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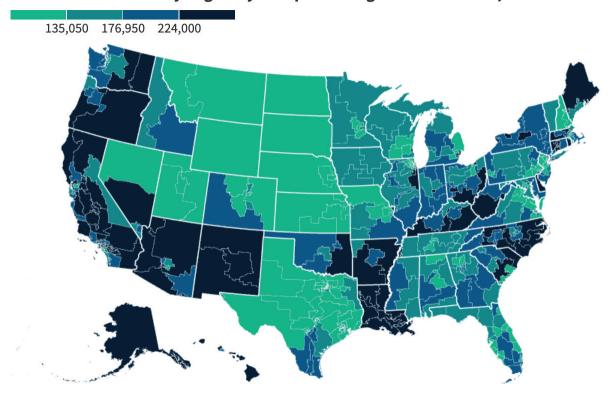
A Cut to Medicaid Threatens Medicare

ASK: Oppose cuts to Medicaid

Medicaid provides essential healthcare coverage for 83 million Americans. Jointly funded by the federal government and states, Medicaid covers comprehensive health services and long-term care for low-income individuals and families, pregnant people, elderly adults, and individuals with disabilities, all populations where at least one in four adults are living with rheumatic disease. Additionally, Medicaid and the Children's Health Insurance Program (CHIP) cover care for uninsured children up to age 19 (in most cases) living with rheumatic diseases, like juvenile arthritis.

As the country's single largest public health plan, Medicaid accounts for \$1 of every \$5 spent on health-care and is responsible for fostering healthy communities across the country. As arthritis continues to be the country's leading cause of disability, failing to invest in the health of these populations may reduce their ability to serve the workforce down the road and increase the cost to Americans.

Medicaid Enrollment by Eligibility Group and Congressional District, 2024



Source: https://www.kff.org/medicaid/issue-brief/congressional-district-interactive-map-medicaid-enrollment-by-eligibility-group/source: https://www.kff.org/medicaid/issue-brief/congressional-district-interactive-map-medicaid-enrollment-by-eligibility-group/source: https://www.kff.org/medicaid/issue-brief/congressional-district-interactive-map-medicaid-enrollment-by-eligibility-group/source: https://www.kff.org/medicaid/issue-brief/congressional-district-interactive-map-medicaid-enrollment-by-eligibility-group/source: https://www.kff.org/medicaid/issue-brief/congressional-district-interactive-map-medicaid-enrollment-by-eligibility-group/source: https://www.kff.org/medicaid-enrollment-by-eligibility-group/source: https://www.kff.org/medicaid-enrollment-by-eligibility-group-by-eligibility-group-by-eligibility-group-by-eligibility-group-by-eligibility-group-by-eligibility-group-by-eligibility-group-by-eligibility-group-by-eligibility-group-by-eligibility-group-by-eligibility-group-by-eligibility-group-by-eligibility-group-by-eligibility-group-by-eligibility-group-by-eligibility-group-by-eligibility-group-by-eligibility-group-by-elig

Dual Eligibility & Patient Affordability

Cutting Medicaid would harm millions of Medicare beneficiaries. Without Medicaid, many Medicare enrollees—especially those with limited income—would struggle to afford care, having to choose between medical care and housing, food, and other essentials.

Sixty-eight million older adults and people with disabilities rely on Medicare for health coverage. But for over 12 million of them, Medicaid is essential to fill gaps in coverage. Medicaid helps people with Medicare access vital services like dental care, medical equipment, mobility aids (like wheelchairs), transportation to appointments, and long-term care that are not otherwise covered under traditional Medicare. For people enrolled in both Medicare and Medicaid (known as "dual eligible"), it's only through this combination of coverage that their healthcare needs are met.

By supporting Medicare patient needs, Medicaid makes healthcare more affordable for Medicare beneficiaries. This coverage is crucial as half of this population lives on incomes below \$36,000.

- In 2021, Medicaid helped 10 million people pay their Medicare premiums and helped 8 million cover their Medicare coinsurance and copays.
- Medicaid enrollment triggers access to the Low-Income Subsidy or Extra Help Program, which assists people with prescription drug costs.

Medicaid and Pediatric Rheumatology

The youngest and most vulnerable patients enrolled in Medicaid—close to **40% of America's children**—are disproportionately affected by the medical workforce shortage already. Pediatric specialists are in short supply, as Medicaid reimbursement rates significantly trail behind those provided by private insurance or even Medicare. To treat the estimated 300,000 children living with rheumatic disease, there are fewer than 420 board-certified pediatric rheumatologists. Eight states do not have any. By 2030, this number is estimated to decrease to 260, and models show that the demand for pediatric rheumatologists will be twice the supply.

The already low reimbursement rates challenge pediatric specialty providers' ability to provide care and deincentivize new physicians from entering pediatric specialties. Both pediatrics and rheumatology require extra years of training for physicians almost certainly burdened by student loans. Often this means that **pediatric specialties are not a financially feasible option in today's healthcare field**. Raising Medicaid payment to be on par with Medicare is important to sustain pediatric specialty medicine. A sustained and growing pediatric specialty workforce could ensure that children may access the specialized care they need and improve their future health outcomes, and their lives.

Distribution of Pediatric Rheumatology by Pediatricians per 100,000 Children (0-17)

