



M E D I C A I D E X P A N S I O N :

A Boulevard of Broken Dreams for Texas

FANTASY: Medicaid expansion is the only way to expand coverage for low-income Texans.



REALITY: This outdated talking point hasn't kept up with reality. Under recent federal legislation, low-income Texans who work part-time get federally funded, silver-level private plans for free. But that coverage will end if Texas expands Medicaid and shifts them into state-funded government health care. Only non-expansion states can take advantage of this federal subsidy.

FANTASY: Texas can take a smart approach to Medicaid expansion that maximizes state flexibility.

REALITY: The Biden administration has made it clear it will handcuff states to a progressive vision for one-size-fits-all health care and will not approve flexibility waivers like time limits, fraud lockouts, or work requirements for able-bodied adults.



FANTASY: Medicaid expansion will help support hospitals, especially rural hospitals.



REALITY: The opposite is true. Shifting patients off private health care plans and into Medicaid is a problem for providers, not a solution. In expansion states, costs are shifted to other patients and hospitals continue to struggle. In fact, non-expansion states have actually seen faster hospital job growth than expansion states.

FANTASY: Medicaid expansion is inevitable. Better to just accept it and move on.

REALITY: After years of shattered cost projections, the jig is up. The tide has turned. Thirteen states continue to stand firm against it, including Florida, North Carolina, and Tennessee. And, after barely passing in a ballot initiative without a funding mechanism, Missouri's legislature is taking a stand against expansion to preserve Medicaid for the truly needy.



The Six Nightmare Numbers of Medicaid Expansion

52
PERCENT

THE PERCENTAGE OF ABLE-BODIED MEDICAID ENROLLEES WHO DON'T WORK AT ALL.¹

EXPANSION STATES ENROLL MORE THAN TWICE AS MANY INDIVIDUALS AS PROJECTED.²

2

MORE THAN 1M

THE NUMBER OF LOW-INCOME TEXANS WHO WILL BE SHIFTED FROM THEIR FREE, FEDERALLY FUNDED PRIVATE INSURANCE PLANS INTO GOVERNMENT HEALTH CARE.³⁻⁴

THE NUMBER OF TRULY NEEDY INDIVIDUALS WHO HAVE DIED WHILE STUCK ON MEDICAID WAITING LISTS IN EXPANSION STATES, EVEN AS ABLE-BODIED ADULTS CUT THEM IN LINE.⁵

NEARLY 22K

\$86
BILLION

THE AMOUNT OF MONEY SPENT IMPROPERLY BY MEDICAID LAST YEAR ALONE. IN OTHER WORDS, THE FEDERAL GOVERNMENT WASTED MORE MONEY IN MEDICAID THAN TEXAS SPENT ON EVERYTHING.⁶

THE NUMBER OF FEDERALLY QUALIFIED HEALTH CARE CENTERS AND CLINICS THAT ALREADY PROVIDE CARE TO LOW-INCOME INDIVIDUALS AT LOW COST OR NO COST ACROSS TEXAS.⁷⁻⁸

MORE THAN 650

SOURCES

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2. Jonathan Ingram & Nicholas Horton, "Obamacare expansion enrollment is shattering projections," Foundation for Government Accountability (2016), <https://thefga.org/research/obamacare-expansion-enrollment-is-shattering-projections-2/>.
3. Hayden Dublois, "Three Reasons States Should Reject Biden's ObamaCare Bait," Foundation for Government Accountability (2021), <https://thefga.org/wp-content/uploads/2021/05/Three-Reasons-States-Should-Reject-Bidens-ObamaCare-Bait.pdf>
4. Nicholas Horton, "Waiting for Help: The Medicaid Waiting List Crisis," Foundation for Government Accountability (2018), <https://thefga.org/wp-content/uploads/2018/03/WAITING-FOR-HELP-The-Medicaid-Waiting-List-Crisis-07302018.pdf>.
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6. Health Resources & Services Administration, "Find a Health Center," US Department of Health and Human Services (2021), <https://findahealthcenter.hrsa.gov/?zip=Texas%252C%2BUSA&radius=250&incrementalsearch=true>
7. Texas Primary Care Office, "Federally Qualified Health Centers," Texas Department of Health and Human Services (2021), <https://dshs.texas.gov/TPCO/fqhc/>