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The Voice for Health Care Consumers

SPECIAL REPORT

May 2003

Slashing Medicaid:
The Hidden Effects of the President's Block-Grant Proposal

Overview

On January 31, 2003, the Bush Administration unveiled a plan to fundamentally restructure Medicaid and the State Children's Health Insurance Program (SCHIP). The proposal has been characterized by the Administration as a way for states to preserve and expand health coverage. However, as this report reveals for the first time, *the Administration's proposal, if implemented, will reduce funding for Medicaid and SCHIP by almost $500 billion over the next 10 years. At the end of the 10-year period, the programs will be cut by 16 percent.* As a result, millions of low-income seniors, children, and people with disabilities will lose needed health care.

The Bush Proposal

The Bush Administration's proposal would significantly alter the way Medicaid and SCHIP are funded. Today, the federal government and the states jointly fund Medicaid. The federal government pays states between $1 and $3 for every $1 a state puts into Medicaid.[1] On average, of every dollar spent on the program, the federal government pays 57 cents, and the states pay 43 cents. Through this system, states are guaranteed a very favorable match in federal funds for every dollar they commit to the program. States, therefore, have a financial incentive to serve significant numbers of people needing health care through Medicaid.

The Administration proposes to radically change the financial incentives for funding Medicaid. Under the Bush plan, the federal government will no longer provide a match for each dollar a state puts into Medicaid.[2] Instead, the federal government will provide states with a block grant—a set amount of money, which the Administration calls an "allotment"—if states contribute specified amounts of money. States will have no incentive to commit resources above the specified amount because no additional federal funds will be provided as a match. And, most importantly, each state's contribution will be considerably less than it would be under current law.

To induce states to opt into this new funding system, the Bush Administration offers three incentives. First, it offers states new authority to drastically change the coverage they provide to people enrolled in Medicaid and SCHIP. This new authority would have the most significant impact on seniors with annual incomes of $6,624 or higher;[3] children with annual family incomes of $15,260 or higher (for a family of three);[4] and parents with annual incomes of approximately

$5,300 or higher (again, for a family of three).[5] Coverage for these low-income people is not required under current federal law or the Administration's proposal. For these populations, states would be allowed, for example, to provide less health coverage than is provided today, and premiums and copayments could be significantly increased. States would also be able to set limits on the number of eligible people who could enroll in the programs.

Second, the Bush Administration offers a total of $12.7 billion in additional Medicaid funds in fiscal years 2004 through 2010.[6] In fiscal years 2011-2013, however, the states would receive $12.7 billion less in Medicaid and SCHIP funds than they are currently projected to receive. This, therefore is not true fiscal relief, but an "advance" on Medicaid funds that would have to be repaid to the federal government.

Third, the set amount that the states would have to spend to receive their federal block grant *is considerably less than they are projected to spend under current law*. Indeed, the Bush Administration has touted this proposal to governors by emphasizing how it would significantly reduce states' costs under Medicaid and SCHIP.[7]

As Table 1 demonstrates, if every state opts into the Bush Administration's plan, the cuts in combined federal and state support for Medicaid and SCHIP would be substantial and would grow with each passing year:

- In fiscal year 2004, Medicaid and SCHIP funding would be cut by $8.1 billion—a reduction of 3 percent from current projections.
- In 2009, the cut would be $48.5 billion, a 10 percent reduction.
- In 2013, the reduction would be $104.7 billion—a cut of 16 percent from current projections.
- In total, during the 10-year period from 2004 to 2013, support for Medicaid and SCHIP would be cut by $492.1 billion.

These cutbacks would cause millions of low-income seniors, children, and people with disabilities to lose health care that is vital to their lives and well-being.

Table 1

How Much Does the President's Plan Cut from Medicaid and SCHIP?

Fiscal Year	Estimated Funding (dollars in billions)		Reduction Under President's Plan	
	Current Law	President's Plan	Dollars in Billions	Percent
2004	$317.9	$309.8	- $8.1	- 3%
2005	$345.8	$329.1	- $16.7	- 5%
2006	$375.8	$352.4	- $23.5	- 6%
2007	$407.4	$375.7	- $31.7	- 8%
2008	$441.7	$401.8	- $39.8	- 9%
2009	$477.6	$429.1	- $48.5	- 10%
2010	$516.3	$457.3	- $59.0	- 11%
2011	$557.9	$486.0	- $71.9	- 13%
2012	$602.3	$514.2	- $88.0	- 15%
2013	$649.6	$544.8	- $104.7	- 16%
Total 2004-2013	**$4,692.3**	**$4,200.2**	**- $492.1**	

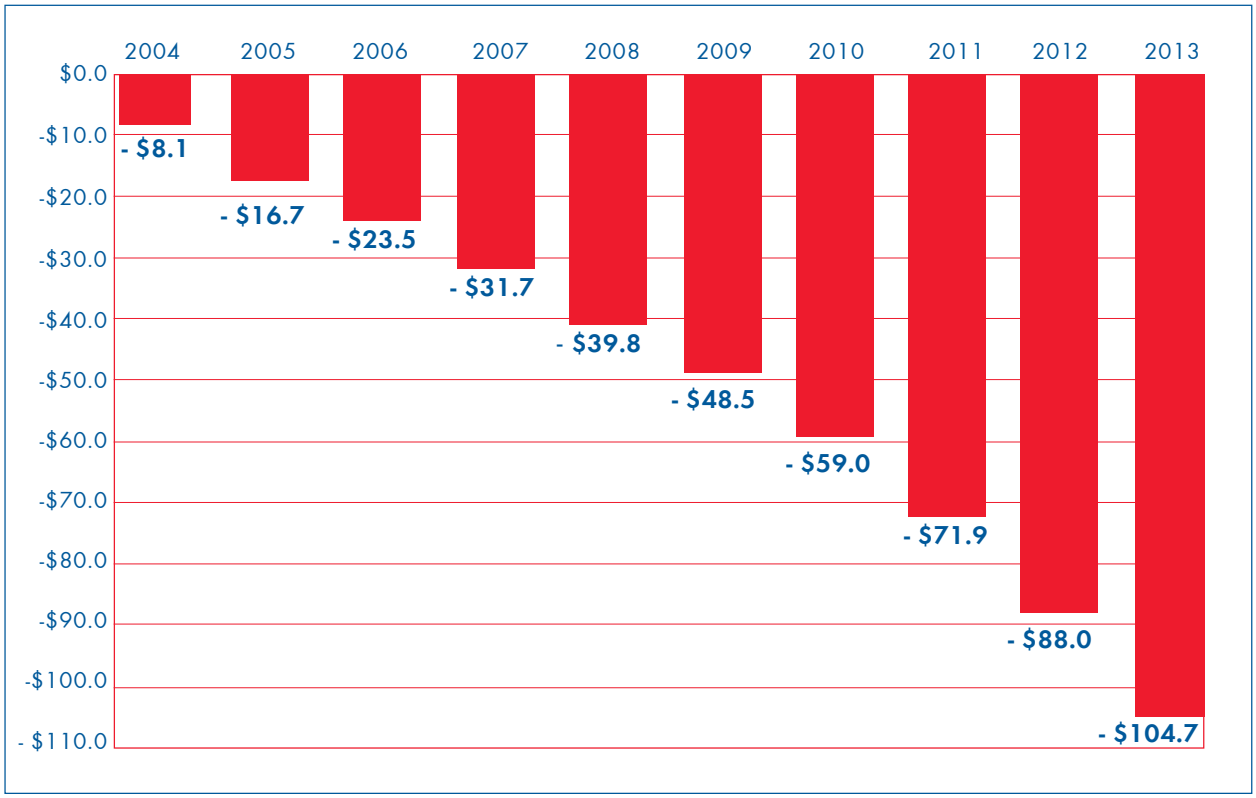
Note: These figures include state and federal spending for Medicaid and the State Children's Health Insurance Program.

Source: U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, Office of the Actuary, *President's FY 2004 Budget Baseline for Medicaid and State Children's Health Insurance Program*, February 13, 2003.

Figure 1

Medicaid and SCHIP Funding Cuts under the President's Plan, 2004-2013

(in billions of dollars)



How These Cutbacks Might Affect People

As Table 1 shows, by the year 2013, the reduction in combined federal and state support for Medicaid and SCHIP under the Bush Administration's proposal is approximately 16 percent. A reduction of this magnitude would require states to make extensive cutbacks in their Medicaid and SCHIP coverage, forcing them to make even more difficult decisions than they face in the current budget crisis.

States will have significant discretion to decide what kinds of cuts they will make. They could decrease eligibility or cap enrollment in Medicaid and SCHIP, thereby reducing program enrollment and increasing the number of people who are uninsured. They could choose to offer coverage in some parts of a state but not in others. They could reduce the health care services covered (such as prescription drugs or mental health services) for some or all of the people enrolled in the programs. They could increase premiums and copayments, potentially making health care unaffordable for the people who rely on Medicaid and SCHIP. And they could reduce payments to physicians, hospitals, and other health care providers, further jeopardizing providers' willingness to serve people enrolled in Medicaid and SCHIP.

Therefore, it is impossible to predict how each state will decide to achieve its program reductions. Nor do we know enough about the configuration of program enrollment in 2013 to predict the impact of 16 percent cuts in that year, even if we assumed that the cuts were applied across-the-board to all groups enrolled in Medicaid.

What Would a 16 Percent Cut Look Like Today?

Nonetheless, it is important to gain some perspective about how significant and damaging the cutbacks would be. To do so, we calculated—*for illustrative purposes only*—what 16 percent cutbacks would look like if they occurred this year and if those cutbacks were implemented exclusively by reducing program enrollment.[8]

Illustration 1 shows—again, *for illustrative purposes only*—how national participation in Medicaid and SCHIP would be reduced if a 16 percent across-the-board enrollment reduction occurred in 2003. Such a reduction this year would mean:

- more than 3.8 million children could lose Medicaid and/or SCHIP coverage;
- almost 1.7 million parents, pregnant women, and other adults could lose Medicaid and/or SCHIP coverage;
- more than 1.2 million people with disabilities could lose Medicaid coverage;
- approximately 687,000 seniors could lose Medicaid coverage for health costs not covered by Medicare, such as prescription drugs and long-term care; and
- in total, almost 7.5 million people could lose Medicaid and/or SCHIP coverage.

Because children represent the majority of Medicaid and SCHIP enrollees, they would be particularly affected by a 16 percent enrollment reduction. Working adults and pregnant women who are not offered or cannot afford private health insurance coverage would also be greatly affected. Large numbers of people with disabilities, who would be unable to purchase comprehensive health coverage in the private market, would no longer have access to the crucial services covered by Medicaid, and seniors who depend on Medicaid to provide coverage for prescription drugs and long-term care services that Medicare does not provide would no longer have Medicaid coverage to fall back on.

Illustration 1

Number of People Who Could Lose Coverage if Medicaid and SCHIP Funding Were Cut by 16 Percent Today

People In Medicaid And SCHIP	Number Covered Today (in millions)	Number Covered If 16% Cut (in millions)	Number Losing Coverage
Seniors	4.3	3.6	687,000
People with Disabilities	7.8	6.5	1,252,000
Other Adults	10.3	8.6	1,661,000
Children	23.9	20.0	3,854,000
Total	**46.2**	**38.8**	*** 7,453,000**

* Numbers do not add due to rounding.

Note: Estimates of the number of people losing coverage are based on 2003 enrollment estimates. They assume that funding losses would result solely in eligibility and enrollment reductions and that these would be applied proportionately to the share of Medicaid expenditures incurred by each eligibility group.

Source: U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, Office of the Actuary, *President's FY 2004 Budget Medicaid and SCHIP Enrollment*, February 13, 2003.

Illustration 2

Number of People in Each State Who Could Lose Coverage if Medicaid Funding Were Cut by 16 Percent Today

State	Number of People Losing Coverage			
	Seniors	People with Disabilities	Other Adults	Children
Alabama	-22,100	-27,900	-27,800	-75,000
Alaska	-1,100	-2,300	-3,800	-15,400
Arizona	-6,300	-15,900	-43,900	-64,700
Arkansas	-7,900	-17,700	-7,000	-42,000
California	-94,900	-155,500	-261,300	-535,200
Colorado	-7,200	-9,000	-8,700	-30,800
Connecticut	-14,900	-9,700	-7,000	-35,700
Delaware	-800	-4,000	-5,900	-8,600
District of Columbia	-1,700	-4,100	-5,500	-17,400
Florida	-45,000	-50,200	-57,300	-175,600
Georgia	-16,700	-32,100	-27,000	-99,900
Hawaii	-2,800	-3,100	-9,100	-13,300
Idaho	-1,500	-4,200	-2,600	-16,400
Illinois	-39,600	-41,500	-43,800	-151,900
Indiana	-10,600	-13,900	-15,100	-64,300
Iowa	-4,900	-6,800	-8,600	-21,300
Kansas	-4,300	-6,700	-4,600	-19,800
Kentucky	-10,400	-31,200	-11,700	-52,500
Louisiana	-14,500	-23,600	-15,500	-49,000
Maine	-9,000	-19,300	-5,200	-19,300
Maryland	-7,000	-15,900	-30,200	-60,100
Massachusetts	-13,600	-26,400	-21,900	-68,600
Michigan	-13,900	-41,200	-31,800	-99,300
Minnesota	-11,000	-14,800	-25,800	-46,500
Mississippi	-11,000	-23,100	-8,900	-52,100
Missouri	-12,800	-19,900	-32,000	-78,400
Montana	-1,300	-2,500	-2,400	-6,700
Nebraska	-3,000	-4,500	-3,300	-23,600
Nevada	-2,000	-4,500	-5,200	-14,900
New Hampshire	-1,500	-1,500	-2,100	-7,700
New Jersey	-12,400	-24,600	-7,800	-45,800
New Mexico	-5,600	-7,200	-11,200	-41,900
New York	-57,800	-103,200	-119,300	-240,300
North Carolina	-25,300	-31,400	-22,700	-87,000
North Dakota	-1,800	-1,500	-1,600	-5,400
Ohio	-29,200	-37,000	-53,300	-135,400
Oklahoma	-8,500	-12,000	-12,100	-59,500
Oregon	-9,000	-8,900	-20,900	-36,900
Pennsylvania	-24,700	-62,400	-44,900	-115,400
Rhode Island	-2,700	-3,300	-4,200	-8,200
South Carolina	-12,700	-20,200	-35,600	-77,300
South Dakota	-1,300	-2,300	-1,900	-8,300
Tennessee	-8,900	-49,200	-67,700	-85,500
Texas	-60,000	-60,800	-44,400	-256,000
Utah	-2,200	-4,000	-10,000	-26,100
Vermont	-2,700	-2,500	-5,600	-9,500
Virginia	-14,800	-17,000	-9,900	-47,300
Washington	-10,700	-20,900	-19,200	-84,200
West Virginia	-3,600	-11,100	-9,500	-17,400
Wisconsin	-7,600	-21,500	-41,000	-49,300
Wyoming	-900	-1,300	-1,800	-5,600

Note: These figures, rounded to the nearest hundred, are for Medicaid only. They do not include enrollment in SCHIP.

Source: Families USA calculations based on estimates of 2003 Medicaid enrollment submitted by states to HHS on form "CMS-37" in February 2003.

Illustration 3

Amount Each State's Medicaid Program Could Lose if Medicaid Funding Were Cut By 16 Percent Today

State	Estimated Funding Today (in millions)	Amount Lost If 16% Cut (in millions)	State	Estimated Funding Today (in millions)	Amount Lost If 16% Cut (in millions)
Alabama	3,254	-525	Montana	633	-102
Alaska	648	-105	Nebraska	1,455	-235
Arizona	4,595	-741	Nevada	1,058	-171
Arkansas	2,434	-393	New Hampshire	1,178	-190
California	32,802	-5,289	New Jersey	8,343	-1,345
Colorado	2,740	-442	New Mexico	1,966	-317
Connecticut	3,867	-624	New York	43,085	-6,947
Delaware	721	-116	North Carolina	7,809	-1,259
District of Columbia	1,221	-197	North Dakota	493	-80
Florida	11,502	-1,855	Ohio	10,964	-1,768
Georgia	6,683	-1,078	Oklahoma	2,741	-442
Hawaii	833	-134	Oregon	3,150	-508
Idaho	879	-142	Pennsylvania	13,760	-2,219
Illinois	9,785	-1,578	Rhode Island	1,526	-246
Indiana	4,920	-793	South Carolina	3,684	-594
Iowa	2,305	-372	South Dakota	567	-91
Kansas	1,833	-296	Tennessee	6,266	-1,010
Kentucky	4,027	-649	Texas	15,812	-2,550
Louisiana	4,964	-800	Utah	1,090	-176
Maine	1,626	-262	Vermont	765	-123
Maryland	4,254	-686	Virginia	4,119	-664
Massachusetts	9,168	-1,478	Washington	5,810	-937
Michigan	8,505	-1,371	West Virginia	1,766	-285
Minnesota	5,291	-853	Wisconsin	4,720	-761
Mississippi	3,189	-514	Wyoming	319	-51
Missouri	5,666	-914			

Note: These figures do not include SCHIP funding.

Source: Families USA calculations based on federal expenditure estimates for each state, from *Fiscal Year 2004: Analytical Perspectives, Budget of the U.S. Government*, p. 275.

Illustration 2 apportions that cut on a state-by-state basis—again, for illustrative purposes only. Because our analysis assumes that each state would bear the same percentage reduction, the largest states clearly face the most severe impact in terms of the number of people who could lose coverage:[9]

- In California, more than half a million children could lose Medicaid and SCHIP coverage. Almost 95,000 seniors; over 155,000 people with disabilities; and over 261,000 parents, pregnant women, and other adults could lose coverage.
- In Texas, 256,000 children; 60,000 seniors; almost 61,000 people with disabilities; and more than 44,000 parents, pregnant women, and other adults could lose coverage.
- In New York, more than 240,000 children; nearly 58,000 seniors; more than 103,000 people with disabilities; and over 119,000 parents, pregnant women, and other adults could lose coverage.

A 16 percent reduction in Medicaid and SCHIP would result in huge state-by-state cutbacks in funding for health coverage. For illustrative purposes only, Illustration 3 demonstrates how large the reductions would be if 16 percent cutbacks occurred in each state this year. In New York, for example, this would result in more than $6.9 billion being withdrawn from Medicaid and SCHIP. In California, the loss would be almost $5.3 billion. In Texas, it would be more than $2.5 billion.

Conclusion

The Administration's proposal to significantly alter Medicaid's funding structure, if adopted, would have a profound, negative impact on people who depend on the program for their health lifeline. Changing Medicaid's funding from a guaranteed-match system to a block grant would eliminate the program's important counter-cyclical benefits: it would prevent states from receiving additional federal help at times when health costs, unemployment, and the number of people who are uninsured are on the rise.

This proposed block grant proposal, however, is even more pernicious. The Bush Administration's proposal would result in huge cutbacks in the Medicaid and SCHIP programs. Almost one-half a trillion dollars in funding for Medicaid and SCHIP would be cut over the next 10 years. As a result, millions of seniors, children, and people with disabilities would lose health care needed for their well-being and even their survival.

States experiencing unprecedented fiscal crises would be better served if the federal government increased Medicaid matching rates, at least on a temporary basis. True fiscal relief would give states the resources they need to continue providing vital health care coverage to low-income seniors, children, and people with disabilities. Such increased aid would be provided under legislation currently pending in the Congress, and it merits prompt consideration.

Endnotes

[1] A table of federal match rates for fiscal year 2003 under current law is attached as Appendix I.

[2] *Budget of the U.S. Government, Fiscal Year 2004* (Washington: U. S. Government Printing Office, February 2003).

[3] Social Security Administration, Office of the Actuary, *SSI Federal Payment Amounts*, updated October 16, 2002. Available online at (www.ssa.gov/OACT/COLA/SSIamts.htm).

[4] This figure is for children aged 6 to18. Children under the age of 6 would primarily be affected if they have family income over $20,295 per year.

[5] This figure represents the average income limit at which states are required to provide Medicaid coverage to parents under current federal law. The actual figure varies from state to state. $5,300 is approximately 41 percernt of the federal poverty level for a family of three in 1996. It is approximately 35 percent of the federal poverty level for a family of three in 2003.

[6] *Budget of the U.S Government, Fiscal Year 2004* (Washington: U. S. Government Printing Office, February 2003).

[7] Transcript of press conference, "HHS Secretary Tommy G. Thompson Announces Medicaid Reform Plan," at p. 6, January 31, 2003, Washington, D.C., Kaisernetwork.org. Available online at (www.kaisernetwork.org/admin/healthcast/uploaded_files/kff013103_hhs_medicaid.pdf).

[8] This illustration is based on across-the-board enrollment reductions of 16 percent applied separately to each group (children, seniors, people with disabilities, and other adults) without distinguishing between individuals eligible by federal mandate and those eligible by state option.

[9] Ibid.

Appendix I:

Federal Share of Medicaid and SCHIP Funding, Fiscal Year 2003, State by State

Share of Medicaid and SCHIP Paid by the Federal Government in Each State

State	2003	
	Medicaid	SCHIP
Alaska	58.3%	70.8%
Arizona	67.3%	77.1%
Arkansas	74.3%	82.0%
California	50.0%	65.0%
Colorado	50.0%	65.0%
Connecticut	50.0%	65.0%
Delaware	50.0%	65.0%
District of Columbia	70.0%	79.0%
Florida	58.8%	71.2%
Georgia	59.6%	71.7%
Hawaii	58.8%	71.1%
Idaho	71.0%	79.7%
Illinois	50.0%	65.0%
Indiana	62.0%	73.4%
Iowa	63.5%	74.5%
Kansas	60.2%	72.1%
Kentucky	69.9%	78.9%
Louisiana	71.3%	79.9%
Maine	66.2%	76.4%
Massachusetts	50.0%	65.0%
Michigan	55.4%	68.8%
Minnesota	50.0%	65.0%
Mississippi	76.6%	83.6%
Missouri	61.2%	72.9%
Montana	73.0%	81.1%
Nebraska	59.5%	71.7%
Nevada	52.4%	66.7%
New Hampshire	50.0%	65.0%
New Jersey	50.0%	65.0%
New Mexico	74.6%	82.2%
New York	50.0%	65.0%
North Carolina	62.6%	73.8%
North Dakota	68.4%	77.9%
Ohio	58.8%	71.2%
Oklahoma	70.6%	79.4%
Oregon	60.2%	72.1%
Pennsylvania	54.7%	68.3%
Rhode Island	55.4%	68.8%
South Carolina	69.8%	78.9%
South Dakota	65.3%	75.7%
Tennessee	64.6%	75.2%
Texas	60.0%	72.0%
Vermont	62.4%	73.7%
Virginia	50.5%	65.4%
Washington	50.0%	65.0%
West Virginia	75.0%	82.5%
Wisconsin	58.4%	70.9%
Wyoming	61.3%	72.9%

Source: *Federal Register*, November 30, 2001, Volume 66, Number 231, pp. 59790-59793, available online at (aspe.hhs.gov/health/fmap03.htm).

Appendix II:

Methodology

METHODOLOGY

This analysis is based on Bush Administration projections for federal Medicaid and SCHIP expenditures for the period 2004 to 2013, Administration explanations of the President's plan to block grant Medicaid, and enrollment data submitted by the states to the Department of Health and Human Services (HHS). The President's proposal allows states to choose whether to participate in the block grant plan or continue their Medicaid and SCHIP programs under current law. This analysis assumes that all states, the District of Columbia, and the territories will opt to participate in the President's block grant program.

Fiscal Analysis

Our estimates of Medicaid and SCHIP funding under the President's plan were based on information about the proposal in the President's fiscal year 2004 budget.[1] The Administration projects that federal expenditures under the President's plan will be $12.7 billion *higher* than projected expenditures under current law between 2004 and 2010 and $12.7 billion *lower* than current law between 2011 and 2013.

HHS Secretary Thompson has indicated that, under the proposal, each state's share of Medicaid and SCHIP expenditures would be based on its fiscal year 2002 expenditures, and this amount would be increased annually by the percentage increase in medical inflation.[2] For this analysis, we assumed that medical inflation is measured by the medical care component of the consumer price index. The Congressional Budget Office estimates that medical inflation was 4.7 percent in 2002, 4.9 percent in 2003, 4.5 percent in 2004, and 4.3 percent each year for 2005 through 2013.[3]

We compared the resulting projected annual total Medicaid and SCHIP funding under the President's plan to Administration projections of Medicaid and SCHIP expenditures from 2004 to 2013 under current Medicaid and SCHIP law. For this analysis, we assumed that the difference between what states would have had to contribute to Medicaid and SCHIP under current law in order to draw down federal funds, and what states would be required to contribute to Medicaid and SCHIP under the President's block-grant plan, is money that would not be available for health coverage in Medicaid and SCHIP and is therefore a cut in funding.

In order to illustrate what a 16 percent reduction in funding would look like at the state level, we used the Administration's estimates of state-by-state Medicaid expenditures for fiscal year 2003 as a base and cut 16 percent across the board. We chose fiscal year 2003 in order to avoid distortions that would result from making assumptions about state expenditures over time. We did not include SCHIP expenditures because the Budget did not contain state-level SCHIP expenditure estimates for 2003.

Coverage Illustrations

To illustrate the impact of such funding reductions on coverage, we used fiscal year 2003 estimated enrollment. Again, this year was chosen to prevent distortions that would result from making assumptions about growth in enrollment over time. Fiscal year 2003 estimates of Medicaid and SCHIP enrollment at the national level come from Administration projections for the fiscal year 2004 budget. State-level estimates of Medicaid enrollment are based on CMS-37 reports submitted to HHS in February 2003 (except New Jersey, which most recently submitted enrollment estimates in August 2002 for fiscal year 2002).

Our illustrations of coverage reductions examine what a 16 percent reduction—the reduction slated for fiscal year 2013 under the President's proposal—would look like if implemented today, in fiscal year 2003. The illustrations assume that cuts would be applied equally to each group of people enrolled in Medicaid and SCHIP.

The illustration of state-level coverage reductions was accomplished in a similar fashion. We assume that each state would absorb a 16 percent reduction in order to accomplish the national 16 percent reduction. To do this, we used CMS-37 reports about enrollment of seniors; people with disabilities; non-elderly, non-disabled adults; and children in each state, to calculate a 16 percent reduction in coverage for each group. The CMS-37 reports do not include SCHIP enrollment, so estimates of reductions in children's coverage do not include SCHIP reductions. We assumed that state-level cuts would be applied equally to each group of people enrolled in Medicaid and SCHIP.

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[1] *Budget of the United States Government*, Fiscal Year 2004 (Washington: U.S. Government Printing Office, February 2003).

[2] Transcript of press conference, "HHS Secretary Tommy G. Thompson Announces Medicaid Reform Plan," at p. 6, January 31, 2003, Washington, D.C., Kaisernetwork.org. Available online at: (www.kaisernetwork.org/admin/healthcast/uploaded_files/kff013103_hhs_medicaid.pdf).

[3] Jean Hearne, Congressional Research Service, Memorandum to Honorable Jeff Bingaman, *Proposed Medicaid Maintenance of Effort (MOE)*, March 14, 2003.

SPECIAL REPORT

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