

practices — that could influence counts of fatal shootings.

The largest increase in gun-related death rates came in Wyoming, which went from 11 deaths for every 1,000 residents in 2004 to 16.7 per 1,000 in 2013. The Brady Campaign gave Wyoming a score of -28 on its most recent scorecard, which placed it 48th among the states.

Wyoming Health Department spokeswoman Kim Deti noted that her state has the nation's smallest population, which can contribute to swings in statistics from year to year. The state also struggles with a high suicide rate, she says.

Some states undercut the theory that reduced gun violence comes with tougher regulations. Nevada had the largest decrease in gun deaths over the past decade, though it was near the bottom of Brady's rankings in 2014.

And Arizona, where a student died earlier this month after being shot at Northern Arizona University, saw one of the sharpest drops in gun deaths despite having the lowest Brady score.

The scorecard knocked Arizona for having carry laws that allow nonresidents to obtain permits by mail and for not requiring a permit or background check to carry a gun. Arizona also lost points for being a state that is often the origin of guns used in crimes in other states.

"When you're dealing with a population where you don't know if that person is packing or not, perhaps you're less likely to try to rob them, I don't know," said Joseph Garcia, director of communications at the Morrison Institute for Public Policy at Arizona State University. "It does kind of throw a monkey wrench in that argument that if you have more guns, then society does become more violent."

— Sean McMinn

# Leveraging Tribes for Medicaid Money

Lawmakers in some states mulling Medicaid expansion are tacking on a new stipulation: more money from the federal government to serve clients of the Indian Health Service.

Republican South Dakota Gov. Dennis Daugaard met with Department of Health and Human Services officials last month to push the federal agency to pick up the full cost of serving Medicaid-eligible Indian Health Service patients who go to non-IHS facilities.

Right now Medicaid, the joint federal-state health insurance program for the disadvantaged, pays for beneficiaries who are also eligible for IHS services but are forced to go outside of the IHS network for care. State and federal governments share the cost.



James Nord/AP

**NEGOTIATOR:** Daugaard won't expand Medicaid without full federal reimbursement for Indian Health Service patients.

Without a commitment by the federal government to pick up the full cost of supplementing IHS coverage, Daugaard "is not going to suggest Medicaid expansion," says South Dakota Secretary of Health Kim Malsam-Rysdon.

IHS patients get twice as much care outside IHS as they do within it, Malsam-Rysdon says. The state would use the money it saves from supplementing IHS care to support its Medicaid expansion plan, estimated to cost between \$30

## Pennsylvania Budget Crisis Squeezes Public Schools

**WHAT HAPPENED?** The state's roughly \$30 billion budget is more than 100 days late, and Democratic Gov. Tom Wolf says he "can't cave" on his plan to raise the income tax and add a tax on natural gas drilling.

**WHY DOES IT MATTER?** The budget impasse has prompted at least 17 school districts to borrow \$346 million combined to make ends meet (another 28 are expected to borrow \$122 million in October). Erie, the state's fourth-largest city, could shut down its public schools by Nov. 1.

**WHAT'S NEXT?** Wolf is open to Republican proposals to expand casino gambling instead of raising taxes, but he says that alone won't fix a \$1.2 billion budget deficit. The fight will likely drag on into November.

—Jonathan Miller



Matt Rourke/AP

million and \$33 million by 2020, she says. In fiscal 2014, South Dakota's Medicaid plan paid \$133 million for care provided outside of IHS for Native Americans.

Under the 2010 health care overhaul, state Medicaid programs could be expanded to enrollees with incomes up to 138 percent of the federal poverty line. The full cost is covered by the federal government until 2020, when states that expanded will be responsible for chipping in 10 percent. Already participating in the expansion are 29 states and the District of Columbia. Montana is awaiting final approval of its expansion plan from HHS.

South Dakota wouldn't be the first state to try to tie IHS to its Medicaid expansion.

Alaska expanded its so-called Healthy Alaska Plan for 42,000 beneficiaries in September after HHS Secretary Sylvia M. Burwell had signed off on the state's request for the agency to pay the full cost for Medicaid-eligible Alaska Natives and American Indians receiving care in non-IHS facilities.

Alaska Gov. Bill Walker, an independent, said in his initial July 21 letter to Burwell that the change is expected to save the state about \$158 million.

"Many Alaskans are working two or three jobs to make ends meet and have not been able to afford health insurance," Walker said in a Sept. 1 news release. "The Healthy Alaska Plan ensures that working Alaskans will no longer have to choose between health care and bankruptcy."

Matt Salo, executive director of the National Association of Medicaid Directors, said that for years states have lamented being financially on the hook

when IHS clinics push patients to go to non-IHS facilities. When IHS patients have to go outside IHS for care they automatically become eligible for Medicaid. This means the state has to pay for a portion of their care. He said Alaska's recent success is a step in the right direction.

"It has always been a struggle for Medicaid to say we're happy to treat them," Salo said. "You can't have IHS either abdicate its responsibility or actively try to reduce its own cost by pushing folks out of its facilities."

State Sen. Troy Heinert, a Democrat in the South Dakota legislature, says he's been pushing Medicaid expansion for years, as many of the working poor and Native Americans "have fallen through the cracks."

Congress covers an estimated 60 percent of the health care needs of eligible American Indians and Alaska Natives, according to the IHS website. However, not all IHS facilities provide the same services. Patients are often sent outside of the reservation to receive care through contracted health service providers. But with limited funding, services and medications for non-life-threatening situations aren't always available.

Heinert says he's optimistic that Daugaard's negotiations with HHS and action by the legislature can make Medicaid expansion a reality. "We live in a pretty red state, and I don't think that we've always looked at things on the human level — we've looked at it fiscally first," Heinert says. "When it comes to things like Medicaid expansion, the human cost is greater than the fiscal cost from the data that we've seen."

— Marissa Evans



## Michigan Road-Fix Plan in a Ditch Over Tax Cuts

Despite seeming to be close to a \$1.2 billion agreement to repair the state's deteriorating roads, Michigan Republican Gov. Rick Snyder says talks have reached an impasse and may be delayed indefinitely. Democrats say the stalemate is due to a Republican proposal for an unspecified, across-the-board cut in the state's personal income tax rate, which they say is fiscally irresponsible.



In May, Michigan voters overwhelmingly rejected a referendum that would have hiked the state's sales and fuel taxes while also giving a tax break to low-income families. The state's roads are considered some of the worst in the nation: A 2014 report found only 17 percent to be in good condition, while 83 percent were considered either fair or poor.

—Jonathan Miller