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Report

# Federal Medicaid “Per Capita Caps” Would Trigger Significant Cuts to Health Care Services for Low-Income Children, Women, Seniors and People with Disabilities and Shift Billions in Costs to Florida

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Critical federal funding that supports care for women, children, seniors and people with disabilities would be drastically reduced under proposed federal health care legislation. A confluence of unique state characteristics, such as the tremendous growth in populations of people with disabilities and the elderly, along with Florida's already lean Medicaid program, would create particularly harsh consequences for the state. Outcomes would include more Floridians becoming uninsured, likely Medicaid service cuts, further restrictions on Medicaid eligibility and the loss of thousands of Florida jobs.

## Introduction

Federal efforts to repeal and replace the Affordable Care Act (ACA) have, so far, been unsuccessful. However, it is important to examine the implications of what has been at the core of multiple bills pushed by leadership in the U.S. Senate and House of Representatives — namely, the cutting and capping of Medicaid — as similar language is likely to emerge in future iterations of health care bills.

The Congressional Budget Office (CBO) estimated that Senate legislation, the Better Care Reconciliation Act (BCRA), would have caused more than 20 million additional Americans to be uninsured over the next decade and cut Medicaid by more than \$700 billion over the same period.<sup>1</sup> In Florida, the Urban Institute projected that by 2022, 1.5 million more Floridians would be uninsured and \$8.2 billion in federal Medicaid funding to the state would be cut.<sup>2</sup> Consequently, both the American Health Care Act (AHCA) passed by the House and the BCRA would have shifted billions in new costs to the state and created enormous hardship for Florida families, seniors and persons with disabilities.

While it is imperative that Congress act now to stabilize the private insurance marketplace, it must leave Medicaid intact. Proposals such as those contained in the AHCA and BCRA to cut and cap Medicaid funding would put the health of the most vulnerable Floridians at great risk.

## Unique Florida Demographics Critical in Evaluating Medicaid Restructuring Proposals

Florida's unique demographics would profoundly impact its capacity to meet residents' needs if Medicaid was restructured as prescribed in the BCRA or AHCA. Florida is the third most populous state in the nation with more than 20 million residents.<sup>3</sup> It is also among the fastest growing states, with projected annual population growth of almost 320,000.<sup>4</sup>

Florida is also experiencing significant growth in the most medically expensive populations- people with disabilities and the elderly. For example:

- Florida ranks sixth in the nation for its growth in very low-income people with disabilities- those receiving Supplemental Security Income (SSI) over the last decade.

- Florida's SSI population increased by 35 percent, compared to the national average of 17 percent, over the last decade.
- Florida's low-income elderly population grew 25 percent, compared to the national average of 14 percent, over the last decade.<sup>5</sup>
- Florida has the largest percentage of elderly residents in the country<sup>6</sup> and its older population will account for most of the state's growth in coming year<sup>7</sup>

Residents living in poverty is another key Florida demographic to consider. In 2014, 16.5 percent of Floridians (3.3 million) lived in poverty,<sup>8</sup> compared with a national poverty rate of 15.5 percent. Moreover, in 2015, 44 percent of Florida's 7.5 million households, including working families living above the poverty level, struggled to pay for necessities like rent, utilities and groceries.<sup>9</sup>

Enactment of the ACA resulted in a significant reduction in the percentage of Floridians who lack health insurance. The 2010 uninsured rate in Florida was 21.3 percent. The comparable 2015 rate dropped to 13.3 percent (2.6 million Floridians). Even with this reduction, Florida's uninsured rate of 13.3 percent exceeded the national rate of 9 percent.<sup>10</sup>

## Medicaid Basics

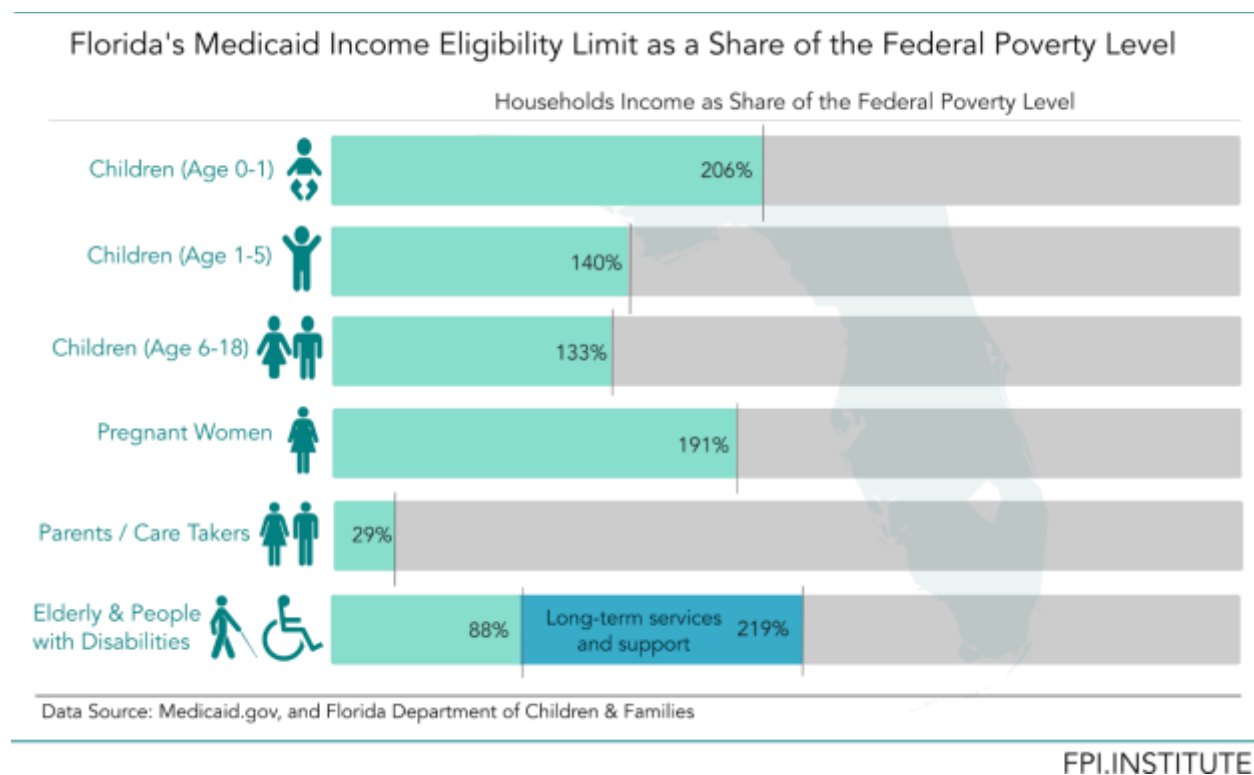
Medicaid provides essential health services to low-income people with disabilities, the elderly, children, families and pregnant women. Medicaid achieves this goal through an open-ended, state-federal funding partnership that guarantees coverage for all who qualify. Federal Medicaid requirements provide a guaranteed minimum level of services and consumer protections to meet the special needs of these particularly vulnerable populations. For example, all state Medicaid programs are required to cover certain services including, but not limited to hospital, physician, nursing home and pregnancy-related services, as well as child health check-ups and treatment services for children and youth.<sup>11</sup>

States also have flexibility and options for tailoring Medicaid programs to balance their residents' specific needs with available state funding. State options include delivery infrastructure (such as managed care models), provider reimbursements, eligibility groups and services covered.<sup>12</sup>

## Current Medicaid Program Landscape in Florida

The Florida Agency for Health Care Administration is the state agency with overall responsibility for administering the Florida Medicaid program. Medicaid eligibility determination is delegated to the Florida Department of Children and Families.<sup>13</sup> The total Medicaid budget appropriated for Fiscal Year 2017-2018 is \$26.4 billion. Over 60 percent of the cost of the program consists of federal funding. More details on program financing are covered in the next section.

Florida Medicaid covers over 4 million beneficiaries. As of FY 2015-16, the largest share of enrollees in Medicaid were children (59.1 percent), followed by adults — parents, caretakers and young adults 19-20 (19.8 percent) — persons with disabilities (13.3 percent) and seniors (7.8 percent).<sup>14</sup> Each of these coverage groups have varying income eligibility thresholds based on the federal poverty level (FPL).<sup>15</sup> Additionally, recipients must fall into specific categories of coverage. The chart below shows the major categories of coverage and related income limits.



Since Florida has not opted to expand its Medicaid program under the ACA, childless adults in poverty, except for those with severe disabilities, cannot qualify for Florida Medicaid.

### Current Financing Structure

Federal Medicaid funding is a significant component of the state budget, comprising more than half (55 percent) of the federal funds coming to Florida.

Medicaid is a federal-state partnership with open-ended federal funding. This means that the state receives federal matching payments for a specific percentage of the state's total Medicaid expenditures. Federal funds cover nearly 61 percent, or \$15 billion, of the total \$26.4 billion

state Medicaid budget. If the state incurs higher Medicaid costs in a year, it will receive increased federal funding to maintain the federal match.

The current funding structure gives Florida the flexibility to respond to unforeseen increases in health care costs that correspond to changing demographics, new ways of delivering care, new medical technology and prescription drugs, public health emergencies such as Zika and the opioid crisis and natural disasters.

### Capped and Rigid Medicaid Financing under BCRA and AHCA

The Senate and House legislation would have both fundamentally altered the core financing structure of Medicaid by implementing a capped financing model that adjusts according to enrollment, or a “per capita cap.” States would also have the option of receiving federal dollars in a lump sum, or a block grant. Florida’s Governor has communicated a preference for per capita funding. Under either proposal, federal Medicaid dollars would no longer be based on actual state needs and expenditures.

Instead, separate funding caps would be established for distinct populations- seniors, people with disabilities, children and adults (such as pregnant women and low-income parents). The state would receive an overall federal funding amount that is the sum of each population’s per capita cap multiplied by actual Medicaid enrollment in each group.<sup>16</sup>

Putting Medicaid under a per capita cap or block grant system would be damaging for Florida’s budget and the residents who rely on it as a critical lifeline including children, people with disabilities and the elderly.

Florida is among five states that would face the greatest challenges and top risk factors under a per capita cap, limiting the state’s ability to respond to any additional cuts and restrictions to its Medicaid program.<sup>17</sup> The challenges include:

- The state’s historical Medicaid policy choices such as restrictive Medicaid eligibility levels and low provider payment rates;
- A high-cost health care market and a higher share of people not seeking care due to cost;
- Demographic factors including high poverty rates and projected growth in the number of people aged 85 and older;
- The health status of the general population, such as high demand for mental health and substance abuse disorder services; and
- Revenue and budget choices.

Focusing on Florida’s growing elderly population, it is notable that both the BCRA and AHCA set one per capita cap for seniors, regardless of the individual’s age. A recent study by the Center

for Budget and Policy Priorities highlights that seniors aged 85 and older incur average Medicaid costs that are more than 2.5 times higher than those aged 65 to 74. The study notes that, “per capita caps would cut state Medicaid programs by increasingly deeper amounts as more boomers move into old-old age.”<sup>18</sup>

Although elderly Floridians and people with disabilities comprise just 21 percent of total Medicaid enrollees, they represent more than 57 percent of overall program spending,<sup>19</sup> reflecting their significant and intensive health care needs. Thus, insufficient per capita cap amounts for this specific Medicaid population would have devastating consequences for the overall Florida Medicaid budget.

Florida is further disadvantaged by its low annual spending per enrollee relative to other states. The BCRA and AHCA would have capped Medicaid funding starting in 2020 based on states’ annual per enrollee spending in 2016. For federal FY 2011, Florida’s per enrollee annual spending was \$4,893, ranking 48th of the 50 states.<sup>20</sup> Per enrollee spending for children — \$1,880 per year — was the lowest in the country.<sup>21</sup> In 2013, Florida’s average spending per beneficiary was only 70 percent of the U.S. average across all Medicaid beneficiary groups.

Florida Medicaid spending compares with the national average as follows:<sup>22</sup>

- Children with disabilities: \$13,373 in Florida vs. \$16,758 nationally.
- Non-elderly adults: \$15,584 in Florida vs. \$18,912 nationally.
- Seniors: \$14,253 in Florida vs. \$17,522 nationally.

Even if the cap amount for one group was sufficient, the state would still face a substantial overall federal funding shortfall if the cap amounts for the other groups were inadequate. To offset the overall shortfall, the state could have to cut Medicaid costs across its entire program.

Insufficient spending growth rates under both the BCRA and AHCA would have compounded Florida’s budget problems. Under the AHCA, the per capita cap fixed amount per beneficiary is set to grow at a slower rate than the projected growth in Medicaid costs under current law. The BCRA proposed a much slower federal Medicaid spending growth rate compared to general inflation or the actual cost of care per beneficiary group, resulting in a significantly reduced federal Medicaid funding, particularly after 2025. The intent of both federal proposals was to ensure federal budgetary savings.

Subsequently, funding cuts would compound each year, even above the amounts projected under the House bill, especially after 2025. This would result in a massive state Medicaid budget shortfall.<sup>23</sup>

The CBO projected that by 2026, the BCRA would have cut Medicaid by 26 percent, with the cut growing to 35 percent by 2036. Growing federal cuts and cost-shifting to states would have likely forced states to consider deep cuts to their Medicaid programs, including eliminating optional services, further restricting eligibility standards and lowering provider reimbursements.

An Urban Institute projection shows that Florida would have lost a total of \$8.2 billion, or a 34.4 percent reduction of federal funds by 2022, from changes to both Medicaid and premium tax-credit programs.<sup>24</sup> A separate estimate by Manatt Health projects that under BCRA's per capita caps proposal, Florida would have lost \$8.6 billion from its Medicaid program in the years between FY 2020 and FY 2026.<sup>25</sup>

The most likely scenario to make up for the loss of federal funds would be deep Medicaid service and eligibility cuts, as well as reduced provider payment rates. Florida's Medicaid-provider payment rate, which is 56 percent of Medicare rates, is one of the seven lowest rates in the nation. The national average is 66 percent.<sup>26</sup> A further reduction in Medicaid funding could lead to even lower reimbursement levels, leading providers who remain in the program to further restrict the number of Medicaid patients they serve.

There are sizable disparities in Medicaid funding across the states. Under the AHCA and BCRA, Florida would have been permanently locked into substantially less federal Medicaid funding relative to other states. This funding disparity would grow over time, perpetuating the historical inequities in state spending and eliminating state flexibility to adapt Medicaid policies in response to emerging needs and priorities.<sup>27</sup>

### Proposed Medicaid Cuts Would Reverse Gains in Reducing Uninsured Rate

Florida experienced significant reductions in the rate of uninsured residents — from 21.3 percent in 2010 to 13.3 percent in 2015<sup>28</sup>—even though it did not expand Medicaid under the ACA. In addition, Medicaid coverage increased for both children and adults.

A recent study shows that uninsured rate declines and Medicaid coverage gains disproportionately benefited Floridians in rural areas and small towns. The share of uninsured children in these areas declined from 16 percent to 9 percent. At the same time, Florida children living in rural areas who were covered by Medicaid grew from 43 percent to 57 percent. Compared to other states, Florida had the fourth highest share of children in small towns and rural areas covered by Medicaid.

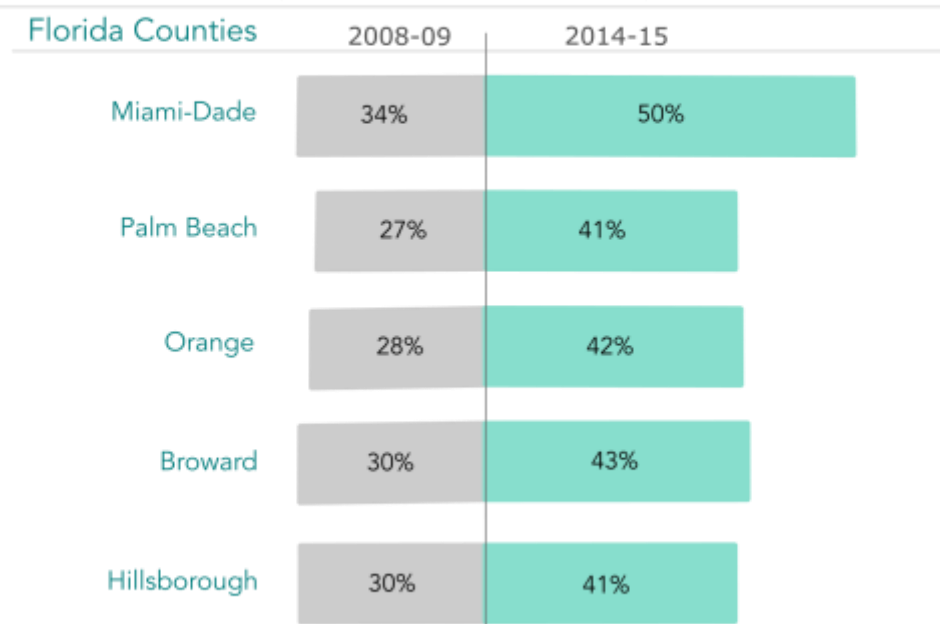
The uninsured rate for adults in rural areas and small towns also declined from 40 percent to 30 percent, while Medicaid coverage for adults increased (10 percent to 17 percent).<sup>29</sup> Cuts triggered by the BCRA and AHCA would disproportionately hurt Floridians in small towns and rural areas.

The charts below show Medicaid coverage gains for children by select major metro areas and rural Florida. Coverage gains for children were particularly significant since the ACA increased household Medicaid income threshold for children's eligibility.

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## Medicaid Coverage of Children in Metro Areas Florida Increased Significantly After the Implementation of the Affordable Care Act (ACA)

(Share of Children on Medicaid)



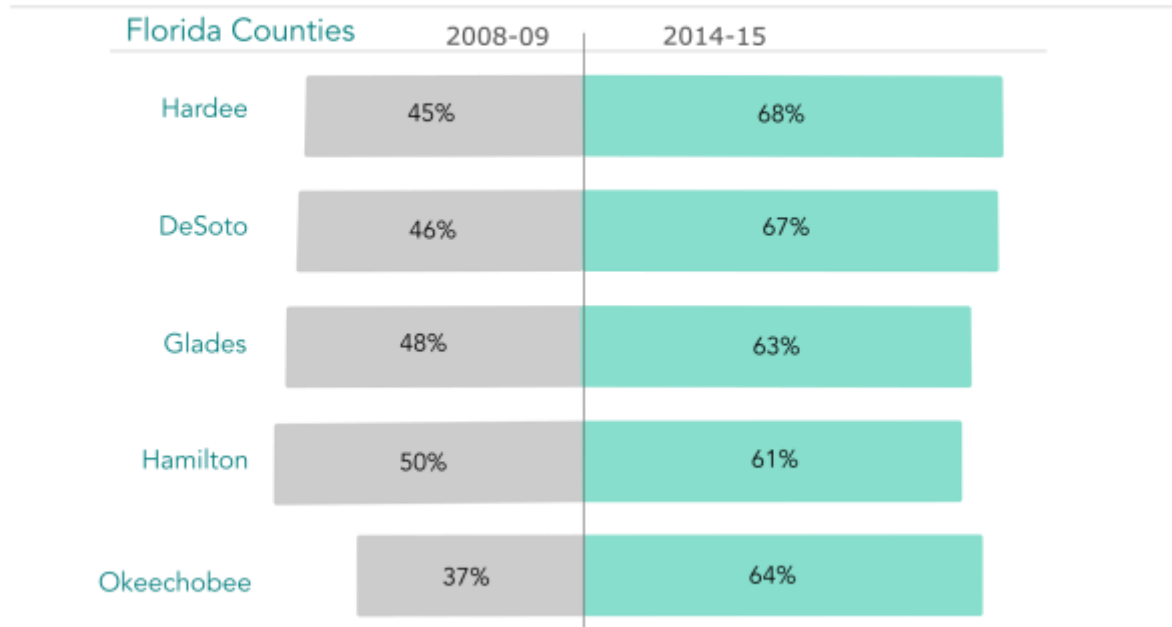
Data Source: Georgetown University, Center for Children & Families

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## Medicaid Coverage of Children in Rural Florida Increased Significantly After the Implementation of the Affordable Care Act (ACA)

(Share of Children on Medicaid)



Data Source: Georgetown University, Center for Children & Families

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The CBO projected that, over the next decade, 22 million Americans would have lost coverage under the BCRA due to capped funding (15 million of them under Medicaid). Twenty-three million Americans would have lost coverage under the AHCA (14 million of them under Medicaid) over that same period, according to the CBO.

In Florida, it is projected that the number of uninsured residents would increase by 1.5 million (or 62 percent) in 2022, skyrocketing the total number of uninsured residents to roughly four million.<sup>30</sup> Despite significant progress to provide coverage for more Floridians, the state's uninsured ranking of 45<sup>th</sup> is still one of the highest in the nation since the state did not expand Medicaid under the ACA.<sup>31</sup> Medicaid cuts under both BCRA and AHCA would inevitably push this uninsured ranking even higher.

### Thousands of Florida's Elderly, Persons with Disabilities, Children and Women Risk Losing Medicaid Coverage and Essential Services under BCRA and AHCA

While states are required to provide Medicaid to certain beneficiary categories (e.g., SSI recipients) for specified services such as hospitalization, states have flexibility to cover additional people and services. The additional coverage is considered "optional." Notably, some

of the sickest Medicaid beneficiaries are treated within the optional coverage and many optional benefits provided under Medicaid are essential and life-saving.

Since the program's inception in 1970, the Florida Legislature has made multiple policy choices to add coverage for various optional beneficiary groups and services.<sup>32,33</sup> For 2016-17, optional services were projected to cost 59 percent of Florida's overall Medicaid budget.<sup>34</sup> Over 60 percent of that cost is covered through federal Medicaid dollars.

With capped federal Medicaid funding as proposed under the BCRA and AHCA, the state would have likely targeted optional Medicaid coverage groups and services for cuts. This could mean Floridians losing their Medicaid eligibility and access to health care services. For others who maintain eligibility, cuts could mean losing services vital to maintaining their health and independence.

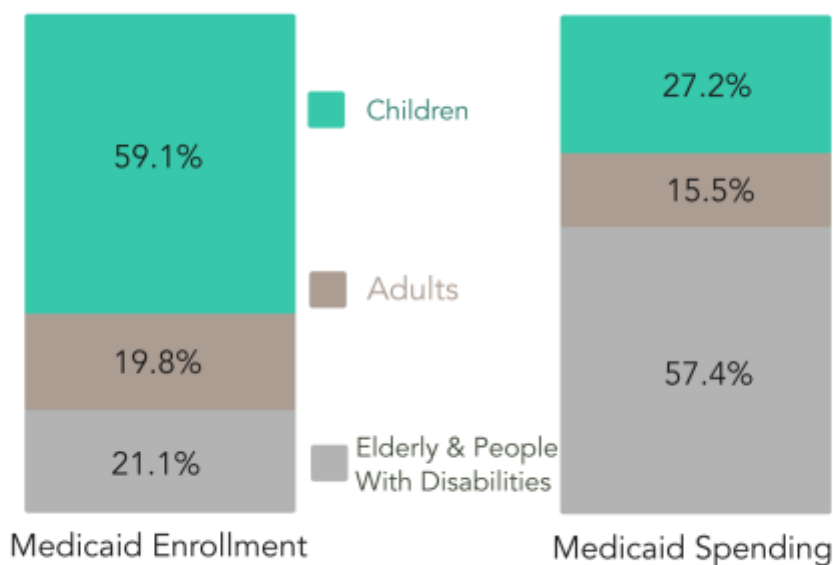
The table below highlights some of the optional coverage and services are likely to be eliminated or reduced under a capped funding structure, putting beneficiaries at risk. Cuts to coverage and services would have particularly harsh consequences for specific groups of Medicaid beneficiaries.

Some Medicaid Optional Coverage Groups and Services at Risk in a Capped Medicaid Funding System					
Optional Coverage Groups and Services for the Elderly & Persons with Disabilities		Optional Coverage Groups and Services for Children		Optional Coverage Groups and Services for Women	
Groups	Services	Groups	Services	Groups	Services
Person living below poverty level	Home and community based services	Children with disabilities receive nursing home or in-home & community based care	Home and community based services care	Pregnant women	Home and community based services
Person receiving nursing home or in-home & community based care	Prescription drugs	Low income school aged-children losing coverage under AHCA or BCRA	School-based services	Women with breast & cervical cancer	Prescription drugs
Person who is "Medically Needy"	Community mental health and substance abuse services	Immigrant children lawfully residing in the U.S.	Healthy Start services	Low income women no longer eligible for pregnancy-related Medicaid coverage, but in need of family planning	Community mental health and substance abuse services
	Hearing, dental & vision services				Hearing, dental & vision services
					Healthy start services
					Contraception and other family planning services
					Breast and cervical cancer screening & treatment

## What's at Stake for Seniors & Persons with Disabilities

More than 1.2 million seniors and persons with disabilities are covered by Florida Medicaid.<sup>35</sup> This population represents 21 percent of total Medicaid enrollees, but more than 57 percent of overall program spending,<sup>36</sup> reflecting their significant and intensive health care needs. The graph below compares Medicaid spending for the elderly and persons with disabilities to other major beneficiary groups.

Spending for Elderly and People With Disabilities is More Than Double  
Their Share in Medicaid Enrollment  
(Fiscal Year, 2015-16)



Data Source: Florida Agency for Health Care Administration

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The disproportionate share of Medicaid spending on the elderly and persons with disabilities increases the likelihood that they would be victims of budget cuts triggered by a capped funding structure. Below are coverage groups and services at risk.

### *Long-term care services and supports*

These services include both long-term nursing home care (LTSS) and home- and community-based services (HCBS). Medicare, the primary source of coverage for many of these beneficiaries, does not cover LTSS. For people who need LTSS, Florida's Medicaid program covers people who are not eligible for SSI, but who have income within 300 percent of the SSI limit (\$2,205 per month for a single person). This allows people with more moderate incomes who have exhausted their savings to get coverage for LTSS.

Expanded eligibility is the sole path to LTSS for thousands of Floridians. Because this coverage is optional, Florida policymakers could choose to eliminate this coverage group or restrict income eligibility. In either case, thousands of Florida seniors and persons with disabilities would lose eligibility. Losing Medicaid eligibility would end expanded access to both nursing home care as well as home-and community-based care.

Similarly, policymakers could choose to eliminate or reduce HCBS. Florida offers HCBS through optional Medicaid waiver programs. Services provided under HCBS are intended to keep people in their homes and prevent or delay needing nursing home residence. Waiver programs offer services not offered under regular Medicaid such as help with eating, dressing, bathing, chores and other activities of daily living, as well as nursing care, home health aides, physical therapy, medical equipment and supplies, transportation, adult day care and respite care for caregivers.<sup>37</sup>

Aside from seniors with cognitive and functional impairments, HCBS beneficiaries include younger people with long term disabilities and people recovering from a serious illness or an accident. Some Florida HCBS waiver programs target specific populations including those with HIV/AIDS, brain and spinal cord injuries, cystic fibrosis and developmental disabilities.<sup>38</sup>

HCBS cuts can have devastating consequences for Medicaid beneficiaries and their families. For example, even a slight reduction in companion care hours can require a family caregiver to choose between employment and expanded caregiving hours. It can also make the difference between a resident's ability to live independently or require nursing home care. Supporting people in the community through HCBS, as opposed to in institutions, can improve health, lower Medicaid costs and enable people who want to remain in their own homes to do so.

If capped federal funding is implemented, these optional services are likely to be a target for deep state cuts. Notably, states spend more on HCBS than any other optional service.<sup>39</sup> For FY 2016-17 it was projected that Florida would spend \$1.13 billion for HCBS, the fourth highest percentage of spending in the overall Medicaid budget.<sup>40</sup> Over 105,000 beneficiaries in Florida received HCBS in FY 2013.<sup>41</sup>

Yet on benchmarks for HCBS availability, Florida ranks very poorly. On a 2017 AARP scorecard, Florida is the second worst state in the nation at providing home care options for seniors and persons with disabilities.<sup>42</sup> Further, Florida ties with Texas for the longest HCBS waiver waitlists in the country.<sup>43</sup> After years of progress to transition Floridians out of institutions, capping federal Medicaid dollars would likely force a devastating reversal of this trend and cause substantial increases in waiting lists.

Although capped Medicaid funding would cause HCBS budget pressures across all states, Florida would be disproportionately impacted. Florida is at the epicenter of multiple demographic and other factors increasing the likelihood that HCBS services are highly vulnerable to cuts.

A recent report on the effect of per capita caps on LTSS<sup>44</sup> highlights five factors that would negatively impact a state's ability to provide long-term services and supports in a per capita cap system. They are:

- Recent growth in the population age 85;
- The percentage of the population over 65 with four or more chronic conditions;
- Having above-average expenditures on home and community based services; and
- Having above-average expenditure growth on people age 65 and older.

Florida is the only state in the country which rated above the national average on all of these factors.

Under the BCRA and AHCA funding formula, Florida would have been locked into an unsustainable funding cap, growing worse over time as health costs and health needs of older Floridians and persons with disabilities increase.

#### *Medicaid Coverage for the Elderly and Persons with Disabilities (also known as "MEDS-AD")*

The MEDS-AD program covers very low-income seniors and persons with disabilities. Their monthly income cannot exceed 88 percent of the poverty level, \$885 per month for a single person.<sup>45</sup> For FY 2016-17, an average of 50,000 beneficiaries per month were projected to be covered by MEDS-AD at a cost of \$474,131,844.<sup>46</sup>

Notably, there are currently thousands of Florida seniors and persons with disabilities who live below the poverty level, but don't qualify for MEDS-AD. When Florida initially adopted this coverage in 1991, the income threshold for this coverage category was 100 percent of the poverty level.<sup>47</sup> As a budget-savings measure the Florida Legislature subsequently lowered the threshold to 88 percent of poverty, causing thousands of senior Floridians and people with disabilities to lose their coverage.<sup>48</sup>

Under the BCRA and AHCA there would inevitably be more budget pressure to further reduce this already extremely low-income threshold. This would impact very low-income Floridians who have no means to purchase private insurance and are likely to have health needs beyond a private insurance benefit package. While seniors may also be eligible for Medicare, Medicaid provides them essential wrap-around coverage for services such as eyeglasses and hearing aids. For younger people with disabilities, losing their Medicaid coverage will likely cause them to become completely uninsured.

#### *Medically Needy*

Individuals who are covered as Medically Needy (MN) have income above the state's Medicaid income limits, but they can "spend-down" their monthly income on medical costs to become Medicaid eligible. The spend-down works like an insurance deductible and varies based on

family size and income.<sup>49</sup> Typically, MN individuals have been uninsured and then face an unforeseen catastrophic illness or accident leading to extremely high hospital and/or medication costs. This coverage program helps thousands of Floridians and their families avoid bankruptcy and tremendous financial hardship. The largest share of persons on MN are people with serious illnesses (e.g., cancer) and disabilities. However, other coverage groups like children and parents can also qualify for MN Medicaid. For FY 2016-2017, the program was estimated to cost \$660,728,105 and serve, on average, 29,685 Floridians monthly.<sup>50</sup>

### *Community Mental Health Services/ Opioid Addiction Treatment*

Community mental health services include assessments; individual, group, and family therapy; support/rehabilitative services; case management; substance abuse treatment; and medical detoxification services. During FY 2015-16, more than 352,000 Floridians received Medicaid-funded treatment for mental health or substance abuse services at a cost of over \$600 million.<sup>51</sup> Over 60 percent of these costs were paid through federal Medicaid dollars. Currently, the Florida Legislature and state officials are exploring ways to draw down even more federal funding to meet Floridians' growing needs for these services.<sup>52</sup>

Florida is 50th in the nation in per capita support for mental health services.<sup>53</sup> There will be little hope of improving this benchmark if bills like the BCRA or AHCA become law and federal Medicaid funding is cut.

These cuts would also deprive thousands of Floridians opioid addiction treatment services.<sup>54</sup> Notably, the Governor has declared a public health emergency based on the opioid epidemic that claimed nearly 4,000 Florida victims in 2015 alone.<sup>55</sup> Capped Medicaid funding could lead to more unnecessary deaths triggered by reduced treatment services.

### *Prescribed Medications*

Medicaid coverage of medications can save public dollars by keeping people out of costly hospitalizations and by containing chronic conditions that would magnify without treatment. But as an expensive optional service it will be another budget item vulnerable to cuts. For FY 2016-17 this service was projected to cost \$497 million, to increase to \$530 million for FY 2017-18 and increase 5 percent annually thereafter.<sup>56</sup>

While it is unlikely that the state would choose to completely end this coverage, it could implement other tools to limit access to medically necessary prescriptions as a way of reducing costs. For example, policymakers could increase patient cost-sharing, impose more prior authorization requirements or limit the number of medications that can be covered each month.<sup>57</sup> Currently, the state requires Medicaid managed care plans to use a statewide uniform preferred drug list<sup>58</sup> developed by a panel of experts. This means plans are prohibited from

excluding coverage for medications on the list. The state could allow each managed care plan to adopt more restricted coverage of medications to cut prescription drug costs.

Inevitably, Floridians who rely on life-saving medications, such as individuals with cancer, HIV/AIDS and other chronic illnesses could have been particularly hurt by new coverage limitations that would have been driven by the BCRA and AHCA cuts.

### *Vision, Dental and Hearing Services*

In FY 2014-15, Florida spent \$11.6 million to provide Medicaid coverage for adult vision, hearing and dental services.<sup>59</sup>

These services are particularly important for Florida's "dual eligibles," very low-income seniors and people with disabilities who have both Medicaid and Medicare coverage. In Florida, there are 401,700 such residents.<sup>60</sup> Medicaid provides critical wrap-around services that are not covered by Medicare, including hearing aids, dentures and eyeglasses. The ability to utilize these services makes a real difference in the participants' daily functioning. Inevitably, these services would be considered for future cuts if legislation similar to the BCRA or AHCA were enacted.

### *What's at Stake for Children?*

More than half of Florida's Medicaid enrollees are children, reflecting the significant role Medicaid plays as a source of health insurance coverage for children in low-income families. A large body of research shows that access to Medicaid coverage in childhood results in longer, healthier lives, a better likelihood of finishing high school and college, and increased economic security as adults. Thousands of children would have likely lost coverage or services under the AHCA or BCRA.

### *School-aged Children*

Both the AHCA and the BCRA limited mandatory Medicaid coverage for school-aged children to households at or below 100 percent of the FPL (\$2,071 monthly for a family of four), instead of the current threshold of 138 percent (\$2,830 monthly).<sup>61</sup> For FY 2016-17, the program was projected to cost \$277,938,042.<sup>62</sup>

A recent report from the Institute for Child, Youth and Family Policy at Brandeis University<sup>63</sup> highlights the devastating impact that this cut would have had on children, especially children of color.

In Florida, 325,000 Florida children would have lost eligibility, including 88,200 African-American children and 118,900 Hispanic children.



African-American and Hispanic children are more likely to suffer or die from infant mortality, asthma, obesity or depression than white children.<sup>64,65</sup> Medicaid is an essential tool for reducing health disparities. With the loss or reduction of federal Medicaid funding for these children, Florida policymakers would likely target this program for cuts, resulting in thousands of children of color becoming uninsured. While the Florida Healthy Kids program offers families alternative child health insurance coverage, monthly premiums and cost-sharing prevent many children from enrollment or continuous coverage.<sup>66</sup>

### *Lawfully-Residing Immigrant Children*

Lawfully-residing immigrant children would also be at risk of losing coverage with federal Medicaid funding cuts. Federal law prohibits these children from receiving Medicaid for five years, unless their state opts to provide this coverage. During the 2016 Legislative Session, legislators provided coverage for the projected 15,000 children who were eligible.<sup>67</sup> Research based on the experience of other states shows that this coverage improves children's access to a usual source of care, well-child check-ups, dental services and specialty care.

The budget for this coverage was estimated to be nearly \$30 million<sup>68</sup> that was covered by the federal government. This funding would likely have disappeared under either bill.

### *Service Cuts for Children with Disabilities*

Florida children with disabilities are particularly vulnerable to optional service cuts if federal Medicaid funding is capped. This includes vital school-based health services that support learning. Florida schools' Medicaid spending totals \$124.7 million, more than half of which is federal funding.<sup>69</sup> This funding pays for services for eligible students with disabilities, such as mental health and speech therapy, and vision and dental screenings. Medicaid funding also helps Florida schools pay the salaries of health care staff, who provide important services to all students. In 2017, almost 69 percent of school superintendents<sup>70</sup> reported that they used Medicaid funding to retain school nurses, mental health counselors, speech therapists and other health professionals. School boards would be unable to replace funding reductions for these services.<sup>71</sup>

Moreover, Florida children with disabilities could face even larger Medicaid cuts outside of the school setting, including critically important HCBS. Affected children could include, but are not limited to, those with autism, Down Syndrome, cerebral palsy, and other developmental disabilities, as well as those who have other medically complex conditions. While the regular Medicaid benefit package for children is robust, HCBS includes additional services and supports essential for families struggling to keep their children at home and out of an institution. In FY 2012, more than 18,000 Florida children and youth with disabilities under age 21 received HCBS.<sup>72</sup>

Per-enrollee spending for children with disabilities is much greater than spending for other children. For example, in FY 2011, per enrollee Medicaid spending for children with disabilities was an average of \$16,802 compared to \$2,463 for children without disabilities.<sup>73</sup> Funding for children with disabilities is a prime target for Medicaid cuts if Florida loses federal Medicaid funding.

## What's at Stake for Women?

In Florida, 2.3 million women and girls are enrolled in Medicaid.<sup>74</sup> This includes thousands of low-income mothers or other relatives taking care of children, as well as pregnant women, elderly women and those with disabilities. Cuts to Florida Medicaid will disproportionately hurt women and girls.

### *Maternity Care*

Maternity care coverage under Medicaid includes continuous coverage during pregnancy, as well as 60 days after childbirth. For FY 2016-17, it was estimated that over 100,000 women per month would receive this coverage at an annual cost of \$473 million.<sup>75</sup> Notably, Florida Medicaid covers 63 percent of all births in Florida.<sup>76</sup>

Federal law requires Medicaid coverage for pregnant women whose income is up to 138 percent of FPL (\$2,349 per month for a family of three, including the unborn child). The Florida Legislature expanded coverage to include women whose income is up to 185 percent of FPL (\$3,149 per month).<sup>77</sup> The Legislature would likely reconsider the expanded coverage.

### *Healthy Start*

Capped federal Medicaid funding would also jeopardize Healthy Start services for women and infants. The services include home visitations, care coordination, counseling and other services geared to improve maternal and child health outcomes. For over 20 years this program has served thousands of Florida families. As a result, significant health indicators for mothers and children have substantially improved, including infant mortality and timely pre-natal care.<sup>78</sup> For FY 2015-16, it was estimated that Healthy Start services cost \$41 million.<sup>79</sup>

### *Family Planning*

Florida Medicaid coverage for family planning services is available for women who would otherwise not qualify for Medicaid. This includes women with incomes at or below 185 percent of the FPL, including those who lose Medicaid eligibility after having a baby.<sup>80</sup> It covers contraceptive services and supplies, Pap smears, sexually transmitted disease testing and family planning counseling. The program is intended to increase child spacing intervals through effective contraceptive use and prevent unintended pregnancies. Research supports the

maternal and child health benefits of adequate timing between children. For FY 2016-17, the program was expected to serve an average of more than 62,000 women per month at an annual cost of \$7,411,312.<sup>81</sup> This is another expanded coverage category that could be reconsidered if the AHCA or BCRA become law.

### *Breast & Cervical Cancer Screening & Treatment*

Women aged 50-64 years of age who are at or below 200 percent FPL (\$4,100 per month for a household of four), but not otherwise eligible for Medicaid, can qualify for expanded coverage under the Breast and Cervical Cancer program.<sup>82</sup> This program provides life-saving screening and treatment for otherwise uninsured women. The Florida Department of Health attributes a decade-long decrease in breast cancer incidence and mortality to improved screening and treatment. Breast cancer remains the most commonly diagnosed cancer and the second leading cause of cancer deaths among women.<sup>83</sup> This program is a crucial resource for women who remain uninsured. If it did not exist, many women would either forgo these services, risking premature death, or incur enormous medical debt to access life-saving treatment. During FY 2016-17, the program is estimated to cost \$6,823,518.<sup>84</sup>

### *Long Term Care & Community Mental Health Services - Impacts on Women*

While these services have already been described in relation to the elderly and persons with disabilities, it is important to note that cuts in these services will also disproportionately hurt women. Women make up seven in 10 nursing home residents and more than two-thirds of the people receiving Medicaid-funded HCBS.<sup>85</sup> Untreated maternal depression is a major public health problem, largely because uninsured mothers cannot access treatment.<sup>86</sup> Women are more likely than men to report chronic pain, be given prescription painkillers and stay on them longer than men. Thus, prescription painkiller overdoses are a growing problem among women<sup>87</sup> and must be included as Florida addresses the opioid epidemic. Cutting Medicaid funding for mental health and substance use disorder services will diminish critical resources the state needs to fight this epidemic and provide mental health supports for low income women in Florida.

### *Capping and Cutting Medicaid Would Trigger the Loss of Thousands of Florida Jobs*

The health care industry is a major sector of the national and state economy. Research shows that injection of federal Medicaid funds into the state economy has a multiplier effect, supporting health care providers that serve Medicaid beneficiaries and indirectly supporting other businesses and industries that serve the health care community. Specifically, Medicaid resulted in the creation of more than 200,000 health care jobs for women in Florida in 2015, demonstrating that Medicaid is not only a vital source of health care services for women but also backbone of their economic well-being too.<sup>88</sup>

Extracting federal Medicaid dollars from the state and local economies will have the opposite effect. It will trigger the loss of thousands of Florida jobs. According to a study by the Commonwealth Fund and George Washington University, Florida would lose 83,000 jobs in all sectors including 54,000 job losses in the health care sector by 2026 if the federal government restricts Medicaid funding.<sup>89</sup> A March 2017 study by the Economic Policy Institute similarly projects that under the AHCA, by 2022, Florida would lose more than 90,000 jobs across the state.<sup>90</sup>

The impact on rural hospitals will be particularly damaging. Across the country, rural hospitals employ, directly and indirectly, an estimated 750,000 people and generate revenue of almost \$70 billion per year. Rural hospitals are a vanguard for the health of residents as well as the economic well-being of their communities. Since these hospitals primarily rely on public insurance programs such as Medicaid and Medicare to survive, they are acutely vulnerable to reductions in the number of patients or scope of services covered by these programs. Any legislative change that results in decreased federal payments for uncompensated care would severely affect rural hospitals, including the likely closure of large numbers of rural hospitals that lack the cash flow to support higher levels of uncompensated care.

Medicaid cuts under BCRA and AHCA would also seriously impact the labor force to meet the growing long-term care needs of seniors and persons with disabilities. Reduced Medicaid funding would likely result in significantly reduced provider reimbursement rates and trigger job losses for workers such as home health and personal care workers, who are already underpaid. In terms of HCBS workers, it is estimated that Florida would lose between 7,620 and 17,780 jobs.<sup>91</sup>

## Conclusion

Capping and cutting federal Medicaid funds would put multiple Florida Medicaid coverage groups and services on the chopping block, risking the loss of insurance and crucial health care services for the most vulnerable Floridians. It would also hurt the state and local economies and cost Floridians thousands of jobs.

One of the major pillars of a thriving and prosperous community is access to quality and affordable health care services. Medicaid plays a critical life-saving role for millions of Floridians. Under its current open-ended financing structure, Medicaid responds when there is increased demand for health care services triggered by economic downturns, the advent of new and expensive medications, or during public health emergencies (such as the opioid or HIV/AIDS epidemics or the Zika virus). Protecting the financing structure of Medicaid and rejecting funding cuts is crucial to the health and economic well-being of the most vulnerable Floridians. It is equally paramount for the financial bottom-line of the state and local communities. Congress must leave Medicaid intact and move forward on a bipartisan basis to

legislation which strengthens the private insurance marketplace and builds on the significant progress made under the Affordable Care Act.

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