

JUSTICE IN AGING

FIGHTING SENIOR POVERTY THROUGH LAW

Protecting Medicaid from Cuts in Congress: Updates for Aging Advocates

Natalie Kean, Justice in Aging

Gelila Selassie, Justice in Aging

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Webinar Logistics

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JUSTICE IN AGING

FIGHTING SENIOR POVERTY THROUGH LAW

Justice in Aging is a national organization that uses the power of law to fight senior poverty by securing access to affordable health care, economic security, and the courts for older adults with limited resources.

Since 1972 we've focused our efforts primarily on fighting for people who have been marginalized and excluded from justice, such as women, people of color, LGBTQ+ individuals, and people with limited English proficiency.

Justice in Aging's Commitment to Advancing Equity

To achieve Justice in Aging, we must:

- Advance equity for low-income older adults in economic security, health care, housing, and elder justice initiatives.
- Address the enduring harms and inequities caused by systemic racism and other forms of discrimination that uniquely impact low-income older adults in marginalized communities.
- Recruit, support, and retain a diverse staff and board, including race, ethnicity, gender, gender identity and presentation, sexual orientation, disability, age, and economic class.

Today's Agenda

- Refresher: Medicaid's Role for Older Adults
- State of Play
- Overview of changes to Medicaid and Medicare in House-passed tax bill impacting older adults
- Key Messages to push back
- New resources and advocacy tools to take action
- Questions



Medicaid's Role for Older Adults

Medicaid's Crucial Role

- More than 7 million seniors and 10 million people with disabilities rely on Medicaid
- Millions more older adults and people with disabilities and chronic conditions are insured through Medicaid who don't qualify based on age or disability
 - 9 million older adults ages 50 to 64
 - At least 6 million people with disabilities
- Medicaid is very broad and covers more than traditional medical services
 - Home- and Community-Based Services (HCBS) & nursing facilities
 - Non-Emergency Medical Transport (NEMT)
 - Financial assistance for Medicare beneficiaries dually enrolled in Medicaid

Medicaid's Role for People with Medicare

- 12.5 million people are dually enrolled in Medicare and Medicaid
 - Duals are very low-income individuals with high needs
- Medicaid pays Medicare premiums and/or out-of-pocket costs for 10+ million people
 - These Medicare Savings Programs make Medicare affordable
- Medicaid covers services that Medicare doesn't
 - Dental, vision, hearing
 - HCBS, long-term nursing facility stays
 - Transportation



State of Play

Budget Reconciliation

- Congress can use budget reconciliation to fast track legislation when one party holds majority in both chambers
 - Only requires simple majority to pass the Senate—
filibuster proof
- Budget reconciliation has specific requirements – most importantly that bills must relate to the budget and not add to the deficit
 - Senate parliamentary rules on what is in/out
 - Social Security is off limits

FY2025 Reconciliation

- House and Senate adopted the same budget resolution
 - Resolutions are high-level instructions to committees
 - Resolutions are not laws
- Committees write & markup bills
 - For Medicaid, look at House Energy & Commerce and Senate Finance
- House passed H.R. 1 -- “One Big Beautiful Bill Act” (“tax bill” or “budget bill”) -- on May 22
 - Cuts federal Medicaid spending by more than \$700 billion
- **Senate now considering H.R. 1**
 - No Finance committee process, markup or hearings expected
 - “Byrd Bath” is ongoing
 - Likely to be some changes so House would have to vote again on whatever Senate passes

Timing

- FY2025 opportunity ends September 30 (end of the fiscal year)
- Leadership wants to pass reconciliation package by July 4
- Reconciliation process could be repeated for FY2026
- Reminder: budget reconciliation is separate from annual appropriations/government funding bills
 - FY25 Continuing Resolution (CR) expires Sept. 30
 - FY 26 appropriations process is starting
- The fight to stop Medicaid cuts from being enacted is far from over!



Overview of Medicare Cuts

Key Message:

This Bill Cuts Medicare Too!

- A cut to Medicaid is a cut to Medicare
 - Makes Medicare unaffordable for people dually eligible for Medicaid and Medicare
 - Cuts access to long-term care
- Ends Medicare eligibility for lawfully present immigrants who have lived in the U.S. and paid into the system for decades
- Puts Medicare's future at risk by triggering \$500 billion in cuts over a decade

Who Is Eligible for Medicare?

- U.S. citizens and lawfully present immigrants
- Qualifying work history impact on non-citizens
 - All “lawfully present” immigrants who have 40 quarters/10 years of work history qualify for premium-free Part A
 - Without full 40 quarters, only lawful permanent residents (LPRs) who have 5 years of continuous residence in U.S. can enroll in Medicare with premium for Part A
 - Immigrants can also qualify based on spouse’s work history
- Federal law already prohibits people who are undocumented from enrolling in Medicare and prohibits Medicare payment for anyone without lawful presence status

Who Would Be Eligible for Medicare under H.R. 1?

- H.R. 1 Sec. 112103 limits lawfully present immigrants' access to Medicare
- Only 3 categories of immigrants would still be eligible:
 - Lawful permanent residents (green card holders)
 - Cubans who entered under a family reunification program
 - People residing under the Compacts of Free Association (citizens of Micronesia, the Marshall Islands, and Palau).
- Other categories of immigrants who have worked and paid into Medicare for decades will no longer be eligible
 - People with work visas, TPS, refugees, asylees, survivors of domestic violence or other crimes, spouses and children of citizens with visas, etc.
 - Those currently enrolled will have Medicare terminated after 1 year

Impact of Cutting Medicare Eligibility

- Takes Medicare away from older adults and people with disabilities who have worked in the U.S. and paid into the system for decades
- Cutting access to Marketplace premium tax credits will mean many will become uninsured
- Harms U.S. citizens as well
 - Many of these individuals who will have health care taken away work as caregivers for U.S. citizen older adults and provide care for their own family, including U.S. citizen children



Overview of Medicaid Cuts

Types of Medicaid Cuts

Cutting federal funding:

- Block Grants or Per Capita Caps
- ✓ Cutting Federal Medical Assistance Percentage (FMAP)
- ✓ Restricting Provider Taxes

Cutting enrollment or services:

- ✓ Work Requirements
- ✓ Repealing regulations or minimum requirements
- ✓ More eligibility & enrollment restrictions

Key Message:

All of these Medicaid “reforms” are cuts

- Impossible to cut hundreds of billions of dollars without taking people's health care away
 - 10 million+ people will have Medicaid taken away
 - 16 million people will become uninsured
- The explicit goal is to generate federal government savings to pay for tax breaks for billionaires
- Costs will be pushed to states, forcing them to fill the gap by cutting benefits and/or eligibility
- Medicaid is already very lean and cost efficient
- Older adults and people with disabilities will be harmed

Cuts to Federal Medical Assistance Percentage (FMAP)

- H.R. 1 Sec. 44111 would cut expansion FMAP by 10% for states that provide coverage to immigrants not otherwise Medicaid eligible using their own state funds
 - Penalize 15 states that provide health coverage regardless of immigration status
 - As written, could impact 38 states that cover immigrants paroled into the U.S.
- Sec. 44131 would end extra 5% FMAP incentive for states that newly expand
- Other cuts to watch for:
 - Removing the 50% FMAP floor
 - Ending enhanced 90% FMAP match for ACA expansion would trigger automatic repeal of expansion in 12 states

Restricting Provider Taxes

- Every state except Alaska uses provider and insurer taxes to help fund their share of Medicaid costs
 - FMAP is a reimbursement, so states must spend their own money first to receive federal match
- H.R. 1 Sec. 44132 would prohibit states from establishing any new provider taxes or increasing existing taxes
 - Applies regardless of how many taxes or whether the state is already taxing up to the 6% safe harbor amount
- Section 44133 would restrict state-directed payments (SDPs) in managed care
 - Allows non-expansion states to have higher SDP rates

[KFF: 5 Key Facts About Provider Taxes](#)

How Funding Cuts Impact Older Adults

- Shift costs to states forcing them to cut Medicaid spending
 - Additional pressures from administering work requirements, shifting SNAP costs to states, American Rescue Plan Act funding ending
- Cut optional benefits or eligibility categories
 - Home-and Community-Based Services (HCBS)
 - Special income rule (300% Supplemental Security Income)
 - Spend down/Share of cost eligibility
 - Dental, vision, hearing
 - Coverage of immigrants
- Cut enrollment
 - Eliminate Aged & Disabled and Medicare Savings Program eligibility expansions
- Cut provider payment rates
 - Worsen direct care workforce shortage

Why HCBS is at Risk of Cuts

- 86% of “optional” Medicaid spending supports older adults and people with disabilities
- HCBS accounts for 51% of all optional spending and 32% of all Medicaid spending
- When federal funding was cut after the Great Recession, every state cut one or more HCBS programs
 - Spending cuts averaged 11-12% for waiver and personal care services programs and 22% for home health
 - Reductions in the number of people served ranged from 2-15%
 - These cuts also led to longer waiting lists for HCBS

Work Requirements

- H.R. 1 Sec. 44141 mandates every state implement work requirements for adults ages 19 to 64
 - 80 hours of qualifying activities per month
- Limited exemptions
 - No automatic exemptions required
 - No flexibility for states or HHS to allow other exemptions
- Requires proof of compliance for *at least* one month prior to enrolling and prior to eligibility redeterminations every 6 months
- Targets expansion population, but would apply in states like WI that use 1115 waivers to provide coverage to childless adults
 - Unclear what it means for other non-expansion states

Harms of Work Requirements

- 5 million people estimated to become uninsured as a result, including
 - Older adults ages 50 to 64 and people with disabilities who are not eligible for Medicare or Medicaid under strict disability rules
 - Paid and unpaid caregivers who rely on Medicaid for their own insurance
- Exemptions are narrow and burdensome
 - Example: “parent, guardian, or caretaker relative of a disabled individual or a dependent child”
- Massive administrative burden impacts all Medicaid enrollees, including older adults
 - GA spent 90% of \$26 million dollars on administrative costs to implement Medicaid work requirements under demonstration waiver

Paradox of "Proving" Disability for Work Requirement Exemption

- The bill exempts "medically frail" individuals
 - Lists chronic conditions and disabilities as examples
- This category of exempt individuals are not enrolled in disability-specific Medicaid programs like SSI or Medicaid for Blind and Disabled and "medically frail" is not defined well
 - Proving disability for Medicaid creates a catch-22: to show disability you need medical documentation of a disability but that requires access to health care

Paradox of "Proving" Disability- Comparing Two Situations

- Maya had to quit her job due to severe back and neck pain following an accident. She applied for SSI, but was denied and told the appeal process would take up to two years. Fortunately, she is enrolled in Medicaid expansion and has access to crucial treatments. Medicaid also covers her scans and office visits, allowing her to collect medical documentation of her disability for her SSI hearing.
- Neal had to cut back his work due to his uncontrolled diabetes causing extreme nerve pain. His state only provides Medicaid if he proves he is medically frail through extensive medical records. He was unable to get proof that he met the medically frail exemption since being uninsured means he could not afford the out of pocket costs to visit the doctor. Neal's health eventually deteriorated to the point of hospitalization for gangrene pain and vision loss. Although he later qualified for Medicaid due to blindness and disability, the coverage arrived too late for him to return to the work he enjoyed.

Work Requirement Messaging Tips

- Name that work requirements are **job loss penalties**
 - Push back on premise that only people who do paid work deserve health care
- Describe who will have coverage taken away
 - Named target: non-working people without disabilities (“able bodied”)
 - 4 in 5 are women
 - 1 in 4 are age 50+
 - Most left work to **care for a parent** or adult with disabilities
 - All are **low-income** and half are eligible for SNAP
 - 1 in 4 live in **rural** areas
 - Older adults and people with disabilities and chronic conditions
 - Care workers and caregivers

Repealing Regulations

- H.R. 1 Secs. 44101 and 44102 would stop implementation of the Streamlining Medicaid Eligibility and Enrollment rule
 - 2.3 million will lose Medicaid per CBO
 - More than 1.3 million dually eligible expected to lose Medicare cost-sharing assistance through the Medicare Savings Programs (MSP)
 - Estimated 120,000 in FL and 75,000 in TX will lose MSP
- Sec. 44121 would block implementation of the Nursing Home Minimum Staffing rule
 - The rule estimated to save 13,000 lives per year

Other Eligibility Restrictions

- H.R. 1 Sec. 44109 would freeze the maximum allowable home equity limit at \$1 million
 - No adjustments for inflation
 - Allows exemption for agricultural land
 - Would make it harder for people needing long-term care to keep their home
- Sec. 44122 would cut retroactive eligibility from 3 months to 1 month before the month of application for all enrollees
 - Especially harmful for older adults and people with disabilities who have to gather financial records to prove eligibility
 - Could impact access to nursing facility care
- Sec. 44110 eliminates requirement for coverage during “reasonable opportunity period”
 - Older citizens more likely to be impacted due to missing SSA/DHS data

Key Message:

There is no way to “carve out” or “shield” older adults from harm

- Make clear seniors and people with disabilities will be hurt by these cuts
- Medicaid is important for all populations and all populations benefit from a strong Medicaid program
- Hospital closures, uncompensated care and economic impacts harm everyone



What You Can Do

What You Can Do: Educate

- Educate policymakers and the public on the importance of Medicaid for older adults
 - Share resources and information about your state/district
 - Borrow from Justice in Aging's to create your own
 - Talk about Medicaid's role for people with Medicare
 - Share your stories
- Make sure everyone understands that the tax bill the Senate will be voting on cuts Medicaid and Medicare
 - Polling shows that about half of voters do not know Medicaid and other health care cuts are in the tax bill
 - Polling also shows that when they are informed, they oppose cuts to Medicaid and Medicare

What You Can Do: Storytelling

- Storytelling is a power-building tool!
 - Stories bring attention to Medicaid from both the public and lawmakers
- Stories can be shared many places:
 - News: print/web, radio, TV
 - Reaching local media: check website for specific departments, submit a “news tip” for a your story section, tag reporters/stations in social media
 - Opinion pieces: op-eds, letters to the editor, blogs
 - Social media
 - Public speaking: rallies, panels
 - 1 on 1 conversations

What You Can Do: Direct Advocacy

- Oppose any Medicaid cuts **now** and often
 - Narrow margins in the House and Senate mean that every vote is critical
- Call/write your members of Congress as a constituent
 - Help your clients contact their members of Congress
- Ask your governor, Medicaid director, state legislators to tell Congress what Medicaid cuts would mean for your state
 - See [what states are saying about the impact of Medicaid cuts](#) and share with Senators.
 - If your state doesn't have an estimate, use the other states as examples of questions to ask.

Get Involved

- Sign up for Justice in Aging's alerts
 - Go to justiceinaging.org and click “**Sign up**” or send an email to info@justiceinaging.org
- Join the Protect Medicaid Space
 - [Listserv](#)
 - [Sign up to join Hill visits](#)
 - [Protect Medicaid Toolkit](#)
- Don't wait to educate and advocate! The Senate could vote later this month.

Key Messages

- All of these “reforms” are **cuts** to Medicaid
 - The explicit goal is to generate federal government savings to pay for tax cuts
 - Shifts costs to states who will be forced to cut benefits and/or eligibility
 - People will lose coverage and benefits
- There is no way to “carve out” or “shield” older adults and people with disabilities from harm
- The bill cuts Medicare too

Justice in Aging Resources

- [Analysis of H.R. 1's Medicaid & Medicare Provisions Impacting Older Adults](#)
- [A Cut to Medicaid is a Cut to Medicare](#)
- [Cutting Medicaid Harms Older Adults No Matter How It's Sliced](#)
- [Medicaid Work Requirements: Red Tape That Would Cut Health Coverage for Older Adults](#)
- [How Medicaid Supports Older Adults](#)
- [Broken Promises: Republicans' Budget Reconciliation Bill Would Cut Medicare](#)
- [Don't Believe Them! The Proposed Reconciliation Bill Directly Harms Older Adults & People with Disabilities on Medicare](#)

Other Resources

- Georgetown CCF: [Medicaid and CHIP Cuts in the House-Passed Reconciliation Bill Explained](#)
- KFF: [Tracking the Medicaid Provisions in the 2025 Budget Bill](#)
- [Letter from 1,100 Aging & Disability Orgs and Allies Opposing Medicaid Cuts](#)
- Health Affairs: [House SNAP Cuts Would Further Endanger Medicaid For Disabled People, Older Adults](#)
- Yale School of Public Health: [Proposed changes to Medicaid, other health programs could lead to over 51,000 preventable deaths, researchers warn](#)



Questions?

Natalie Kean
nkean@justiceinaging.org

Gelila Selassie
gselassie@justiceinaging.org

[Justice in Aging on LinkedIn](#)

Final Reminders

- Medicaid is popular!
 - Two-thirds of adults have a connection to Medicaid
 - But not everyone knows what it is or how it helps them
 - Majority of people across states and political parties oppose cutting Medicaid
- Seize the opportunities you are given to talk about Medicaid!
- Make it personal!
 - Everyone has older adults in their lives and Medicaid is our long-term care system
- The fight is far from over. Together we can stop the cuts!
 - Thanks to our advocacy, Medicaid is top of mind for many lawmakers