

Ministerial Alliance Mtg & Prep-20250221_130407-Meeting Recording

February 21, 2025, 6:04PM

2h 55m 28s

● **Warren Dukes** started transcription

0:03

We pray for vision. We pray for the anointing to fulfill our collective and individual assignments. As we gather, we pray that You would have Your way. Be pleased and glorified in Jesus' name, amen.

I'm Rev. David W. Green, Sr. I'm President of the Concerned Clergy of Indianapolis. It's my privilege to welcome all of you here on this afternoon for this discussion around education, health and general welfare of our Hoosiers. This is the place where justice and faith and advocacy all intersect. I'm hoping you will have a great conversation on today that ultimately leads in our advancements for all Hoosiers.

I'm Aaron Spiegel from the Greater Indianapolis Multifaith Alliance. Extending my gratitude and thanks for you being here too. I really have one important job and that's to introduce our keynote, introductory speaker, my congressman, Andre Carson, who has graciously agreed to be with us today to get us started. So if you'll join me in welcoming Congressman Carson.

Thank you, Rabbi, thank you, Rabbi, thank you, Rabbi. Always good to see you. Always good to talk with you. We always have great conversations. Thank you to my friend and brother, Dr. Hicks and First Lady Hicks, thank you. I see some friends out there, I see the great Andrea Hunley, fellow elected official. Woo Hoo! Yes, indeed. An educator, an educator absolutely. We know she's doing a lot of good work. I think much of that can be attributed to her parents, her wonderful husband Ryan. The fact that she's an educator, don't sleep on that. That's where her instincts are coming from. She sees lots of little yous and mes all the time. Also, Greg Porter's here. Any other elected officials here? I do see my big brothers, Pastor, Rev. Drs Green and Moore, good to see you fellas, absolutely. Yes, sir. and so many of you always good to see you know, it's been so encouraging because we have received thousands of calls from constituents about what's taking place and it has reached the thousands primarily because not only are people concerned, but we're taking calls with the exception of Frank Mirvan from other congressional offices that are nonresponsive. And they're non-responsive for many

reasons. They're non-responsive because they are in absolute agreement with the tyranny that is taking place. They're in absolute agreement with the oligarchs taking over your and my taxpayer dollars. They're in absolute agreement with trying to cut Medicaid funding that's coming to Indianapolis, Indiana. The over \$92 million for a start, that will cripple our hospitals. That will cripple our communities. That will dismantle telehealth that is so critical, not only for our seniors, but for rural communities and urban centers. I think it's time for us to take a stand. There's a lot of confusing information out there. I've met literally this weekend and this week with federal employees. Met with the union AFGE They're concerned about folks who have taken the buyouts. I just had a sit-down with some FDA employees, many who were told they were in good standing, who received termination emails the night before and that morning. It's so heartbreaking. And now, since Mr. Musk and his DOGE team of tech experts...they are now looking at your and my private information. We're getting calls from people who are concerned about what they thought would be whistleblower protections. We're getting calls about people who thought they were protected because they filed sexual harassment claims and abuse claims and discrimination claims against their employer. Now that information could possibly be made public. We just saw the firing and attempted rehiring of those public servants who are tasked with protecting our nuclear apparatus and our nuclear facility. Friends, this is unacceptable. Whether you're a Democrat, whether you're a Republican, whether you're an Independent, whether you're apolitical. This democracy is a functioning democracy. It isn't about one person or a few people controlling the masses. This is a shared enterprise. Which means we need the participation of elected officials. You know, the great question is when you're elected are you a representative or are you a trustee? I think it's a combination of both. Sure elected are tasked with representing your interest, but we're also tasked with being trustees over our taxpayer dollars. It's important that our faith community is engaged. I don't have to tell you that. We have faith leaders here who are hearing from their congregants, and I would like for us to work together cooperatively, and even the disagreements that we have can even be healthy, and even I argue minor, given the times we're in.

So the flow of information is so overwhelming, people haven't noticed many times the price of eggs that have gone up. I had to go to three grocery stores before finally landing at Kroger. Good old Kroger to get some \$10 eggs. But I want you to know that we won't stop. We're concerned about our young people. So Kathy Souchet-Downey, the sister back there. She and I in our office will be hosting our annual, you all know about our adult job fair with Ivy Tech that's in August, but this is our youth opportunity fair. Kathy, few seconds, tell them what it's about and who we're targeting.

Like the job fair, Congressman, our youth opportunities fair connects job seekers, internship seekers, folks looking for development opportunities with the organizations like yours that provide those jobs and those internship programs.

How many employees will be there and name a few.

We anticipate about 65 employers this year. We have the YMCA of Indianapolis, Indy Parks. We have Coca-Cola this year, so a varied amount of organizations there.

And this is for young people? What's our age range?

Well part of them high school and college days. Young people, they do not need to be enrolled in school. Let them know.

That's right. There are full time job opportunities here as well. Career track. But, that's the age range 14 to 24, Sir.

OK, so I want you to urge, if you have a Republican member of Congress representing you, we know we have two Republicans in the Senate. Democrats just need three Pastor Hicks. I don't want to jeopardize the C3. Talking to myself, Pat. Democrats just need three Republicans to support us in this negotiation, and if they side with us, we can protect the taxpayers. Data Rest Protection Act if three Republicans side with us, we can also protect Medicare, Medicaid as well as Social Security. Now the administration they're trying to deliberately work around Congress and our laws. They're threatening to ignore the federal courts. Now we know that the founding fathers were very brilliant, but they were very complicated. They were intelligent, but they did have slaves. They were arguably smart, but they saw women as second and third class citizens, but they were brilliant enough to set up three separate political branches of government, and the courts exist for a reason. The courts are fighting back. I think a glimmer of light will rest with the federal district courts. So there are at least 64 pending lawsuits as we speak against the Trump administration's executive orders and his illegal actions. So we're fighting this administratively. We're fighting this legislatively, procedurally, and we need the focus on the ground and it starts with you, the heads of NGO's, faith leaders and just citizens to help us in this fight. Thank you. Thank you, Pastor. Thank you for the invite. I love you all. Thank you.

That's a very hard act to follow. There are very informed and thank you, Congressman Carson, for your words on behalf of our CEOs, Mr. Fred Payne, our executive staff here, United Way of Central Indiana. I am Warren Dukes, Vice President for Diversity, Equity, Inclusion and Belongings here at United Way and I bring you greetings and welcome

you to the space for you to begin to share your thoughts and your leadership and guide your communities in unity. Why would we gather? We gather here in this space for unity-building among the faith leaders, knowing that you are the ones who are echoing the voices of unity to your congregations and seeing the need to collaborate in your great efforts together. So in this space, I welcome you and I look forward to what you have to share today, as I will be a fly on the wall and enjoying exactly what you do to bring greater unity to central Indiana. And thank you for all that you do in that regard.

Once again, thank you all for being here and to Congressman Carson, to Rabbi Spiegel to Pastor David Greene of the Concerned Clergy and to Warren Duke from United Way. We're appreciative for partnership and for the work that we do that requires us to ensure that we are heads in that we are leaning forward, making sure that the most vulnerable among us from the Ministerium, we are concerned about widows and children, those that can't easily fight for themselves. It's been our history.

It's been what we've sought to do to ensure that we use our creativity and that we collaborate and we come together in partnership and seek to dissolve lines that might keep us apart so that we have an opportunity to do the work that is necessary and needed as a combined force to ensure that progress takes place. So on today we're excited that we have authorities we're excited that we have people that can talk to us about health, can talk to us about education and can talk to us about the general welfare of our community. I am a part of an academic study commissioned by the Robert Wood Johnson Foundation. Dr. David Craig is one of our Co investigators, along with Dr. Elaine Hernandez, both of them from Indiana University. I represent the Africological Institute and we are the third in that triangle of leadership for the study. Our concern has been over the last year and a half to look at just as we did in 2019, a program called HIP here in the state of Indiana, the Healthy Indiana Plan. In 2019, we were able to make 11 recommendations to the FSSA and state legislature and others commissioned by the Indiana Minority Health Coalition to do that Health Equity study and to look at HIP. 2019 study.

It is Health Equity, urban congregations, and HIP. HealthEquity urban congregations, and HIP. We've come back now with this current study with a more robust staff, certainly looking at quantitative and qualitative, but there's an active community component of this study. This component has my team at the Africaological Institute leading an effort to look at laws, policies, procedures, rules, and regulations to see that they are changed. This is an academic study that could be one that simply looks to determine whether or not health outcomes are negatively impacted by racism and poverty, and we could come up with an answer that we already know. This, however, is an action-oriented study that has us not seeking to define the racial and structural barriers that prohibit proportionate health outcomes. But this study also seeks to find remediation, remedies, opportunities for growth of solving problems is of concern for us as we not just look at

the cause, but we look at how we can deal with specific situations when it comes to Health Equity and particularly when it comes to Medicaid and health. And so we once again have moved in that direction and we have a panel that is before us and we're going to ask the Dr. David Craig, my Co investigator in this study would come, there are plenty of health issues and we're going to talk about them. So once again put your hands together and thank Dr. David Craig for being with us on today and being with us on this panel.

Hello. I'm David Craig. I'm a professor of religious studies at IU Indianapolis, and I'm here speaking on my own behalf about research I've been doing with Dr. Hicks and Dr. Hernandez, but importantly, with community partners around the state and most importantly with people around the Healthy Indiana plan because they're the people who know the plan. The community is the expert and that's the heart of these studies. I appreciate this time to be in community. I want to offer a special welcome to everyone connecting virtually as we gather to recharge for the work of supporting and advocating for the healthy, educated, housed, diverse, equitable and inclusive communities that we are called to create. This panel is about health and in that sense it is rooted in a moral teaching that spans religions. We have shared responsibilities for each other's health and healing. One of the ways that Indiana has tried to fulfill that is through HIP. But HIP is only one of many Medicaid programs here in the state. HIP is also though, right at the front of some of the legislation that is pending in the State House today. So let me just give you a snapshot of what HIP looked like in 2019, when we did this first study. There were around 400,000 people on HIP. Today, there is around 700,000 people on HIP. What happened? The rules changed. People didn't have to make these monthly premium payments. People didn't have to make these co payments. And so as a result, people were able to keep their benefits. So it's a very different program and what this shows is when Indiana makes smart investments in people's healthcare, it helps people stay healthy. And when you remove harmful barriers, guess what? People navigate systems much more effectively. When we spoke to HIP members in 2019, they described vividly a game of chutes and ladders. Remember this game from your childhood Chutes and Ladders? OK, well in this game in the HIP game, the chutes come first. You got a ladder. You have successfully enrolled in HIP. Now you must pay \$1.00 a month. They have full benefits. First chute to navigate. We have no record of the document you submitted. You have 13 days to resubmit, another chute. If you fall down a chute, the ladders get taller. Our back office data indicates you worked a temporary job last month, so your premium is now \$10 a month. If you got the ladder. You didn't pay this higher charge, so now you have co payments for every healthcare visit, for every medication. Oh, and by the way, you no longer have vision or dental coverage either. Chutes and Ladders. This was the game. Healthcare is not a game. People's health is not a game. So with that, I want to pivot to our panel, introduce our panelists who are here today.

They're going to be discussing some top issues and challenges from a health perspective. I know we'll hear about Senate Bill 2, probably some other legislation at the State House federal judicial ruling as well. So let me I'm just going to sort of introduce them and then open it up with a first question.

So sitting immediately to my left is Tracey Hutchings-Goetz. She is Communications and Policy Director for Hoosier Action. Please welcome Tracey.

State Representative Gregory Porter. He is also Senior Vice President of External Affairs for the Health and Hospital Corporation of Marion County.

And we're so glad Adam made it. Adam Mueller. He's a busy man. He is Executive Director of the Indiana Justice Project.

So Tracey, I'm going to ask you to get us started with this first question, which is what do you see as some of the greatest threats to proportionate health outcomes for all Hoosiers in 2025?

Thank you, David. I'm very glad to be here and unfortunately, Hoosiers in 2025 are facing a pretty significant threat thanks to priority legislation at the State House, which has now moved through the Senate. I'm Speaking of SB-2 bill, authored by Senator Ryan Mishler and several of his colleagues in the Senate. And this bill poses a significant threat to Hoosier Health because it is essentially a Medicaid-killer bill.

It is a bill which encompasses many devastating cuts to all of Indiana's Medicaid programs, but primarily to the Healthy Indiana Plan or HIP. So SB-2, which was amended in the Senate, does three main things that we at Hoosier Action are really worried about. And for those of you who may not know us, Hoosier Action is a grassroots community organization rooted in rural and small town southern Indiana. So we're grateful to be able to drive up today to join y'all. And that's our base of members. They're primarily lower income folks from our small town southern communities and these folks are enrolled at higher rates and the highest rates in the state on HIP and some of the other Medicaid programs. So what SB-2 would do and how it would hurt our people and I think many people whom we love in this room. It would implement a new regime of increased and more frequent enrollment verifications for all Medicaid members. So we're talking about putting people through redetermination as the technical term with greater frequency, requiring more and more paperwork, submissions and, as Dr. Craig noted, we know that there's not a great track record with FSSA of getting notices on time of paperwork, you know, being properly processed. And so we know that this is going to likely lead to significant disenrollment across our Medicaid programs. So this includes elderly folks in long-term managed care. It includes kids on Hoosier Healthwise,

and it includes those HIP members. It also is going to cost a significant amount of money. The fiscal note for the bill actually describes this, it states that it's going to drive up the cost for administering the program while covering fewer people, which seems like a pretty bad deal to me. The other two things that SB-2 does which we're deeply concerned about concern the Healthy Indiana Plan. So those two things are implement an arbitrary 500,000 person cap and as Dr. Craig noted, there's more than 750,000 people currently on that program. And the bill provides no explanation as to how those folks will be chosen amongst the current members and suggest that you know people in the middle of chemotherapy, folks with chronic illness could simply be kicked off in the stroke of a pen if this bill comes to pass. And then finally, it subjects all HIP members, with some exceptions. But really, those exceptions require paperwork. To new paperwork reporting requirements. So this is sometimes framed as a way to get people to work. What we actually know is that so-called work requirements do not work. They drive up costs for running the program and they kick people off and they subject folks to time taxes, making it harder to stay enrolled and wasting public dollars and the lives of people on HIP who have to be frequently verifying that they should still be on the program. So, the impact of this bill is really twofold. One is kicking people off their healthcare coverage, our most vulnerable low-income people in this state, and we know that when people lose their healthcare coverage, they go into medical debt and in some cases they die. They also get sicker. They also get poorer, and then the second thing is this is going to hurt our economy and threaten our existing healthcare institutions. I don't know about you, but my doctors keep moving out of state and out of my small town. And so it is hard enough already to find a provider, and this bill is going to put a whole bunch of pressure on hospitals and other healthcare providers across the state of Indiana. So there's gonna be an economic effect that will impact all of us in this room, whether or not we or someone we love is on HIP. And then finally, it's gonna pull money from Indiana's economy. And the way that this is gonna happen is because our Medicaid programs are overwhelmingly paid for by the federal government. HIPs with the highest match rate of 90% and so the numbers that we have suggest you know a \$3.5 billion potential loss to Indiana's state economy and those are dollars which go to your doctors These are dollars which go to the janitors who clean our healthcare institutions. This is money that supports, you know, small towns and big cities across the state. So that is why we've been organizing since the start of the session against SB-2. We won some concessions, but we're not going to be done until this bill is dead. So we're going to be continuing to fight as we go into the second part of the session and it moves into the House. Thank you.

Thank you. Good afternoon, everyone. Thank you for all being here and I can just say ditto. She is an excellent job. Give her a round of applause. She broke it down. I'm excited to be fighting on this yesterday, so it's fresh in her mind, but I want to thank

each and everyone of you for being here and those virtually today. You know, I will preface, my comments in the room of diversity, a room of inclusion, a room that is not delusional by what we need to do as a people, as a community, and I'm grateful for that. The advocacy that all of you participate in and work toward is very vital. To the almost 7.8 million Hoosiers that live within the state. Yes, the whole state you heard about rural urban community, rural communities. They are being affected as much as anyone else. But those legislators of those 72 counties that are rule they don't get that information. It's hidden. And so they don't complain and tell what's going on to them because they think it's just an urban issue and that's, you know, misnomer what's happening throughout the state. As we continue to and I work for a health and hospital corporation and I can't say anything without Sister Hicks being here who works at Eskenazi. We are very concerned about Senate Bill 2, but we're concerned about healthcare in general. We know that it's important that we know that people that utilize our emergency departments are sicker. The rates go up, the death panels break it down. Remember death panels they talked about years ago. They're going to be brought back. And those are things that truly affect our communities. If we as leaders don't continue to advocate, we're going to unfortunately lose a lot of people. Mishner, and I'm just going to say it. I know this is a bipartisan my colleague Ryan Mishner started talking about Medicaid two years ago and it he learned from one of the greatest, which was a friend of mine on the other side of the aisle, Governor Daniels, saying the more you say it, the more people believe it. And 18 months ago or so he said that kept him up at night. Well, in December of 2023, it was a billion dollar short fall and it wasn't because of the program. It was because Millman miscalculated what they were going to do. So now we have this ten-alarm fire about our finances for \$45 billion budget over biennium? About oh, we're in trouble. We have too many people on, you know, Medicaid. We've break it down. We got to get rid of it, so we going to we going to hurt our seniors. We're going to take away from the pathway for our seniors to get care the seniors that help build that \$2.4 billion surplus that we have in state of Indiana, the ones that worked all their lives and now they're 78 and 90 we're going to build our new budget and get rid and build it on back on their backs, who they helped build the surplus y'all. Then we're about our most vulnerable kids. The ones that are here because by God's grace. We're going to build and cut to them the most vulnerable, our children and our seniors, but we haven't. We have an issue here. Even though we get 90% of the dollars from the federal government, we have a big issue because somebody who they pay tens of millions of dollars to calculate. May I calculate a mistake? There were at that time, 475,000 people on Medicaid. OK, they thought they would take them down to 200,000 and that didn't happen. So you had a billion dollar hit shortfall, but we also took \$350 million and paid off the teacher retirement fund. OK. And we took it to help build a state budget. So it was unfortunate. A storm that happened that all sent Medicaid is tough. It's a drain on us so, but with Senate Bill 2 coming over. That could reiterate you did a great job. We

have a lot of work to do. We had a budget. The budget came out yesterday, but we were focused on minority health and health disparities. We were able to get in the budget another \$500,000, which is \$1,000,000 more for the Indiana Minority Health coalition. That's in the budget that passed yesterday. Didn't vote for it, but got it in there, OK. we got more money for the Civil Rights Commission for health mental health y'all. We were trying to get more money for 98-A. That didn't happen, but that's important also. And we reinstated the Commission for Native Americans. So I mean, there's a lot of things that did not happen, but there are a few things we got. We got some sprinkles. Just enough to see it, you know, and somewhat believe it. But we still have a long way to go when it comes to this. So, you know, we look at the 500, you know the dollars that we have for The Indiana Minority Health coalition. We look at the plans are there, we're going to try to figure out if they want to continue to walk back the numbers of people getting service and what does that really mean. You know, and last but not least, now we can't talk about it. You can't advertise that you can get some services. OK, so in other words, they throw the brick and then hide their hand. OK. You know because, they don't want it. They don't want people to have the services. So but the services that and if you also if you do say something, you may get in trouble. OK, so you know what we're doing is trying to walk everything back, hurt individuals and don't think that health and hospital and Eskenazi is not in there also. We're gonna have to really fight for the public hospital, the hospital that got a referendum back in 2011, 2010, 2011 that people said we want a hospital and we're gonna build us a hospital to have good healthcare, to have access to healthcare. OK. And so now we have to continue to figure out what we're going to do with that, because there are some dollars in there for our hospital, so that we continue to take care of people no matter who you are and what bridge you live under, what house you have, what condo you have in Marion County? If you become ill, you go to Eskenazi or one the the 12 or 14 sites community healthcare centers that we have in Indianapolis. We don't turn away anyone, but those who are making the decision, we have darn good healthcare. So it's good enough for us, should be good enough for everyone else, but when you talk about the power elite. And you talk about MEI, OK. And getting rid of diversity, equity, and inclusion, MEI means just me, the individual. There you go.

Sir, thank you. I don't know that there's much else I need to say at this point in time. There is a couple of things. So again, I'm Adam Mueller. I'm the Executive Director of the Indiana Justice Project. We bring a legal lens to the advocacy work that we do. I work a lot with Tracey and I just want to name that she and her team have done a phenomenal job of raising stories about Hoosiers all over the state who are impacted by what I would consider to be poor and short sighted decisions when it comes to health care. That maybe the thing I want to add to the conversation are that as we've seen SB-2 move through this process. Some themes have emerged that I find to be very problematic,

and one of those themes is that there is a dividing line between people that deserve healthcare and people that don't deserve healthcare, and that really, really upsets me because I think everybody deserves healthcare. And I think that's not a controversial position. But we hear a lot about how well the people on HIP they're able bodied, they're not disabled. First of all that is absolutely false. What the data shows is people that are on the Healthy Indiana Plan often have several disabilities, impairments. Things that affect their lives, whether suffering from chronic conditions, whether they have mental health treatment, diagnosis, whether they have substance use disorder, treatment, diagnosis. The fact is, for anybody that's ever worked with folks that are on Social Security or SSI, it's really hard to get on to Social Security. It's often a two-year process, full of denials where you have to prove up a lot and that's how you get on to traditional Medicaid. So for folks who don't quite meet that level or haven't proven it or haven't dotted all the I's and crossed the t's, there's Medicaid expansion, The Healthy Indiana Plan, so don't tell me that these people don't deserve health care. I think that is a terrible thing to say and it's just completely not true. The second thing I want to say is we hear about this work requirement and we hear about well, you can volunteer here, you can work there. The problem is most people, I would say 99% of the people that are on the Healthy Indiana Plan, they already are doing what they're supposed to do under this work requirement proposed or they meet an exemption. They're not just sitting around, just saying I'm just not going to go out and I'm not going to do anything or help anybody. That's not how communities work. That's not how folks in these communities take care of each other. People I can tell you every person I've ever worked with that's on the Healthy Indiana Plan, they can tell you about how they go check in on their neighbor five or six times a day, their elderly neighbor. They're helping somebody clean out their house or giving somebody a ride. That this is the informal community that we exist in, in Indiana, across the state. So when I hear about this, all I know is they're making people check boxes in order to just to prove that they can make people check boxes. It will not discernibly help anybody in any way. So those are the two themes that I think are raised really well by some of the things that the other panelists have mentioned. The last thing I want to say is sort of the 800 pound elephant in the room which is, Medicaid is a partnership between state and federal right? So what happens at the federal level, really, really matters to what happens here. And we're hearing some really, really scary things about very drastic cuts to Medicaid at the federal level that will trickle down to the states and in very, very harmful ways. It's whether they're saying we're gonna be capping Medicaid, we're gonna be changing the rates that we reimburse, whatever it is, that sort of thing. That partnership really relies on a strong federal partner. So right now we've got things coming from sort of both sides that are very concerning to me.

Adam, I'm gonna ask you to maybe continue a little bit more. Can you just give us an update or if one of you give us an update as to where SB-2 is at the moment in terms of the process within the legislature?

So it has passed out of the Senate and is now over at the House side, where it will probably be scheduled for a hearing in the committee. Is that right, Tracey?

Yeah, it will go to House Ways and Means we don't know when that's scheduled yet. But in case you all are not avid General Assembly watchers, they are on break and headed back into districts for the next week. This is actually a really great time. You know, if you're a rep or your senators in the room right now or outside of the room to track them down and talk with them about why Medicaid matters to you, to your communities, to the people you love and have these conversations about the danger that SB-2 poses.

You're right, we're on break right now. Last night, I think the Senate got out probably about 5:00. We go back in on the 3rd of March and probably won't only one session day and then we won't start committees again. . Well, it may wind up in Ways and Means or Public Health and I serve on Public Health and Insurance and on Ways and Means. I'm going to see it, if not once, twice. And then be able to try to advocate on our behalf at that point. You can tell the importance of those pieces of legislation by the number you got, Senate Bill 1, Senate Bill 2, 1001 and things like that. So that's the priority bills and it's also dealing with the governor and what he wants. Now there is it comes in property taxes which is something else, talking about about health right now. There are some differences between what Mitch Rove and the governor is advocating, along with the members of the General Assembly. You know, if those of you do remember Governor Braun did serve in the General Assembly for about three years, and then he went to DC for about six. Now he's back and he thinks he wants to bring DC to Indiana. So it's going to be interesting as time goes on with those bills there so the whole process starts again, so you know you got a week of reprieve. And then you gotta gear up and then fight like we can again.

Some of the other bills that revolve around health right now in the legislature focus on medical debt. For example, I did get an update this morning from Senator Fady Qaddoura, who's going to be joining a little bit later that unfortunately, the bill that he sponsored, SB217 was voted down today by three votes, which would have helped sort of relieve people from medical debt burdens. This is worth putting a pin in. And especially in terms of HIP looking at the state fiscal budget from 2024. Based on the state's reported numbers for the contributions that flow from the state to HIP. It's about \$667 per person per year covered by HIP that comes from Indiana. Can you imagine

having health coverage for a \$667 for a year? So you know, it's really important to underscore the kind of return on investment that the federal match brings in. And this helps people avoid medical debt, right? This helps people avoid that kind of emergency room as the front door. That number is 900% return on investment, right? That's a big deal. A good deal. Now, as Adam pointed out, that's contingent on what happens at the federal level too, so it's important to be thinking both at the state level and at the federal level. But it's just important to sort of emphasize how much HIP has been and remains an investment in people, their health and investment in people who work. Typically, people in Medicaid, 60% of people on Medicaid are holding jobs. Another 20% are either home caregivers or in school. And so, I mean this is the point about who is already meeting these requirements in terms of the work requirements and the volunteering requirements. So these are these are some things just to really put in perspective and I guess I'll just to question back and Adam, you've kind of already taken this on. Why is the legislature looking at HIP first? If and, let me just say one more thing. None of the money that goes toward HIP comes from the general funds. It comes from hospital assessment funds and tobacco taxes. So why is HIP in the bullseye right now? Any thoughts about that?

I think well, I'll just say it goes back to this idea between who deserves Medicaid and who doesn't deserve Medicaid. And to be fair, and I'm going to reiterate this point, everybody does, that's my position that I don't. That's controversial, but I think that the problem is we see waiting lists and we see a lot of services that are being withheld from folks that are that are elderly or disabled, which is a problem, and we ought to be paying for that. So one of those, you know what's the expression? Never, you know, never miss an opportunity to don't let a crisis something about crisis and opportunity is what happened. So they saw this crisis and they said now is an opportunity to go after a program that we've been wanting to go after for a while. I want to say one other quick thing about that too. You also hear Senator Mishler using the word right size, that HIP got too big and that it needs to be right sized because it was 390,000 people before the pandemic and now it's up to 720 something thousand people. But when Mike Pence, Governor Mike Pence, I don't know if you guys remember that guy. When he originally applied to the feds to say, let's run HIP, they targeted 590,000 people at the time. This is the people that we're going for., So that was 2013. So from 590,000 people that were targeting to seven 20,000 we're just about right size right now in, in my opinion.

When it comes to the right size, we have to understand this also. You got a group out there. It's Al Hubbard and Hoosiers For Healthcare, and so you have a group of individuals out there that think healthcare is too expensive. Hoosiers For Affordable Healthcare? I think that's the name of the group and they continue to try to say how bad things are there. There's hospital assessment fees that are out there. You know, so I

mean, you know that those dollars out there to try to neutralize or buy down the the Medicaid cost again 90%. But I think we look at it going, you know, Mishler is who he is and he really feels that. the quote unquote, we've had some hard discussions about this face to face, you know, what about, you know, the people that you don't see and what thing that happens is that unless the rural communities really push this. And then legislators feel the heat from their constituents. They'll just steamroll it through because they think is, you know, is they think it's a Gary, Indianapolis, Evansville, South Bend issue, Fort Wayne, not, you know, not down in Valparaiso or Loogootee or any of the small Brazil, Indiana or anything like that. I mean these things are very important we got to you know, I've said this before with my Concerned Clergy, family and Ministerial Alliance family. We've got to change the narrative. They have their marching orders. They know that the current administration wants to have the work requirements that did not work the first time they worked for a while, but then they went away. Then we gotta figure out as if this current administration will begin to really cut Medicaid. Which is going to happen and then the dollars that they do send, they'll be looking at block grant dollars. OK, then that's another issue there. So I mean what we have to do with you, what you're doing now is trying to figure out and we got to right size it. OK, you want to right size it? Well, we're going to modify your right size for everybody's size, not just for your economic side.

I'm going to pivot there and ask a question sort of building on that. Earlier Representative Porter, you said that advocacy matters. So I'm wondering what can the community do to support efforts to maintain or bolster better health opportunities and outcomes for our families, for our neighbors? How can we right size?

Yeah, so the first thing I want to name really directly is just that public support for Medicaid is extremely widespread. People across race, place, geography, political party, actually love Medicaid, and for the most part it is a program that works for Hoosiers and Americans. But there is a long history dating back to the very start of Medicaid itself. Which was a deal struck in 1965 after the Voting Rights Act, Medicaid was in-built as a deal with racist white Democrats at the time. That states were allowed to implement additional barriers to coverage, and it is that sort of like racist fear which is being conjured and preyed on here in an attempt to justify kicking Hoosiers, both black and white, out of this program. So just to be really clear that it is like really critical to emphasize the way in which this program helps everyone in this state, across geography and across race, and to push back against these stereotypes which are used to demonize Medicaid members and point the finger at those struggling the most for the problems that are being caused by the wealthy few in our state who are not paying their fair share, so that is like the root problem. And it is really important to uplift stories of why Medicaid matters to everyone in this state to meet with legislators to get those calls

in. We have seen that it started to work right. We got the three-year cap removed from SB-2. And so we need to continue to keep up that pressure. And if you do live in an area in the state like Marion County, which is represented by Democrats, now is the time to call your Aunt LeeAnne, who lives in Rockville and have a conversation with her about Medicaid and get her to call her State Rep. And to reach out to your local newspapers to talk to press and media and really uplift this story about how and why Medicaid helps Hoosiers across the state. And I'll just name like it. It can work right? We have made progress. We have to keep this pressure up for the rest of the session. And there are some tools that we at Hoosier Action have available that can help folks. There are lots of other organizations, whether it's Concerned Clergy or League of Women Voters across the state, United Way who we are working with on this issue, so we have a landing page at hoosieraction.org/stop-SB2 that has a bunch of these tools and a bunch of these resources. And we're going to continue to organize people and build power to push back against this bill and protect Hoosiers against really devastating Medicaid cuts.

While that's passing, I'll mention that I did use that tool recently to call up legislators. It was very helpful, easy landing page gave me phone numbers and it was a really great help. I see a question from the audience. You want to share something?

Gentleman right here.

....Then we hear the Lake County, the Marion County piece. When are we or those who are in positions going to address the issue of who deserves and who does not deserve it? Bring it up where it can be dealt with as a Hoosier issue. There's a Hoosier issue, not who deserves it and who does not deserve it. Not just Lake County, not just Marion County, not just Brazil, but it's a Hoosier issue? When will we break that wall down to make people understand it and say it's a Hoosier issue and not a who deserves it, and who does deserve it, let me say it this way, black, white, indifferent. Okay?

I think I don't know when that happens, but when it does look out 'cause. I think that we're gonna be in a really great, place. I actually think I really needed to turn especially to Tracey because I think this is the premise of her entire organization. And don't forget to paraphrase for streamers.

Yeah. So the question was around, you know, how do we break through these long-standing belief systems around, you know, some people deserve care, some people don't deserve care. And how do we make this a Hoosier issue? And as I said earlier, I do think that like really the majority of everyday people in this state agree with us that everyone deserves care, period. And the majority of us have experienced what it is like to be afraid to go to the doctor because we cannot afford it. I know I have avoided

filling prescriptions, getting my annual physical exam, all of that stuff, which should be covered because we have a real problem with a healthcare system that is run for profit rather than for people. So it's a big fight, but I really do believe that like it is a Hoosier belief that, like, we all deserve care. And so the challenge that we have ahead of us is, yes some changing of hearts and minds, but it's actually mostly an organizing challenge. Like, how do we get those people to work together and build the power necessary to create this change because it's not that this isn't widely felt, right?. Like I have had hundreds of conversations with folks and moved people on these questions of who deserves care and really the majority of doors that I have knocked on in the hundreds of conversations I've had with folks about Medicaid, people have been like, yeah, it saved my grandma's life. Or, yeah, this is really important to my family. It's like how I'm able to work so it is that matter of getting those people together in a way that is powerful to create the change that we need and it really starts with like talking to your neighbors and organizing at whatever level in whatever way that you can, and then harnessing that power and directing it towards our state decision makers.

We have about another minute. We have a question from the chat.

What does right sizing look like demographically in reality versus what legislators think it is?

I'll say the question, what does right sizing look like demographically in a healthcare system that would include everyone I believe is the question.

Well I think it's pretty simple that there's eligibility criteria. To participate in the Medicaid program, and if you meet that criteria, you should be on the Medicaid program. You should be entitled to it and an arbitrary cap of 500,000 people would go against that. So to me, if you're eligible, you should be on it. If you want to be on it.

Hey, and Mishler wants to cap it at that and if you get in, you get in. If you are \$10 a month over, you're out. OK. Even though eggs are \$5.05 a dozen. OK. So you know if you know so well around the corner, down the alley? Someone asked where were they \$5.05. So that's what that right sizes mean because it's artificial, it's his perception and it and unfortunately it's his reality and he's in a position to have that perception and that reality and to make that decision.

All right, I'm going to just mention a few things here by way of a closing here SP2. As it moves forward is going to build in a lot more paperwork and a lot more administrative costs for fewer people. Costs up people down. This is one of the key points that has been brought up here. The current system has unbelievable return on

investment, right? 10% investment to cover so many people and not just for a healthy workforce, but for a robust healthcare system that covers people. This is really a kind of unifier across urban and rural areas, and in particular, rural areas are particularly dependent upon this. Say, for OB/GYN services, Medicaid covers 40% of births. Right, this makes a huge difference to core health concerns that people have, right? So these are some of the key issues that people have raised up here. Advocacy matters, messaging matters. I'm going to quote from the audience here. Health is not an issue of who deserves it, who doesn't deserve it. It is a Hoosier issue. I think that's a nice note to end upon. Please, let's give thanks to our panelists. And as the panelists are sort of finding their way, it is my honor to introduce our next moderator. Thank you all again. Let's give one more round of applause. Representative Porter, Adam Mueller, and Tracey Hutchings-Goetz. I hope you feel empowered.