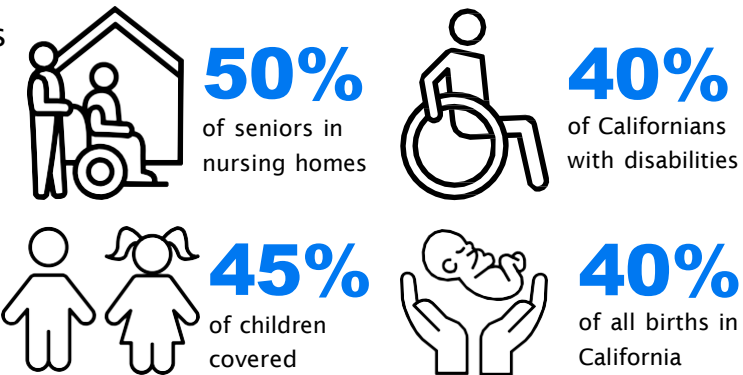


Medi-Cal, the California Medicaid program, covers more than 14.5 million Californians.<sup>i</sup>

Medi-Cal covers more than 50 percent of California seniors in nursing homes, over 40 percent of Californians living with disabilities, and nearly 45 percent of California's children. Medi-Cal covers 40 percent of all births in California.<sup>ii</sup>



### Cuts to Medicaid means cuts to care for our seniors, moms and their babies, and people with disabilities.

With the passage of the ACA – California joined 41 states including Louisiana, Kentucky, and South Dakota, in **expanding Medicaid eligibility to low-income adults**. More than 5 million Californians have health insurance because of Medicaid expansion.<sup>iii</sup>

Medicaid coverage increases access to chronic disease management, primary and preventative care.

### What Cutting Medicaid Means for California -

#### Lowering the Federal Matching Rate

Proposals to lower the federal share (FMAP) of Medicaid costs, including lowering the FMAP floor or reducing the FMAP for the expansion population, is a **TRANSFER of cost burden** from the federal government to state and local governments. State Medicaid Agencies will still be required to provide coverage for quality care as mandated by federal law – forcing states to cut and stretch already tight budgets.

#### Work Requirements

Work requirements are costly to implement and are a massive administrative lift for states, with no data to show a corresponding increase in employment. In fact – Georgia, the only active work requirement program in the country, spent over \$23 million administering work requirements and had the slowest processing time in the nation for income-based applications. The reality is **most Medicaid beneficiaries are already working** or exempt for other reasons (caring for a family member, in school, etc.) and work requirements simply **increase red tape** and keep eligible beneficiaries from accessing insurance.

#### Capping Medicaid

Turning Medicaid into a block grant or per capita cap program puts a hard limit on access to care for millions of Americans. As a state and federal partnership – the current Medicaid program gives communities the flexibility they require to meet their local needs, ensuring patients can access primary and preventative care in the right setting, rather than ending up in an emergency room in a catastrophic and costly episode. Block grants and per capita caps eliminate the flexibility that health care demands, cutting off care regardless of patient need. Sicker patients and local hospitals end up taking the brunt, with the **block grants and per capita caps lead to coverage programs being cut, care being rationed, and the health of Americans suffering.**

<sup>i</sup> <https://www.dhcs.ca.gov/dataandstats/dashboards/Pages/Continuous-Coverage-Eligibility-Unwinding-Dashboard-February2024.aspx>

<sup>ii</sup> <https://files.kff.org/attachment/fact-sheet-medicaid-state-CA>

<sup>iii</sup> <https://www.kff.org/affordable-care-act/state-indicator/medicaid-expansion-enrollment/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>