

Health Coverage or Food on the Table?



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As North Carolina decision-makers explore ways to expand Medicaid and close the state’s coverage gap, some have proposed requiring beneficiaries to pay a monthly premium in order to maintain their coverage. Given the economic realities facing those living without health care coverage, as well as other states’ failed experiments, it is clear that requiring premiums of Medicaid expansion enrollees would create major affordability barriers for North Carolinians who stand to gain health insurance coverage.

North Carolinians who would benefit from expansion earn incomes that are already insufficient to cover their monthly household budget costs for housing, food, child care, and other necessities, leaving little to nothing to pay for health care.



The evidence from other states is clear: premiums create barriers to health coverage and care for individuals with low incomes due to their inability to pay. When people lose Medicaid because of premium requirements, it reduces their ability to access health care and puts an even greater strain on already limited household budgets.

If lawmakers impose premium requirements on new Medicaid enrollees, a significant coverage gap will remain. People with low incomes will remain uninsured due to premium costs, leaving too many North Carolinians unnecessarily uninsured and unable to treat their health conditions.

Moreover, without full closure of the current coverage gap, the state won’t be able to draw down all available federal funds, nor will we realize full fiscal savings for agency budgets currently funding health care costs for uninsured North Carolinians.¹

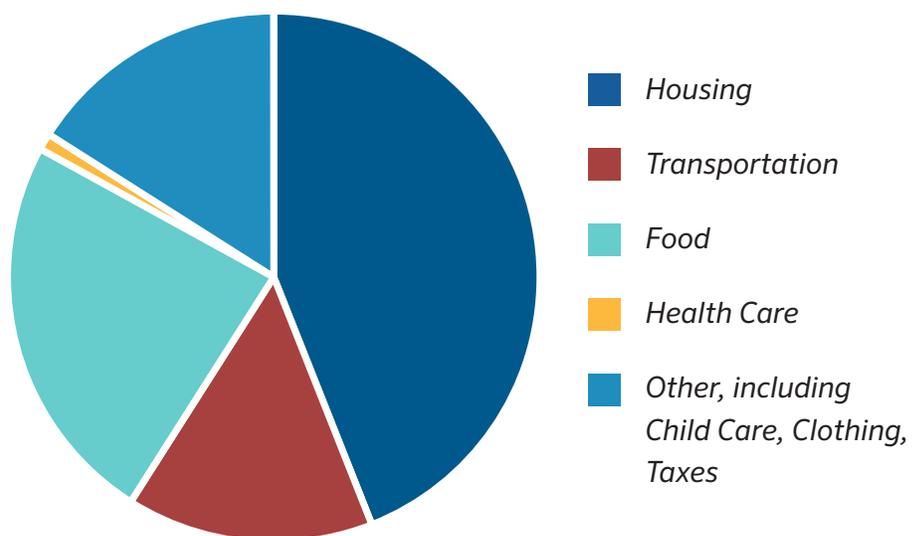
North Carolinians in the coverage gap burdened by rising cost of living, low incomes

The North Carolinians who would gain eligibility under Medicaid expansion live in households that earn very low incomes. Under the state’s current eligibility rules, parents with incomes below roughly 43 percent of the federal poverty level (FPL) are eligible for Medicaid.² Adults without dependent children are ineligible for Medicaid no matter their income. This restrictive eligibility leaves those whose incomes are too low for private market subsidies in a coverage gap.³ Closing the coverage gap would extend Medicaid eligibility to all adults ages 19–64 with incomes up to 138 percent FPL.⁴ To translate this into dollars and cents, a parent with two children earning up to \$29,440 a year would become eligible, as would a single adult earning up to \$17,200 a year.⁵ Under today’s restricted eligibility system for full Medicaid coverage, that same parent in a family of three cannot qualify unless their income is under \$8,004 a year,⁶ whereas the single adult cannot qualify no matter how low their income.

To charge premiums for Medicaid ignores the realities faced by households living in and near poverty. By definition, North Carolinians living in the coverage gap earn low incomes, and low-income households spend a far greater share of their earnings on the most fundamental necessities, such as housing, food, and utilities.⁷ The additional expense of Medicaid premiums would further limit their ability to make ends meet and would result in many foregoing coverage.

Data from the Consumer Expenditure Survey shows that, nationally, people living below 138 percent FPL and enrolled in Medicaid remain cost burdened without flexibility for major household expenditures like child care. These data show that even with affordable health care coverage, incomes at this level cannot meet the needs of households

FIGURE 1: Household budgets already stretched thin on basic necessities for families in coverage gap nationwide



striving to get by. Households pay on average 44 percent of their annual income in housing costs,⁸ well above the 30 percent standard for housing affordability.⁹ These high housing expenses, in addition to other basic needs, leave no budgetary room to meet child care payments, an increasingly significant portion of family budgets. This leaves households cost-burdened and unable to achieve a level of financial stability that can support economic mobility, child well-being, and greater participation in economic and community life.

Recent data from Pew Charitable Trusts found that low-income households had a negative median annual income of \$2,339 after accounting for expenditures.¹⁰ In other words, expenses exceeded earnings, leaving households to rely on credit, family and friends, or what little savings they may have to make ends meet. Given the low level of savings and high level of debt already held by households in North Carolina, these strategies are unsustainable in the long-run.¹¹ In the short-run, cost burdens in housing, child care, and health have also been demonstrated to lead to ripple effects

that push families further into poverty. A household unable to make rent may face eviction,¹² or a family unable to pay for child care may lose their slot and need one worker to leave the labor force.¹³



In North Carolina, the data clearly show that low-income households are struggling to make ends meet. According to analysis by the North Carolina Budget and Tax Center, the average family of four needs to earn \$52,946 — well

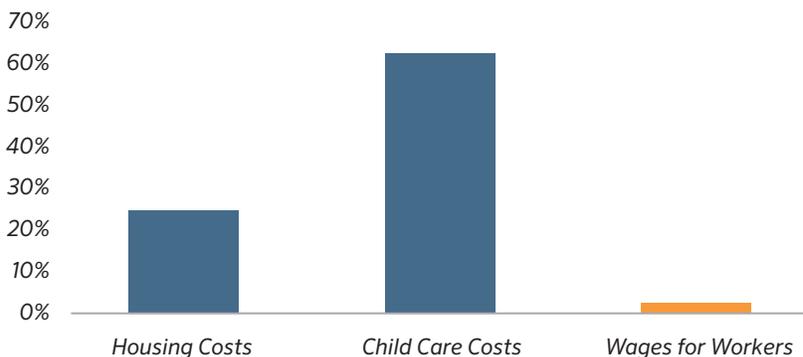
above the income eligibility threshold for Medicaid expansion — in order to afford the basic expenses of living in North Carolina.¹⁴ This is fully \$17,411 more than the 138 percent threshold for a family of four that would be newly eligible under Medicaid expansion.

Unfortunately, making ends meet is not getting easier. This is primarily because the wages and household incomes of North Carolinians remain slow to recover from the damage of the Great Recession and to keep up with the rising cost of the basics. Indeed, the wages for workers in the 30th percentile of the distribution, whose average annual

income would be \$27,000, have grown by just 2.4 percent since 2008, when adjusted for inflation.¹⁵ This is far below the growth in housing and child care costs, which is placing a squeeze on households attempting to keep a roof over their heads and remain engaged in the workforce.

FIGURE 2: Wages aren't keeping up with cost of basic household expenses

Percent change, 2008 to 2018



Premiums in Medicaid would result in the persistence of a coverage gap in North Carolina

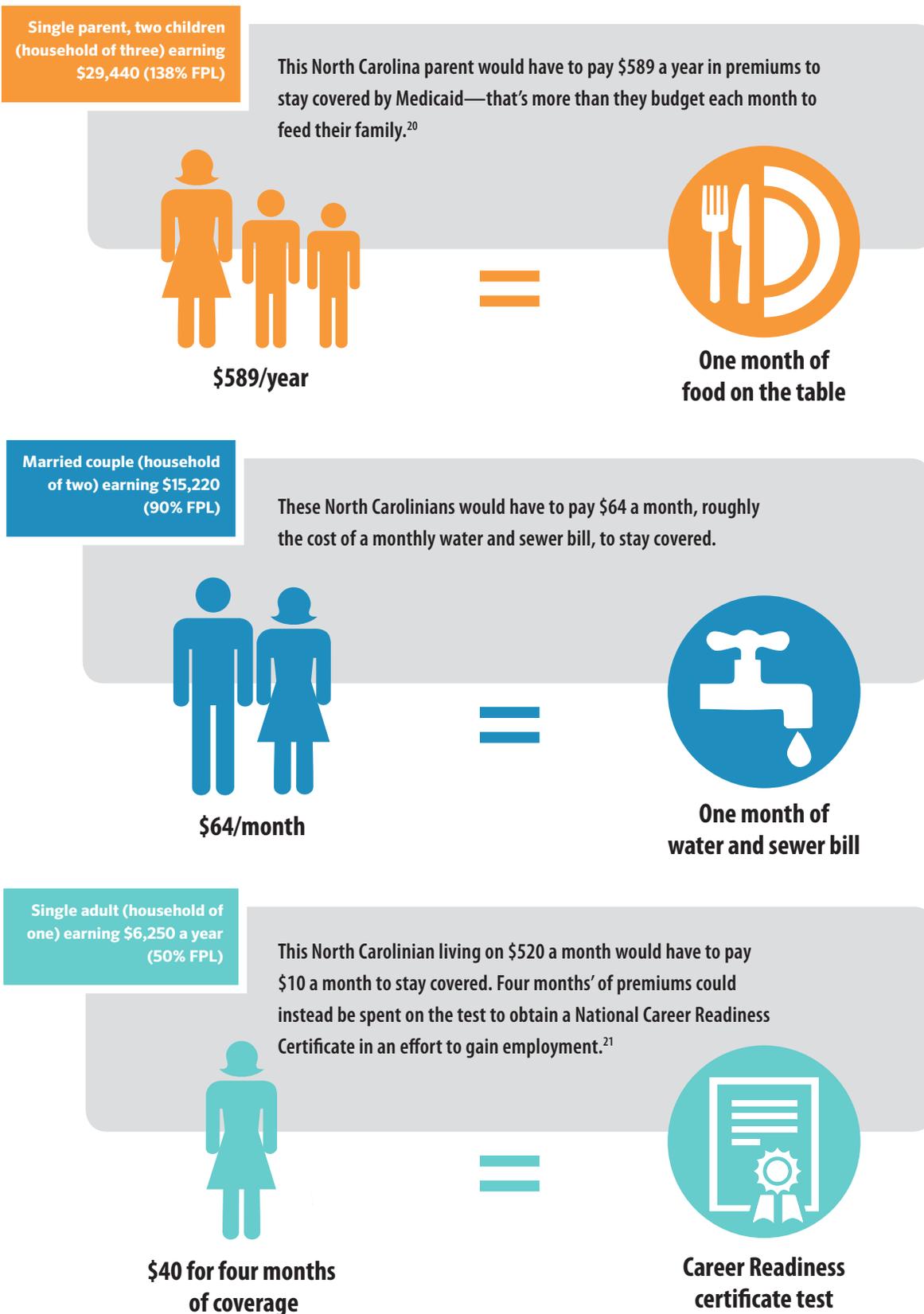
At the time of this brief’s publication, no proposal had been introduced in the North Carolina General Assembly’s 2019 legislative session to require premium payments by Medicaid expansion enrollees. However, in the 2017 legislative session, several lawmakers filed House Bill 662, called Carolina Cares. This bill sought to close the coverage gap for nonelderly adults with incomes up to 138 percent of the poverty line,¹⁶ while imposing certain controversial requirements on enrollees, including conditioning eligibility on whether enrollees were “employed or engaged in activities to promote employment.”¹⁷

Attracting perhaps less attention was a section that would require enrollees with incomes above 50 percent of the poverty line to “pay an annual premium, billed monthly, that is set at two percent (2%) of the participant’s household income.”¹⁸ Enrollees who miss premium payments after 60 days would lose their coverage and become uninsured unless they qualify for an exemption from the requirement. In order to re-enroll after having coverage taken away, a North Carolinian would have to pay “the amount in previously unpaid premiums owed.”

Outside observers have described premiums under Carolina Cares as “modest,”¹⁹ but the following household scenarios illustrate that a premium worth 2 percent of income can add up a lot, especially to low-income households with little-to-no income remaining after expenses on housing, transportation, food, and other basic necessities.

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FIGURE 3: Premium Requirements for North Carolinians in the coverage gap would create an unnecessary barrier to health care



Two parents, two children
(household of four) earning
\$25,750 a year (100% FPL)

This North Carolina family would have to pay \$1,030 a year to keep the parents covered by Medicaid. That's more than their monthly rent (\$1,026) for a two-bedroom apartment.²² As their budget gets squeezed each month, they may have to choose between making their rent on time and keeping Mom and Dad covered.



\$1,030/year



One month of rent

Two parents, one child
(household of three) earning
\$29,440 a year (138% FPL)

These North Carolinians would have to pay \$98 a month — about the cost of an electric bill — to cover the parents, forcing them into choosing between their keeping their health care and keeping the power and air conditioning on.



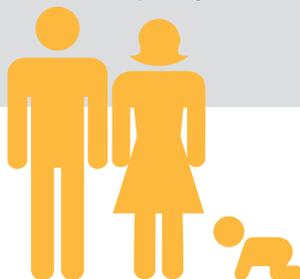
\$98/month



One month of
electric bill

Two parents, one infant child
(household of three) earning
\$27,000 a year (127% FPL)

This family would have to pay \$1,084 a year — more than the monthly cost of their child care bill — to cover both parents.²³ These North Carolinians would have to forgo more than a month of child care to maintain health care, losing their child's slot and putting at risk at least one of their jobs.



\$1,084/year



More than one month
of child care

Evidence shows charging premiums to Medicaid enrollees with low incomes creates barriers to coverage and care

Generally, the Medicaid program does not permit states to charge premiums to enrollees with incomes below 150 percent FPL. Despite this, several states have sought permission from the federal government to waive these restrictions in order to experiment with charging premiums to Medicaid enrollees with much lower incomes.

To understand the effects of imposing premiums, participant contributions, and enrollment fees on Medicaid enrollees, the Kaiser Family Foundation (KFF) conducted an extensive review of the research on such programs that took place in states between 2000 and 2017. Their synthesis of the research identified the following:

- 1. Premiums create barriers to both obtaining and maintaining Medicaid coverage for individuals with low incomes.** Creating or increasing premiums for enrollees in Medicaid and the Children's Health Insurance Program (CHIP) reduces coverage overall, leading to enrollees losing coverage and deterring eligible individuals from enrolling in the first place.
- 2. Negative effects of premiums are more pronounced for households with lower incomes, especially those living below poverty.** Among enrollees subject to premium requirements, those with lower incomes were more likely to become uninsured.
- 3. After losing coverage due to premiums, uninsured individuals face barriers to financial security, experience obstacles to accessing care, and have more unmet health needs.²⁴**

While ample research supports the conclusions above, only a handful of states have experimented with premiums for Medicaid expansion enrollees (adults ages 19-64 with incomes below 138 percent FPL). Across those states, large swaths of enrollees are missing payments.

Michigan charges beneficiaries with incomes above the poverty line a monthly premium equal to 2 percent of income after they have been enrolled for six months,²⁵ but only 38 percent of enrollees who owed premiums had paid them.²⁶ In Indiana, where enrollees must make monthly contributions to enrollee accounts modeled after health savings accounts, 55 percent of all eligible enrollees missed premium payments.²⁷ In Montana, fewer than half of enrollees with incomes below poverty paid premiums in June 2017, while payment rates among enrollees above the poverty line — for whom Montana may terminate coverage if they do not pay — were only 54 percent.²⁸

The consequences for missing payments can be severe. In Indiana, if enrollees with incomes above poverty miss payments after a 60 day period, the state terminates their coverage entirely and locks out from re-enrolling for six months even if they remain income-eligible for the program.²⁹ Of all Hoosiers whose coverage eligibility depended on paying premiums, 29 percent — nearly 60,000 people — lost coverage or were denied outright because they missed premium payments.³⁰ For those below the poverty level who miss payments, Indiana moves them into less comprehensive coverage with copayments.³¹

Unsurprisingly, affordability was a key barrier for nearly half of Hoosiers who missed a payment after enrolling and for over a fifth of those who never made their first payment to start their coverage.³² However, affordability issues aren't the only obstacles that premiums create for individuals with low incomes. Two-thirds of Indiana enrollees who missed payments attributed their problems to administrative issues, confusion about the process, or misunderstanding of their plan requirements.³³

The Carolina Cares proposal shares a number of similarities, including the 2 percent required contribution and 60 day grace period, with the Indiana program. **However, the premium requirements in Carolina Cares could lead to even greater shares of enrollees losing coverage in North Carolina than those in Indiana.**

Unlike under Indiana's program, enrollees with incomes below poverty could lose coverage entirely under Carolina Cares if they miss premiums. Nearly 60,000 Hoosiers with incomes above poverty were denied coverage after missing premium payments, but the 37 percent of Indiana enrollees below poverty who missed premiums were not terminated — they are instead given coverage that covers fewer services and with higher co-payments.³⁴ Similarly situated North Carolinians would lose coverage under the Carolina Cares proposal. No single other state has gained federal approval to take Medicaid coverage away from enrollees with incomes below poverty for not making premium payments.

Previous research has shown that even seemingly small, nominal premiums can lead to disenrollment. In Wisconsin, a monthly premium of only \$10 for adult Medicaid enrollees with incomes above 150 percent of poverty and children above 200 percent made enrollees 12 percent less likely to stay covered.³⁵ Researchers believe this suggests that “the premium requirement itself, more than the specific dollar amount, discourages enrollment.”³⁶

All in all, the evidence is clear: premiums create barriers — both administrative and financial — to health coverage and care for individuals with low incomes. When enrollees lose Medicaid because of premium requirements, it reduces their ability to access health care and puts an even greater strain on already limited household budgets.

Conclusion

Medicaid expansion provides North Carolina with a tremendous opportunity to draw down billions of new federal dollars and provide health coverage to hundreds of thousands of uninsured people. Given the 90 percent federal match on Medicaid expansion enrollees, our state would benefit from maximizing enrollment. The more people enroll, the more federal dollars come into the state, in turn generating economic activity, creating jobs, and producing fiscal savings for the state budget.

Any proposal that erects barriers to enrollment would limit these benefits. Ample evidence from other states makes clear that requiring premiums would create administrative hurdles and affordability challenges for North Carolinians with low incomes in need of health coverage. Instead of charging unaffordable premiums that unnecessarily take coverage away from people in need, lawmakers should design a proposal that will maximize federal funding to cover the most North Carolinians eligible.

At the end of the day, our state will not fully close the coverage gap if lawmakers charge premiums to North Carolinians who become eligible for Medicaid expansion.

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