Cori Duke

April 24, 2013

 Changes in Medicaid brought about by the Obama administration are causing mixed results in Oklahoma. **(NEWS)**

The issue of health care is causing controversy between tiers of citizens. With the reformation, known as Obamacare, citizens without high incomes are beginning to see government influence within their ability to apply for health care. According to Obamacare, the reformation will provide affordable insurance to all Americans regardless of income.

Emma Sandoe, a policy analyst at the U.S. Department of Health and Human Services and spokeswomen for Centers for Medicare and Medicaid Services, said the Affordable Care Act, also known as Obamacare, puts into place a comprehensive health insurance reform for Americans with better health security, which will expand coverage, hold insurance companies accountable, lower health care costs, guarantee more choice, and enhance the quality of care for all Americans. **(CONTEXT)**

Although the plan has not yet taken affect, Oklahoma showed opposition to the reformation when Gov. Mary Fallin rejected a $3.6 billion in federal funding for the expansion of Medicaid. Fallin’s spokesman said the state ultimately would not be able to afford its share of a larger Medicaid program without cutting funding for other essential services, such as education and highways. **(SCOPE)**

On the other hand, studies show if Oklahoma did decide to expand Medicaid, an additional 204,000 adults, newly eligible for the program, would enroll. The adults enrolling are primarily uninsured but also include some adults who have other health care coverage. The expansion would increase state spending about $689 million. **(IMPACT)**

 Buddy Janson, a construction worker from Tulsa, said he has lived without health care benefits for several years.

 “I honestly don’t want the insurance at this point,” Janson said. “It’s been a constant struggle trying to apply for it, and when it comes down to it, I just don’t qualify. I make money just fine. I’m older now. I just feel the government has left me high and dry for a long time.” **(EDGE)**

 Janson makes a minimal salary each year, which falls below the $20,123 Obama administration’s expansion plan requirement.

 Going to a health clinic that accepts uninsured patients is the only way to get treated, Janson said.

 “No hospital likes dealing with the guy without insurance,” Janson said. “They push you to the back of the waiting line and treat you when everyone else is done. I may not want the government’s help now, but if my kids end up like me, I hope they can have the luxury to get help immediately.”

 In addition, Janson said he feels the government will continue to make influential changes in the health care system.

 Cynthia Mann, director of the Center for Medicaid and the Children’s Health Insurance Program, said the expansion is already taking form in some ways.

 “We are implementing a new system for applying for Medicaid that will begin in 2014,” Mann said. “It is paperless and hopefully more accessible and easier to submit.”

 As the new reformation takes place, Oklahomans are beginning to use Obamacare dollars to fund their own form of health care known as SoonerCare.

 In addition, Sandoe said the new expansion will make applying for health care easier.

 “Consumers will be able to access the appropriate coverage across multiple programs through a single application and eligibility process,” Sandoe said. “No matter how an application is submitted [web, mail, phone, in person, etc.] or which program receives the application [Medicaid, Marketplace, etc.], an individual will experience a consistent process and receive a consistent eligibility determination without the need to submit information to multiple programs.”

This process ensures that people obtain the coverage they need and minimizes administrative burden on individuals, states, and health plans.

  In comparison, Braden Wilson, a biology sophomore and pre-med student at Oklahoma State University, said his career choice to enter the field of medicine is not in conflict with health care.

 “ I can definitely see why several people in America would want [Medicaid expansion],” Wilson said. “It will help a lot of people who can’t afford insurance. On the other hand, it will have a great impact on doctors, especially salaries of specific occupations.”

 Wilson said if the government decides to cut Medicaid reimbursement, most physicians might stop accepting those patients, leaving them with no health care.

In college, medical students are taught the economy of medicine as well as the constant shift in technologies, Wilson said.

 “If everyone was aware of the constant changing and shifting of medical technologies and pharmaceuticals, I think we would be better off. The spending is ridiculous, but it must be done. Money is essential in this business, and it’s important that the government learns to sustain these funds. Without them, doctors can’t treat patients.”

 A study based on the Stillwater Medical Center shows a potential loss of physicians if compensation were changed, with the likelihood that some physicians might leave and go elsewhere. The potential for this to happen might be because of the access to Medicaid or uninsured patients.

 According to the Oklahoma Hospital Patient Revenues Board, 12.2 percent of the net revenue comes from Medicaid, 34.5 percent from Medicare, 45.2 percent from third-party payers, and 8.1 percent from self-pay revenues.

 Randy Jackson, an operations engineer at Devon Energy, said the Obamacare tax increase is what bothers him with the issue.

 “I work really hard to support my family,” Jackson said. “I work long hours to provide my family with comfortable living. Now, my hard work isn’t just going to my family; it’s going to those who refuse to work. When those who do nothing want to be given the same benefits as the hard working class, then I get uneasy.”

 Jackson said he supports citizens who work hard but still do not qualify for health insurance.

 Regardless of the mixed results of the new reformation, 2014 will be a year of innovation for health care.

 “Beginning in January 2014, individuals under 65 years of age with income below 133 percent of the federal poverty level will be eligible for Medicaid in states that expand their Medicaid programs,” Sandoe said. “For the first time, low-income adults without children will be guaranteed coverage through Medicaid and parents of children will be eligible at a uniform income level.”

Source List

Buddy Janson, Construction Worker

(918) 720-4449

Braden Wilson, Biology sophomore and pre-med student at OSU

Braden.wilson10@okstate.edu

(918) 770-2302

Cynthia Mann, director of the Center for Medicaid and the Children’s Health Insurance Program

Cynthia.mann@cms.hhs.gov

(410) 786-3871

 Randy Jackson, operations engineer at Devon Energy

Rjackson15@cox.net

(405) 823-2995

Emma Sandoe, policy analyst at the U.S. Department of Health and Human Services and spokeswomen for Centers for Medicare and Medicaid Services

Emma.sandoe@cms.hhs.gov

www.visualcv.com/corikd