American Health Care Act’s Medicaid Plan Is Bad Medicine for Families

The Medicaid program is vital to low-income families’ health. In addressing the needs of all family members—grandparent, parent, child—its multi-generational approach secures access to needed care from birth to end of life for people during their most vulnerable moments. The GOP repeal bill, the American Health Care Act (AHCA), proposes an approach that would result in increases in the uninsured for all ages, forcing states to ration care across children, their parents, people with disabilities and the elderly. An estimated $880 billion cut to the Medicaid program would thwart, and potentially reverse, progress in aligning Medicaid with other programs at the community and state level that promote health and wellness of families across the generations.

We know that improving health outcomes for children and their families is reliant on creating and sustaining healthy communities through safe neighborhoods, healthy housing, increased access to fresh food and more. Without the protections of a healthy environment, children and caregivers experience adversity (or trauma and stress) and are at greater risk for chronic illness, mental health conditions and overall poorer health. History and evidence shows that Black and Hispanic children are at highest risk of experiencing adversity—regardless of income. Medicaid is a vital piece of a healthy communities’ effort to connect families to needed supports and services to build resilience—or the ability to overcome hardship and mitigate the effects of trauma. An $880 billion cut to Medicaid and a capped funding approach would result in unprecedented and cruel cuts to needed services and supports to families.

Why Are Multi-Generational Health Programs Important?

Medicaid helps create health opportunity over the course of a life. With the addition of the Medicaid expansion through the ACA, 32 states including DC now provide coverage to low-income adults—many of them parents. Medicaid serves as a lifeline at different points in time for a diverse set of people. For a young adult, Medicaid may be a health coverage bridge to employment that offers health insurance. For a woman, Medicaid supports her through the birth of her child and ensures that she has access to maternal depression screening and treatment as she develops her parenting skills. For a child, Medicaid provides important preventive screenings and treatment, including vaccinations. Medicaid ensures access to needed services and supports for our lowest income seniors and people with disabilities, offering options to stay at home and age with dignity. Regardless of where a person is in their life, Medicaid is a lynch pin for communities, affording children and families opportunities for healthier, more productive lives.

States Already Have Flexibility to Innovate and Promote Healthy Communities

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Coverage is the foundation of innovation. Medicaid is a flexible and dynamic program, providing states pathways to provide more effective, high quality care to consumers. Through states’ waiver authority and multiple opportunities provided by the ACA, innovation is thriving, leading to delivery system and care coordination activities that improve health outcomes. Current funding proposals would force states to cut costs dramatically. This means that states would be focused on ways to cut eligibility, benefits, and provider payments rather than ways to improve care for enrollees and lower long-term costs through innovations and investments in population health. Innovation requires upfront investment that states would no longer be able to provide. Finally, Medicaid cuts would likely be accompanied by other cuts to social services and supports. Medicaid cuts to states will lead to competition for limited resources and make it even harder for states to promote collaboration with social service providers and address social needs through Medicaid.

What is at Risk for Children and Families?

- **Key coverage losses for children and parents.** The AHCA would roll back eligibility for children ages 6 to 18 to 100 percent FPL from 133 percent FPL. Denying children 6-18 Medicaid coverage means that they will no longer have access to key benefits including vision, dental and developmental screening and treatment. According to Center on Budget and Policy Priorities, this reversal could affect 1.5 million children in 21 states. In states that expanded Medicaid, the GOP bill would create a number of hurdles with the intention of reducing the number of consumers gaining access to coverage through the expansion. These would include added renewals throughout the year and by 2020, a reduced federal matching contribution. This could lead to fewer individuals enrolled, many of whom are parents.

- **State budgets are further constrained.** The proposal would cut the Medicaid program by $880 billion, tasking states to do more with less. The result could be rationing of health care services for our most vulnerable people. These cuts would reverberate throughout the state budget, potentially prompting cuts across an array of social services, education and infrastructure. Coupled with a $3 billion cut to state and local public health departments over five years, states would have few options to invest in social service alignment and innovation that aims to coordinate care to advance a healthy communities agenda.

- **Increases in Health Disparities.** Medicaid is a primary tool for advancing health equity. For children of color who disproportionately experience trauma and adversity—Black and Hispanic children at higher rates than their white peers—Medicaid connects children and families to needed screenings, mental health services and treatments to build resilience. Limiting access to coverage and services could exacerbate health disparities, leading to entrenched inequity and poor health outcomes.

- **Care Discontinuity.** Deep cuts to Medicaid could lead to sporadic care across the generations, resulting in an uptick in ER use and reliance on ad-hoc care instead of care continuity through a single provider or medical home. **When care is not coordinated, it is costly and leads to worse health outcomes.** Per capita caps could lead to stops and starts in coverage for low-income people, preventing them from seeking the care they need to manage chronic illness and be engaged parents and productive members of the economy.