



NEBRASKA  
**APPLESEED**  
STAND UP FOR JUSTICE

# Medicaid Expansion Is A Lifeline for Nebraskans, Our Communities, and Our Economy

January 2026

## OVERVIEW

This policy brief documents the history of Medicaid expansion in Nebraska, its current impact and economic benefits, and the need to defend the program against threats that would erode Nebraskans' access to health care.

Before Medicaid expansion, many Nebraskans fell into “the coverage gap,” meaning that they were ineligible for Medicaid but also did not make enough to afford other insurance or qualify for subsidies to make Marketplace coverage affordable. Nebraskans who are now able to access Medicaid expansion generally do not have other affordable options for health insurance.<sup>1</sup> Now that Medicaid expansion is fully implemented in Nebraska, individual Nebraskans have better access to the health care they need, Nebraska families have more financial stability, and our local economies and health systems have critical support.

Despite the success of Medicaid expansion, recent and ongoing efforts to shrink the program will cause loss of coverage and harm to Nebraskans' health. These threats are unpopular – a majority of people across the political spectrum view the Medicaid program favorably.<sup>2</sup> The following action items are necessary to sustain a strong Nebraska Medicaid expansion program:

- Do not implement federally required work requirements early and take all steps to prevent unnecessary coverage loss from work requirements;
- Set any federally required copays at the lowest amount possible;
- Require only the minimum number of eligibility renewals;
- Improve Nebraska DHHS automatic processes;
- Provide the maximum amount of retroactive coverage;
- Provide clear public information about eligibility changes; and
- Ensure transparency.

Nebraskans, our workforce, and our health system rely on Medicaid expansion to provide reliable access to health care. Our state leaders must ensure Medicaid expansion remains a robust and effective program.

---

1. Molly McCleery, *Medicaid Expansion in Nebraska: Addressing Socioeconomic Inequities*, 52 Creighton L. Rev. 411 (2019), <https://cdr.creighton.edu/server/api/core/bitstreams/33ebee0d-ab43-4831-bfca-7890c0232c96/content> (last visited Jan. 8, 2026).

2. 93% of Democrats, 83% of Independents, and 74% Republicans hold favorable opinions of Medicaid. 7 *Charts About Public Opinion on Medicaid*, KFF, June 17, 2025, <https://www.kff.org/medicaid/poll-finding/5-charts-about-public-opinion-on-medicaid/>.

# CONTENTS

<b>HISTORY: Nebraskans Elected Medicaid Expansion.....</b>	<b>3</b>
<b>IMPACT: Medicaid Expansion Fills Critical Gaps.....</b>	<b>3</b>
Medicaid Expansion Provides Stability for Nebraska Families.....	4
Medicaid Expansion Improves Coverage and Health Outcomes for Children, Pregnant and Postpartum Moms, Older Adults, and People with Disabilities....	4
Medicaid Expansion Addresses Disparities - Particularly for Rural Communities and Communities of Color.....	6
<b>ECONOMIC BOOST: Medicaid Strengthens Nebraska’s Economy.....</b>	<b>6</b>
State Budget Benefits of Medicaid Expansion.....	6
Access to Health Care Through Medicaid Expansion Promotes Work.....	7
Medicaid Expansion Keeps Our Health System Afloat.....	7
<b>THREATS: Nebraskans Need Medicaid Expansion to be Protected.....</b>	<b>9</b>
<b>Conclusion.....</b>	<b>13</b>

## HISTORY: Nebraskans Elected Medicaid Expansion

After nearly a decade of work that included multiple legislative bills, rallies, administrative advocacy, and a successful ballot initiative, Nebraskans brought Medicaid expansion to our state.<sup>3</sup> In October 2020, nearly 2 years after voters approved it, Medicaid expansion was partially implemented. Finally, in October 2021, Medicaid expansion was fully implemented, providing all expansion enrollees with the full range of required benefits.<sup>4</sup>

## IMPACT: Medicaid Expansion Fills Critical Gaps

Medicaid expansion improves Nebraskans' health and financial stability. Study after study has shown that Medicaid expansion improves access to care, utilization of services, affordability, and financial security among low-income individuals.<sup>5</sup> Medicaid expansion has numerous benefits, including:

- Reducing the uninsured rate among low-income adults.<sup>6</sup> In fact, in the first two years after Medicaid expansion was implemented, the uninsured rate in Nebraska dropped 14.5%, the most significant drop in more than a decade;<sup>7</sup>
- Improving individual health and increasing positive health outcomes;<sup>8</sup>
- Reducing overall mortality;<sup>9</sup>
- Decreasing cancer mortality, cardiovascular disease, liver disease, maternal mortality, and more negative health outcomes;<sup>10</sup> and
- Significantly increasing maternal care access and utilization, and improving birth outcomes.<sup>11</sup>

---

3. Nebraska Appleseed, *How Did We Get Medicaid Expansion in Nebraska?*, accessed Jan. 8, 2026, <https://neappleseed.org/medicaidexpansion>.

4. *Id.*

5. Madeline Guth, Rachel Garfield, & Robin Rudowitz, *The Effects of Medicaid Expansion Under the ACA: Studies from January 2014 to January 2020*, Henry J. Kaiser Family Foundation (KFF), Mar. 17, 2020, <https://www.kff.org/medicaid/report/the-effects-of-medicaid-expansion-under-the-aca-updated-findings-from-a-literature-review/>.

6. Laura Harker & Breanna Sharer, *Medicaid Expansion: Frequently Asked Questions*, Center on Budget and Policy Priorities, June 14, 2024, <https://www.cbpp.org/research/health/medicaid-expansion-frequently-asked-questions-0>.

7. Martha Stoddard & Henry J. Cordes, Omaha World Herald, *Expanded Medicaid Leaves Fewer Nebraskans without Health Coverage*, Sep. 25, 2022, updated Oct 30, 2023, [https://omaha.com/news/state-and-regional/govt-and-politics/expanded-medicaid-leaves-fewer-nebraskans-without-health-coverage/article\\_3d9e91e8-38fa-11ed-bdbb-47e8fa6fbef7.html](https://omaha.com/news/state-and-regional/govt-and-politics/expanded-medicaid-leaves-fewer-nebraskans-without-health-coverage/article_3d9e91e8-38fa-11ed-bdbb-47e8fa6fbef7.html).

8. *Id.*

9. *Id.*

10. Madeline Guth & Meghana Ammula, *Building on the Evidence Base: Studies on the Effects of Medicaid Expansion*, KFF, May 6, 2021, <https://www.kff.org/medicaid/report/building-on-the-evidence-base-studies-on-the-effects-of-medicaid-expansion-february-2020-to-march-2021/>.

11. *Id.*

### Medicaid Expansion Provides Stability for Nebraska Families

Expansion is associated with reduced rates of food insecurity, poverty, and home evictions.<sup>12</sup> Medicaid expansion is associated with increased family income, decreased catastrophic health expenditures, less income inequality, lower bankruptcy rates, and improvements in credit scores.<sup>13,14</sup> In the first two years Medicaid expansion was implemented in Nebraska, bankruptcy filings fell by 23.5%, outpacing the national average decrease during the same time period of only 17.7%.<sup>15</sup>

### Medicaid Expansion Improves Coverage and Health Outcomes for Children, Pregnant and Postpartum Moms, Older Adults, and People with Disabilities

Even though Medicaid expansion does not cover children or adults 65 and older, studies consistently show benefits for these groups in states with Medicaid expansion.

Kids benefit from Medicaid expansion because they are more likely to get enrolled in health coverage when their parents have access to coverage.<sup>16</sup> The children's uninsurance rate is double in non-expansion states as compared to expansion states.<sup>17</sup> In states with Medicaid expansion, more kids receive preventative care, and health coverage for parents protects families from economic strain that can damage children's long-term development. More years of Medicaid coverage during childhood are associated with better educational outcomes and increased earning potential in adulthood, indicating Medicaid's role in providing economic stability, upward economic mobility, and reducing intergenerational poverty.<sup>18</sup>

Additionally, Medicaid expansion supports prenatal and postpartum moms, and therefore the health of babies. Between 2019 and 2023, maternal mortality

---

12. Guth et al., 2020, supra note 5.

13. Guth et al., 2021, supra note 10.

14. Celli Horstman, Sara Federman, Carson Richards, Akeiisa Coleman, The Commonwealth Fund, *How Does Medicaid Benefit States*, May 5, 2025, <https://www.commonwealthfund.org/publications/explainer/2025/may/how-does-medicaid-benefit-states>.

15. Stoddard et al., supra note 7.

16. Laura Harker, Center on Budget and Policy Priorities, *Medicaid Expansion Helps Newly Eligible Adults and Groups Traditionally Eligible for Medicaid*, June 3, 2024, <https://www.cbpp.org/research/health/medicaid-expansion-helps-newly-eligible-adults-and-groups-traditionally-eligible>.

17. *Id.*

18. Horstman et al., supra note 14.

rates in non-expansion states were 35% higher than those in expansion states.<sup>19</sup> In 2021 alone, the rates of maternal death were over 50% higher in non-expansion states than in expansion states.<sup>20</sup> Medicaid expansion provides a critical eligibility pathway for women of reproductive age: pregnant moms in expansion states are more than twice as likely to be enrolled in Medicaid prior to pregnancy as compared with non-expansion states, improving pre-pregnancy health, resulting in healthier pregnancies and fewer pregnancy-related complications.<sup>21</sup> Medicaid expansion is a critical support in the postpartum period too, which is critical to address maternal health complications.<sup>22</sup>

Similarly, adults age 65 and older are not eligible for Medicaid expansion, but benefit from the program too. When caregivers are able to enroll in expansion, they're more likely to get their older family members enrolled in other Medicaid coverage for which they qualify. Additionally, Medicaid expansion saves lives before the age of 65. A study of near-seniors between 55- to 64-years old found that Medicaid expansion reduced mortality rates between 39-64%.<sup>23</sup>

Finally, Medicaid expansion provides benefits for people with disabilities. Because the process to receive federal disability benefits is resource-intensive and can take many years, many people with disabilities do not receive Medicaid on the basis of their disability.<sup>24</sup> Medicaid expansion provides coverage for individuals with disabilities who do not yet have a formal disability determination. Research shows people with disabilities who were covered under Medicaid expansion had more improvements in coverage and usage of primary and preventative care than those without disabilities.<sup>25</sup> People with disabilities in expansion states were also more likely to be employed than those in non-expansion states.<sup>26</sup>

---

19. Sophia Tripoli & Alicia Camaliche, Families USA, *Medicaid Expansion Reduces Maternal Mortality: Medicaid Cuts Would be Deadly for Mothers and Babies*, May 20, 2025, <https://familiesusa.org/resources/medicaid-expansion-reduces-maternal-mortality-medicaid-cuts-would-be-deadly-for-mothers-and-babies/?emci=9a24c430-5992-f011-b484-6045bdeb7413&emdi=bd9d0e35-1693-f011-b484-6045bdeb7413&ceid=9717140>.

20. *Id.*

21. *Id.*

22. *Id.*

23. Harker, *supra* note 16.

24. *Id.*

25. *Id.*

26. *Id.*

## Medicaid Expansion Addresses Disparities - Particularly for Rural Communities and Communities of Color

Medicaid expansion is associated with greater access to care in rural areas. Rural hospitals experience substantial improvements in financial performance after expansion.<sup>27</sup> At a critical time for rural hospitals and health care access in rural communities, Medicaid expansion is a proven support. Additionally, evidence shows that expansion has improved access to care and narrowed health disparities based on race and ethnicity.<sup>28</sup>

## **ECONOMIC BOOST: Medicaid Strengthens Nebraska's Economy**

Research shows Medicaid expansion has overwhelmingly positive effects on economic outcomes for states, hospitals, and providers.<sup>29</sup>

### State Budget Benefits of Medicaid Expansion

Analysis of the effects of Medicaid expansion on state economies show results of increased revenue and net state savings by offsetting costs in other areas.<sup>30, 31</sup> Medicaid expansion has helped reduce spending on other areas of state budgets such as corrections and mental health and substance use treatment.<sup>32</sup> Additionally, spending on some Medicaid groups has reduced, because some people can now access coverage with a higher federal match through expansion.

Cuts to Medicaid expansion result in increased uncompensated care, which not only impacts hospitals and health systems (discussed more below), but also costs taxpayers. Health system costs incurred by providing for patients who are uninsured are eventually compensated through complicated funding streams, primarily public funds from the federal, state, and local governments.<sup>33</sup>

---

27.*Id.*

28. Sarah Somers & Jane Perkins, *The Ongoing Racial Paradox of the Medicaid Program*, 16 J. Health and Life Sci. L. 96 (2022), p. 103-105, American Health Law Association, available at <https://healthlaw.org/wp-content/uploads/2022/05/The-Ongoing-Racial-Paradox-of-the-Medicaid-Program.pdf>.

29. Guth et al., 2021, *supra* note 10.

30. Guth et al., 2020, *supra* note 5.

31. Guth et al., 2021, *supra* note 10.

32. Harker, *supra* note 16.

33. Teresa Coughlin, Haley Samuel-Jakubos, and Rachel Garfield, *Sources of Payment for Uncompensated Care for the Uninsured*, KFF, Apr. 6, 2021, <https://www.kff.org/affordable-care-act/sources-of-payment-for-uncompensated-care-for-the-uninsured/>.

In actuality, Medicaid expansion is a driver of economic success. Expansion is associated with gains in employment and growth in the labor market.<sup>34</sup> Plus, Medicaid investment is a great return-on-investment: every dollar spent generates over a dollar's worth of economic activity.<sup>35</sup>

### Access to Health Care Through Medicaid Expansion Promotes Work

Poor health is a significant contributor to unemployment and increases risk of job loss, while access to affordable health coverage has a positive effect on getting and keeping a job.<sup>36</sup> Disruptions in reliable access to Medicaid not only harm people's health, but also harm our workforce.<sup>37</sup>

A vast majority - 92% - of Medicaid expansion enrollees are already working or have caregiving responsibilities, an illness or disability, or are enrolled in school.<sup>38</sup> Medicaid expansion remains a critical resource for Nebraska's workers, as recent estimates indicate less than 60% of full time and 17% of part-time workers have access to employer-sponsored insurance, and other Medicaid enrollees may be working contract, seasonal, agriculture, manufacturing, or service industry jobs and their employers may not be required to offer insurance.<sup>39</sup>

However, requiring employment as a prerequisite for health insurance does not increase employment among Medicaid enrollees.<sup>40</sup>

### Medicaid Expansion Keeps Our Health System Afloat

Approximately 70,000 Nebraska health care providers are contracted and providing services to patients with Medicaid.<sup>41</sup> Expansion improves provider

---

34. Guth et al., 2020, supra note 5.

35. Horstman et al., supra note 14.

36. Larisa Antonisse and Rachel Garfield, *The Relationship between Work and Health: Findings from a Literature Review*, KFF, Aug. 7, 2018, <https://www.kff.org/medicaid/the-relationship-between-work-and-health-findings-from-a-literature-review/>.

37. Horstman et al., supra note 14.

38. Jennifer Tolbert, Sammy Cervantes, Robin Rudowitz, and Alice Burns, *Understanding the Intersection of Medicaid and Work: An Update*, KFF, May 30, 2025, <https://www.kff.org/medicaid/understanding-the-intersection-of-medicaid-and-work-an-update/>.

39. Horstman et al., supra note 14.

40. *Id.*

41. *Nebraska Medicaid Annual Report, Nebraska DHHS, p. 3, December 11, 2025, https://nebraskalegislature.gov/FloorDocs/109/PDF/Agencies/Health%20and%20Human%20Services%20Department%20of/107\_20251211-084425.pdf.*

operating margins and profitability, particularly for hospitals in rural areas and small hospitals.<sup>42</sup> In the first two years of Medicaid expansion in Nebraska, our hospitals experienced a \$20 million reduction in the amount of financial assistance or uncompensated care they had to write off.<sup>43</sup>

Medicaid supports the health sector workforce, generates state and local tax revenue, and saves money for low-income Nebraska families who need it.<sup>44</sup> This support to rural hospitals is particularly important as the past decade has seen 120 rural hospital closures or reductions in services nation-wide, which have adverse economic effects on rural communities and limit access to care.<sup>45</sup> In Nebraska, Curtis Medical Center announced in the summer of 2025 that it was forced to close amidst historic federal Medicaid cuts passed by Congress.<sup>46</sup> Up to six additional Nebraska hospitals could be forced to close because of Congress's reckless Medicaid cuts.<sup>47</sup>

The following graphic shows the weight and range of research on the effects of Medicaid expansion on economic measures:<sup>48</sup>

---

42. Guth et al., 2021, supra note 10.

43. Stoddard et al., supra note 7.

44. Horstman et al., supra note 14.

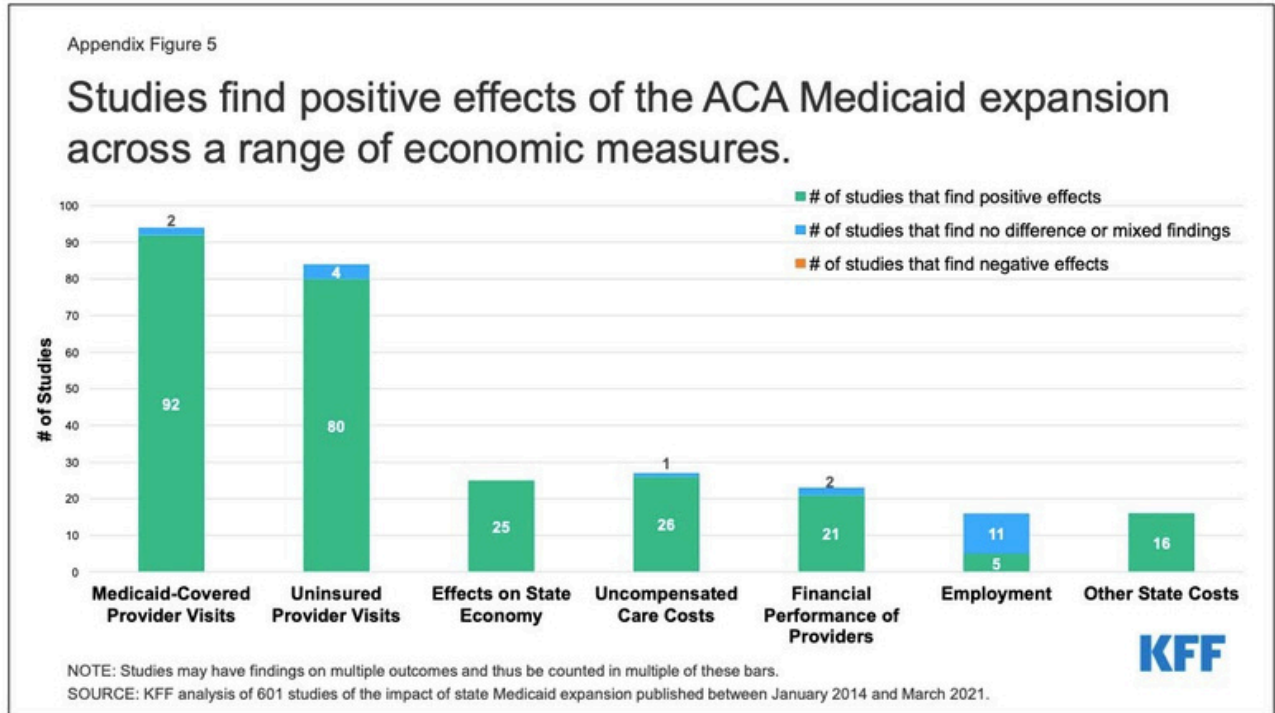
45. Joan Alker, Aubrianna Osorio, & Edwin Park, Georgetown University McCourt School of Public Health Center for Children and Families, *Medicaid's Role in Small Towns and Rural Areas*, Jan. 15, 2025, <https://ccf.georgetown.edu/2025/01/15/medicaids-role-in-small-towns-and-rural-areas/>.

46. Matt Olberding, Nebraska Public Media, *Southwest Nebraska Medical Center Announces Plans to Close, Blames Uncertainty Over Funding*, July 3, 2025, <https://nebraskapublicmedia.org/es/news/news-articles/southwest-nebraska-hospital-announces-plans-to-close-blames-uncertainty-over-funding/>.

47. *Id.*

48. Guth et al., 2021, supra note 10.

**Economic effects (Appendix Figure 5).** Studies find positive effects of Medicaid expansion on a range of economic measures. Economic effects of expansion include improvements in payer mix and other impacts on hospitals and other providers and positive effects on state budgets and economies. Studies also consider Medicaid spending per enrollee, marketplace effects, and employment and labor market effects.



## THREATS: Nebraskans Need Medicaid Expansion to be Protected

About 70,000 Nebraskans<sup>49</sup> enrolled in Medicaid expansion will soon be subject to a number of new restrictions required by H.R.1, also known as the “One Big Beautiful Bill Act” or the “Working Families Tax Cut Act,” a federal tax and spending bill supported by all five members of Nebraska’s congressional delegation (Senators Fischer and Ricketts and Representatives Flood, Bacon, and Smith) and signed into law by President Trump on July 4, 2025.<sup>50</sup> While the Medicaid cuts in H.R. 1 will disproportionately impact certain Medicaid recipients, it will also have far-reaching, harmful effects for all Nebraskans.<sup>51</sup>

49. Danielle Shenk, KOLN, *Nebraska to Become First State Implementing Medicaid Work Requirements*, Dec. 17, 2025, <https://www.1011now.com/2025/12/17/nebraska-become-first-state-implementing-medicaid-work-requirements/>.

50. Gina Dvorak, WOWT, *How They Voted: Nebraskan, Iowa Representatives Send Trump His ‘Big, Beautiful Bill’*, July 3, 2025, <https://www.wowt.com/2025/07/03/how-they-voted-nebraska-iowa-representatives-send-trump-his-big-beautiful-bill/>.

51. Angie Postal & Brandon G. Wilson, *The Clock is Ticking: New Medicaid Changes Could Strip Away Care When People Need it Most*, Community Catalyst, Sept. 10, 2025, <https://communitycatalyst.org/posts/the-clock-is-ticking-new-medicaid-changes-could-strip-away-care-when-people-need-it-most/>; Mona Shah & Ellen Tavernah, *The Big Bad Bill: What You Could Lose Overnight*, Community Catalyst, June 16, 2025, <https://communitycatalyst.org/posts/the-big-bad-bill-what-you-could-lose-overnight/>.

The new restrictions will cut Nebraskans off of the health coverage they need and cause harm to our families, communities, health system, and economy. However, our state has some choice in how the new restrictions are implemented, and must choose to prevent Nebraskans from unnecessarily losing their Medicaid coverage.

Below are some of the changes coming to the Medicaid expansion program and actions our state must take to keep Nebraskans healthy and our health system strong:

- **Work Requirements:** The new work requirements will apply to individuals enrolled in the adult Medicaid expansion category, which provides coverage to those ages 19-64 with incomes at or below 138% of the federal poverty level. This new requirement will soon take effect even though evidence shows that work requirements don't actually increase workforce participation and 92% of people with Medicaid are already working or may qualify for an exemption from work requirements.<sup>52</sup> Work requirements force people off the coverage they need in order to work. Complex reporting processes and rampant administrative issues make work requirements even more ineffective, and increase the likelihood of people getting kicked off of coverage, even when they're working or exempt from the requirements.<sup>53</sup> Gov. Pillen estimates 30,000 Nebraskans will lose their coverage because of new work requirements.<sup>54</sup>
  - **Action: Do not implement work requirements early.** States will have many options in implementing the new work requirements, including when to implement. States are required to implement by January 1, 2027. Early implementation will unnecessarily cause Nebraskans to lose coverage due to rushed implementation, insufficient systems, poor communication with enrollees, and insufficient training for state staff.
  - **Action: Take all steps to prevent unnecessary coverage loss from work requirements.** There are many other options our state must take up to properly implement the federally-required work requirements, including adopting comprehensive exemptions, requiring only the minimum number

---

52. Jennifer Tolbert et al., *supra* note 38.

53. *Id.*

54. Juan Salinas II, *Nebraska Becomes First State to Add New Medicaid Federal Work Requirements: Up to 30,000 People Could Lose Medicaid Coverage from Proposal Allowed Under "Big, Beautiful Bill," Gov. Jim Pillen Says*, Nebraska Examiner, Dec. 17, 2025, <https://nebraskaexaminer.com/2025/12/17/nebraska-becomes-first-state-to-add-new-medicaid-federal-work-requirements/>.

of verifications and months of compliance, accepting client statements to the maximum extent possible, conducting widespread and accessible outreach and education about the requirements, and other options. For more information and additional recommendations, see ***Red Tape is Coming: Medicaid Work Requirements & What's Next in Nebraska***

- Copays: H.R.1 requires states to impose cost sharing between \$0-35 for certain services for expansion enrollees whose incomes are between 100-138% FPL. The federal law explicitly exempts primary care, services provided by Federally Qualified Health Centers (FQHCs), behavioral health and rural health clinics, mental health care, and substance use disorder services, plus existing exemptions of certain services from cost sharing. The copays will be effective October 1, 2028.
  - **Action: Set copays at the lowest amount possible.** Any copay or other cost sharing can be a deterrent and cost-prohibitive for Medicaid enrollees. Nebraska should set copays at the minimal amount possible, and should direct Managed Care Organizations (MCOs) to waive or cover the copays if possible.
- More Frequent Eligibility Determinations: H.R.1 requires states to redetermine eligibility for Medicaid expansion enrollees every 6 months instead of the current practice of every 12 months. More frequent eligibility determinations will cause Nebraskans to lose coverage even when they are eligible and will disrupt continuity of care. This change will take effect on January 1, 2027.
  - **Action: Require only the minimum number of renewals.** Renewals exacerbate administrative burdens for state employees and Medicaid expansion enrollees. The minimum number of renewals is sufficient to ensure enrollee information is updated. Our systems are not prepared for additional renewal processing requirements, and imposing additional renewals would increase errors, improper terminations, and other administrative barriers.

- **Action: Improve DHHS automatic processes.** Nebraska must improve its determination process and *ex parte* systems (where the state conducts the eligibility determination automatically with data sources available to it without contacting the enrollee). In 2025, Nebraska DHHS processed only 34% of its renewals *ex parte*.<sup>55</sup> Nebraska's systems are unprepared for these changes.
- Retroactive Coverage: Currently, Medicaid provides 3 months of retroactive coverage for applicants who qualify. H.R.1 drops the retroactive period to only 1 month for Medicaid expansion and 2 months for other Medicaid categories starting January 1, 2027. Limitations on retroactive coverage will hurt eligible children, pregnant women, people with disabilities, and families. Nebraska families will be faced with more medical debt while hospitals and providers will take on more uncompensated care.
  - **Action: Provide the maximum amount of retroactive coverage.** Nebraska should ensure it provides the maximum amount of retroactive coverage allowed by federal law.
- Immigrant Eligibility: H.R.1 restricts coverage to only certain immigrant statuses and newly excludes asylees, refugees, and immigrant statuses that cover survivors of domestic violence. Individuals with these immigration statuses have been eligible for Medicaid prior to this change. This provision takes effect on October 1, 2026.
  - **Action: Provide clear public information about eligibility changes based on immigration status.** Nebraska needs to ensure that current enrollees and new applicants, as well as providers and other individuals who help applicants enroll in Medicaid, understand this change and who will be affected.
- **Action: Ensure transparency.** All of these changes will significantly change Nebraska's Medicaid program. Nebraska DHHS should provide meaningful opportunities for community feedback on implementation of these changes. Nebraska DHHS should ensure updates on the status of changes, enrollment data, *ex parte* and other processing rates, and other information is readily accessible to the public.

---

55. *Nebraska Medicaid Annual Report*, supra note 41, p. 8, 32-33.

## CONCLUSION

Now, more than ever, Nebraskans' access to health care must be protected from any additional funding restrictions at the state and federal level. Cuts to Medicaid are a direct attack on the health and financial security of Nebraskans. Instead, we're all healthier when we have a strong Medicaid expansion program.

**Medicaid expansion is critical to ensuring Nebraskans' health and security, and that of our communities, health system, and state overall.**

---

## NEBRASKA APPLESEED

Nebraska Appleseed is a nonprofit organization that fights for justice and opportunity for *all* Nebraskans.

We take a systemic approach to complex issues — such as child welfare, immigration policy, affordable healthcare and poverty — and we take our work wherever we believe we can do the most good, whether that's at the courthouse, in the statehouse, or on the streets of our communities.

**947 O STREET, SUITE 401  
LINCOLN, NE 68508**

**P 402.438.8853  
F 402.438.0263  
INFO@NEAPPLESEED.ORG**

**NEAPPLESEED.ORG**