

This messaging guide is intended to be a reference for you in your work to compel policymakers to close Florida's health care coverage gap.



2015-16 Close The Gap Messaging Guide

Florida Health Alliance

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This messaging guide is intended to be a reference for you in your work to compel policymakers to close Florida's health care coverage gap. We have included top line messages and more detailed explanations of individual messaging themes that may be useful when drafting op-eds, LTEs, or other materials. The updated messaging comes from feedback from our Florida partners sharing with us what works in the field and also from analysis and polls conducted by state and national partners including the Kaiser Family Foundation, Georgetown University Center for Children and Families, Community Catalyst, Young Invincibles, Families USA, Florida Legal Services, the National Alliance on Mental Illness, the National Council of La Raza, Center for Rural Affairs, Florida League of Women Voters, SEIU, Perry/Undum and Associates, Progress Florida and Public Policy Polling.

Targeting and Tailoring

Whether you are writing an op-ed, creating outreach materials, meeting with a lawmaker, or driving activists to action, think about the most effective message for your audience. When speaking with the press or leading an action designed to get broad coverage, it is best to hit on a combination of frames. Below, you will find some examples of how to do that.

Economic Needs and Benefits: These messages play better with moderate policy makers, Chambers of Commerce and other business associations, small businesses, hospitals, and health care providers. Examples: state budget savings; job growth; economic benefits for specific constituencies.

Consumer Needs and Benefits: Messages about the individual level impact of Medicaid expansion are more effective when addressing social justice advocates, progressive policymakers, people in the coverage gap, faith leaders, and potential activists. Example: promotion of family stability; increased access to preventative care.

Public Support: Messages referencing recent polling data are most effective for rallying our base of supporters. This is not a very compelling argument for conservative opposition.

Our Messaging Themes

Strengthening Florida's Medicaid Solution

Message: Florida's Medicaid managed care program design is a **Florida specific solution** to administering Medicaid. In that same spirit of reform, we should expand Medicaid to cover more people, and engage consumers to learn what works and what can be done to improve their experience.

Rationale: Research (Perry/Undum) shows that messages emphasizing local (state) control over what works best and taking the conversation away from Washington mandates resonates well. The Medicaid expansion bill being proposed in Florida this year is a straight expansion of our current Florida-specific system. It is important to frame our support of the bill as being supportive of a state-based solution as opposed to a federal mandate.

The term “strengthening” gives us the opportunity to discuss much needed improvements to the managed care system while tying in the opportunity to cover more Floridians. Lost in the hasty rollout of the statewide Medicaid Managed Care Program are reports of troubling consumer experiences. Wherever possible, stress that consumers currently enrolled in the statewide managed care program need to know their rights and how to report complaints.

Where’s the Wisdom in Waste?

Message: It is fiscally irresponsible for state lawmakers to continue to **reject \$50 billion in Florida tax dollars** to pay for comprehensive, preventative health care while **spending \$400 million in state funds** to fill a budget gap for a program that is only a bandage for uncompensated care costs (Low Income Pool funding – page 6).

Rationale: The 2015 LIP controversy is what helped propel the Medicaid expansion debate during the regular 2015 session. Although federal funding for LIP was extended, the funding winds down over the next few years. We should continue to point out that lawmakers who are so concerned with good fiscal policy have taken the drastic step of using state funds to supplement the reduced LIP. The funds that would enter the state through a Medicaid expansion would provide actual coverage and more than make up for the loss of LIP dollars.

(Hard working) People Over Politics

Message: At the end of the day, we’re talking about ensuring that **working** parents, students, vets and over a half million other Floridians have access to the health care they need. Of the potentially eligible uninsured parents in Florida only 13% are unemployed. Hard working Floridians deserve the **security** of knowing they can see a doctor when they need to, without facing the fear of enormous medical bills. Medicaid expansion offers those working at or below the poverty line a sense of security that can go a long way towards improving someone’s situation. The impact on the entire family’s well-being cannot be overstated. Children are more likely to be covered if their parents are covered.

There are also Floridians in need of health care that they cannot access and it keeps them from fully participating in society. Those with mental illness and other disabilities stand to benefit a lot from expansion. Society stands to benefit when more people are fully able to contribute.

Rationale: Opponents of expansion have painted a picture of able-bodied Medicaid beneficiaries who are unwilling to work or contribute. We know that most people who would be eligible are in the workforce. They simply make less than the federal poverty level! When talking to lawmakers or conservative opponents it is important to describe the eligible population as *hard-working* instead of *poor*. Language about poverty can evoke negative ideas of welfare in their heads.

We also need to acknowledge that there are many people in the coverage gap who are unable to reach their full potential or participate fully in the economy because of a lack of access to health care.

Top Line Messages

Economic:

- This year, Florida lawmakers need to seize the opportunity to *strengthen* Florida's Medicaid program by expanding access to coverage and ensuring high quality of care.
- Fill the gap in the state budget by filling Florida's health care coverage gap.
- If Florida opts to expand Medicaid, our state's tax dollars will come back into the state for years to come and will have a significant impact on the state's **economy**.
- Closing the coverage gap would reduce the immense burden on hospitals and clinics that provide free and reduced cost care to low-income, uninsured, and vulnerable populations.

Consumer:

- The *most* a family of 3 can make in a YEAR and still qualify for Medicaid in Florida is \$6,831 (\$569 per month, for a family of three in 2015). Medicaid expansion offers Florida's working families the security of coverage they could not otherwise afford.
- Medicaid expansion would benefit hard working and deserving Floridians. 63% of potentially eligible parents work outside the home (mostly service/tourism jobs), and 24% are not in the labor force (ex: students, homemakers, retirees).
- Closing the coverage gap will decrease health disparities between Latinos and other communities by providing more Latinos with access to preventive screenings, prenatal care, wellness checkups, and routine visits with physicians.
- Medicaid expansion would give tens of thousands of Florida's veterans access to desperately needed, comprehensive medical care.
- Medicaid expansion in Florida would help reduce the health disparities found in rural areas, where higher rates of nearly every disease and condition exist.

Economic/Consumer:

- By not expanding Medicaid, Florida is leaving \$50 billion on the table and some of that money is sorely needed to build a balanced **mental health** system to serve over a quarter million uninsured people with mental illness in this state.

- Closing the coverage gap would have a tremendous impact on the life outlook of Florida's **millennials**, including students and young workers.
- States choosing to extend Medicaid coverage to *more* parents **directly help children** by reducing the number of uninsured children, boosting a family's financial security, and enabling children to get better care from healthier parents.

Public Support:

- It's time that Florida lawmakers accept that closing the coverage gap is what nearly one million Floridians *need* and what a majority of Floridians *want*.

Supporting Facts and Talking Points

Overview of Florida's Uninsured and Coverage Gap Populations

[The Coverage Gap: Uninsured Poor Adults in States that Do Not Expand Medicaid \(Kaiser\)](#)

- Uninsured adults who would be eligible for Medicaid if Florida expanded eligibility up to 138% of FPL: 948,000
- Currently eligible for Medicaid: 75,000
- Currently in the Coverage Gap (<100% FPL): 567,000
- Currently may be eligible for Marketplace coverage (100%-138% FPL): 306,000

Economic Benefits

[Benefit to Florida's Economy](#)

- The federal government will pay all of the costs of the expansion through 2016. The federal share will then gradually decline to 90 percent in 2020, where it will stay.
- If Florida had taken up this option when it was first available in January 2014, the new federal funds flowing into the state would have supported more than 71,000 jobs and led to approximately \$8.9 billion in new economic activity across the state in 2016.
- Improved access to care and financial security for the newly insured combined with a reduced burden of uncompensated care for others in the State will help boost demand for medical and non-medical goods and services throughout States' economies.
- The [researchers](#) found that the tax dollars that would've returned to Florida would've enable Florida industries to make more than \$71 billion from the goods or services produced or sold.
- In addition, the federal funding would result in over \$2.5 billion in indirect business taxes that would be paid to local, state, and federal governments.
- Most importantly, the federal funding from Medicaid Expansion would create approximately 55,000 permanent jobs in Florida's health care sector.

Benefit to Florida's Businesses

- Businesses that employ 100 or more people will be required to provide health care coverage to full time employees and their dependents, or face penalties of \$2,000 to \$3,000 per employee.
- If more Floridians are covered, Florida business owners will see fewer financial penalties and health care costs will stabilize, allowing us to put more money into our businesses and back into the economy
- Reduction in uncompensated care costs - In 2012, insured Floridians and businesses paid nearly \$3 billion in hospital costs for those who could not afford to pay for their care.

A Healthy Workforce

- Closing the coverage gap would give hundreds of thousands of working Floridians access to affordable health insurance. That will create a healthier, more productive workforce that would benefit Florida's employers.
- Of those who would become eligible:
 - 51 percent—nearly 551,000—of these Floridians are currently working or have worked within the last year.
 - 26 percent of Floridians who could gain coverage under the health care expansion are classified as “not in the workforce” (people with disabilities, students, non-working spouses, and people who have left the workforce.)
 - 23 percent of Floridians who could be helped are unemployed.

Safety Net Hospitals

What are they?

Hospitals and clinics that provide a significant level of care to low-income, uninsured, and vulnerable populations.

A few regional examples:

- South Florida: Jackson Health System; Broward Health; Memorial Healthcare System; Nicklaus Children's Hospital; Mount Sinai Medical Center
- Central Florida: Orlando Health; Florida Hospital
- Bay Area: H. Lee Moffit Cancer Center; St. Joseph's Hospital; Tampa General Hospital

How do they stay open?

In Florida, there are two programs that provide additional funding to safety net hospitals:

- The Low Income Pool, or LIP, federal funding is largely used to cover the expenses of uninsured, low-income Floridians who show up at hospitals needing treatment.
- Under the Disproportionate Share Hospital (DSH) program, Florida's Medicaid program makes payments to qualifying hospitals that serve a large number of Medicaid and uninsured individuals.

The looming crisis

These two programs, created to help ensure the economic stability of safety-net hospitals and clinics are at risk of significant reduction.

- Low Income Pool Hospitals: The federal government pledged to fund up to \$1 billion for Florida this year, but next year it will fund only about \$600 million and will continue reducing its contribution to the state going forward. This is creating a **gap in the state budget**. The state's current plan includes using **\$400 million in state revenue** to fund the Low Income Pool.
- DSH: The \$240 million of annual funding for the state's Medicaid Disproportionate Hospital Program (DSH), while not as substantial or imminent, is also being reduced.

The Medicaid expansion solution

- Accepting federal funding to extend Medicaid coverage would more than offset the impending Medicaid funding losses to Florida's safety-net hospitals and clinics.
- If the Legislature took advantage of this opportunity to close the coverage gap, Florida health care providers would receive approximately \$5 billion per year in funding for services provided to newly-insured state residents.
- Florida lawmakers must eventually tackle the issue of paying for health care for the uninsured by deciding either to extend Medicaid or keep funding LIP by itself without any federal money in the future.
- If we fail to close the coverage gap, hospitals will be forced to absorb much of the costs for treating the uninsured, causing some hospitals to face extensive layoffs or shut down altogether. Hospitals are essential to keeping our communities healthy and they are also big employers for so many of our rural areas and small towns.

Working Families and Uninsured Parents in Florida

The State of Florida's Working Families

- Florida has the 49th highest rate of uninsurance for parents in the nation, with 28 percent (1.1 million) of Florida's parents remaining uninsured.
- Parents in Florida are not eligible for Medicaid if their incomes exceed 34 percent of the poverty line (\$6,831 annually, or \$569 per month, for a family of three in 2015) (a parent in a family of three working *more* than 18 hours a week at minimum wage)
- Of potentially eligible uninsured parents in Florida:
 - 63% work outside the home (mostly service and tourism jobs),
 - 24% are not in the labor force (meaning they are most likely students, homemakers, or otherwise retired workers).
 - Only 13% of these parents are unemployed.
- The population of low-income uninsured parents most likely to be helped by Medicaid expansion in Florida are white, employed, and have one to two children.
- 22% of potentially eligible uninsured parents are from families with two working parents in the home.

- About half (47 percent) of all potentially eligible uninsured parents work in retail, restaurants, and professional services.

Family Benefit to Increased Coverage

- States choosing to extend Medicaid coverage to *more* parents **directly help children** by reducing the number of uninsured children, boosting a family’s financial security, and enabling children to get better care from healthier parents.
- A number of studies find that when parents are insured, children are more likely to have health coverage. This is because most uninsured children are already eligible for Medicaid or CHIP but not enrolled.
- Extending Medicaid coverage to more hard-working parents and other low-income adults has proven to be an effective strategy to boost children’s enrollment rates
- Children with Medicaid coverage and Medicaid-eligible parents have improved physical well-being, earning potential, and educational attainment.
- Uninsured parents have more difficulty accessing needed care, potentially compromising their ability to work, support their families, and care for their children.
- Medicaid coverage improves access to necessary health care and decreases out-of-pocket spending for low-income adults, improving financial stability for the whole family

Uninsured Young Adults in Florida

Florida’s Young Adults

- 1 in 4 Floridians aged 18 to 34 live in poverty.
- 331,000 of the approximately 948,000 Floridians who would be eligible for coverage through Medicaid expansion are young adults aged 18 to 34.
- Nearly 6 in 10 young adults in the state’s coverage gap live in the state’s four largest metropolitan areas
 - 28% of young adults in Florida’s coverage gap live in the Miami area.
 - 13% of young adults in Florida’s coverage gap live in Tampa.
 - 12% of young adults in Florida’s coverage gap live in Orlando.
 - 5% of young adults in Florida’s coverage gap live in Jacksonville.
- 168,000 uninsured young Hispanics in Florida could be eligible for coverage. Nearly 40% of young Hispanics ages 18-34 in Florida are uninsured

Economic Benefit for Young Adults

- Among those in the labor force, a larger percentage of young Floridians in the coverage gap are working (36 percent) than not working (21 percent).
- Covering uninsured college students could help keep the young uninsured financially stable, in school full time, and on track for graduation.

Benefit of Increased Access to Care

- 61% of uninsured 18-24 year olds do not have a usual source of care; young adults without a usual source of care are less likely to get preventive services.

- Up to 115,000 fewer young Floridians would experience depression. Young adults have the highest rates of depression and suicidal thoughts and attempts among nearby age groups.

Uninsured Latinos in Florida

State of Health for Florida's Latinos

- Nearly 200,000 Hispanics are in the coverage gap as a result of the state's failure to expand Medicaid
- Hispanics represent 26% of Floridians who are in the coverage gap.
- Thirty-six percent of nonelderly Latinos in Florida are uninsured—the third highest rate of uninsured Latinos of any state in the country.
- Florida also has one of the highest rates of uninsurance for Hispanic children with 14.4 percent of all Hispanic children lacking health coverage (168,000 uninsured children) compared to the national average of 11.5 percent.
- Health care is a priority for Latinos - According to polling, 66% of registered Latino voters in Florida support Medicaid expansion.

Health Disparities for Latinos

- By closing the coverage gap, Florida will decrease health disparities between Latinos and other communities by providing more Latinos with access to preventive screenings, prenatal care, wellness checkups, and routine visits with physicians.
- Lack of insurance and access to preventive care exacerbates health disparities for Hispanics, who are more likely to be confronted with like diabetes, kidney disease, and HIV/AIDS.
- Latinos without health coverage are much less likely to have even the most basic access to care. Less than half (49.5%) of uninsured Latinos under age 65 had a usual source of health care in 2008.

Economic Impact

- Medicaid expansion is especially critical for Hispanic workers since they are disproportionately clustered in jobs that pay by the hour and do not offer insurance, such as retail, restaurants, child care, and construction. Ensuring that Latino workers are healthy and productive is critical to the future prosperity of the state and the country as a whole.
- Since Hispanics suffer from certain illnesses at higher rates than other populations, the instability of being uninsured is not just problematic for Latino families—it threatens their livelihood. Closing the coverage gap means that more Latino families can see a doctor or buy medication without going into debt.

Mental Health and Expansion

Medicaid Doesn't Reach All in Need

- After cuts of nearly \$4.35 billion to public mental health programs from 2009-2012, mental health services simply are not available to many Americans who need help.
- Today more than 2.7 million low-income Americans with mental illness cannot get Medicaid even though they have no health insurance.
- The facts are clear – **six out of ten** Americans living with serious mental illness have no access to mental health care at all.

The Impact of Medicaid Expansion

- The National Alliance on Mental Illness has reported seeing divergent paths for expansion vs. non-expansion states in terms of their ability to build strong, well-integrated mental health systems.
- States that expanded Medicaid are not only able to finance more effective community services, they are also able to keep their rural hospitals open, generate jobs, and boost local economies.
- States such as Florida and many of its neighbors are struggling under the burden of failing, crisis driven mental health systems, downsizing and closing state psychiatric hospitals for lack of funds, and at the same time, neglecting the intensive community services and supports needed to help people with serious mental illness live safely and independently. It's a recipe for disaster.
- The most forward thinking states are seizing this as an opportunity for long overdue mental health system reform.

How Medicaid Expansion Can Help

- Medicaid expansion is the best opportunity we are likely to get for the foreseeable future to build a recovery focused, consumer driven system of mental health care in Florida. We know what is needed - we've learned from three decades of research.
- As a society, Florida needs the political will - and the funds - to build what works. The only place that money can come from in the current policy environment is Medicaid expansion.

Medicaid Expansion and Floridians with Disabilities

Importance of Medicaid expansion

- It is false to assume that all Floridians with disabilities are currently using Medicaid funded services or would be covered under traditional Medicaid.
- Medicaid is designed to provide a more robust package of services that are not typically found in private insurance but are very important to children and adults with disabilities.
- Private insurance often does not cover personal assistance services or habilitative services, and often places significant service limitations or financial limits (copays, deductibles, etc.) on packaged services utilized by persons with disabilities. Those needed services are available under Medicaid.

- Not all people with disabilities meet the financial, family size, or disability-specific eligibility limits. Many people with disabilities would be left in the gap between current Medicaid eligibility and the insurance exchanges under the Affordable Health Care Act.
- Simply put, Medicaid expansion would provide affordable coverage for a wide range of people with disabilities:
 - Those who are ineligible for traditional Medicaid due to excess income or assets
 - Those who are in the 2-year waiting period for Medicare
 - Those who are eligible for traditional Medicaid with a spend-down of assets
 - Those who are not considered “severe enough” for Medicaid
 - Those whose disabilities are not diagnosed
 - Those who do not know or do not admit that they have a disability
 - Those who “churn” off and on traditional Medicaid, that is, low-wage workers who become ineligible for Medicaid when they are employed and then lose their job
 - Those with disabilities that “improve” when they have a consistent source of healthcare and/or treatment.

Medicaid Expansion and Substance Use Disorders

The Need For Treatment

- Substance use disorder can affect anyone regardless of race, educational level, or economic class. Whereas the illness can touch anyone, the same cannot be said for treatment.
- Overwhelmingly, low-wage workers are unable to get access to treatment. Often times these individuals make too much money to qualify for Medicaid, but not enough to purchase insurance on their own.
- We know that people rarely recover substance use disorders on their own. Left untreated, substance use disorders can lead to serious financial hardship, chronic illness or even death.
- Medicaid expansion would enable as many as 175,000 Floridians with drug or alcohol problems to get needed access to treatment.

Medicaid Expansion Can Be Part Of The Solution

- Drug and alcohol treatment is cost effective – saving as much as \$22 in the health care and criminal justice systems for every \$1 spent on treatment.
- Treatment for substance use disorders results in savings in health care costs, reducing the use of expensive emergency services, and in the criminal justice system, reducing crime, recidivism and incarceration rates.
- Treating drug and alcohol problems among people with Medicaid insurance reduces states' yearly medical costs by 30 percent (Robert Wood Johnson Foundation).

Florida’s Veterans and Medicaid Expansion

The Plight of Florida’s Vets

- Nationally, about 1.3 million veterans under age 65 are uninsured.

- Approximately **32,000 military veterans in Florida** would be eligible to receive comprehensive health care if Florida expands Medicaid.
- Veterans are less likely to be uninsured than the U.S. population as a whole.
- While many assume all veterans receive health care offered by the Department of Veterans Affairs (VA), priority is based on service-related disabilities, income and other factors.
- Many low-income veterans eligible for VA care may not live close to VA facilities or may not know that VA care is available.
- Most spouses of veterans do not qualify for VA care, and many also do not qualify for Medicaid under the current requirements, which vary by state.
- Provisions in the ACA would help extend coverage to uninsured veterans and their spouses.

Medicaid Expansion and Rural Floridians

Critical Situation for Rural Florida

- Approximately 103,125 rural Floridians are in the coverage gap.
- The expansion of Medicaid is particularly important for working people in rural areas where:
 - employer-provided health insurance is less common
 - self-employment is more common,
 - poverty or below poverty incomes that are insufficient to purchase health insurance are more prevalent.
- Without Medicaid expansion, already stretched rural safety net clinics and hospitals will continue to bear the burden of being the only access to health care for many in their communities.

Polling: Floridians Support Medicaid Expansion

Perry/Undum Research and Communication:

- In states that have not yet expanded Medicaid, likely voters in Florida (72%) say they want their state to accept federal dollars and expand Medicaid.

Public Policy Polling:

- Floridians continue to be firmly supportive of Medicaid Expansion- 63% of voters in the state favor it to only 31% who are opposed.
- Democrats (87/11) are almost universally for it, a majority of independents (52/35) are, and even Republicans (41/52) are relatively split on it.

Responding to Opposition

Medicaid expansion has caused an increase in the inappropriate use of the ER

Context: Opponents have begun to cite an Oregon study measuring clinical outcomes for Medicaid patients. The study concluded that after Medicaid expansion there has been an increase in inappropriate visits to the ER for non-emergency reasons. A Colorado Hospital Association study found that Colorado (1.8%), Washington (8.5%), and Oregon (6.5%) all had increases in ER visits overall after expansion.

Response: Compared with both privately insured people and the uninsured, Medicaid beneficiaries have much higher rates of ED use. However, a substantial body of research investigating this disparity more closely indicates that poorer health and access challenges in Medicaid both play important roles in explaining Medicaid's higher ED visit rates. ([Kaiser Family Foundation](#))

A study examining the reasons for ED visits by nonelderly adults show that, compared with the privately insured with ED visits, Medicaid adults with ED visits were much more likely to report that they had no other place to go and that their doctor's office or clinic was not open. ([Kaiser Family Foundation](#))

There is also the common sense argument that for many new beneficiaries, this is their first time with health coverage. Asking them to immediately understand how to interact with a complicated health care system is unfair.

Coverage through Medicaid results in poorer health outcomes

Context: Opponents have pointed to a National Cancer Institute study that found "higher mortality rates, higher surgical complication rates, and higher rates of late-diagnosis for people with Medicaid compared to people with private insurance and the uninsured. A University of Virginia study found that the uninsured at 73% more likely to die before leaving the hospital and Medicaid patients are 93% more likely.

Response: On the whole, people on Medicaid start off in worse shape than people with private insurance and even the uninsured. Because of Medicaid's eligibility criteria and the strong correlation between poverty and poor health and disability, Medicaid beneficiaries are [poorer and have a poorer health profile](#) compared with both the privately insured and the uninsured. This is true even within the low-income population. The distinctly higher rates of poverty, chronic illness, and disability in the Medicaid population are important to bear in mind when considering the evidence on Medicaid's impact.

Medicaid is an inefficient and broken system

Context: Aside from poorer outcomes, critics will argue that Medicaid patients can't even see a doctor after getting coverage. A report released by the Office of the Inspector General of the US Department of Health and Human Services found that 44% of primary care providers and 57% of specialists offered appointments to Medicaid patients.

Response: Opponents of expanding a “broken program” have to remember that Florida’s program design was championed by conservatives after the Medicaid Reform Pilot ended in 2011. In fact, according to Tarren Bragdon of the Heritage Foundation: “During its five years of operations, Florida’s Medicaid Reform Pilot has been a decided success. It has improved the health of enrolled patients, achieved high patient satisfaction, and kept cost increases below average, saving Florida up to \$161 million annually.” (2011)

Now while many consumer advocates debated those findings, the conservative legislature obviously agreed with the Heritage Foundation’s assessment because the pilot was expanded to the entire state in 2014.

As for the availability of doctors, it is true that only a portion of physicians accept Medicaid. Still, having coverage in a limited network is better than having no coverage in any network. This is also an opportunity to talk about strengthening Medicaid by informing consumers of their rights and methods of reporting complaints.

Medicaid expansion’s enrollment rates have actually been much higher than projections

Context: Opponents of expansion have referenced a survey done of 17 states that showed that “2014 actual expansion enrollment was 91% greater than projected enrollment.”

Response: So what? A lower uninsured rate is a good thing. Higher than projected enrollments in both Medicaid and the Marketplace (1.3 million Floridians) demonstrates the tremendous need for health care in the state.

Florida’s Medicaid program is consuming the state budget

Context: Opponents correctly state that Florida’s Medicaid program cost \$23.5 billion in 2014, or about one-third of Florida’s budget. They use this to spring into their false claim that Medicaid costs are spiraling out of control.

Response: The \$23.5 billion “state” Medicaid budget number is [misleading](#). The total cost of Florida’s Medicaid program in 2014 was indeed \$23 billion, of which only \$9.5 billion (41%) came from state expenditures (general fund + other state funds). In other words, federal Medicaid expenditures account for 59% of all Medicaid expenditures in Florida.

So, in terms of the Florida state budget, state expenditures on Medicaid only accounted for one-fifth (20%) of state only funds. In addition, as with any state budget, Florida’s expresses its priorities. Medicaid is health coverage for the lowest-income Floridians who do not have options for private coverage.

The fact is, by all accounts, Florida’s discretionary spending on Medicaid has grown quite slowly and absorbed a fairly constant percentage of available funding. The total amount of state General Revenue absorbed by Medicaid has consistently grown at a very limited pace since the start of the recession. (Amounts shown are in millions of dollars.) [Medicaid budget facts and myths](#).

Total General Revenue (GR) spending for Medicaid (2007-08)	\$4,432
Total GR appropriated for Medicaid for 2014-15	\$5,662

Total % increase in GR spending over this 7 year period	17.5%
Average annual % increase in GR spending during the past 7 years	2.5% per year