ObamaCare’s Medicaid Expansion

Traditional Medicaid vs ObamaCare’s Medicaid Expansion

Traditional Medicaid

- Covers pregnant women, children, seniors, the disabled, and low-income families
- States are reimbursed roughly 50% from the federal government for these truly needy individuals
- The truly needy don’t qualify for enhanced ObamaCare funds

ObamaCare’s Medicaid Expansion

- Covers able-bodied adults
- States will receive a 90% match for these able-bodied adults
- 82% of these able-bodied adults are childless
- Nearly half of those covered don’t work at all, despite being able-bodied and working age (19-64)

Every penny spent on this group is a penny that can’t be spent on the truly needy
What About Federal Waivers?

So-called “alternative” expansions are just more expensive versions of ObamaCare’s Medicaid expansion.

1. Waivers don’t allow states to change eligibility or ObamaCare’s perverse funding formula that puts the truly needy at direct risk.

2. Waivers don’t allow states to reduce benefits, costs, or dependency.

3. Waiver expansions are just more expensive versions of ObamaCare’s Medicaid expansion.

In Arkansas, recent data shows the “Private Option” is twice as expensive as conventional Medicaid expansion.

In Indiana, HIP 2.0 will cost $366M or 13% more in Year 1 than a conventional expansion model. It also creates a bigger welfare cliff and opens the door to fraud.

BOTTOM LINE: Waiver expansions put the truly needy and taxpayers at even greater risk.