8 Myths That Media Trackers Wants Inserted In Medicaid Coverage

Media Trackers Myth 1: Medicaid Patients Undergoing Surgery Are "More Likely To Die Than Patients With No Health Insurance." Media Trackers highlighted a 2010 University of Virginia study which found that "Medicaid patients were 13 percent more likely to die than patients with no health insurance." The piece then criticized The Columbus Dispatch, a major Ohio-based paper, for not including this study in its Medicaid coverage:

This fact is not fit for the Dispatch, whose editors and reporters seem to believe Medicaid's health benefits are self-evident. [Media Trackers, 9/5/13]

Politifact: Medicaid Patients Were "More Likely To Enter Hospitals In Dire Conditions." A March 6 Politifact article discussing the University of Virginia study found that although Medicaid patients were more likely to die during hospital stays, "researchers place little of the blame on Medicaid." Medicaid patients were "the poorest, sickest, and least educated group of patients" and were "more likely to enter hospitals in dire conditions that require emergency surgery." The piece continued:

"Medicaid patients had the highest incidence of acquired immunodeficiency syndrome, depression, liver disease, neurologic disorders and psychoses," the study said. "Furthermore, Medicaid patients had the highest incidence of metastatic cancer."

The researchers said that uninsured patients have similar characteristics to Medicaid recipients and that it is "plausible" that both groups may suffer from a "system bias" that limits their access to private hospitals and top physicians.

"For many surgical patients, private insurance status often allows for referral to expert surgeons for their disease," the study said. "Alternatively, Medicaid and uninsured patients may have been referred to less skilled and less specialized surgeons."

Does the research prove, as [former Virginia Lt. Gov. candidate Pete] Snyder and other conservatives suggest, that it's safer to be uninsured than on Medicaid? Ailawadi, co-author of the study, said it does not.

[...]

But he [Snyder] runs into trouble when he suggests that Medicaid is the cause of the high death rate. The authors of the report note that those who qualify for Medicaid are a high-risk group to begin with. [Politifact, 3/6/13]

Media Trackers Myth 2: Doctors Won't Accept Medicaid Patients Due To Low Reimbursement Rates. Media Trackers highlighted a 2011 Health Policy Institute of Ohio survey which found that 28 percent of physicians refused to accept new Medicaid patients because these doctors received lower reimbursements from Medicaid patients. [Media Trackers, 9/5/13]

Washington Post: Obamacare Increases Medicaid Reimbursements To Match Those Of Medicare. A
February 8 Washington Post article explained that the Affordable Care Act ("Obamacare") boosts "Medicaid primary care reimbursement rates" which would, on average, be a raise of 73 percent:

The health-care law's big attempt at increasing Medicaid access takes on the exact same factor that we think inhibits access: Low reimbursement rates. The Affordable Care Act boosts Medicaid primary care reimbursement rates to match those paid by the Medicare program. Given that Medicaid rates tend to be really low, this works out to an average raise of 73 percent.

In the states that have been paying the lowest rates, the increase is even bigger. Here's another map from Kaiser Family Foundation that shows what the boost looks like nationwide. [...] Does that matter on the ground, to providers? It's hard to know from most of the Medicaid research, which was conducted before the Affordable Care Act expanded Medicaid. We do have one study though, from Michigan, which suggests that most doctors do feel like they can take on more Medicaid patients than they currently see. [The Washington Post, 2/8/13]

3. Media Trackers Oversimplifies Uninsured Cancer Patients' Option For Preventative Care

Media Trackers Myth 3: Cancer Patients On Medicaid Had Higher Mortality Rate Than Uninsured. Media Trackers highlighted a September 2012 study in the medical journal Cancer to claim that "Medicaid patients had worse survival rates than patients with no health insurance." [Media Trackers, 9/5/13]

Washington Post: Study Found Patients Enrolled In Medicaid For Longer Time Periods Had Better Outcomes. According to a January 4, 2012, article in The Washington Post, while Medicaid patients did have worse survival rates than the rest of the study sample, patients who enrolled before a cancer diagnosis tended to do better than those who began receiving Medicaid after learning of their disease. The article continued that the difference in survival rates may have been due to factors the authors "couldn't control for":

This suggests to the authors that longer enrollment in the entitlement program "may be associated with a greater ability on the part of the beneficiary to develop a network of providers and an ability to navigate the system." Previous studies have found longer enrollment in Medicaid to also correlate with increased access to some cancer screenings, such as mammograms.

What this study doesn't delve into is why Medicaid enrollees have worse outcomes than the general population, whether it has to do with access to certain physicians, with wait times to see a specialist, or some issue completely removed from the doctor's office.

The disparities in outcomes could also have a lot to do with some factors that the researchers couldn't control for: Whether Medicaid patients are more likely to have other health-care issues, or if they have less of a supportive social network in seeking treatment. "I don't think we were able to capture the greater level of vulnerability that Medicaid patients face," says Koroukian, the study's lead author. And that could also play a role in why Medicaid patients face worse outcomes in cancer treatments than their non-Medicaid counterparts. [The Washington Post, 1/4/12]

4. Media Trackers Pushes Misleading Report From Discredited Conservative

Media Trackers Myth 4: Federal Government Can't Keep Its Funding Promises To States. Media Trackers highlighted a March 5 report by the conservative Mercatus Center's Charles Blahous which warned states not to adopt Medicaid expansion because the federal government won't be able to provide funding. [Media Trackers, 9/5/13]

Washington Post: It Would Be "Unprecedented" For The Government To Cut Support. An article in The Washington Post on March 5 explained that the federal government cutting support for Medicaid would be an "unprecedented" move, as the government has only increased its share of expenditures since the program's inception and has never reduced them below their original percentage:

Right now, the federal government is on the hook to pay 100 percent of the [Medicare expansion] costs through 2016. After that, the match ratchets back, falling to 90 percent by
2020. Wouldn’t a federal government – especially one looking to trim a federal budget – look to reduce funds by cutting into that match?

Legally, there’s nothing to stop them: Congress could pass a law that fiddles with these numbers. But such a move would, it turns out, be unprecedented. At least in the Medicaid program, there just isn’t a history of the federal government "dumping" new spending on the state.

[...]

There is one time the federal government did fiddle with funding levels, in the late 2000s. That, which you can see in the [below] chart, was to increase their share of Medicaid spending during the recession.

Federal Share of Medicaid Expenditures (% by year)

[The Washington Post, 3/5/13]

Center For American Progress: Stop-Gap Provisions Could Be Included In Expansion To Avoid State Liability. An issue brief from the Center for American Progress found that some states are adopting the "circuit-breaker" approach which would require the state to opt-out of expansion if the level of federal funding drops below a certain level:

Some states are acknowledging that they could afford the expansion, but they fear the federal government will "cut-and-run" at some point, leaving them with a majority of the cost burden. The reality is, however, that there is absolutely no precedent for this. Moreover, if a state is committed to expanding Medicaid, there are ways to address this concern. Both Arizona and Nevada, for example, have adopted the "circuit-breaker" approach, in which the state will opt-out of the expansion only if the federal government's share of matching funds falls below a certain level. [Center for American Progress, 4/2/13]

Mercatus Report Author Previously Used Bogus Assumptions To Claim Obamacare Would Increase The Deficit. An April 10, 2012, New York magazine article by Jonathan Chait explained the tricks used by Blahous, the author of the Mercatus report that Media Trackers cites, to conclude the ACA would add to the deficit:

You may wonder what methods Blahous used to obtain a more accurate measure of the bill’s cost. The answer is that he relies on a simple conceptual trick. Medicare Part A has a trust fund. By law, the trust fund can’t spend more than it takes in. So Blahous assumes that, when the trust fund reaches its expiration, it would automatically cut benefits.

The assumption is important because it forms the baseline against which he measures Obama’s health-care law. He’s assuming that Medicare’s deficits will automatically go away. Therefore, the roughly $500 billion in Medicare savings that Obama used to help cover the uninsured is money that Blahous assumes the government wouldn’t have spent anyway. Without the health-care law, in other words, we would have had Medicare cuts but no new
spending on the uninsured. Now we have the Medicare cuts and new spending on the uninsured. Therefore, the new spending in the law counts toward increasing the deficit, but the spending cuts don’t count toward reducing it. [New York, 4/10/12]

5. Media Trackers Pushes Study That Ignores Impact Of The Recession

Media Trackers Myth 5: Study Proves States That Expanded Medicaid Saw Expanded Costs With Little Benefit. Media Trackers discussed a study by the conservative Foundation for Government Accountability which found that when Arizona expanded coverage — prior to the recession — it had higher Medicaid costs than expected during the recession years. Media Trackers said the study also found that this expansion simply pushed privately insured individuals into Medicaid, “rather than guaranteeing a greater percentage of the state’s population was insured.” [Media Trackers, 9/5/13; Foundation for Government Accountability, 3/11/13]

Kaiser Family Foundation: Unexpected Medicaid Growth Was In Part Caused By Recession. According to a report from the Kaiser Family Foundation, the switch from private insurance to Medicaid can be attributed in part to individuals who lost their jobs during the recession:

Millions of Americans lost income and health benefits as job losses mounted during the recent recession, leading many to turn to the Medicaid program to provide health benefits for themselves and their families. As a result, Medicaid monthly enrollment rose by the largest amount since the early days of program implementation, increasing by nearly 6 million (13.6%) from December 2007 to December 2009. Without this rise, the number of uninsured Americans would doubtless be larger than the 50 million uninsured in 2009.

Throughout its 45-year history, the Medicaid program’s spending patterns have nearly always tracked enrollment growth, and recent history is no exception. During the worst economic downturn our nation has experienced since the great depression, national Medicaid spending rose from $338 billion in federal fiscal year 2007 to $359 billion in 2008 and to $387 billion in 2009. This represents increases of 6.4 percent and 7.7 percent respectively. Medicaid spending on medical services rose from $300 billion in 2007 to $318 billion in 2008 and to $347 billion in 2009 - annual increases of 5.9 and 9.1 percent, respectively.

Medicaid spending, both in medical services and overall, has risen faster than growth in national health expenditures and the gross domestic product (GDP), both in the last two years as well as throughout the past decade. However, this brief demonstrates that increases in Medicaid spending growth in 2008 and 2009 were largely due to enrollment growth. This enrollment growth occurred primarily due to the deepening recession, the American Recovery and Reinvestment Act’s (ARRA) protections against eligibility restrictions and additional federal funding, and decisions to expand Medicaid eligibility in some states. [Kaiser Family Foundation, February 2011]

KFF: Medicaid Growth Slowed To Pre-Recession Levels In 2012 And Is Expected To Continue In 2013. According to an October 1, 2012, report from the Kaiser Family Foundation, “after the worst economic downturn since the Great Depression … growth in total Medicaid spending and enrollment slowed substantially in FY 2012” and was expected to continue in FY 2013. [Kaiser Family Foundation, 10/1/12]

6. Media Trackers Crops Quote To Mislead On Benefits Of Medicaid In Oregon

Media Trackers Myth 6: Study Found No Significant Health Improvements For Those Enrolled In Oregon’s Medicaid Program. Media Trackers claimed that a May 1 study published in The New England Journal of Medicine found “no significant improvements in measured physical health outcomes in the first 2 years.” [Media Trackers, 9/5/13]

Full Conclusion From Study Shows Oregon Medicaid Program Provided Many Benefits. After the partial quote that Media Trackers highlighted, the researchers continued on to say that they found that Medicaid coverage “did increase use of health care services, raise rates of diabetes detection and management, lower rates of depression, and reduce financial strain”:

This randomized, controlled study showed that Medicaid coverage generated no significant improvements in measured physical health outcomes in the first 2 years, but it did increase use of health care services, raise rates of diabetes detection and management, lower rates of depression, and reduce financial strain. [The New England Journal of Medicine, 5/2/13]
Dr. John Lumpkin: “Coverage Alone Will Not Necessarily Lead To Good Health” But There Are Other Benefits Of Expanding Medicaid. In a May 2 Health Affairs blog post, Dr. John Lumpkin, former director of the Illinois Department of Public Health, added that the study found that “expanding Medicaid was shown to substantially reduce depression”:

The study in NEJM highlighted the latest data from the experiment. It showed that enrollment in Medicaid, after about two years, profoundly increased patients’ use of needed medical services, and vastly reduced the financial strain that previously limited their care.

The use of physician services, prescription drugs and hospitalizations increased by about 35 percent when patients had Medicaid. The probability of having a consistent place to get care, and to receive preventive services and screenings, increased by 50 percent or more.

Having Medicaid had a big impact on family finances. It virtually eliminated out-of-pocket catastrophic medical expenditures for enrolled individuals. It alleviated other measures of financial strain, such as reducing by more than 50 percent the probability of having to borrow money, or having to skip paying other bills because of medical expenses.

One of the most significant findings is that expanding Medicaid was shown to substantially reduce depression. Those who received Medicaid in the Oregon lottery reduced rates of depression by a noteworthy 30 percent compared to those who did not have coverage. This is important, because improving mental health is a powerful gateway to improving overall health.

Each of these factors demonstrates the value of health insurance coverage, but the study’s findings show that coverage alone will not necessarily lead to good health. Over two years, those who received Medicaid through the lottery were more likely to be diagnosed with diabetes than those who were uninsured, but their blood sugar levels remained about the same. The same was true for their blood pressure and cholesterol levels. [Health Affairs Blog, 5/2/13]

Oregon’s Medicaid Program Expanded Care, Worked Effectively As A Health Insurance Program. According to The Washington Post’s Ezra Klein, the study proved that Medicaid “works as health insurance” because Oregon residents who won the Medicaid lottery “got much more health care ... than the residents who lost it”:

Here's what we can say with certainty: Medicaid works as health insurance.

That might seem obvious. It's actually not. A big criticism of Medicaid is that it pays doctors so little that it's essentially worthless because no doctor will see you. But the Oregon residents who won the Medicaid lottery got much more health care -- including preventive health care -- than the residents who lost it. They also saw catastrophic health costs basically vanish.

[...]

So here's what happened in the first two years of the Oregon Medicaid experiment: Medicaid proved itself good health insurance. The people who got Medicaid used more health care, and seem to have done so smartly -- they got preventive care, they got their diabetes diagnosed and began managing it, treated their depression, and so on. But the health care itself didn't work as well as we hoped -- at least not in terms of cutting rates of hypertension and cholesterol. [The Washington Post, 5/2/13]

7. Media Trackers Cherry-Picks Study, Ignoring Majority Of Research Finding Medicaid Expansion Would Not Reduce Workforce

Media Trackers Myth 7: “Medicaid Expansion Would Reduce America’s Workforce” And Force Low-Income Insured Onto Medicaid. Media Trackers relied on a July 2013 study by the National Bureau of Economic Research (NBER) to claim that Medicaid expansion would reduce the labor force across the country. The NBER study points to Medicaid retraction in Tennessee, and claims the move boosted employment numbers by incentivizing employee benefits and increasing labor supply. [Media Trackers, 9/5/13; National Bureau of Economic Research, July 2013]

NBER: “Most Studies That Examine The Relationship Between Public Health Insurance Eligibility And Labor Supply Find, At Most, A Weak Relationship.” The National Bureau of Economic Research study used by Media Trackers lists a breadth of similar research that finds there is a weak link between public health insurance and labor supply:
Most studies that examine the relationship between public health insurance eligibility and labor supply find, at most, a weak relationship. Moffitt and Wolfe (1992) estimate that changes in Medicaid availability alter the labor supply of female heads of household with the highest valuation of Medicaid. Similarly, Yelowitz (1995) examines the labor supply impact of Medicaid earnings eligibility limits and finds small changes in labor supply caused by changes in Medicaid availability. Meyer and Rosenbaum (2000) recalculate the AFDC income thresholds used in this earlier study and claim that the labor supply effect is driven by AFDC and not Medicaid. In a survey article, Gruber and Madrian (2004) argue that the literature has found, at most, a weak relationship between public health insurance eligibility and labor supply. [National Bureau of Economic Research, July 2013]

**Economist: Expanding Medicaid Could Help Reduce Need For Welfare And Thus Increase Work Hours.** A November 1995 article by Aaron S. Yelowitz in *The Quarterly Journal of Economics* concluded that expanding Medicaid could help increase work hours by reducing dependency on Aid to Families with Dependent Children (AFDC), commonly referred to as welfare assistance:

> Expanding eligibility for Medicaid could result in reduced expenditure for current welfare recipients by encouraging them to exit AFDC. These exits could reduce current AFDC expenditure and result in some growth in the taxable base due to increase hours of work. [*The Quarterly Journal of Economics*, November 1995]

**Center On Budget And Policy Priorities: "Medicaid Expansion ... Not Likely To 'Crowd Out' Private Insurance."** The Center on Budget and Policy Priorities (CBPP) reported that Medicaid expansion will likely cover the uninsured, and provides data to prove that point in states that have previously expanded Medicaid to ACA levels:

If critics’ claims regarding the extent of crowd-out that will occur under health reform are correct, states that have expanded Medicaid coverage for low-income adults should have significantly lower rates of private coverage among that population than other states. An analysis of Census data finds that this is not the case.

In the 12 states that have expanded Medicaid to cover adults with incomes at or above the poverty line, an average of 23 percent of individuals with incomes eligible for Medicaid have private coverage. In the states that haven’t expanded Medicaid, a nearly identical share – 22 percent – of the same population has private coverage. Moreover, relative to non-expansion states, the 12 expansion states have a much higher proportion of low-income residents enrolled in Medicaid (53 percent versus 40 percent) and a much lower proportion of low-income residents who are uninsured (21 percent compared to 30 percent). [Center on Budget and Policy Priorities, 6/22/10]

8. Media Trackers Pushes For Ohio Media To Cover Misleading Reports From Groups That Received Funding From Koch Brothers

**Media Trackers Myth 8: Media Needs To Push Biased Reports From Discredited Groups.** Media Trackers identified reports from Opportunity Ohio, the Foundation for Government Accountability, the Buckeye Institute for Public Policy Solutions, Michigan’s Mackinac Center, as well as research Media Trackers conducted itself, that *The Columbus Dispatch* failed to cover in its reporting on Medicaid expansion. [Media Trackers, 9/5/13]

**Media Trackers Has Made False Statements And Attacked Those Who Tried To Hold Them Accountable.** Media Trackers inaccurately warned the public that they may be exposed for signing a petition to recall Wisconsin Gov. Scott Walker. After being proven wrong, Media Trackers tried to smear members of a Judicial Commission investigating their false claims about the petition:

Last November, in another splashy post that was quickly amplified by the right-wing blogosphere, Media Trackers’ Wisconsin outlet claimed there were “no privacy protections” for people who signed a recall petition to recall Walker, leaving them open to harassment and abuse. PolitiFact rated the claim “Mostly False,” and noted that Media Trackers had given no evidence that harassment was taking place. And in March, soon after the Wisconsin Judicial Commission filed an ethics complaint against conservative state Supreme Court Justice David Prosser, Media Trackers published a story claiming four of the commission’s nine
Media Trackers Received Funding From Conservative Bradley Foundation And American Majority. According to the Center for Media and Democracy, Media Trackers has received funding from the Lynde and Harry Bradley Foundation, whose founder was “one of the original charter members of the far-right-wing John Birch Society,” and American Majority, a “right-wing nonprofit political training group.” [Center for Media and Democracy, accessed 9/5/13; Center for Media and Democracy, accessed 9/5/13; Center for Media and Democracy, accessed 9/5/13]


The Koch Brothers And Other Major Conservative Donors Fund The State Policy Network. According to a report by the Center for Media and Democracy, the State Policy Network has received funding from the Claude R. Lambe Foundation, which is part of the Koch Family Foundation, among other conservative charities:

The State Policy Network has received funding from the Claude R. Lambe Foundation (a Koch Family Foundation), DonorsTrust, the Olin Foundation, the Richard and Helen DeVos Foundation, the Bradley Foundation, the Castle Rock Foundation (Coors affiliated), the Adolph Coors Foundation, the McCamish Foundation, the JM Foundation, the Smith Richardson Foundation, and the Roe Foundation, among others. [Center for Media and Democracy, accessed 9/5/13]

The State Policy Network Is Known For Echoing Right-Wing Research And Talking Points. According to a report by the Center for Media and Democracy that refers to SPN as a “right-wing think tanks spinning disinformation,” member groups of the State Policy Network are known for sharing publications with each other while coordinating “national pushes in particular policy areas.” The report continues:

Like a fast food corporation, SPN has worked hard to grow and franchise state-based think tanks, expanding that number from 12 to 59 since 1992, with some states now having multiple operations. And they continued to develop new and existing think tanks in 2011, receiving several directed start-up grants from funders for groups in Florida and Arkansas. It also received a grant of $165,000 from Donors Capital "for 2011 Start-ups," which did not specify in the publicly-discovered spreadsheet which states those funds may have been designated to help.

SPN also facilitates networking and information sharing. One requirement of SPN member think tanks, according to the National Review, is that they share their publications with each other, "We trade information all the time and borrow ideas from each other," says the Alabama Policy Institute's Gary Palmer.

[...]

SPN groups also coordinate national pushes in particular policy areas. Starting in 2007, the Texas Public Policy Foundation (TPPF) launched a national effort to change criminal laws in the states. Within four years, at least nine other state think tanks were involved, echoing research and talking points, including in Delaware, South Carolina, Colorado, Georgia, Pennsylvania, North Carolina, New Mexico, Ohio, and Nebraska. [Center for Media and Democracy, 5/4/13]

State Policy Network Is Closely Associated With The Koch Brothers-Funded Franklin Center. According to the Center for Media and Democracy's SourceWatch, The Franklin Center for Government and Public Integrity -- a donor to Media Tracker's main sponsor, American Majority -- has close ties to the American Legislative Exchange Council and Donor's Trust, a Koch Brothers affiliate which has been called "the dark money ATM of the conservative movement." The State Policy Network's think tanks are "hooking up with right-wing media outlets" using the Franklin Center to distribute their work. The Franklin Center "funds state news websites and wire services in more than 40 states." The Franklin Center pushes conservative stories to state news outlets to "fill the void created by state newsroom layoffs," and promote right-wing ideology, but their affiliates have published inaccurate information while "failing to set the record straight" on misleading reports they have published. [Center for Media and Democracy, 5/4/13; Center for Media and Democracy, accessed 9/5/13; Media Matters for America, 7/11/12; Media Matters for America, 2/22/13]