



*We Will Empower Bold Change
to Elevate Human FlourishingSM*

Defending Medicaid

BRIEFING WITH LEADERSHIP CONFERENCE OF WOMEN RELIGIOUS

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Republicans Consider Change to Medicaid: What We Know

Published Apr 29, 2025 at 5:45 PM EDT

House [Republicans](#) are weighing a major shift to [Medicaid funding](#) that could transfer significant financial responsibility from the federal government to individual states, putting [health care access](#) for millions at risk.

The GOP proposal, part of a broader effort to finance President [Donald Trump](#)'s sweeping domestic agenda, would impose per capita caps on Medicaid. That structure would limit how much the federal government contributes per enrollee, requiring states to cover any costs above that amount.

The New York Times

As G.O.P. Eyes Medicaid Cuts, States Could Be Left With Vast Shortfalls

Republicans have proposed lowering the federal share of costs for Medicaid expansions, which could reshape the program by gutting one of the Affordable Care Act's major provisions.

STAT Reporting from the frontiers of health and medicine

I'm disabled. I'm terrified about what Medicaid cuts could mean for my life

I'm just one of millions at risk

The Washington Post

Republican Medicaid cuts could shutter rural hospitals, maternity care

Potential Medicaid cuts could devastate America's teetering rural health-care system and jeopardize Republicans' political power among rural voters.

Bloomberg Law

March 31, 2025, 5:05 AM EDT

Nursing Homes Anxious as Republicans Ponder Deep Medicaid Cuts

NBC NEWS

HEALTH CARE

Parents of kids with cancer fear GOP budget cuts could slash Medicaid

President Donald Trump has promised not to touch Medicaid, the largest single source of health coverage in the U.S., covering nearly half of all children.



We Will Empower Bold Change to Elevate Human Flourishing.SM

February 20, 2025

United States House of Representatives
Washington, DC 20515

Dear Representative:

On behalf of the Catholic Health Association of the United States (CHA), the national leadership organization representing more than 2,200 Catholic hospitals, long-term care facilities, clinics, service providers, healthcare systems, and other facilities across all fifty states, **I urge you to vote “No” on the House Concurrent Budget Resolution 14 for FY25 through FY34. This budget resolution would severely impact critical health and social safety-net programs, especially the Medicaid program, that are lifelines for your constituents and the patients and communities we serve.**

We are deeply concerned that this budget resolution would force the House Energy and Commerce Committee to slash \$880 billion from the Medicaid program—an essential health care program for nearly 80 million low-income Americans. Medicaid provides coverage for one in five individuals, funds 41% of all births nationwide, and is the largest payer for long-term care and behavioral health services. These cuts would have devastating consequences, particularly for those in small towns and rural communities, where Medicaid is often the primary source of health care coverage. **Medicaid is not just a health program—it is a lifeline. It provides access to care for those who need it most—poor and vulnerable children, pregnant women, elderly, adults, and disabled individuals in our nation while ensuring their dignity.**

CHA and our members firmly believe that health care is a fundamental human right that is essential to human flourishing. For decades, we have championed policies ensuring everyone has access to affordable health care. Rooted in our faith, we affirm that every individual is created in the image of God, possesses inalienable worth, and deserves care that upholds their inherent dignity. Our health ministry is especially committed to serving those most in need, recognizing that our mission is not complete until quality, affordable, and accessible health care is a reality for all.

We urge you to vote against the budget resolution when considered on the House floor and instead champion policies rooted in compassion and dignity. By protecting our most vulnerable, we create a healthier, stronger society for everyone.

Sincerely,

Sr. Mary Haddad, RSM
President and CEO

“Medicaid is not just a health program— it is a lifeline. It provides access to care for those who need it most.”

“Rooted in our faith, we believe every person deserves dignity and access to quality, affordable care. We urge lawmakers to reject these harmful cuts and support policies protecting our most vulnerable.”

Sr. Mary Haddad, RSM
CHA president and CEO



Introduction to Medicaid



- Established in 1965
 - Nearly 60 years of operation
- Joint Federal-State Program
 - Provides health care coverage
 - Covers nearly 80 million individuals
- Multiple Programs
 - 56 different programs across the country

Cover of Health Progress, Special Issue on Medicaid January-February 2019

Who does Medicaid insure?

Nearly **80 million** Americans are covered by Medicaid

MEDICAID MAKES IT POSSIBLE FOR
1 in 5 Americans

*including many with complex medical needs
to access affordable health coverage.*

SOURCE: KFF



#MEDICAIDPOSSIBLE

Medicaid makes
it possible.

49%

of American children
have Medicaid

SOURCE: KFF

#MEDICAIDPOSSIBLE

Medicaid makes
it possible.

41%

of all births in America
are covered by Medicaid

SOURCE: KFF

#MEDICAIDPOSSIBLE

Medicaid makes
it possible.

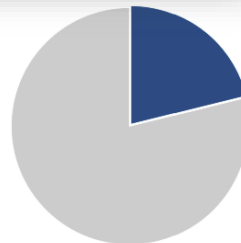
63%

of nursing home residents
have Medicaid

SOURCE: KFF

#MEDICAIDPOSSIBLE

Medicaid makes
it possible.



21%
of US
population is
covered by
Medicaid/CHIP

Source: KFF <https://files.kff.org/attachment/fact-sheet-medicaid-state-US>



What is the threat? Budget Reconciliation

H. Con. Res. 14

Agreed to April 10, 2025

One Hundred Nineteenth Congress of the United States of America

AT THE FIRST SESSION

*Began and held at the City of Washington on Friday,
the third day of January, two thousand and twenty-five*

Concurrent Resolution

Resolved by the House of Representatives (the Senate concurring),

SECTION 1. CONCURRENT RESOLUTION ON THE BUDGET FOR FISCAL YEAR 2025.

(a) DECLARATION.—Congress declares that this resolution is the concurrent resolution on the budget for fiscal year 2025 and that this resolution sets forth the appropriate budgetary levels for fiscal years 2026 through 2034.

(b) TABLE OF CONTENTS.—The table of contents for this concurrent resolution is as follows:

Sec. 1. Concurrent resolution on the budget for fiscal year 2025.

TITLE I—RECOMMENDED LEVELS AND AMOUNTS

Subtitle A—Budgetary Levels in Both Houses

Sec. 1101. Recommended levels and amounts.

Sec. 1102. Major functional categories.

Subtitle B—Levels and Amounts in the Senate

Sec. 1201. Social Security in the Senate.

Sec. 1202. Postal Service discretionary administrative expenses in the Senate.

TITLE II—RECONCILIATION

Sec. 2001. Reconciliation in the House of Representatives.

Sec. 2002. Reconciliation in the Senate.

TITLE III—RESERVE FUNDS

Sec. 3001. Reserve fund for reconciliation legislation.

Sec. 3002. Deficit-neutral reserve fund relating to government deregulation.

Sec. 3003. Spending reduction reserve fund to save more than \$2,000,000,000,000.

Sec. 3004. Spending-neutral reserve fund related to current tax policy baseline.

Sec. 3005. Deficit-neutral reserve fund relating to protecting Medicare and Medicaid.

TITLE IV—OTHER MATTERS

Sec. 4001. Adjustment for spending cuts of at least \$2 trillion.

Sec. 4002. Enforcement filing.

Sec. 4003. Budgetary treatment of administrative expenses.

Sec. 4004. Application and effect of changes in allocations, aggregates, and other budgetary levels.

Sec. 4005. Adjustments to reflect changes in concepts and definitions.

Sec. 4006. Adjustment for changes in the baseline.

Sec. 4007. Exercise of rulemaking powers.

TITLE V—POLICY STATEMENTS IN THE HOUSE OF REPRESENTATIVES

Sec. 5001. Policy statement on economic growth.

Sec. 5002. Policy statement on mandatory spending reduction.

Sec. 5003. Policy statement on Government deregulation.

- Fast track procedure – prevents filibuster in the Senate
- Instructs Committees on budget related legislation in tax law or mandatory spending programs – like Medicaid
- House would like to complete work by Memorial Day

House Energy and Commerce Committee must find at least \$880 billion in savings – almost all of which will come out of Medicaid



How do you get to \$880 billion?

Potential Cut	Projected 10-Year Savings*
Medicaid Per-Capita Caps	\$900 billion
End the Enhanced Federal Medical Assistance Percentage (FMAP) for the Medicaid Expansion Population	\$561 billion
Lower Medicaid FMAP Floor	\$387 billion
Limit Medicaid Provider Taxes	\$175 billion
Repeal Biden Medicaid Eligibility Rule	\$164 billion
Repeal Biden Medicaid/Children's Health Insurance Program (CHIP) Access Rule	\$121 billion
Impose Work Requirements (Per HR 2811)	\$100 billion
End Enhanced Match Rate for Administrative Activities	\$69 billion
Limit Federal Health Programs Eligibility Based on Citizenship	\$35 billion
Limit State-Directed Payments in Medicaid	\$25 billion
End American Rescue Plan Act Temporary FMAP Increase for Medicaid Expansion Take-Up	\$18 billion
Medicaid FMAP Penalty for Covering Undocumented Persons with State-Only Funds	TBD

= Millions of livelihoods affected as individuals, families and children will lose coverage



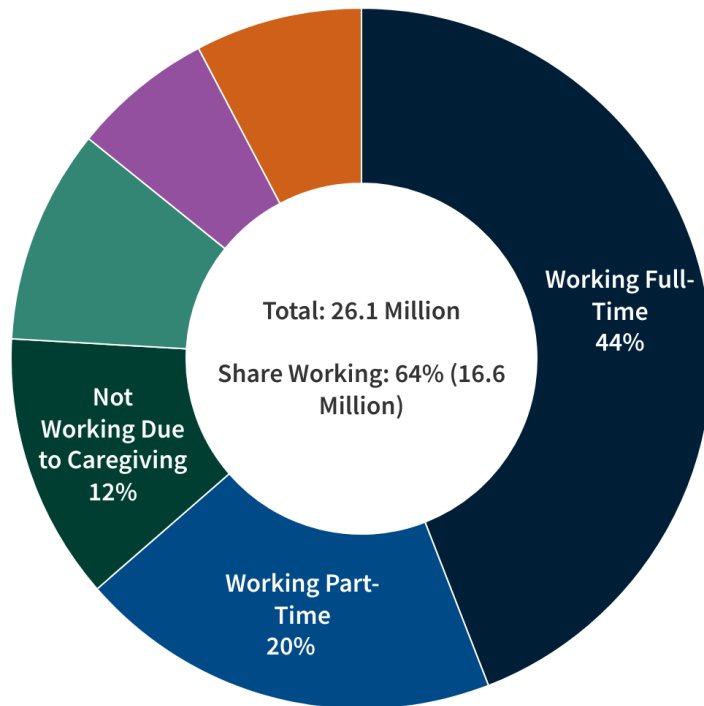
Issue in Focus: Work Reporting Requirements

Figure 1

Work Status & Barriers to Work Among Medicaid Adults, 2023

Includes Medicaid covered adults (age 19-64) who do not receive benefits from Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) and are not also covered by Medicare.

■ Working Full-Time ■ Working Part-Time ■ Not Working Due to Caregiving
■ Not Working Due to Illness or Disability ■ Not Working Due to School Attendance ■ Not Working Due to Retirement, Inability to Find Work, or Other Reason

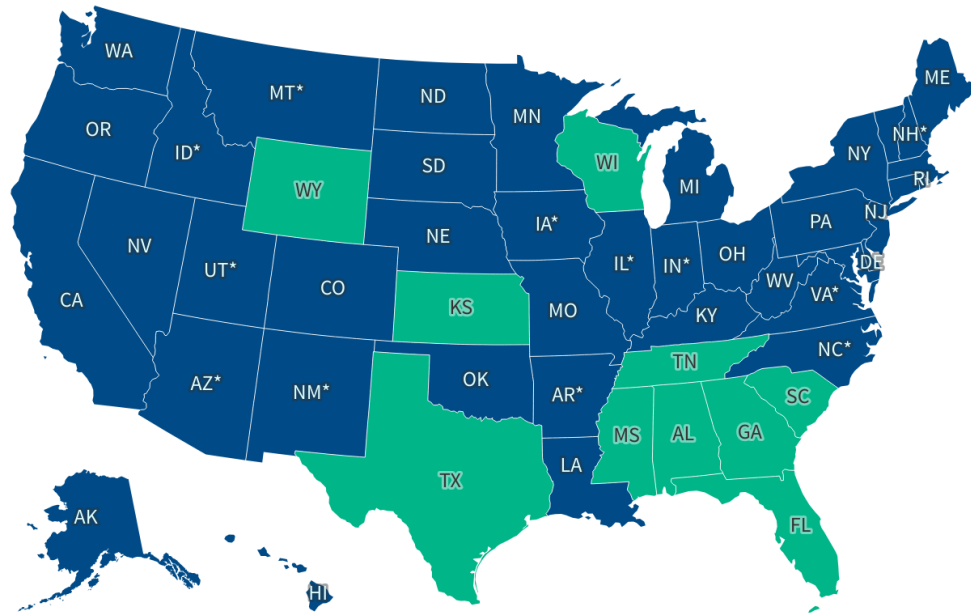


- One proposal is to impose work reporting requirements as a condition of receiving Medicaid
 - Who would this apply to?
- Supported by all sides of the Republican conference
- Possible budget “savings” are around \$100 billion
- Modeling estimates show that on the low end 5 million individuals would lose coverage and the high end around 30 million
- Real world examples in Arkansas showed that 18,000 people lost coverage

Issue in Focus: Reducing Federal Payments to States

Status of State Action on the Medicaid Expansion Decision

■ Adopted and implemented (41 states including DC) ■ Not adopted (10 states)



Note: * State has a trigger law that would end expansion coverage or require states to take steps to mitigate increases in state costs if federal funding for the expansion is reduced.

Source: KFF tracking and analysis of state actions related to adoption of the ACA Medicaid expansion and Searing, Adam. "Federal Funding Cuts to Medicaid May Trigger Automatic Loss of Health Coverage for Millions of Residents of Certain States." Say Ahhhh! Georgetown Center for Children and Families, November 27, 2024

KFF

- Per Capita Caps for the “Expansion population”
 - “Able Bodied Adults” up to 138% of FPL (\$20,780)
- Reducing the federal medical assistance percentage (FMAP)
 - Expansion Population
 - States that provide coverage for undocumented immigrants
 - District of Columbia
- Interaction with state “trigger laws”
 - AZ, AR, IA, ID, IL, IN, MT, NH, NC, NM, UT, VA
- Modeling estimates: \$140 billion to \$2.5 trillion less in federal Medicaid spending

What is CHA doing?



- Since February, we have had over 50 Congressional meetings with Republican offices
- Advocacy Days in March brought our members to Washington DC to visit their elected officials
- Partnering with other likeminded organizations and coalitions

What is CHA doing? (cont.)

American Academy of Family Physicians

American Academy of Pediatrics

American College of Obstetricians and Gynecologists

American Dental Association

American Dental Education Association

American Health Care Association

American Network of Community Options and Resources

American Nurses Association

America's Essential Hospitals

Association for Community Affiliated Plans

Association of Clinicians for the Underserved

Catholic Health Association of the United States

Children's Hospital Association

Easterseals

The Jewish Federations of North America

Medicaid Health Plans of America

National Association of Community Health Centers

National Association of Counties

National Association of Pediatric Nurse Practitioners

National Association of Rural Health Clinics

National Council for Mental Wellbeing

National Council of Urban Indian Health

National Health Care for the Homeless Council

National Hispanic Medical Association

National Rural Health Association

THE PARTNERSHIP FOR MEDICAID

For Immediate Release

February 24, 2025

Partnership for Medicaid Urges a No Vote on House Budget Resolution

WASHINGTON, D.C. — The Partnership for Medicaid — a nonpartisan, nationwide coalition of organizations representing clinicians, health care providers, safety net health plans, and counties — calls on Congress to vote “no” on the budget resolution which includes \$880 billion in cuts for the Energy and Commerce Committee, which would likely significantly impact Medicaid. The Partnership for Medicaid stands ready to work with policymakers to identify more sustainable strategies to strengthen Medicaid and improve on its promise of providing high quality coverage and access to care for populations in need.

Medicaid currently provides health coverage to nearly 80 million people, including half of all of America's children, including children with complex medical conditions, pregnant women, adults, seniors, and individuals with disabilities. In communities across the country, including those in rural and underserved areas, Medicaid plays an important role in providing access to maternity care, labor and delivery services, pediatric services, behavioral health services, primary and dental care, long-term services and supports, and other necessary services for patients who cannot afford other options for care.

State Medicaid programs are already stretched thin financially. We are concerned that the scope of policies needed to meet the budget resolution's instruction to drastically cut hundreds of billions of dollars from federal Medicaid spending would shift more of the program's costs onto state and local governments, providers, plans, patients, and local taxpayers that would not be able to absorb them. We also are concerned about efforts to limit each state's ability to expand coverage and ensure adequate payment for covered services.

These efforts to cut spending in Medicaid will have long-term consequences. For example, reductions in coverage will result in increased costs of uncompensated care, and the added financial strain on significant Medicaid providers could result in closures of essential services. In addition, these significant reductions in federal funding for Medicaid could lead to the loss of thousands of jobs, especially in rural areas where citizens are more likely to rely on Medicaid for their health coverage and health care providers serve as a major source of employment

Learn more about the Partnership for Medicaid at www.partnershipformedicaid.org.

THE PARTNERSHIP FOR MEDICAID



Working Together As Catholic Organizations



“Caring for those most in need in our society is not something that Catholic and all charitable organizations can do alone. This is why we need policies which ensure that low-income and vulnerable people can afford health care coverage and have the support they need. **Programs like Medicaid embody our collective commitment to the common good, solidarity, and the preferential option for those who are poor and vulnerable...**



Catholics call on Congress to protect Medicaid

The three largest Catholic organizations in the country are urging Congress not to cut Medicaid to pay for their reconciliation bill that aims to drive much of President Trump's agenda.



Catholic Bishops Warn Against Medicaid Cuts

Axios

Peter Sullivan

March 3, 2025

What they're saying: "As you address reconciliation priorities, we urge you to prioritize those most in need and working families and protect the Medicaid program," [reads a letter](#). The letter specifically pushes back on the idea of per capita caps and work requirements.



How you can help

ADVOCACY

CONTACT CONGRESS

Join in our Advocacy Efforts with e-Advocacy

The Catholic Health Association is pleased to make available e-Advocacy, a user friendly, web-based tool that will allow the ministry to participate more actively in our collaborative advocacy efforts.

e-Advocacy allows you to communicate directly with policy makers on issues important to the Catholic health ministry. Using e-Advocacy will allow you to immediately respond to CHA's advocacy alerts with form letters and talking points provided for your personalization and use.

[Home](#) [Directory](#) [Bills](#)

Key Issues

Protect Medicaid Funding From Deep Cuts

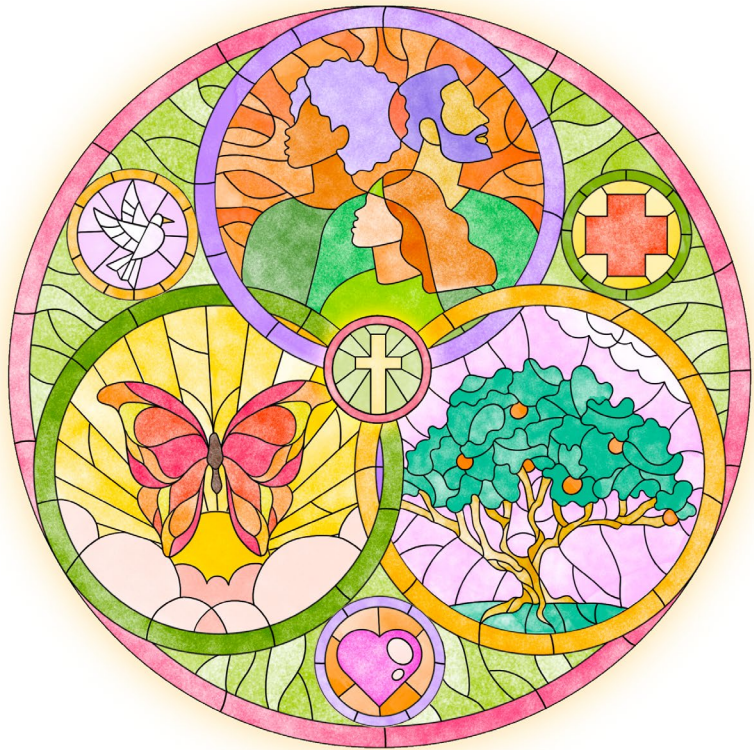
As Congress begins budget reconciliation discussions, CHA urgently calls on you to contact your Members of Congress today to safeguard the integrity of the Medicaid program. Congress is moving quickly to develop a budget resolution calling for legislation to cap federal funding and change the structure of the Medicaid program, which could cut more than **\$800 billion** in federal Medicaid funding over 10 years. Please contact your lawmakers now as cuts of this level will also have devastating impacts on state Medicaid budgets and constrain our ability to care for our communities.

[TAKE ACTION](#)

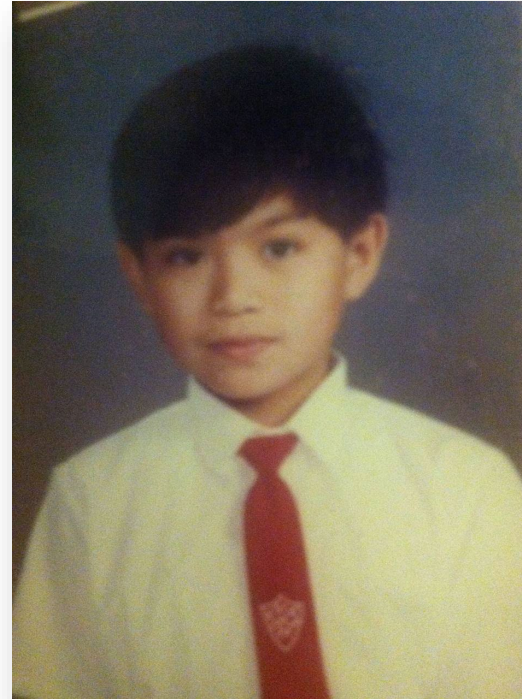
[LEARN MORE](#)



Thank you!



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