





Behavioral Health and Recovery Services Contractors' Association of San Mateo County



March 6, 2025

The Honorable Brett Guthrie
Chair
Committee on Energy and Commerce
U.S. House of Representatives
Washington, D.C. 20515

The Honorable Mike Crapo
Chair
Committee on Finance
U.S. Senate
Washington, D.C. 20510

The Honorable Frank Pallone, Jr.
Ranking Member
Committee on Energy and Commerce
U.S. House of Representatives
Washington, D.C. 20515

The Honorable Ron Wyden
Ranking Member
Committee on Finance
U.S. Senate
Washington, D.C. 20510

Re: The 119th Congress Must Not Risk Lives for Tax Cuts

Dear Chair Crapo, Ranking Member Wyden, Chair Guthrie, Ranking Member Pallone:

We, the undersigned organizations, comprise a diverse coalition of community-based, faith-based, labor, county, and health care organizations across California. Medicaid, is a lifeline for coverage and a foundational source of economic and health security for nearly 80 million women, children, veterans, seniors, and people with disabilities in the United States.¹ Medicaid, Medi-Cal in California, is a key funding pillar for the doctors, clinics, and hospitals on which we all rely. We write to you out of deep concern and disappointment that recently passed Reconciliation Resolutions - Senate Concurrent Resolution 7 and House Concurrent Resolution 14 - set your committees on an untenable path of destruction to federally funded coverage programs, including extreme cuts to Medicaid. **We strongly oppose any committee actions that will negatively impact Medi-Cal.**

¹ Centers for Medicaid and Medicare Services, October 2024 Medicaid and CHIP Enrollment Highlights, January 15, 2025: <https://www.medicare.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/report-highlights/index.html>

Despite widespread bipartisan support for Medicaid,^{2,3} including polling that indicates 77% of people in the United States have a favorable opinion of Medicaid,⁴ your committees are being pressured to make cuts that will gut and dismantle this crucial program, reducing life-saving health care coverage and access for millions of Californians and leading to unnecessary suffering, illness, and death. At a time when low-income people are struggling to pay for their groceries and rent, we cannot raise their health care costs to pay for tax cuts for the most wealthy.

Medi-Cal

Nearly 15 million Californians depend on Medi-Cal, which provides free health care, dental care, vision care, mental health care, substance use disorder services, and long-term care to low-income families, seniors, and people with disabilities across the state.⁵ Expanded coverage for Californians as a result of the ACA significantly reduced California's uninsured population by providing increased access to primary and preventive care, making families healthier, and protecting public health for all Californians.

Regrettably, last week, Congress set in motion committee action that could lead to devastating cuts to Medicaid under the guise of weeding out waste, fraud, and abuse. Cuts to Medicaid will have a catastrophic impact on the ability of families and workers - including those in California - to access comprehensive, affordable health care. The proposals will devastate Medi-Cal and its enrollees, eliminating and/or degrading health care for the 1 in 3 Californians enrolled in Medi-Cal, including 1 in 4 seniors and people with disabilities, 1 in 2 children, and 1 in 2 Latinos who rely on this program in California today. A portion of the over 823,000 seniors and people with disabilities who rely on Medi-Cal home care benefits (In-Home Supportive Service)⁶ for help staying healthy at home may instead be forced into costly institutions. With 1 in 5 of all California workers already enrolled in Medi-Cal (19%), and as high as 1 in 3 workers in the Agriculture (36%) and restaurant industries (35%), working families will be impacted across the state.⁷ Children and families will get sicker, emergency visits will increase, more people will die or end up with significant medical debt.

Why No Cut is the Right Cut

People across the United States are calling on Congress to improve Medicaid - over 60% of respondents to a recent national poll stated they do not believe there is enough spending on the program.⁸ In California, across party lines, the sentiment is similar, with only 13% of Californians

² KFF, "The debate over Federal Medicaid Cuts: Perspectives of Medicaid Enrollees who voted for President Trump and Vice President Harris", February 25, 2025:
<https://www.kff.org/medicaid/report/the-debate-over-federal-medicaid-cuts-perspectives-of-medicaid-enrollees-who-voted-for-president-trump-and-vice-president-harris/>

³ NORC at the University of Chicago, Poll Explores Californians' Attitudes on Medi-Cal, Covered California, and Federal Cuts to Both, March 3, 2025:

<https://www.chcf.org/publication/poll-californian-attitudes-medi-cal-covered-ca-federal-cuts/#executive-summary>

⁴ KFF, "5 Charts About Public Opinion on Medicaid", January 17, 2025:

<https://www.kff.org/medicaid/poll-finding/5-charts-about-public-opinion-on-medicaid/>

⁵ California Health Care Foundation, "How Many in Your Congressional District Get Medi-Cal or a Premium Subsidy through Covered CA?", January 22, 2025:

<https://www.chcf.org/publication/how-many-congressional-district-get-medi-cal-premium-subsidy-through-covered-california/#related-links-and-downloads>

⁶ CA Department of Social Services In-Home Supportive Services December 2024 Program Data:

<https://www.cdss.ca.gov/inforesources/ihs/program-data>

⁷ California Health Care Foundation, "Do Medi-Cal enrollees work?", January 24, 2025:

<https://www.chcf.org/wp-content/uploads/2025/01/DoMediCalEnrolleesWorkPolicyGlance2025.pdf>

⁸ KFF, "The Debate Over Federal Medicaid Cuts: Perspectives of Medicaid Enrollees Who Voted for President Trump and Vice President Harris," February 25, 2025:

surveyed favoring cuts to federal funding.⁹ When surveyed, two-thirds of the general public (69%) say Medicaid is working well for those covered by the program.¹⁰ Most importantly, 82% of respondents stated they disapproved of large cuts in funding for health care programs in order to offset the cost of large new tax cuts.¹¹ Less than 20% of survey respondents believed Medicaid was a welfare program encouraging dependency and full of waste, fraud, and abuse.¹² Despite the support of the overwhelming majority of people in the United States for Medicaid, your committee is now considering programmatic changes that will undermine the public and disrupt care for millions. In the paragraphs below we explain why leading proposals for how to cut the program will only create greater harm and increase cost burdens over time:

Work Requirements

Work requirements do not work. With states bearing the burden of implementation, perceived savings quickly lead to deep costs. According to the Kaiser Family Foundation, most enrollees are already working, or will qualify for a likely exemption.¹³ Among adults under age 65 with Medicaid who do not receive benefits from the Social Security Disability Programs, Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI), and who are not also covered by Medicare, 92% were working full or part-time (64%), or not working due to caregiving responsibilities, illness or disability, or school attendance (28%).¹⁴ Taking a closer look at families, data indicates that three-quarters of Medicaid enrollees under 65 live in a household where at least one family member works full or part time.¹⁵ Equally important, public opinion provides no mandate for such draconian changes. Over 60% of survey respondents are concerned that many people who are in poor health - including persons with chronic health conditions or serious illness, who have a disability, or who take care of their children or parents - could lose their health care under mandatory work requirements. A testament to all people, concerns about taking away health care overrides concerns about potential abuse.¹⁶ The general public and consumers are not alone in being concerned - leading physician organizations, including American Medical Association, the American Academy of Family Physicians, the American Academy of Pediatrics all oppose Medicaid work requirements. For many adults that are working two or three jobs just to keep a roof over their heads, who do not have access to high speed internet, or for whom English is a second language, complex forms and frequent reporting requirements will lead to them or their households being kicked off Medicaid even if they still qualify. **To those suggesting that work requirements restore the dignity of work, we strongly disagree.**

<https://www.kff.org/medicaid/report/the-debate-over-federal-medicaid-cuts-perspectives-of-medicaid-enrollees-who-voted-for-president-trump-and-vice-president-harris/>

⁹ NORC at the University of Chicago, Poll Explores Californians' Attitudes on Medi-Cal, Covered California, and Federal Cuts to Both, March 3, 2025:

<https://www.chcf.org/publication/poll-californian-attitudes-medi-cal-covered-ca-federal-cuts/#executive-summary>

¹⁰ KFF, "5 Charts About Public Opinion on Medicaid", January 17, 2025:

<https://www.kff.org/medicaid/poll-finding/5-charts-about-public-opinion-on-medicaid/>

¹¹ Hart Research for Protect Our Care, "Key Issues in Health Care: Where Voters Stand", February 11, 2025.

<https://www.protectourcare.org/wp-content/uploads/2025/02/POC-Hart-Poll-Press-Briefing.pdf>

¹² Ibid

¹³ KFF, "Understanding the Intersection of Medicaid and Work: An Update", February 4, 2025.

<https://www.kff.org/medicaid/issue-brief/understanding-the-intersection-of-medicaid-and-work-an-update/>

¹⁴ Center on Budget and Policy Priorities, "Medicaid Work Requirements Could Put 36 Million People at Risk of Losing Health Coverage",

https://www.cbpp.org/research/health/medicaid-work-requirements-could-put-36-million-people-at-risk-of-losing-health?link_id=23&an_id=e0bc2dfcd7917deb74179a46bf9ef537&source=email-re-the-greatest-transfer-of-wealth-in-more-than-a-century&email_referrer=email_2621244&email_subject=re-the-greatest-transfer-of-wealth-in-more-than-a-century

¹⁵ KFF, "State Indicators: Distribution of People Ages 0-64 with Medicaid by Family Work Status (2023)

[Distribution of People Ages 0-64 with Medicaid by Family Work Status | KFF](https://www.kff.org/medicaid/issue-brief/distribution-of-people-ages-0-64-with-medicaid-by-family-work-status/)

¹⁶ Hart Research for Protect Our Care, "Key Issues in Health Care: Where Voters Stand", February 11, 2025.

<https://www.protectourcare.org/wp-content/uploads/2025/02/POC-Hart-Poll-Press-Briefing.pdf>

Enhanced Federal Medical Assistance Percentage (FMAP) Changes

Any change to FMAP is a cut. We are deeply concerned by increasing dialogue that suggests an openness to ending or changing the enhanced 90% rate that allowed states to expand Medicaid access. Regardless if a state has relied on it for just a few years or for over a decade, this enhanced rate is critical to state budgeting, and could result in massive gaps in state budgets if not continued. Additionally, we are opposed to any FMAP reductions that target states that choose to use state-only funds to provide coverage to certain communities or for certain services that federal funding can not be utilized for. With this nation's founding document clearly delineating federal versus state rights, states should not be harmed for exercising their state's rights in the Medicaid program. Lastly, the long established Medicaid matching rate floor must be continued. Without this funding, states will suddenly find their budgets destabilized, risking other critical programs. **We are opposed to any changes to FMAP, including changes to enhanced FMAP rates.**

Per Capita Caps

Currently, states receive federal Medicaid matching funds based on the costs of providing services to enrollees. Under Medicaid today, for every dollar a state spends on a Medicaid enrollee or service that is federally allowable, the state receives federal support. States are guaranteed continued federal support for actual spending. With a per capita cap, the federal government makes a limited payment to the state based on a preset formula, which does not increase based on actual costs. States exceeding the "cap" for enrollees would thus need to find other revenues to maintain spending levels at the expense of other state programs and services. Even if the established preset per capita cap was to grow at medical inflation, caps will only hamper care and innovation. **We are opposed to per capita caps as the mechanism to determine federal Medicaid matching funds.**

Rolling Back Three Key CMS Rules

Under prior administrations, important rules were brought forward, reviewed by stakeholders, and finalized to improve quality of care and limit costly administrative burdens. **We are opposed to any rollbacks of prior rules including:**

- **Increased Coverage Redetermination Rules (CMS-2421-F & F2):** Repealing the final rules "Streamlining Medicaid: Medicare Shared Savings Program Eligibility Determination and Enrollment" and "Streamlining Medicaid, Children's Health Insurance Program, and Basic Health Program Application, Eligibility Determination, Enrollment, and Renewal Processes" will create additional administrative burdens on states at the same time that Congress is looking to streamline and simplify processes. The protocols in place today to govern how states verify Medicaid and CHIP eligibility strike the right balance - guaranteeing states are responsibly redetermining eligibility while minimizing the time and documents needed by individuals and families to appropriately show they meet program requirements. These policies still allow for state choice while recognizing best practices that have been learned over decades of experience.
- **Medicaid Access Rule (CMS-2442-F):** Repealing the final rule "Ensuring Access to Medicaid Services" will remove new requirements that include improving access to home and community-based services (HCBS), health and safety protections, new quality measurement reporting, and more consistency of regulations across Medicaid delivery

systems. According to the AARP, people in the United States prefer to age in place and people with disabilities want to remain in their communities. The “Ensuring Access to Medicaid Services” final rule is key to ensuring this, especially as our population is rapidly aging and will require more assistance with activities of daily living.¹⁷

- *Nursing Home Minimum Staffing Rule (CMS 3442-F)*: Repealing the final rule “Minimum Staffing Standards for Long-Term Care Facilities and Medicaid Institutional Payment Transparency Reporting” removes critical minimum staffing standards on long-term care facilities that are essential to improving quality of care and outcomes for vulnerable residents that require assistance 24 hours/day.¹⁸ The final rule allows years for facility operators to come into compliance, a later implementation date for rural facilities, and includes hardship exemptions for facilities to take into account unique workforce challenges. Ultimately, this rule saves lives.

Eligibility for Immigrant Communities

Immigrants helped build the United States, and still proudly power our nation, harvest our food, care for our elders, and provide many more vital services to our country. Immigrant communities are rightfully eligible for Medicaid. However, federal law already severely restricts Medicaid eligibility for immigrants. While many states, including California, have chosen to expand Medicaid coverage to broader immigrant populations, including undocumented immigrants, they are doing so with state only funds. Congress would be gutting care for an already devastatingly narrow subset of immigrants in the U.S., such as lawful permanent residents (LPRs) and those in need of emergency Medicaid. Reducing eligibility for immigrant communities will cost us greatly - harming not only individual families, but also creating greater health inequities across communities, and undermining our economy. Without basic health care provided by Medicaid, school-aged immigrant youth will miss more days of school, resulting in educational setbacks and potential public health harms. Polls indicate that people across the country know better - 65% of persons surveyed indicate disapproval for any new restrictions that could reduce the number of people eligible for Medicaid.¹⁹ In California, that sentiment is even higher - with three in four (75%) surveyed Californians stating that everyone should have access to coverage.²⁰ Despite this, some in Congress see misguided savings in removing eligibility for some non-citizen categories. **We are opposed to any limitation of Medicaid eligibility based on citizenship status.**

Provider Taxes

States are able to increase the amount of federal Medicaid funding they receive by leveraging taxes on health care providers that are then reinvested to draw down federal funding. These funds are then reinvested by the state - often in close collaboration with stakeholders - to strengthen a state’s Medicaid program. These investments include, but are not limited to, expanding services and increasing provider reimbursement rates. Leveraging these taxes to

¹⁷ AARP 2024 Home & Community Preferences Among Adults 18 and Over, December 2024.
<https://www.aarp.org/content/dam/aarp/research/topics/livable-communities/housing/2024-home-community-preferences-report.doi.10.26419-2fres.00831.001.pdf>

¹⁸ Letter from Rachel M. Werner, MD, PhD and Norma B. Coe, PhD, University of Pennsylvania Leonard Davis Institute of Health Economics, to Senator Elizabeth Warren, July 8, 2024
https://www.warren.senate.gov/imo/media/doc/letter_from_researchers_to_sen_warren_070824.pdf

¹⁹ Hart Research for Protect Our Care, “Key Issues in Health Care: Where Voters Stand”, February 11, 2025.
<https://www.protectourcare.org/wp-content/uploads/2025/02/POC-Hart-Poll-Press-Briefing.pdf>

²⁰ NORC at the University of Chicago, Poll Explores Californians’ Attitudes on Medi-Cal, Covered California, and Federal Cuts to Both, March 3, 2025:
<https://www.chcf.org/publication/poll-californian-attitudes-medi-cal-covered-ca-federal-cuts/#executive-summary>

benefit providers allows states to increase timely access to care as more providers choose to serve Medicaid enrollees. California, like many states, has a long history with provider taxes. For twenty years, California has used a mix of three-provider related taxes: a fee on certain general acute-care hospitals (Hospital Quality Assurance Fee or HQAF), a fee on free-standing skilled nursing facilities (AB 1629 Quality Assurance Fee), and a tax on enrollment in health care service plans in the state of California (Managed Care Organization or MCO Tax).²¹ **We are opposed to changes that can limit states' ability to use provider taxes at their current levels.**

Impacts of Medicaid Cuts on the Economy and Jobs

Committee actions risk undermining the economic stability of communities in every congressional district. In California, Medi-Cal spending is in the billions of dollars in every district. With approximately \$2 billion to \$6 billion per district in Medi-Cal spending, cities and counties will be hard pressed to find new economic drivers like this.²² Cuts will risk hurting state credit ratings and could even drive local jurisdictions to the fiscal brink. Californians - already struggling with maternity ward and hospital closures - will experience more closure of financially vulnerable health care providers, longer wait times, more health care-related travel, and poorer health. As health care facilities, including rural hospitals, close or downsize, physicians will move or be forced into retirement. Health care jobs will be eliminated, sending more individuals and families into poverty. There are over 725,000 In-Home Supportive Service (IHSS) providers in California.²³ These individuals are spread in every city and county in the state. A change in federal funding could lead to reductions in hours for the consumers these providers care for and a loss of work and wages for these caregivers. As there are more financial stressors on health care facilities, training of the next generation of health care workers and physicians will be the first things to get cut. With the majority of Californians living in health professional shortage areas, these cuts will set California further back on training of behaviorists, allied health care workers, and physicians. In rural communities in particular, where hospitals and clinics are the biggest employer, a facility closure impacts the whole community, shuttering Main Street and having a ripple effect on the local economy.

The people and families you represent need relief from rising health care costs and the financial uncertainty they bring. Yet any proposal to cut Medicaid will increase health care costs for all working people, since providers will shift the cost of care onto families, even as the ultra-wealthy reap a windfall.

In closing, we can't go back, and it is imperative that we continue to protect access to health care for millions of Californians and reject proposals to cap or cut Medi-Cal. We urge you to work with your colleagues to send a strong message to the Speaker and House leaders that any cuts to the Medicaid program are unacceptable and that action must be taken to preserve access to care. We welcome your thoughtful consideration of the concerns raised here and urge you to not include Medicaid cuts in your committees' reconciliation bills.

²¹ CA Senate Budget & Fiscal Review Subcommittee No. 3 Agenda, February 27, 2025 [02272025-dhcs-part-i-final.pdf](#)

²²UC Berkeley Labor Center, Medi-Cal Enrollment and Spending by District and County 2024, February 3, 2025. [Medi-Cal Enrollment and Spending by District and County 2024 - UC Berkeley Labor Center](#)

²³ CA Department of Social Services In-Home Supportive Services December 2024 Program Data: <https://www.cdss.ca.gov/inforesources/ihss/program-data>

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GRACE/End Child Poverty California

Individual signees:

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Eric Rubalcaba
Manisha Sharma, MD, FAAFP

CC: The Honorable Pete Aguilar
The Honorable Rick Allen
The Honorable Jake Auchincloss
The Honorable Troy Balderson
The Honorable Nanette Barragán
The Honorable John Barrasso
The Honorable Michael F. Bennett
The Honorable Cliff Bentz
The Honorable Ami Bera
The Honorable Gus Bilirakis
The Honorable Marsha Blackburn
The Honorable Julia Brownley
The Honorable Ken Calvert
The Honorable Kat Cammack
The Honorable Maria Cantwell
The Honorable Salud Carbajal
The Honorable Buddy Carter
The Honorable Troy Carter
The Honorable Bill Cassidy
The Honorable Kathy Castor
The Honorable Judy Chu
The Honorable Gil Cisneros

The Honorable Young Kim
The Honorable Doug LaMalfa
The Honorable Greg Landsman
The Honorable Nick Langworthy
The Honorable James Lankford
The Honorable Bob Latta
The Honorable Laurel Lee
The Honorable Mike Levin
The Honorable Sam Liccardo
The Honorable Ted Lieu
The Honorable Zoe Lofgren
The Honorable Ben Luján
The Honorable Roger Marshall
The Honorable Doris O. Matsui
The Honorable Jennifer McClellan
The Honorable Tom McClintock
The Honorable Rob Menendez
The Honorable Mariannette Miller-Meeks
The Honorable Dave Min
The Honorable Kevin Mullin
The Honorable Jay Obernolte
The Honorable Alexandria Ocasio-Cortez

The Honorable Yvette Clark
The Honorable John Cornyn
The Honorable Lou Correa
The Honorable Catherine Cortez Masto
The Honorable Jim Costa
The Honorable Dan Crenshaw
The Honorable Steve Daines
The Honorable Diana DeGette
The Honorable Mark DeSaulnier
The Honorable Debbie Dingell
The Honorable Neal Dunn
The Honorable Gabe Evans
The Honorable Julie Fedorchak
The Honorable Lizzie Fletcher
The Honorable Vince Fong
The Honorable Laura Friedman
The Honorable Russell Fry
The Honorable Russ Fulcher
The Honorable John Garamendi
The Honorable Robert Garcia
The Honorable Craig Goldman
The Honorable Jimmy Gomez
The Honorable Chuck Grassley
The Honorable Adam Gray
The Honorable Morgan Griffith
The Honorable Josh Harder
The Honorable Diana Harshbarger
The Honorable Maggie Hassan
The Honorable Erin Houchin
The Honorable Richard Hudson
The Honorable Jared Huffman
The Honorable Darrell Issa
The Honorable Sara Jacobs
The Honorable John James
The Honorable Ron Johnson
The Honorable John Joyce
The Honorable Sydney Kamlager-Dove
The Honorable Tom Kean
The Honorable Robin Kelly
The Honorable Ro Khanna
The Honorable Kevin Kiley

The Honorable Alex Padilla
The Honorable Gary Palmer
The Honorable Jimmy Panetta
The Honorable Nancy Pelosi
The Honorable Scott Peters
The Honorable August Pfluger
The Honorable Luz Rivas
The Honorable Raul Ruiz
The Honorable Michael Rulli
The Honorable Linda Sánchez
The Honorable Bernie Sanders
The Honorable Jan Schakowsky
The Honorable Adam Schiff
The Honorable Kim Schrier
The Honorable Tim Scott
The Honorable Brad Sherman
The Honorable Lateefah Simon
The Honorable Tina Smith
The Honorable Darren Soto
The Honorable Eric Swalwell
The Honorable Mark Takano
The Honorable Mike Thompson
The Honorable John Thune
The Honorable Thom Tillis
The Honorable Paul Tonko
The Honorable Norma Torres
The Honorable Lori Trahan
The Honorable Derek Tran
The Honorable David G. Valadao
The Honorable Juan Vargas
The Honorable Marc Veasey
The Honorable Mark R. Warner
The Honorable Raphael Warnock
The Honorable Elizabeth Warren
The Honorable Maxine Waters
The Honorable Randy Weber
The Honorable Peter Welch
The Honorable Sheldon Whitehouse
The Honorable George T. Whitesides
The Honorable Todd Young