

## Protect Medicaid from Harmful Cuts

### BACKGROUND

Medicaid is a critical lifeline for disabled Americans. More than 40 percent of working-age Americans with disabilities receive health care coverage through Medicaid<sup>1</sup>. Since its establishment 60 years ago, through decades of policy choices, Medicaid has evolved into a system tailored to meet the needs of people with disabilities. Across rural and urban America, coverage for the long-term services and supports that we need to live and thrive is primarily provided through state Medicaid programs.

The House-passed H.R. 1 and the Senate Finance Committee reconciliation proposal contain several provisions which would be extremely harmful to those of us who rely on Medicaid. Of particular concern are provisions which would infringe on states' ability to raise additional revenue to cover Medicaid costs, as well as new onerous and intrusive paperwork requirements which will place additional burdens on us, particularly those of us with newly acquired, progressive, or non-apparent disabilities.

History has shown that when states have holes in their budgets, particularly when revenue projections are not met, services for people with disabilities are among the first programs that are impacted. During the Great Recession, every state cut Medicaid home and community-based services, reducing benefits, the number of people covered, or both. Because federal law mandates that states only cover more costly institutional care, such as that provided in nursing homes, rather than home and community-based services that keep us in our communities, those services face the chopping block again should Congress pass restrictions on states' ability to collect additional provider taxes or force states to reduce their provider taxes.

We are also particularly concerned about a provision which would reduce and freeze the amount of home equity a person with a disability can have to remain eligible to receive home and community-based services through Medicaid. To force us to choose between our homes or small farms, the value of which may have appreciated considerably over time, and the services which allow us to remain in our homes is an unconscionable choice. The end result of such a choice - forcing us into institutional care or using the emergency room when our health has deteriorated to the point that we have no alternative - will cost taxpayers significantly more rather than saving one penny.

### REQUEST FOR MEMBERS OF CONGRESS

United Spinal asks all Members of Congress to oppose legislation that contains cuts to Medicaid.

Specifically, we oppose the following provisions included in H.R. 1 or the Senate Finance proposal:

- Prohibiting states to raise additional revenue for Medicaid through provider taxes
- Forcing states to reduce the amount of revenue they can collect for Medicaid through provider taxes
- Creation of a Medicaid job loss penalty through onerous paperwork requirements for unemployed Medicaid beneficiaries
- Increasing the frequency of Medicaid eligibility checks to twice per year
- Reducing the amount of home equity a person with a disability can have to remain eligible to receive home and community-based services through Medicaid

We also oppose the following concepts which were not included in H.R. 1 or the Senate Finance proposal:

- Imposing block grants or per capita caps on Medicaid

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<sup>1</sup> See: <https://www.kff.org/other/state-indicator/distribution-of-working-age-adults-with-a-disability-by-insurance-coverage/>