



MU News Bureau

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MISSOURIAN

With more cuts to UM System, programs under review

By Bennito Kelty

COLUMBIA — **UM System and campus leaders will spend the coming weeks reviewing the future of two planned partnerships and developing a long-term budget strategy that will address \$11 million in cuts to core funding.** The review is a response to withholdings ordered by Gov. Eric Greitens last week.

Greitens announced on Friday that \$251 million was being withheld from the state budget, \$11 million of which would be cut from the UM System budget and \$12 million from Department of Higher Education cooperative programs. Greitens blamed a lack of tax revenue and rising health care costs for the cuts.

In a statement released Wednesday, UM System President Mun Choi announced that a MU Medical School expansion in Springfield and a University of Missouri-Kansas City pharmacy program partnership with Missouri State University will be reviewed to assess the long-term sustainability of these programs. The two initiatives are Department of Higher Education cooperative programs.

"Whatever decision is made, we remain committed to ensuring that current and admitted students to these programs will have opportunities to complete their degree," Choi said.

Choi's statement said UM System administrators will continue long-term budget plans including searching for new revenue growth opportunities, improving allocation of resources and collaborations.

Greitens blamed rising costs of health care for the cuts and lagging tax revenue, although the state budget director released data Wednesday showed that revenues appear to have grown enough in recent years to trigger gradual income tax cuts.

In the budget Greitens unveiled in February, he proposed a 9 percent cut to higher education, according to previous Missourian reporting. The Senate, which has feuded with Greitens, restored some funding during the regular legislative session so the cut was only 6.5 percent.

With Friday's announcement, the cuts to higher education are now back to 9 percent, according to the governor's office.



[New study finds link between body image and substance abuse](#)

By Joe Chiodo, Anchor/Reporter

Generated from News Bureau press release: [Perceptions about Body Image Linked to Increased Alcohol, Tobacco Use for Teens](#)

COLUMBIA, MO (KCTV) - A new study out of the University of Missouri is showing a link between perceived body image in teens and the likelihood to smoke and drink.

It is hard for teens and even adults to refrain from comparing their looks to that of their peers and celebrities. And there is no shortage of photoshopped images in print and online.

Now, this research from Mizzou shows perception of body image does not just make someone depressed or have low self-esteem, but can also cause unhealthy habits as well.

“It doesn’t surprise me at all,” said Marcy Cassidy, an educator and a mother of a teenaged son.

Cassidy claims body shaming and body image are always a concern when raising a child.

“All we see is people with a six pack, tan. You don’t ever see a real person,” Cassidy’s son Max states.

Mizzou’s study shows body image can lead to substance abuse.

Adolescent girls who think they are too fat are more likely to smoke and drink.

Boys who think they are too skinny are more likely to smoke, while boys who consider themselves fat are more likely to binge drink.

“I think the pressures have increased, and social media has greatly increased and impacted their lives and the amount of time they spend on social media; so, I could certainly see how that happens,” Cassidy observed.

The research goes on to reveal that it is not just girls who are guilty of judging themselves.

“It is not just the girls; the boys have a hard time as well. If they try to measure up to what they see on TV, sports, modeling, magazines, whatever they see out there, if they try to measure up to that, it’s going to be hard on them,” said Amy Cummins, a mother of three and a youth group leader.

Cummins says she recently talked to teens about the harmful effects of body shaming and substance abuse.

“You could be convinced to do just about anything,” Cummins warned.

The study did not focus on size. It also considered links between substance abuse and perceived attractiveness.

It found that girls who consider themselves unattractive are more likely to smoke, while girls who consider themselves good-looking are more likely to binge drink.

Researchers say this is an opportunity for parents to talk to their teens.

When telling them to stay away from drugs and alcohol, mention that it should never be used as a tool to feel cool or more attractive.

T COLUMBIA DAILY TRIBUNE

CVB takes over medical destination initiative as task force dissolves

By Brittany Ruess

The Columbia Convention and Visitors Bureau has marketed the city for its leisure, corporate and athletic opportunities, but the bureau is working to add medical services to that list based on recommendations from a recently dissolved task force.

Columbia Mayor Brian Treece announced the creation of a Medical Tourism Task Force to promote the city’s health care services to patients outside the area during a September news conference. **Surrounded by representatives of Boone Hospital Center, University of Missouri Health Care, orthopedic surgical centers, hoteliers and others, Treece introduced the first eight task force members that would later receive council approval.** Members came from the health care and hospitality industries.

To make Columbia a medical destination, the task force recommended in February that the city conduct a marketing campaign, promote local health care services initially within the surrounding 25-county region and create an online portal showcasing medical providers, hotels and businesses.

Treece said during a city council work session on Monday that he decided to dissolve the task force and requested the group not be included in the fiscal year 2018 budget. The task force

accomplished what it set out to do with its recommendations and the initiative is now in the hands of the Convention and Visitors Bureau, Treece said in a phone interview Wednesday.

“I don’t consider effort dissolved,” he said.

Former task force chairman Guy Collier recently resigned because he moved out of Columbia. Kate Pitzer, in-house legal counsel for Boone Hospital Center, also resigned to avoid any conflicts of interest. Her husband is Fifth Ward Councilman Matt Pitzer.

Amy Schneider, director of the bureau, said the initiative is continuing, but informally, and the end of the task force won’t hinder the city’s medical destination efforts.

She presented the city council options on how to move forward with certain task force recommendations on Monday and suggested more research would be necessary in determining how to best market Columbia as a medical destination.

The bureau sent surveys to hoteliers and medical providers in Columbia and received little feedback. A survey sent to hotels asked what specific amenities they offer to guests who are seeking medical services in Columbia. Only 30 percent of hotels responded to the survey.

Six medical providers, including University Hospital and Boone Hospital Center, answered the bureau’s survey targeted to them, which asked what hospitality services and resources they provide to patients and caregivers.

Despite the lack of response to the survey, Schneider said anecdotally, she believes the local health care and hotel industries have an interest in the medical destination initiative.

Based on her suggestions, the city council advised Schneider to seek requests for quotes on a marketing campaign and third-party consulting to conduct a feasibility study of Columbia as a medical destination. Schneider said public input meetings would provide the bureau with more responses and a feasibility study could solicit additional comments from medical providers. The bureau’s biggest task is to bring medical providers together to meet and collaborate on the initiative, she said.

Treece said the city will need to attract a “comprehensive array of health care providers” to participate in the initiative to create a better picture of what services are available.

“As the task force indicated, there is an untapped market here,” he said.

The city will request medical providers and businesses contribute to the costs incurred throughout the initiative like the online portal, which Treece said is a way for providers and businesses to showcase their inventory. Schneider said she believes there’s a willingness among hoteliers and medical providers to help pay for costs in promoting Columbia as a medical destination.

Third Ward Councilman Karl Skala said during the work session that he would like to see an analysis of the initiative's economic impact for the city.

T COLUMBIA DAILY TRIBUNE

Columbia man pleads guilty to two counts of rape in 2016 incident

A Columbia man accused of raping two women last March pleaded guilty to the crime on Monday.

According to court records, Zachary R. Jones, 23, of Columbia pleaded guilty to two counts of first-degree rape Monday. Each count carries a maximum penalty of life in prison. Jones faces sentencing on July 17. **Prosecutors originally charged Jones with two counts of first-degree rape and one count of first-degree sodomy after he attacked two women on the University of Missouri campus.** Jones' public defender, Tyler Coyle, did not immediately return a request for comment.

According to a probable cause statement, the first attack occurred when Jones approached a woman walking near University Avenue and Hitt Street early in the morning March 5. Jones told the woman she shouldn't be walking alone before grabbing her and pushing her to the ground, the statement said. As Jones tried to hold her down and remove his pants and hers, the woman hit Jones repeatedly and called authorities when she escaped, the statement said. Jones fled when he heard the police had been notified, the statement said.

About 20 minutes later, Jones attacked another woman walking on East Rollins Street. Jones forced the woman to the ground and attempted to have sex with her before forcing her to perform oral sex, the statement said. The woman convinced Jones to return to her residence hall with her where she escaped, the statement said. Police were able to use security footage from the residence hall to identify Jones, who was arrested that afternoon in the parking lot of the Daniel Boone Regional Library wearing the same clothes he had on during the assaults. During the investigation Jones admitted he sexually assaulted both women, the statement said.

Jones was in Boone County Jail on Wednesday morning on a \$300,000 cash-only bond.



MU Health Travels to Southeast Missouri to Provide Free Mammograms

Watch the story: <http://mms.tveyes.com/PlaybackPortal.aspx?SavedEditID=cb2b7f59-7075-4dd4-aeec-3e1874e1e4ef>



Trump has 3 options for dealing with North Korea. They're all bad.

North Korea has bedeviled past US presidents, too.

Updated by [Alex Ward](#)

North Korea's test of an intercontinental ballistic missile was a big step for its nuclear and missiles program. It was also another instance of North Korea expressly defying the wishes of the United States and the international community. Now it is up to Trump to decide how to respond — and he is left with very bad options to do so.

In Poland, Trump said his administration was considering “some pretty severe things” for its next move. “Something will have to be done about it,” he said at a press conference this morning alongside Polish President Andrzej Duda.

That means Trump will now be the next US leader to struggle with how to handle North Korea. Presidents from Bill Clinton to Barack Obama tried different approaches to deal with the Hermit

Kingdom, such as diplomatic engagement, labeling it a state sponsor of terror, or simply ignoring it in hopes that the regime would collapse on its own.

None of those approaches worked as the regimes of Kim and his father — and North Korea's nuclear and ballistic missile programs more generally — outlasted them all.

“US policy toward North Korea has been unsuccessful for a couple of decades,” Sheena Greitens, a North Korea expert at the University of Missouri, said in an interview. “We’re seeing the consequences of that now.”

With Pyongyang successfully testing a missile capable of hitting Alaska, Trump is tasked with trying to find some way to keep the danger from getting even worse. However, the options he has available to him are broadly the same as the ones his predecessors had: military strikes, diplomacy, or economic sanctions.

The military option would entail a **“surgical strike”** on North Korea's nuclear sites to take out the country's missiles as well as the country's political leadership, including Kim Jong Un. The problem is that North Korea would be certain to hit back hard, using its own large artillery arsenal to strike at America's allies, South Korea, and Japan. That would likely kill tens or even hundreds of thousands of people — including US troops stationed in both countries — even before nuclear weapons were dropped.

The diplomatic option would see the US try to come to some sort of agreement with North Korea to either give up its programs or, at a minimum, freeze their development. Over the past few decades, though, North Korea has shown no desire to follow any agreements, consistently breaking accords with the US and its partners and covertly advancing its nuclear weapons and missile efforts.

And the sanctions would be meant to impose so much economic pain on Pyongyang that it would conclude that the costs of continuing the programs are too high. But many items the country wants and needs, like weapons and fuel, are already highly sanctioned by the US. North Korea hasn't changed its course.

So, the options for Trump are poor and fraught with risk. “There are no silver bullet solutions,” James Miller, the top Pentagon policy official from 2012 to 2014, told me.

In some ways, that means the bigger and more immediate question is whether Trump can avoid taking steps that make the problem worse.

[The story continues](#)

On the Trail: Krewson won't sue over state GOP wiping out St. Louis' minimum wage hike

BY JASON ROSENBAUM

If it were up to Cynthia Sanders, St. Louis would sue to stop a state bill from voiding the city's minimum wage increase. Sanders, a janitor who saw her pay go from \$8.50 an hour to \$10 an hour earlier this year, said it's not right for workers like her to get a raise "and then just take it back."

It isn't clear whether there will be a lawsuit, but if so, Mayor Lyda Krewson won't be the one behind it. The Democrat told St. Louis Public Radio in a statement that while she strongly supports the city law bringing the minimum wage up to \$11 an hour by 2018, the legislature has the right to overturn it.

Republican Gov. Eric Greitens announced last week he would let a [bill](#) by Rep. Jason Chipman, R-Steeleville, go into effect Aug. 28 without his signature. The measure bars any city or county from having a different minimum wage than the state, even those that are "currently in effect or later enacted relating to the establishment or enforcement of a minimum or living wage."

Despite her disapproval of Greitens' decision, Krewson said there's not much the city can do about the law that initially took effect in 2015 but wasn't reflected on paychecks until earlier this year.

"When the legislature first passed this bill to preempt [St. Louis' minimum wage law], certainly there were several discussions with the city counselor's office," Krewson said. "And the thought was this was not a winnable case for the city."

Republicans who support the minimum wage ban have said there's little debate that the state has the ability to overturn city and county laws. That's what happened in 2013, when lawmakers from [both parties](#) passed a bill that struck down St. Louis and St. Louis County's ordinances that required banks to negotiate with homeowners going through foreclosure. Republican lawmakers also contend that different minimum wages across the state hurts the economy.

“We’ve had business owners calling certain legislators ... talking about what effect that could have on not only summer jobs and their inability to hire summer workers, but the impact that it could have on many families when they have to let these people go,” Rep. Nick Schroer, R-O’Fallon, said last month.

Legal experts’ take

Someone like Sanders or the labor union that represents her could file a lawsuit aimed at striking down the state bill.

But Marcia McCormick, a Saint Louis University law professor, has doubts that legal action would save the city’s minimum wage ordinance, adding that “municipalities are pretty much at the mercy of the states because the state controls all of the structural power.”

She pointed out the bill [doesn’t stop](#) St. Louis from requiring city contractors to pay workers higher than the minimum wage, which she says could be an opportunity to help the city’s low-income workers.

“That wouldn’t reach everybody,” McCormick said. “But it might reach a large enough chunk of people to sort of build future political will to repeal the preemption.”

A city is going to lose when a local ordinance conflicts with state law in most instances, according to University of Missouri-Columbia law professor Richard Reuben. After all, he said, states “create counties, they can shut ’em down.”

But courts have typically given cities leeway to pass ordinances that focus on “primarily municipal functions,” he said, such as placing regulations on a park or putting stipulations on government contracts. He said there’s a “fair argument” to be made that a city setting its own minimum wage falls into that category.

“And these are the kind of arguments that would go to the judicial treatment of a minimum wage law as an essentially local matter. I don’t think it’s spurious. I think it’s a reasonable claim to make,” he said.

What happens next is more than just a philosophical exercise for Sanders, the janitor. She said she used her boost in pay to buy more food for her grandchildren, and added it’s a “slap in the face” that her wages are going down.



'A physician is like being a teacher': Mo. doctor named president of AMA

Mountain Grove physician Dr. David Barbe has been named president of the American Medical Association, the first time in 90 years a small-town doctor has held the position.

The AMA, founded in 1847, currently has some 225,000 thousand members, making it the oldest and largest national association of physicians.

“The mission of the AMA is to promote the art and science of medicine and the betterment of public health. That’s what we’ve been about for 170 years and we are still about that today,” said Barbe, who continues to practice medicine at Mercy Clinic Family Medicine in his hometown.

Barbe left Mountain Grove following high school, headed to the University of Missouri, Columbia to study then teach mathematics. But he found himself pulled in another direction.

“I realized probably in the first year or two that a lot of being a physician is like being a teacher, teaching people about their health and that maybe that would be a higher calling. So, I switched my major from math to microbiology and set my sights on being a family doctor,” Barbe said.

“(Mountain Grove) has had a shortage of physicians forever so I saw it as a mission opportunity, to serve a need. I started a solo practice then built my group from there.”

As for his new position, Barbe will bring his rural health care experience to the job as part of the larger discussion about health insurance coverage.

“Every day, I see patients who need tests or treatments who are still uninsured or haven’t met their deductible, and due to this, often delay necessary care,” he said. “Because of these patients, I see firsthand, every day, why the AMA’s unwavering goal of affordable health insurance coverage for all is worth fighting for.”

Barbe said the challenges his patients face are not new, although things have improved under the Patient Protection and Affordable Care Act, signed into law in 2010.

With the ACA providing health insurance exchanges, more people now have insurance that did previously, Barbe adds, but without a Medicaid expansion in Missouri those who picked up

insurance often have high deductibles, making it difficult for some patients to get the tests and treatment they need.

“I probably see it most acutely in being able to afford medications. To treat basic, chronic diseases like diabetes or high blood pressure, I frequently have patients come in to the office that say they can no longer afford their medication or I find that they haven’t been filling their medications because they can’t afford it,” he said.

Barbe said the simple answer to the problem is more coverage, noting there are still some 30 million Americans with no form of health coverage at all. He suggests subsidies and a change in benefit design could alleviate the affordability and deductible issues his patients currently face when it comes to making health care decisions.

Barbe will work to advance the AMA’s strategic initiatives, with aims to shape the education of medical students and address physician burnout. Onerous paperwork and some current technology also hinder physicians, he said.

AMA initiatives also include efforts to reduce chronic disease.

“We picked diabetes and high-blood pressure, specifically because there are very effective treatments for those. For instance, on the diabetes front, we’re trying to prevent the progression of pre-diabetes onto full-blown diabetes” through medications, community-based programs and lifestyle changes, said Barbe.

The opioid epidemic, too, will be a focus, with a multi-pronged campaign to shape awareness and treatment.

“Part of it is raising awareness, to help people understand how critical it is. The rate of rise of opioid deaths in this country now is similar to the rate of rise of deaths from HIV and AIDS back in the early ‘80s, when that first appeared in our society. It’s an epidemic, there’s no doubt about that,” Barbe said.

Barbe admits the job he faces as president of the AMA is a big one, but he’s up for the challenge, he said.

“This is such an important time in health care. It’s really exciting to be in a position to have a voice and to take the physicians’ voice into this national conversation, both about health system reform as well as about these other important issues, such as diabetes, chronic disease and the opioid epidemic.”



Missouri senator says federal government may be backpedaling on Title IX protections

By Sara Maslar-Donar

TIPTON, Mo. - At a town hall in Tipton, Mo. on Wednesday morning, Missouri Senator Claire McCaskill said the federal government is sending a signal that Title IX protections are no longer a priority.

"Basically they are just sending a message that schools will not need to ever worry about the federal government looking over their shoulder on anything about Title IX," she said. "That's not the right message."

Over the past several years, the Obama Administration worked with college campuses across the country to tighten up those protections for equal opportunity and safety.

President Donald Trump's proposed budget indicates there will be staffing cuts to the Office of Civil Rights, which handles Title IX investigations.

"Since they have sent signals that this is no longer a priority for them, one would assume this is where they would cut staff," said McCaskill.

In 2011, former University of Missouri swimmer Sasha Menu Courey claimed she was raped by an MU football player before she took her own life in 2011.

ABC17 News reported at the time that steps taken by Mizzou were not consistent with the government's guidelines for Title IX.

McCaskill said that since then they have strengthened those protections.

"We've really turned the corner on making the process more fair, more transparent and certainly more professional so I would hate to backslide," she said.

She and fellow senator Kirsten Gillibrand of New York called on Secretary of Education Betsy DeVos this week asking her to reverse a decision made by the Department of Education that, among other things, no longer requires the Office of Civil Rights to review complaints for campus wide problems unless a campus wide problem is alleged in that single complaint.

"We know from all of the evidence that's come out, that sexual assault on campuses has been a serious problem," said McCaskill. "That's what we're worried about so that's why we're trying to pin them down. Why exactly are you doing this and what exactly are you going to stop doing in terms of investigating schools who have not taken their Title IX investigations seriously?"

She said she hopes the department can change the message she said is the wrong one

"Now's not a time to look the other way and say never mind on campus sexual assault," she said. "Let's continue to make the reforms that are in progress because it'll be fair for everyone; both for the person who's been assaulted and for the person who's been accused."

ABC17 News reached out to Senator Roy Blunt's office to get his take on the Title IX protection decisions and his office said they will review them and get back to us.



[Missouri offering new alternatives to college algebra requirement](#)

NO MU MENTION

Watch story: <http://www.komu.com/news/missouri-schools-might-not-require-algebra-to-graduate-college>

By Kevin Ko

COLUMBIA - The Missouri Department of Higher Education is offering alternative mathematic courses for graduation requirements.

The initiative is led by the Missouri Math Pathways Task Force. It suggests alternative mathematics courses for public schools to implement into current graduation requirements, which includes completion of college algebra curriculum.

Rusty Monhollon, the Assistant Commissioner for Academic Affairs at the MO Department of Higher Education, said

"For many decades now, college algebra has been the default, gateway math course for students," Rusty Monhollon, Assistant Commissioner for Academic Affairs at the MO Department of Higher Education, said. "In case after case, many students don't complete degrees because of the mathematics requirement. That's not to say college algebra is not a worthwhile course. But it should help completions, as students are taking mathematics courses that they see have more relevance to their field of study.

Monhollon said that colleges and universities will have the final say on whether they will implement alternative math classes. He also said that each public institution throughout the state has had a representative in the task force to create math pathways.

"This is not a mandate from the state," Monhollon said. "All of them (public colleges and universities) have been involved in this. It's voluntary, it's faculty led, it's faculty driven."

While immediate implementation is not expected, Monhollon said that two public colleges will start offering math pathways in the fall semester. This includes Moberly Area Community College (MACC.), which will not require college algebra as a graduation requirement by offering statistics and quantitative reasoning courses as alternatives.

MACC Mathematics Department Coordinator Shelia Bradley said that the intention of the new alternative course is to make math more applicable for students.

"What actually works? What actually applies? Because math is every day," Bradley said. "It's just a matter of what can we do to better equip you to actually do what you want to do with your college degree?"

Bradley said that the math pathways will be strictly an alternative, and not a replacement to college algebra or traditional mathematic requirements. Mohollon also said the new initiative will not take away from mathematical education in public schools.

"This doesn't mean that we shouldn't have required mathematics knowledge and content," Mohollon said. "But let's think about what kind of knowledge and content we need to have."

For more details on the initiative, head over to the [Missouri Math Pathways Initiative website](#).

How Higher Ed Would Feel Medicaid Cuts

NO MU MENTION

BY ANDREW KREIGHBAUM

When states began opting in to Medicaid expansion after the passage of the Affordable Care Act, among the beneficiaries were the teaching hospitals that train doctors and nurses and serve a disproportionate share of low-income patients.

But if the U.S. Senate's proposal to replace the ACA goes through, higher education groups say, those teaching institutions could take a large hit to their bottom lines because of serious Medicaid cuts. In addition, the pressures those reductions would put on state budgets likely will lead to less support of public higher education, the groups warned.

The Senate health-care bill, dubbed the Better Care Reconciliation Act, eventually would pare back the federal funding that made Medicaid expansion possible in many states. For teaching hospitals in those states, the expansion meant fewer uninsured patients and a lower budgetary burden for providing uncompensated care. Even in states that didn't expand Medicaid in recent years, the Senate proposal would mean serious reductions to the program by awarding states funding through block grants instead of a set per-patient amount.

Karen Fisher, chief public policy officer at the Association of American Medical Colleges, said the Medicaid cuts would "absolutely" be bad news for teaching hospitals.

"If you have more uncompensated care, that puts more fiscal pressure on your ability to support your other missions," Fisher said.

That could mean research activities at some institutions feel the squeeze, she said. AAMC hasn't made projections for the budget impact of the proposed Medicaid cuts for its member institutions. But Fisher said the benefits of Medicaid expansion were clear.

"There's been less uncompensated care. More people have had coverage through Medicaid," she said. "It's been helpful for the bottom line. It's produced healthier patients who are using the emergency department less."

The 30 states that expanded Medicaid by March of last year enrolled more than 14.4 million new individuals in the program, including 11.1 million who were made newly eligible under the expansion, according to data from the Kaiser Family Foundation.

Thomas Schwenk, dean of the University of Nevada at Reno's medical school, said that after many states expanded Medicaid, teaching hospitals that serve as safety-net institutions found themselves on more sound financial footing. That's what happened at the University Medical Center in Las Vegas, which is back in the black after running losses for several years before Medicaid expansion. More than 200,000 newly eligible Nevada residents enrolled in Medicaid after expansion in 2014.

With fewer uninsured patients, those hospitals can invest more in subspecialties of medicine -- like immunology or cardiology in internal medicine -- for which they weren't able to offer training before, Schwenk said.

"The whole point of an integrated academic health system is to have high-quality, reasonably compensated clinical care and for some of that revenue to then support research and teaching activities for which there is no other source of support," he said.

And Schwenk said with the National Institutes of Health budget either cut or failing to keep pace with inflation in recent years, the proposed Medicaid cuts add up to threats from multiple sides of the budget for academic medical institutions.

In a letter to congressional leaders that was sent days after the health-care plan's release, a group of 19 higher ed groups, including the AAMC and the American Council on Education, wrote that the increase in uncompensated care costs for teaching institutions would make it more challenging to invest in research and training. Medicaid cuts and changes to the individual insurance marketplaces in the Senate bill also would make insurance inaccessible for many low-income college students, the groups wrote.

Pat Gentile, president of Northshore Community College, which is located in Danvers, Mass., said college students in the state are required to have health insurance if they enroll in courses that are worth at least nine credit hours. In recent years, Northshore has seen fewer and fewer students purchase health insurance through the college, as many more have become eligible for Medicaid. If Medicaid expansion is rolled back, however, many low-income students may have to use financial aid to purchase coverage through the college. Those students could also drop below the nine-credit threshold, Gentile said, or choose not to attend college at all.

"We know that when students perceive that the price is too high, they walk away," she said. "That's my biggest concern about cuts to Medicaid."

[Story continues.](#)