;] 64%[.]” [Kaiser Family Foundation, accessed [6/27/17](#)]

**More Than Half Of Nevadans In Nursing Homes Used Medicaid As The Primary Payer Source.** According to the Kaiser Family Foundation, “Distribution of Certified Nursing Facility Residents by Primary Payer Source[-] Timeframe: 2015[...] [Location:] Nevada[;] Medicaid[;] 57%[.]” [Kaiser Family Foundation, accessed [6/27/17](#)]

**More Than Half Of Ohio’s Nursing Home Residents Used Medicaid As The Primary Payer Source.** According to the Kaiser Family Foundation, “Distribution of Certified Nursing Facility Residents by Primary Payer Source[-] Timeframe: 2015[...] [Location:] Ohio[;] Medicaid[;] 59%[.]” [Kaiser Family Foundation, accessed [6/27/17](#)]

**More Than Three Out Of Four West Virginia Nursing Home Residents Used Medicaid As The Primary Payer Source.** According to the Kaiser Family Foundation, “Distribution of Certified Nursing Facility Residents by Primary Payer Source[-] Timeframe: 2015[...] [Location:] West Virginia[;] Medicaid[;] 76%[.]” [Kaiser Family Foundation, accessed [6/27/17](#)]

## **MEDICAID CUTS THREATENED NURSING HOMES AND THEIR RESIDENTS WITH UPHEAVAL: “IT MAY SAVE THE FEDERAL GOVERNMENT MONEY, BUT WHAT ABOUT US?”**

### **The Livelihoods Of Millions Of Nursing Facility And Home Care Workers Are Threatened By Senate Republicans’ Medicaid Cuts**

**Many Of The Estimated 4.4 Million Nursing Facility And Home Care Workers Medicaid Pays For Would Lose Their Jobs Or Have Their Salaries Cut, Further Worsening Current Direct Care Worker Shortages.** According to a letter by the 66 group Leadership Council of Aging Organizations coalition, “Dear Majority Leader McConnell and Minority Leader Schumer: [...] Proposed Medicaid cuts will result in significant job losses and reduced wages for health and long-term care workers and lower economic growth. Many of the estimated 4.4 million nursing facility and home care workers Medicaid pays for would lose their jobs or have their salaries cut, further worsening current direct care worker shortages. Indeed, Moody’s Investors Service recently concluded that the AHCA would be a credit negative for states.” [Leadership Council of Aging Organizations, [6/21/17](#)]

- Iowa’s Thousands Of Direct Care Vacancies Contributed To Nursing Homes Not Admitting New Residents And Call Lights In Hospitals And Nursing Homes Going Unanswered.**  
 According to an opinion by Hale Group owner and A Better Iowa Contributor John Hale in USA Today, “Thousands of vacancies exist in direct care jobs around Iowa. The consequences are serious: Some nursing homes are not admitting new residents. Call lights in hospitals and nursing homes go unanswered. People with disabilities are left lying in bed or confined to a chair at home. Medications aren’t being taken timely, meals are being missed, and basic hygiene needs aren’t being met.” [John Hale – USA Today, [11/4/16](#)]
- In Minnesota, A 14% Vacancy Rate For Personal Care Aides Forced Families With Ailing Members To Rely On Each Other And Even Quit Their Jobs To Make Support Possible.**  
 According to an opinion by Paraprofessional Healthcare Institute vice president for policy Robert Espinoza in The Hill, “In Minnesota, the vacancy rate for personal care aides has reached 14 percent, forcing families with ailing members to rely on each other, even quitting their jobs to make support possible.” [Robert Espinoza – The Hill, [1/24/17](#)]
- People In Northwest Michigan Who Needed Home Care Workers Sat On A Growing Waitlist, As The Low-Paying Profession Struggled To Compete With Fast Food Employers.**  
 According to an opinion by Paraprofessional Healthcare Institute vice president for policy Robert Espinoza in The Hill, “In Northwest Michigan, the Area Agency on Aging reports a growing waitlist of people in need of home care workers, an occupation that averages \$10 an hour and is struggling to compete with fast food workers. In Wisconsin, reports depict a shortage that extends beyond paid caregivers to nurses, hospital-based dietitians, and surgical technicians. For years, experts predicted an eventual crisis of workforce shortages in health care and long-term care. Now the effects are all around us, across settings, in every part of the country.” [Robert Espinoza – The Hill, [1/24/17](#)]

### **Virginia-Based Dogwood Village Relies On Medicaid To Serve Its 150 Residents**

**New York Times: “Major Medicaid Cuts Would Compel Dogwood Village To Cut Staff, Supplies And Amenities — Changes That Would Affect The Quality Of Care For All Residents, Not Just Those On Medicaid.”** According to The New York Times, “But years in an assisted living center drained her savings, and now she relies on Medicaid to pay for her care at Dogwood Village, a nonprofit, county-owned nursing home here. [...] Major Medicaid cuts would compel Dogwood Village to cut staff, supplies and amenities — changes that would affect the quality of care for all residents, not just those on Medicaid.” [New York Times, [6/24/17](#)]

**About Half Of Dogwood Village Nursing Home’s \$13 Million Annual Operating Costs Were Covered By Medicaid, With Rates From \$168 To \$170 A Day.** According to The New York Times, “Dogwood Village receives about half of its \$13 million annual operating costs from Medicaid, with rates from \$168 to \$170 a day. Some residents who come to the nursing home after a hospital stay are initially covered by Medicare, but if they stay longer than 100 days, that benefit ends, and those without savings move to Medicaid.” [New York Times, [6/24/17](#)]

- Former Dogwood Village Administrator Vernon Baker: “It’s Not Like Our Toilet Paper Or Paper Towels Are Like The Ritz-Carlton’s.”** According to The New York Times, “If that does not save enough money, the nursing home might have to reduce the number of Medicaid residents, said Vernon Baker, who resigned as administrator in April. ‘It’s not like our toilet paper or paper towels are like the Ritz-Carlton’s,’ he said.” [New York Times, [6/24/17](#)]

**Dogwood Village Nursing Home Served 150 Residents.** According to The New York Times, “The 150 residents of Dogwood Village include former teachers, farmers, doctors, lawyers, stay-at-home parents and health aides — a cross section of this rural county a half-hour northeast of Charlottesville. Many entered old age solidly middle class but turned to Medicaid, which was once thought of as a government program exclusively for the poor, after exhausting their insurance and assets.” [New York Times, [6/24/17](#)]

*Nursing Home Residents At Dogwood Village Turned To Medicaid After Exhausting Their Insurance And Assets*

**Dogwood Village Residents Entered Old Age Solidly Middle Class After Working As Teachers, Farmers, Doctors, Lawyers And Health Aides, But Turned To Medicaid After Exhausting Their Insurance And Assets.** According to The New York Times, “But years in an assisted living center drained her savings, and now [Jacobs] relies on Medicaid to pay for her care at Dogwood Village, a nonprofit, county-owned nursing home here. [...] The 150 residents of Dogwood Village include former teachers, farmers, doctors, lawyers, stay-at-home parents and health aides — a cross section of this rural county a half-hour northeast of Charlottesville. Many entered old age solidly middle class but turned to Medicaid, which was once thought of as a government program exclusively for the poor, after exhausting their insurance and assets.” [New York Times, [6/24/17](#)]

- **Nursing Home Assistant Director Jennifer Harper: “These Folks Have Worked Their Whole Lives, Some With Pretty Strenuous Jobs, And Paid Into The System.”** According to The New York Times, “They should not be, said Jennifer Harper, the assistant director of nursing [at county-owned nursing home Dogwood Village]. Relying on Medicaid for nursing home care has become the new normal. ‘These folks have worked their whole lives, some with pretty strenuous jobs, and paid into the system,’ she said. But with changes looming, she said, ‘it may be a system that fails them.’” [New York Times, [6/24/17](#)]

*90 Year Old Widow Alice Jacobs Needed Medicaid To Pay For Her Care When Her Savings Ran Out After Years Of Paying To Live In An Assisted Living Center*

**90 Year Old Widow Alice Jacobs Relied On Medicaid To Pay For Her Care After Years In An Assisted Living Center Drained Her Savings.** According to The New York Times, “Alice Jacobs, 90, once owned a factory and horses. She has raised four children and buried two husbands. But years in an assisted living center drained her savings, and now she relies on Medicaid to pay for her care at Dogwood Village, a nonprofit, county-owned nursing home here.” [New York Times, [6/24/17](#)]

- **Jacobs: “You Think You’ve Got Enough Money To Last All Your Life, And Here I Am.”** According to The New York Times, “‘You think you’ve got enough money to last all your life, and here I am,’ Ms. Jacobs said. Medicaid pays for most of the 1.4 million people in nursing homes, like Ms. Jacobs. It covers 20 percent of all Americans and 40 percent of poor adults.” [New York Times, [6/24/17](#)]

*85 Year Old Retired Elementary School Teacher Mary Ann Mohrmann, With No Family Able To Care For Her, Had Compromised Motor Skills And Did Not Know How Many Years She Had Been In A Nursing Home*

**85 Year Old Retired Elementary School Teacher And Nursing Home Resident Mary Ann Mohrmann Had Charcot-Marie-Tooth Disease, A Neurological Disorder That Weakened Her Legs, Feet And Thumbs And Compromised Her Fine Motor Skills.** According to The New York Times, “Mary Ann Mohrmann is 85, the average age of Dogwood Village residents. An elementary schoolteacher for 25 years, she has Charcot-Marie-Tooth disease, a neurological disorder that has weakened her legs, feet and thumbs and compromised her fine motor skills.” [New York Times, [6/24/17](#)]

- **Mohrmann: “I’ve Been Here Years. I Don’t Know How Many.”** According to The New York Times, “Mary Ann Mohrmann is 85, the average age of Dogwood Village residents. An elementary schoolteacher for 25 years, she has Charcot-Marie-Tooth disease, a neurological disorder that has weakened her legs, feet and thumbs and compromised her fine motor skills. [...] ‘I’ve been here years,’ she said. ‘I don’t know how many.’” [New York Times, [6/24/17](#)]
- **None Of Mohrmann’s Children, Two Of Whom Also Had Charcot-Marie-Tooth Disease, Were Able To Take Care Of Her At Home.** According to The New York Times, “Mary Ann Mohrmann is 85, the average age of Dogwood Village residents. An elementary schoolteacher for 25 years, she has Charcot-Marie-Tooth disease, a neurological disorder that has weakened her legs, feet and thumbs and compromised her fine motor skills. Two of her children have it, too, she said. None of them can take care of her at home.” [New York Times, [6/24/17](#)]

*Ailing 65 Year Old Nursing Home Resident Nancy Huffstickler: Republicans’ Healthcare Proposals “May Save The Federal Government Money, But What About Us?”*

**65 Year Old Nursing Home Resident Nancy Huffstickler Described Herself As “A Medical Disaster,” Suffering From Spinal Cancer, Restless Leg Syndrome, High Blood Pressure, Multiple Ulcers, Spinal Reconstructive Surgery And A Hip Replacement.** According to The New York Times, “Medicaid helps pay for care for people with disabilities, like Nancy Huffstickler, 65, who has been here for four years and regards herself as ‘a medical disaster.’ She listed her ailments: spinal cancer in remission, restless leg syndrome, high blood pressure and multiple ulcers. She has had spinal reconstructive surgery and a hip replacement. She is undergoing physical therapy with the hope that one day she will be able to leave her wheelchair and use a walker.” [New York Times, [6/24/17](#)]

- **Huffstickler On Republicans’ Healthcare Proposals: “It May Save The Federal Government Money, But What About Us?”** According to The New York Times, “Medicaid helps pay for care for people with disabilities, like Nancy Huffstickler, 65, who has been here for four years and regards herself as ‘a medical disaster.’ She listed her ailments: spinal cancer in remission, restless leg syndrome, high blood pressure and multiple ulcers. She has had spinal reconstructive surgery and a hip replacement. She is undergoing physical therapy with the hope that one day she will be able to leave her wheelchair and use a walker. Ms. Huffstickler is fearful of Republicans’ health care changes. ‘It may save the federal government money, but what about us?’ she asked.” [New York Times, [6/24/17](#)]