

WHY can't they see it?



DESPITE the FACTS, TN won't expand Medicaid.

The following excerpts and FACTS are from an analysis of health disparities in Tennessee.

by Kinika Young, Senior Director of Health Policy and Advocacy for the Tennessee Justice Center

Expanding Medicaid to cover the uninsured, is one of the best, easiest options to address healthcare disparities and inequities AND COVID-19.

FACT: Insurance status is a key factor in health and mortality.¹ Tennessee is one of eight Southern states that continue to reject Medicaid expansion under the Affordable Care Act, **DESPITE EVIDENCE SHOWING THAT IT IMPROVES** coverage, access to care, and health outcomes, particularly for racial/ethnic minorities, **AND DESPITE** the economic and health benefits it would provide to help with pandemic recovery efforts.

FACT: It has long been known that Americans without coverage “live sicker and die sooner,” as explained in a series of authoritative reports from the Institute of Medicine.³⁶

FACT: Without insurance, even a single accident or illness can destroy a family's financial security. **AND** as the pandemic has shown, the inability of the uninsured to afford timely care jeopardizes the wellbeing of the entire community.³⁷

FACT: Studies show Medicaid expansion has improved access to care, utilization of services, the affordability of care, and financial security among the low-income population.⁵⁹

FACT: Some recent analyses show that (Medicaid) expansion is associated with decreased mortality overall and for certain specific conditions; reductions in rates of food insecurity, poverty, and home evictions; and improvements in measures of self-reported health and healthy behaviors.⁶⁰

FACT: The need for Medicaid expansion is more urgent due to the current pandemic and recession, as it would provide a safety net for people who lose their employer-sponsored coverage as layoffs continue.⁶⁵

FACTS: IRONICALLY, it is the refusal to expand coverage, rather than expansion itself, which is costly to Tennesseans. The state's own analyses show that expanding Medicaid would bring \$1.4 billion per year into the state,⁶⁴ which would financially support hospitals, create 15,000 health care jobs,⁶⁵ and provide health insurance to over 300,000 Tennesseans who are in the coverage gap⁶⁶ – 26% of whom are African Americans.⁶⁷

TNCPPC: In her analysis, Kinika emphasizes that this health inequity has long plagued Black People, Hispanics and other people of color. The disproportionate impact of COVID-19 on Blacks and Hispanics sadly demonstrates her point.

FACT: In Tennessee, among low-income African Americans who are uninsured, 61% reported they cannot afford to see a doctor; 63% reported they do not have a regular doctor; and 38% reported they had not had a routine check-up in the past year.⁴³

FACT: People in the low – to middle-income bracket cannot afford to pay for health insurance if their employer does not provide it. As noted above, Black and Hispanic Americans are more likely to work low-wage jobs that do not offer health benefits.⁴⁷

Click and share the **FACTS** with Governor Lee and your representatives today.

Ask them **WHY** haven't we expanded Medicaid?

Why?

Click & read Kinika's analysis in its entirety.

Health Disparities in TN

¹ Tennessee does not collect this data point for coronavirus cases. Early in the pandemic, race and ethnicity were also not included in data reported by the CDC and states until advocates and leaders demanded this information be made publicly available.

³⁶ Institute of Medicine (IOM) Care without Coverage: Too Little, Too Late. Washington, D.C.: National Academy Press; 2002, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2881448/#b41>.

³⁷ Institute of Medicine, Shared Destiny: The Community Effects of Uninsurance. Washington, DC.: National Academy Press; 2003.

⁴³ K. Stoll, "Expanding Medicaid in Tennessee: Unlocking the Door to Health Insurance for African Americans," Sept. 2014, https://familiesusa.org/wp-content/uploads/2019/09/MCD_Morehouse-COC-HE-report_TN_Black_final_web.pdf.

⁴⁷ Heeju Sohn, "Racial and Ethnic Disparities in Health Insurance Coverage: Dynamics of Gaining and Losing Coverage over the Life Course," October 2016, available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5370500/>.

⁵⁹ R. Garfield, R. Rudowitz, and A. Damico, "How Many Uninsured Adults Could be Reached if All States Expanded Medicaid?" Jun. 25, 2020, <https://www.kff.org/report-section/how-many-uninsured-adults-could-be-reached-if-all-states-expanded-medicaid-brief/>.

⁶⁰ Madeline Guth, Rachel Garfield, and Robin Rudowitz, "The Effects of Medicaid Expansion under the ACA: Updated Findings from a Literature Review," Mar. 17, 2020, <https://www.kff.org/medicaid/report/the-effects-of-medicaid-expansion-under-the-aca-updated-findings-from-a-literature-review/>.

⁶⁴ Id.

⁶⁴ <http://www.capitol.tn.gov/Bills/109/Fiscal/SJR0094.pdf>.

⁶⁵ William Fox, Matthew Harris, and Matthew Murray, "Who Benefits Under Insure Tennessee?," Jan. 2015, <https://islam.uk.edu/sites/default/files/bloc304.pdf>.

⁶⁶ <http://www.capitol.tn.gov/Bills/109/Fiscal/SJR0094.pdf>.

⁶⁷ K. Stoll, "Expanding Medicaid in Tennessee: Unlocking the Door to Health Insurance for African Americans," Sept. 2014, https://familiesusa.org/wp-content/uploads/2019/09/MCD_Morehouse-COC-HE-report_TN_Black_final_web.pdf.

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