



April 27, 2021

The Honorable Mark Warner
U.S. Senate
703 Hart Senate Office Building
Washington, DC 20015

The Honorable Raphael Warnock
U.S. Senate
B40D Dirksen Senate Office Building
Washington, DC 20015

Dear Senators Warner and Warnock;

The undersigned members of the Partnership for Medicaid – a nonpartisan, nationwide coalition of organizations representing health care clinicians, safety net health plans, and counties – write to you today in support of the States Achieve Medicaid Expansion (SAME) Act, legislation that would allow states that did not immediately expand Medicaid under the Affordable Care Act (ACA) access to the same level of increased federal financial support offered to states that chose to expand immediately. We thank you for introducing this critical legislation.

Since 2014, nearly 16 million individuals have enrolled in Medicaid coverage as part of the ACA's Medicaid expansion, which allows individuals with incomes up to 138 percent of the federal poverty level (FPL) the chance to acquire Medicaid coverage for the first time.¹ States that chose to immediately expand eligibility to this population received three years of full federal funding beginning in 2014 before declining to a 90 percent federal matching assistance percentage (FMAP) after six years and every year thereafter. Unfortunately, states that expanded after January 1, 2014 were not eligible for the same federal financial support and lost hundreds of millions of dollars in federal assistance over the past several years.

The SAME Act would address this financial disparity by allowing all states the opportunity to secure the same level of federal financial support for their Medicaid expansion population, no matter when they expand. In doing so, it would provide an additional incentive for states to expand their Medicaid programs by allowing the federal government to assume all costs of expansion for three years and guaranteeing federal financial support at no less than 90 percent FMAP for the foreseeable future.

The consequences of not expanding are dire. Patients may not seek care or head straight to the emergency department, placing further pressure on a health care system already strained by the COVID-19 pandemic. Many healthcare providers may struggle to keep their doors open; hospitals in states that expanded Medicaid saw their closure rates decrease since 2014, while those in states that did not expand saw increased rates in closures.²

Fortunately, should states choose to expand Medicaid under the terms of the SAME Act, nearly four million nonelderly, currently uninsured individuals would gain coverage.³ Medicaid expansion has led to increased access to care and utilization across a wide range of medications and services, such as access to medication

¹ "Medicaid enrollment changes following the ACA." (2020). Medicaid and CHIP Payment and Access Commission. Web.

² Lindrooth R, Perrailon M, Hardy R, Tung G. (2018). "Understanding The Relationship Between Medicaid Expansions And Hospital Closures." *Health Affairs*. Web.

³ "Who Could Get Covered Under Medicaid Expansion?" (2021). Kaiser Family Foundation. Web.

assisted treatment (MAT) for opioid use disorder, and a decreased reliance on uninsured emergency department utilization and uncompensated care overall.^{4,5}

This legislation builds on existing efforts to incentivize states to expand Medicaid found in the American Rescue Plan, which allows states that have yet to expand the opportunity to do so at a 95 percent FMAP for two years. The SAME Act takes this one step further by treating states that have yet to expand no differently than those who did so in 2014.

Thank you again for introducing this legislation. We stand ready to work with you on this issue and others that benefit the Medicaid program and its beneficiaries. Should you have any questions, please contact Jonathan Westin, First Co-Chair of the Partnership for Medicaid, at Jonathan.westin@jewishfederations.org.

Sincerely,

American Academy of Family Physicians
American College of Obstetricians and Gynecologists
American Dental Association
American Network of Community Options and Resources
America's Essential Hospitals
Association for Community Affiliated Plans
Catholic Health Association of the United States
Easterseals
The Jewish Federations of North America
Medicaid Health Plans of America
National Association of Pediatric Nurse Practitioners
National Association of Rural Health Clinics
National Health Care for the Homeless Council

⁴ "Annual Analysis of Disproportionate Share Hospital Allotments to States." (2020). Medicaid and CHIP Payment Access Commission. Web.

⁵ Buettgens M. (2018). "The Implications of Medicaid Expansion in the Remaining States: 2018 Update." Urban Institute. Web.