



Replace Obamacare, yes. Gut Medicaid, no comment.

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May 25, 2017

My editor had issued me a challenge: Find Illinoisans who would go on the record advocating cuts to Medicaid, a central tenet of President Trump's efforts to replace Obamacare and balance the federal budget. His budget proposal, presented Tuesday, seeks to **cut more than \$600 billion** from Medicaid over the next decade, beyond already-proposed cuts under the House health care bill.

According to **new estimates** from the nonpartisan Congressional Budget Office, by 2026, 23 million Americans would lose health insurance as a result, including an estimated 14 million on Medicaid. That's a 17 percent reduction of the nation's health program for the poor and disabled.

Sure, many people dislike Obamacare and note that the insurance exchanges are falling apart. But in Illinois, cuts to entitlements are political kryptonite. Few are dying to see themselves quoted as bashing a safety-net program that cares for the blind, the disabled and the most vulnerable. Everyone from Democratic Cook County Board President Toni Preckwinkle to Republican Illinois Governor Bruce Rauner believe that the 2013 Medicaid expansion, which added 650,000 residents to the ranks of the state's insured, **was a good thing** since it's cheaper to offer preventative care than foot the bill for the inevitable emergency room visits when things go awry.

Gauntlet thrown, I exhaled and started calling. So maybe this wouldn't be the easiest story in the world, but c'mon: Seven Illinois Republicans **voted for the recent House bill** to repeal much of the Affordable Care Act and replace it with the American Health Care Act. Despite the risk of alienating their constituencies, someone, somewhere, would certainly be willing to publicly defend this part of President Trump's budget.

I started with the **Illinois Policy Institute**, a non-profit think tank in Chicago that supports limited government. The experts there provided a handful of names including **Arie Friedman**, a pediatrician in Lincolnshire and former **Republican candidate for Congress**. He said he was slammed with patient and teaching responsibilities and didn't have the time for an interview by my deadline.

Next, I put in calls to a couple of Illinois congressmen who have been vocal opponents of Obamacare: U.S. Reps **Peter Roskam** of Wheaton and Adam Kinzinger of Channahon in Will County. As is typical, I was asked to send questions in writing to their Washington, D.C.-based communications directors. I asked if the legislators agreed with the cuts, if they understand the cuts to be necessary and whether they had concerns about making them.

Roskam's communications director replied about 90 minutes later. "We are still reviewing the budget proposal and will respectfully decline to comment right now," he wrote.

Disappointing, but direct.

A reply from Kinzinger's office followed. "The budget proposal is merely a blueprint and is by no means set in stone," she wrote, attributing the statement to the congressman. "As a fiscal conservative, I believe we must reduce our debt, balance the budget and rebuild our military. But the power of the purse belongs to Congress, and the People's House is ready to get to work."

Wait—what? Does that mean Kinzinger intends to push back against the cuts, or does it mean he believes they're critical to a balanced budget? I asked for clarification but had not received it by press time.

Leads so far cold, I decided to skip reaching out to Rep. Randy Hultgren of Plano, who voted for the AHCA but also **penned a letter** to House Speaker Paul Ryan back in February complaining that the plan would jeopardize coverage for 40,000 poor kids in his district.

At the recommendation of a colleague, I contacted Harold Pollack, a University of Chicago professor who writes widely about poverty and public health. He's an outspoken **supporter of Medicaid**, but I figured he could articulate the opposition and perhaps even point me to a reasoned opponent.

Pollack told me that the House bill and Trump's proposal go way beyond repealing and replacing Obamacare, which he agrees faces serious problems. The current plan changes "the fundamental nature of Medicaid, which is really changing the nature of 50 years of American social insurance, and cutting services to the aging and the disabled," he said.

That's a pretty dicey political stand, one made even more compromising by the fact that Americans overwhelmingly agree that affordable health insurance is a basic right, which runs counter to sizeable Medicaid cuts, Pollack said. He went on to say that Medicaid expansion has worked well in the states—including Illinois—that embraced it.

As for why many House Republicans voted for a flawed Obamacare replacement, he argues that they voted along party lines, assuming that the Senate would later dismantle it and propose a new solution.

So, um, who should I talk to? Even he didn't have an answer, besides the people who voted for it. so I went straight to D.C. partisan think tanks.

I called the Cato Institute, the well-known libertarian group. Michael Cannon, its director of health care policy, argued the precise opposite of what Pollack said, in equally impassioned terms. Medicaid is a dysfunctional disaster, he told me, because it consists of essentially unlimited federal matching funds. "Under current law, there are incentives for states to expand the program in every way they can think of because for every dollar they spend, they get a matching federal dollar," Cannon said. "That leads to a lot of waste and abuse and means Medicaid spending will keep growing" unsustainably.

Still, Cannon is no fan of the current replacement bill. He believes the AHCA does not go nearly far enough to reform Medicaid, because the switch to **per-capita caps**—which limit annual increases in federal funds based on the Medical Consumer Price Index, but do allow for more federal dollars if a state's Medicaid enrollment increases—would lead states to work feverishly to expand enrollment. "It's not reform; it's just a different matching grant system that will be gamed in different ways," he said.

At least I had something. But as my editor pointed out, Cannon doesn't live in Illinois, which was the original assignment. So I called C. Steven Tucker, a Chicago-based health insurance broker, health care commentator and self-described "staunch conservative."

"I'm not sure the cuts are a good idea, but I do like giving states the options," he told me. Tucker reiterated concerns that Medicaid's matching funds leading to unchecked spending. But he believes block grants—another option for controlling expenditures under the AHCA; they allocate a set amount of money to states based on current spending levels—give states more flexibility to make sure vulnerable citizens get the coverage they need.

Ultimately, "cuts in service will happen if we don't do anything," Tucker said, because the cost of Medicaid and the federal deficit will spiral.

Soon after, I received an email from **Michael Hamilton**, a research fellow at the conservative think tank Heartland Institute in Arlington Heights. Like Tucker, Hamilton argues that the Medicaid expansion put able-bodied adults ahead of truly needy patients; cutting funding and switching to block grants will improve services.

"Block grants are a viable option for getting Medicaid dollars directly into the hands of patients," he wrote. "The closer patients are to the financial transactions by which they access health care, the greater incentive they will have to max out the bang for their families' bucks."

Finally! An Illinois resident saying, unabashedly and on the record, that cutting Medicaid funding is a good thing for Illinois residents—especially the disabled and the poor.

Or so I thought. A quick check of Hamilton's **Twitter profile** indicates he works remotely from Dayton, Ohio.

One thing is clear: Trying to find consensus on a health care policy that works for the majority of Americans is a near-impossible assignment.