



## Letters to the Editor in Support of LB 1032 by OTOC leaders and Allies

### Many OTOC leaders have written letters to editor supporting T-HIP and 10 were published

Many OTOC leaders have written Letters to the Editor in support of the Transitional Health Insurance program in recent weeks. The Omaha World Herald published ten of those letters plus those of several allies of OTOC. OTOC writers include:

- Cindy Johnson--**The Cost of LB 1032 to taxpayers is small**
- Rev. Keith Nelson--**Let us all be Good Samaritans**
- Ruth Kruse--**Health care should not be partisan**
- Vicki Pratt--**Ricketts needs to find a chair (find a solution)**
- Mary Spurgeon--**Ricketts need not worry about LB 1032**
- Carol Windrum-- **Medicaid expansion a moral issue**
- Mark Hoeger--**Helping them care for themselves**
- Lowen Kruse--**Medicaid expansion is fiscally wise**
- Marilyn Felion--**Waiting on Ricketts' plan**
- Don Zebolsky--**Expand Medicaid to help all families**

### March 29—OTOC Leader

#### 1032's cost to Nebraska? Nothing

When Legislative Bill 1032 is debated by the Legislature, will each senator vote on the issue of cost or the benefit to Nebraskans?

What will it cost each Nebraskan to provide health insurance coverage for those who are not eligible under the Affordable Care Act? Nothing! Funding would come from the federal government, monies that Nebraskans have already paid in federal taxes but are now going to other states. Nebraska's portion would come from the state's Health Care Cash Fund, a nearly half-billion-dollar endowment.

Both former Gov. Dave Heineman and Gov. Pete Ricketts objected to extending Medicaid because of their fear of the federal government's growing debt. This seems a shallow argument as they did not and do not use the same excuse to turn down federal monies for roads, education or the repair of the Offutt Air Force Base runway.

The real issue is not the cost of providing health insurance for those who fall through the "gap" in the Affordable Care Act. It is whether Nebraskans can see any benefit when they look to the health needs of their neighbors. How is this even a question?

Cindy Johnson, Omaha



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March 22, 2016—**OTOC Leader**

### **Let us all be Good Samaritans**

The amended version of the Transitional Health Insurance Program (T-HIP) will likely be debated during this Holy Week. One of the greatest Christian parables is that of the Good Samaritan, who rendered aid to a person who was not a part of his neighborhood, church or group.

Many of the low-income uninsured in the state live in Douglas and Sarpy Counties. Despite that fact, several senators from these counties have opposed the earlier version of Legislative Bill 1032 because they feared it would cost too much and never go away.

The amended T-HIP will have no general fund impact because it uses \$63 million from the Health Care Cash Fund for the state's share of this limited, three-year trial program. The nearly half-billion-dollar fund includes Nebraska's share of the settlement with the tobacco industry and by law is to be used for these kinds of innovative health care programs.

Perhaps during Holy Week we should all be mindful of the example of the Good Samaritan.

The Rev. Keith Nelson, Omaha

### **Health care should not be partisan—OTOC Leader**

As Nebraskans, we have a strong ethic of sharing the "Good Life" with others. However, sharing our taxes with other states that do have expanded health care coverage and denying such coverage ourselves seems self-destructive and surely financially indefensible.

Good health care should never be a partisan issue.

Ruth Kruse, Omaha

### **LB 1032 will save all of us money --Ally**

Nebraskans should strongly support Legislative Bill 1032. This innovative bill creates a Medicaid system tailored to the needs of Nebraska. It allows low-income Nebraskans to purchase commercial insurance, subsidized by federal dollars. Currently, 97,000 would stand to benefit from this legislation.

Many low-income Nebraskans cannot afford to purchase policies on their own. Therefore, when medical care is needed and obtained, they cannot afford to pay. However, the cost of this care is transferred onto the charges the rest of us with insurance pay. We who pay our medical bills are currently "taxed" by this hidden transfer of additional real cost.

LB 1032 removes this currently hidden tax by allowing low-income Nebraskans to pay for their own health insurance, partly through federal dollars. This bill promotes private insurance with



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free-market competition and improved cost transparency. It creates a health care plan by and for Nebraskans.

At a time where Republicans are seen boldly stopping new programs while failing to offer their own solutions, we should applaud Omaha Sen. John McCollister, a lifelong Republican, who has worked diligently across the aisle with Bellevue Sen. Sue Crawford and others to craft this creative legislation.

It's a job well done.

Dr. David H. Filipi, Omaha

### **March 21, 2016--Ally**

#### **Link between environment, illness**

The Nebraska Sierra Club does not normally take a stand on health care issues, but the connections between environmental exposure to toxins and pollutants and health care have become increasingly evident.

Often, people who are uninsured are more likely to live in areas that are environmentally compromised, such as areas that are in close proximity to a coal plant or areas where there are high lead concentrations in the soil or the water. There is ample evidence that asthma impacts people of lower socio-economic status more than people in higher income brackets by virtue of the areas in which they live.

Although low-income people are subject to greater exposure to pollutants, they are also less likely to have health insurance. This means that low-income children with asthma are less likely to be treated and more likely to have severe and sometimes fatal consequences.

Because of the connections between environmental-related illnesses and the lack of opportunity for those who are most impacted to have access to affordable health care, the Nebraska Sierra Club supports Legislative Bill 1032, which would expand Medicaid coverage.

David E. Corbin, Omaha

Vice chairman, Nebraska Sierra Club



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### **March 20—OTOC Leader**

#### **Ricketts needs to find a chair**

Pete Ricketts' family tells the story of how, when its oven door was broken, it found an efficient, common sense and economical solution to a problem — they used a chair to keep it closed.

Now, as governor, his family includes all Nebraskans. And 97,000 of us have a problem. We don't have health insurance because we can't afford it. We work, so we make too much money to qualify for Medicaid but not enough to get financial assistance through the Affordable Care Act.

The Nebraska Legislature has come up with an efficient, common sense and economical solution to our problem — LB 1032, the Transitional Health Insurance Program (T-HIP). It is modeled on successes in Arkansas.

Governor, the health insurance oven door is broken, so fix it with the T-HIP chair.

Vicki Pratt, Omaha

### **March 16**

#### **Ricketts need not worry about LB 1032—OTOC Leader**

Nebraska Gov. Pete Ricketts asserts that the state should not accept Medicaid dollars to provide health care for some 97,000 people who have no other way to get it ("Medicaid expansion advances as 3-year trial," March 11 World-Herald).

Why? Because the federal government might jerk that money away, leaving Nebraska to provide the full amount.

Medicaid dollars for this purpose are not given by a grant. Funding is provided for in statutory law.

That means the bill was passed by both houses of Congress and a president signed it into law. It would take a similar process to stop the funding.

Medicaid has paid reliably for the full 50 years of the program's existence. However, if the governor is still worried, I refer him to the text of Legislative Bill 1032, which states: "If the rate of federal funding for newly eligible enrollees . . . falls below 90 percent, coverage for newly eligible enrollees shall automatically terminate as of the date such federal funding falls below such level."

Governor, banish your partisan and baseless fears. If you can't lead, please have the grace to get out of the way of those who can.

Mary Spurgeon, Bellevue



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**March 15, 2016 —Ally**

### **Weak arguments against LB 1032**

When Gov. Pete Ricketts and like-minded lawmakers use the argument that they don't want thousands of poor people in Nebraska to have the benefits of increased Medicaid, they have a lot of explaining to do.

There is almost no cost to Nebraska citizens.

Making matters worse is that the state's action is already squeezing the state's small hospitals because they have to provide service to poor people who cannot pay ("Rural health care in critical condition," March 6 World-Herald).

I made up a little list of federal programs that have been around for years and are going to be around for many more years.

These include Social Security, Medicare, Medicaid and food stamps. The cattle, corn and soybean farmers of Nebraska were paid more than \$800 million in 2014 for subsidies to protect their crops.

This has been going on for years. The federal government coughed up an additional \$538 million in disaster payments in 2014.

And all we are trying to do is help 97,000 poor people become healthier to the benefit of all of us.

The governor's argument that the federal government will not support increased Medicaid is cruel behavior. Maybe he can give us a list of all of the things that the government has stopped helping with.

Otherwise the rest of us should rise up in wrath and not let the governor and his pals get by with this lame excuse.

Richard D. Holland, Omaha

### **Medicaid expansion a moral issue—OTOC Leader**

Nebraska's Legislature needs to pass LB 1032, the Transitional Health Insurance Program, and expand health care to the estimated 97,000 Nebraskans who fall in the coverage gap.

When I was diagnosed with a very aggressive kind of cancer and told that without treatment I would be dead in two to three years, I was very grateful that I had access to the health care I needed.

For the thousands of Nebraskans who fall in the coverage gap, there may be no hope for them if they or their loved ones get a diagnosis like mine.



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This is a moral issue. All Nebraskans deserve access to health care. This is also a fiscal issue — I want my federal tax dollars to come back to my state to help support the Transitional Health Insurance Program.

Carol Windrum, Omaha

### **March 14, 2016—OTOC Leader**

#### **Helping them care for themselves**

Last time I checked, low-wage workers do some really important jobs. They give us food, sell us clothes, mow our lawns, park our cars, make our hotel beds and wash our hospital sheets. Even if everyone currently doing these jobs had Ivy League graduate degrees and moved on to higher-paying careers, somebody has to do this stuff.

Tens of thousands of the people in Nebraska who do these vital jobs do not get health insurance from their employer. They can't afford to buy it on their own. When they get sick, it is a personal economic catastrophe and, tragically, some needlessly die each year because they do not have insurance.

Legislative Bill 1032 is the latest solution to be offered that would use federal funds to insure the working poor and disabled.

Just because a legislator votes no or a governor vetoes the bill doesn't mean they are finished with their jobs. Until they provide a solution, they are responsible for potentially destroyed lives of over 70,000 Nebraska citizens.

Mark Hoeger, Omaha

### **March 11, 2016—OTOC Leader**

#### **Medicaid expansion is fiscally wise**

Legislative Bill 1032, sponsored by a true fiscal conservative, Omaha State Sen. John McCollister, would change Medicaid to serve more people.

The sponsors seek to provide preventive health care to thousands of working Nebraskans with no health care. That will relieve our costs in providing future free care to the sick and dying, which we always do (by law) and which costs us millions. Estimates by review specialists report we are losing \$1.5 million a day to keep a few of our officials in their habit of talking anti-government.

My neighbor — hard-working, frugal and without health care — died last month. With his death, we lose what he contributed in taxes, plus the rest of us are paying his hospital costs. His physician told the family he would still be working if he were able to afford health care.

Over the years we pay three times what it would cost to provide preventive care.



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The Medicaid dollars are there because we have paid them. They go to other states if we don't use them. Medicaid is not partisan. Most Republicans and Democrats, here and in other states, say it is a way to save money.

Lowen Kruse, Omaha

### **March 8, 2016—OTOC Leader**

#### **Waiting on Ricketts' plan**

Nebraska Gov. Pete Ricketts says that he is well aware of the crisis facing rural hospitals but that Medicare expansion is not the solution ("Rural health care in critical condition," March 6 World-Herald). And neither is the alternative plan offered by the Nebraska Legislature last year. Or the plan offered by the Nebraska Legislature this year.

Ricketts says he'd prefer to explore other options.

For Pete's sake, governor, please tell us what those other options are.

Marylyn Felion, Omaha

### **February 11—OTOC Leader**

I urge Nebraska lawmakers to pass Legislative Bill 1032, which would buy private insurance with Medicaid funds for those who make under 133 percent of the federal poverty level. It would require integrated care and education for jobs and promotes transition away from the need for Medicaid. Federal funds, which are our tax dollars returned to us, would be used to pay for 90 percent of the cost. Savings from other programs no longer needed and the economic benefits from this bill would pay for the rest.

Currently in Nebraska, single adults are not eligible for Medicaid. Families must earn at or below 50 percent of the poverty level to be eligible. That is not right. The lack of health care affects many released from prisons that have mental health needs. With a renewed emphasis on rehabilitation to decrease recidivism, it is the right thing to do to pass this bill.

Donald M. Zebolsky, Omaha