

# News From The States

## EVENING WRAP

Thanks for being here and [supporting our work](#).

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By [Kate Queram](#)

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Holding two conflicting ideas in your mind — otherwise known as [cognitive dissonance](#) — is hard. Left unresolved, that tension can lead to stress and anxiety, among other things. So, because I care about you, I'm going to ask you to focus on the rest of today's newsletter (good!) instead of this introduction (objectively bad). It's for your health!



### The Big Takeaway

Two weeks ago, we talked about an increasingly common health care scenario: A private equity firm swoops in to [purchase a hospital chain](#), saddles it with debt, uses the proceeds to pay off already wealthy investors and then sells off the properties, leaving communities to deal with the fallout. As their stake in American health care [grows](#), equity firms have found themselves in the crosshairs of legislative debate and public outrage. Most of that negative attention has focused on [hospitals](#) and [nursing homes](#) — but that's not the full story, [Stateline reported](#).



*Private equity for private care.  
(Photo via Stateline)*

**Because the firms are also dabbling in home health care,** a [blanket term](#) for everything from in-home nurses to professional aides providing nonmedical services like assistance with bathing, dressing or household chores. Home care generally [costs less](#) than live-in facilities, making it a popular option for both insurance companies and [aging consumers](#) who do not need 24/7 care and [prefer](#) to remain in their homes. As demand grows, so does [interest](#) among private equity firms, which were involved in [nearly half](#) of home health care industry deals from 2018-2019.

Proponents of private equity investment in health care say the infusion of capital helps smaller companies expand into new markets, streamline their costs and pay for new technology. But critics say that business model — cutting costs to increase cash flow, using debt to fund expansion, and then selling to maximize profits — can drive up costs and narrow access for patients, particularly in lightly regulated sectors like home and hospice care.

“We leave a lot to the whims of the market and allow private players to dictate access to and quality of health care,” said Mary Bugbee, senior research and campaign coordinator for health care at the Private Equity Stakeholder Project, a

research and advocacy group. “At the end of the day it’s about money, and if we don’t have guardrails in our policies to prevent these pullouts, they’re going to keep happening.”



*Why are we filling out the insurance form with a highlighter?  
(Photo by Getty Images)*

**Medicaid expansion could still happen this year in Georgia**, lawmakers said this week. But there’s no bill, or any plan beyond [vague assurances](#) that some “private option” is under consideration, [per the Georgia Recorder](#).

“It’s a hugely complex issue,” said state Sen. Chuck Hufstetler, a Republican who has long championed expansion. “Most people just don’t understand it.”

Georgia is one of just 10 states that have not expanded Medicaid under the Affordable Care Act, which opens eligibility to nearly all adults with incomes up to 138% of the federal poverty level. ([Last year](#), that amounted to \$20,120 for an individual.) Roughly half a million Georgians could gain health care coverage under those guidelines. State Republicans have resisted the change for more than a decade, because “bootstraps” and “government intrusion” and “the free market” and other dumb talking points, all of which boil down to “thank you, but no.”



**By 2019, they'd come up with their own plan: A *partial* expansion.** The program, which [went live in July](#), applies only to people who make up to 100% of the federal poverty level *and* complete 80 hours of work (or another “qualifying activity”) each month. Because it’s not a full expansion, the program doesn’t qualify for enhanced federal matching, but it did extend coverage to an estimated 345,000 people, according to state data. But only 2,300 had enrolled as of December.



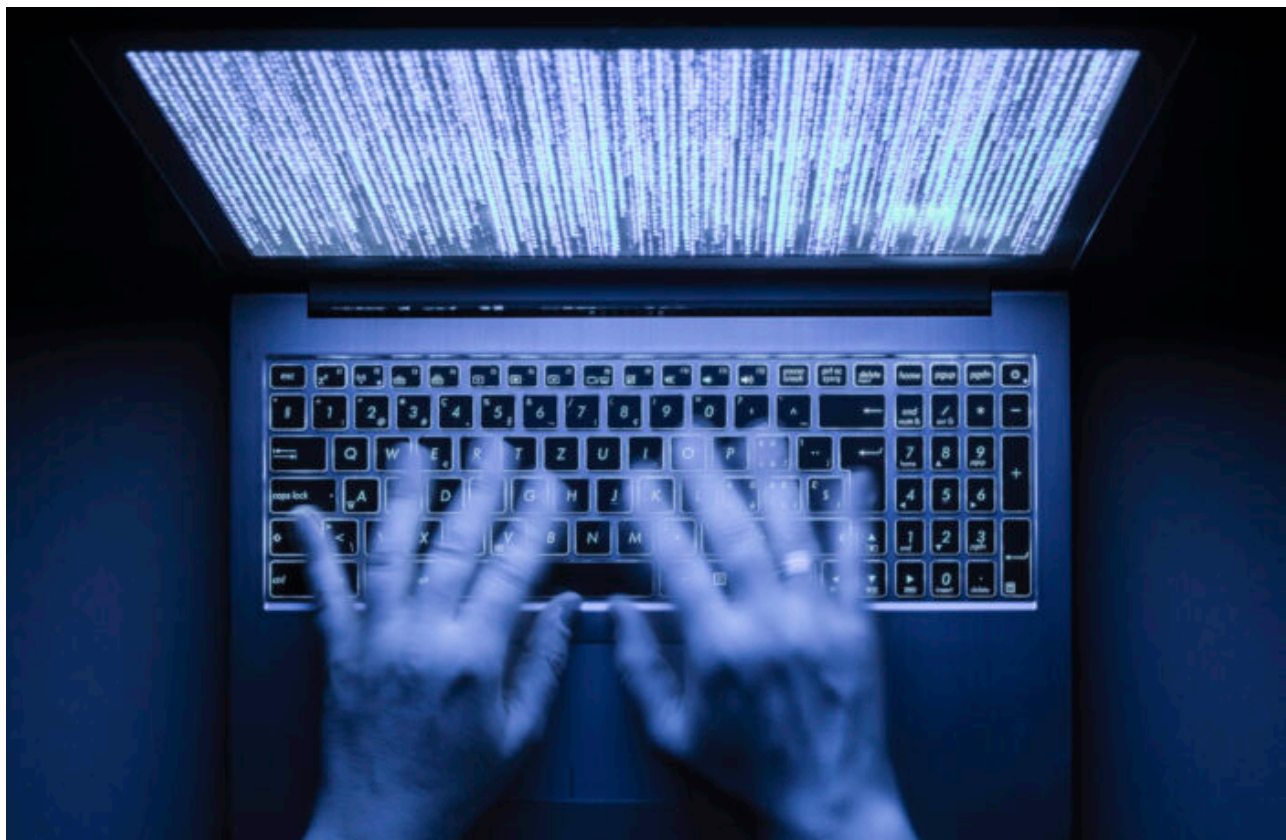
*The meds are cheaper if you have insurance!*  
(Photo by Getty Images)

**Republicans have since seemed sort of willing to consider a more comprehensive expansion,** as long as it’s not immediately identifiable as, you know, an expansion. Mostly, [they’re interested](#) in an Arkansas-style model, which uses federal funds to purchase private plans on the federal insurance marketplace. They may also be amenable to a North Carolina-type plan, which includes a job training program and is mostly funded by the federal government. The deal, approved last year, netted the state \$1.6 billion in pandemic funding to plug gaps in the mental health system. Throughout the process, proponents of the measure were careful to never refer to it as an expansion, even though expansion has yet to cost any incumbent lawmaker — anywhere — their seat.

“This just isn’t an issue politically,” North Carolina state Rep. Donny Lambeth said Tuesday during a bipartisan panel discussion near the Georgia Capitol.

**Meanwhile, politics have completely subsumed gender-affirming care in Ohio**, where state officials received more than 6,800 pages of messages over a proposed administrative rule that would restrict care options even for transgender *adults*. The [policy](#), announced by Republican Gov. Mike DeWine [earlier this month](#), would require patients with gender dysphoria to obtain medical consent from a psychiatrist, an endocrinologist and a bioethicist before proceeding with treatment. The rule would apply to patients under the age of 21, including adults, but only if they begin treatment after it takes effect, [the Ohio Capital Journal reported](#).

The proposed policy is [one of two](#) that were floated as compromise measures to appease Republicans after DeWine vetoed a bill banning gender-affirming care for youth, which is irrelevant now that Republicans have [overridden the veto](#). And yet the rules are here to stay, because why make life easier for trans people when you could *not* do that while *also* flooding the state Department of Mental Health and Addiction Services with angry emails?



*Even the matrix hates this policy.  
(Photo by Getty Images)*

**Angry is, perhaps, an understatement.** One email compared the policy to “murder.” Another said it amounted to “a near ban on gender-affirming care for adults.” Some pointed out the obvious flaws in the “unnecessarily draconian” rule, like forcing trans people to join months-long waitlists to see psychiatrists, endocrinologists and bioethicists, none of which are necessary for care. Most facilities don’t have those specialists on staff — not even the large clinics with ample funding, according to a parent whose transgender adult receives care at the Cleveland Clinic.

“They all tell us that under these rules, even a major hospital system like the Cleveland Clinic will not be able to provide care to any of their transgender patients anymore, because they do not have the staff, and there is no way for them to hire or contract with enough staff to meet these requirements,” the email said.

**The messages appeared to make an impact on DeWine,** who said Tuesday he intended to revise the proposal to address some of the most common concerns.

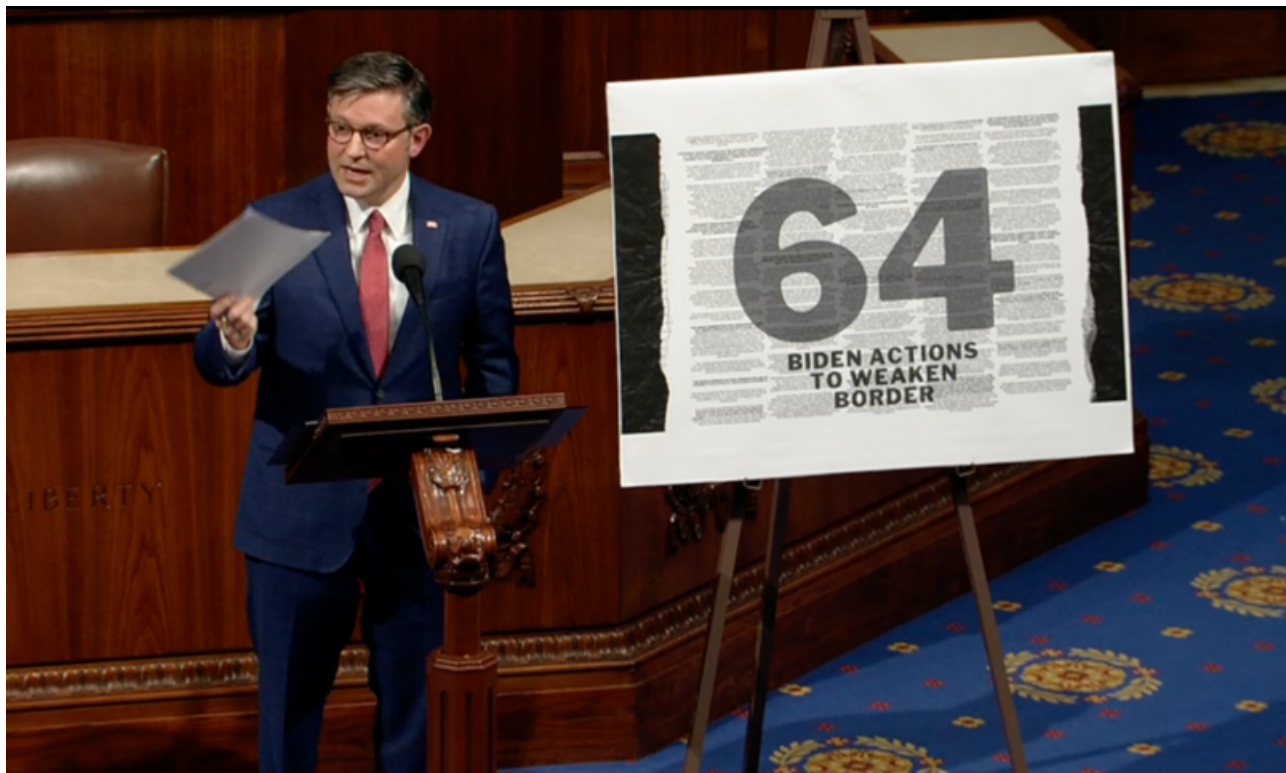
“We’re looking at those comments,” he said. “We’ve listened to those comments. We never had any intention to limit access.”



**State of Our Democracy**

U.S. House Speaker Mike Johnson on Wednesday used his very first floor speech to demand that President Joe Biden take action on immigration without Congress. This, according to Johnson, is the president’s “moral” responsibility, [our D.C. bureau reported](#).

“While there may be some who think that it’s not a good time to act, I disagree,” Johnson said. “Good policy — like a strong border and securing our nation and defending our sovereignty — is always good politics.”



SIXTY-FOUR

(Screenshot via our D.C. bureau)

**Which I just think is so *interesting*.** I think it's *interesting* that Johnson is touting the political benefits of good policy while also declaring a bipartisan immigration policy “dead on arrival” in the House *before even seeing the bill*. I think it's *interesting* to insist that securing the border is a “moral” responsibility while also refusing to even consider a substantive border security bill. I think it's *interesting* to trust Biden to handle the crisis while also claiming that Biden “designed” the crisis. I think it's *interesting* to accuse Biden of refusing to “accept any responsibility or accountability” for the border when you’ve endorsed for president a guy whose entire personality consists of lying and losing and then denying that he lied and lost. It's all! Just! So! Interesting!

Johnson droned on for a full half hour, alternating between taking shots at the ongoing Senate negotiations and demanding that Biden reinstate various Trump-era policies, like building the wall (that Mexico has still not paid for) and requiring that migrants claiming asylum remain in Mexico until their hearings. If Biden does all that – soon — *maybe* House Republicans could get on board with immigration policy, Johnson said.

*Maybe.*

“If President Biden wants us to believe he’s serious about protecting national



security, he needs to demonstrate good faith and take immediate action to secure that border,” Johnson said. “If he wants our House Republican Conference to view him as a good faith negotiator, he can start with the stroke of a pen, but he’s got to do it quickly.”

Yeah, he’s probably not going to do that, according to Andrew Bates, a spokesman for the White House.

“It is House Republicans who are saying they will block an historic bipartisan border security deal supported by President Biden that will deliver much-needed law enforcement hiring and investments in cutting-edge technology to stop fentanyl trafficking,” Bates said in a statement Tuesday. “President Biden has been fighting to take rapid action to secure our border, even as House Republicans have consistently voted against the record funding this president has delivered year after year for that purpose.”



## From The Newsrooms

### Gov & Politics

- [The comeback bid is on: Ohio Supreme Court allows former lawmaker to appear on ballot](#)
- [Advocates renew press to change how legislative vacancies are filled in Maryland](#)
- [Bill allowing Utah to not comply with federal directives passes, with some small changes](#)
- [Facing expulsion for threatening to kill a lobbyist, Rep. Leezah Sun resigned from the Arizona legislature](#)

### Healthcare

- [Saying pregnancy is ‘very complicated,’ Kentucky Democrat seeks to restore abortion access](#)
- [Iowa committee backs ‘granny cam’ bill, citing issues with nursing home inspections](#)
- [West Virginia Senate passes bill to prohibit doxxing of first responders; legislation now heads to the House](#)
- [Armed with new Nebraska law and federal grant, Douglas County team steps up attack on drug overdoses](#)



## Education

- [Alabama House bill would raise compensation for school board members](#)
- [Missouri lawmakers seek to reenvision school accountability and accreditation](#)
- [North Carolina advocates file federal complaint over 'Parents' Bill of Rights' law](#)
- [Wisconsin GOP's latest proposal to eliminate DEI receives public hearing](#)



### One Last Thing

Everyone is [unloading their existential crises](#) on Elmo after he [“checked in”](#) on his social media followers Monday. Not great, Elmo! We’re not great!



NOT GREAT.  
(via [Giphy](#))

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