



February 14, 2025

The Honorable Lindsey Graham
 Chairman, Senate Budget Committee
 624 Dirksen Senate Office Building
 Washington, DC 20515

The Honorable Jeff Merkley
 Ranking Member, Senate Budget Committee
 624 Dirksen Senate Office Building
 Washington, DC 20515

Statement for the Record
 "Concurrent Resolution on the Budget for Fiscal Year 2025"

The undersigned 37 organizations represent millions of patients and consumers who face serious, acute, and chronic health conditions. Together our 37 organizations offer unique and important perspectives on what individuals and families need to prevent disease, cure illness, and manage their health. The diversity of our organizations and the populations we serve enables us to draw upon extensive knowledge and expertise that can be an invaluable resource as Congress considers any legislation that would reform our healthcare system.

In March of 2017, our organizations came together to form the Partnership to Protect Coverage (PPC). Together, we agreed upon three overarching principles to guide any work to reform and improve the nation's healthcare system. These principles state that: (1) health care should be accessible, meaning that coverage should be easy to understand and not pose a barrier to care; (2) health care should be affordable, enabling patients to access the treatments they need to live healthy and productive lives; and (3) health care must be adequate, meaning healthcare coverage should cover treatments patients need.

Our organizations are deeply concerned by policy proposals that make severe cuts to the Medicaid program and to repeal tax credits for health insurance premiums through the budget reconciliation process. Medicaid and the enhanced premium tax credits afforded through the Affordable Care Act enable patients to access vital, comprehensive health care services and should not be used to pay for other legislative priorities.

Access to high-quality, affordable health insurance is essential to maintaining and improving the health of everyone living in the United States. Our organizations stress that any changes to existing law must not jeopardize the healthcare coverage that Americans currently have through employers, the private market, Medicare, or Medicaid. Further, patients and consumers should be able to keep their existing high-quality coverage, and any policy should not undermine quality or affordability.

As the Senate Budget Committee marks up the Fiscal Year 2025 budget resolution necessary to the reconciliation process, our organizations would like to elevate two key patient community priorities:

- Ensuring Medicaid Remains Accessible, Affordable, and Adequate Coverage
- Improving and Expanding Access to High-Quality, Affordable Insurance Coverage

Ensuring Medicaid Remains Accessible, Affordable, and Adequate Coverage

The purpose of Medicaid is to provide healthcare for low-income individuals and families. In the past, our organizations have strongly opposed changes to the Medicaid program that would restrict access, create unnecessary red tape for patients, arbitrarily restrict funding to states, or starve the program of necessary resources. Today, we again note our strong opposition to these kinds of policies. Any changes to Medicaid's financing structure (including but not limited to block grants and per capita caps), other policies that shift costs to states like cuts to the federal medical assistance percentage (FMAP), cuts to eligibility and benefits, and the addition of any barriers to coverage like work reporting requirements and other policies that add red tape to enrollment would lead to coverage losses that severely harm many individuals fighting serious and chronic health conditions.

For example, per capita caps and block grants are designed to reduce federal funding for Medicaid, forcing states to either make up the difference with their own funds or make cuts to their programs that would reduce access to care for the patients we represent. Altering Medicaid financing threatens the financial stability of the program and access to care for patients and families. Arbitrarily placing a cap on the amount of federal contribution also leaves states in an untenable position of managing the healthcare costs of a new treatment, a national disaster, or a pandemic without any federal assistance. Additional barriers put in place for groundbreaking but expensive treatments could restrict patients' access to lifesaving care.

Similarly, work reporting requirements create unnecessary red tape for patients. Increasing administrative barriers will decrease the number of individuals with Medicaid coverage, regardless of whether they are exempt or not. For example, when Arkansas implemented a similar policy, the state terminated coverage for over 18,000 individuals who were otherwise eligible for Medicaid before a federal court halted the state's efforts.¹ These coverage losses would be much more severe on a national scale, and failing to navigate these burdensome administrative requirements could have serious – even life or death – consequences for people with serious, acute and chronic diseases.

¹ Robin Rudowitz, MaryBeth Musumeci, and Cornelia Hall, "A Look at February State Data for Medicaid Work Requirements in Arkansas," Kaiser Family Foundation, December 18, 2018. Available at: <https://www.kff.org/medicaid/issue-brief/a-look-at-november-state-data-for-medicaid-work-requirements-inarkansas/>; Arkansas Department of Health and Human Services, Arkansas Works Program, December 2018. Available at: http://d31hzhk6di2h5.cloudfront.net/20190115/88/f6/04/2d/3480592f7fd6c891d9bacb6/011519_AWReport.pdf.

Research consistently finds that Medicaid enrollees who are able to work are already doing so, and that enrollees who are not employed are typically unable to work as a result of their own health or because they are providing caretaking services for others; in fact, some researchers have argued that Medicaid may already *improve* the likelihood of enrollee employment by providing steady and consistent access to healthcare, noting linkages between healthcare access, health status, and employment.^{2,3}

Improving & Expanding Access to High-Quality, Affordable Insurance Coverage

The ACA's affordability and patient protections were transformational for our patients. To ensure consumers could afford their coverage, Congress established advance premium tax credits (APTC) to help lower the cost of health insurance purchased in the Marketplaces. Under the ACA, individuals earning between 100% and 400% of the federal poverty level (FPL) are eligible for these tax credits on a sliding scale – the lower the income level, the higher the amount of tax credits.

In 2021, Congress made two temporary, but critically important changes to the tax credits: it increased the amount of the tax credits for those between 133% - 400% FPL; and capped premium costs at 8.5% of annual income for individuals and families earning more than 400% FPL.⁴ These enhanced tax credits were in effect in 2021 and 2022. Then in response to their success, in 2022, Congress extended these enhanced tax credits again, this time through the end of 2025.

Since the enhanced APTCs were first enacted in 2021, they have helped 9.4 million Americans gain access to high-quality and affordable health coverage – reducing the number of uninsured to just 7.7 percent.⁵ Today, enrollment in the ACA marketplaces is at an all-time high, with more than 24 million people now insured through the marketplaces.⁶

Enrollment in marketplace plans generated by enhanced APTCs has provided millions of Americans with affordable, comprehensive health coverage by allowing more people to purchase high-quality health insurance coverage that meets their healthcare needs. However, the enhanced APTCs are scheduled to expire by the end of 2025. If Congress fails to act by August of 2025, premiums for Marketplace enrollees will skyrocket, forcing some patients and consumers to abandon the high-quality coverage upon which they have come to rely. Action is urgent because the process for setting rates and developing plans is lengthy and complex.

The drastic change in premium cost could be devastating for the patients and consumers we represent. For example, a family of four making \$60,000 (200% of FPL) would see their monthly marketplace premium increase from \$100 to \$326—an annual increase of about \$2,700. A 60-year-old couple making \$45,000 (228% of FPL) would see monthly marketplace premiums increase from \$117 to \$283 — an annual increase of almost \$2,000.⁷

² Madeline Guth, Patrick Drake, Robin Rudowitz, and Maiss Mohamed, *Understanding the Intersection of Medicaid & Work: A Look at What the Data Say*, KFF, April 23, 2023. Available at: <https://www.kff.org/medicaid/issue-brief/understanding-the-intersection-of-medicaid-work-a-look-at-what-the-data-say/>.

³ Sherry A. Glied and Dong Ding, *Medicaid Work Requirements Wouldn't Increase Employment and Could Imperil Future Labor Market Participation*, The Commonwealth Fund, May 24, 2024. Available at: <https://www.commonwealthfund.org/blog/2023/medicaid-work-requirements-wouldnt-increase-employment-and-could-imperil-future-labor>.

⁴ Center for Budget and Policy Priorities, *Health Insurance Costs Will Rise Deeply If Premium Tax Credit Improvements Expire*. <https://www.cbpp.org/research/health/health-insurance-costs-will-rise-steeply-if-premium-tax-credit-improvements-expire>

⁵ Assistant Secretary for Planning and Evaluation, *National Uninsured Rate Reaches an All-Time Low in early 2023 after the Close of the ACA Open Enrollment Period* (August 3, 2023),

<https://aspe.hhs.gov/sites/default/files/documents/e06a66dfc6f62afc8bb809038dfaebe4/Uninsured-Record-Low-Q12023.pdf>

⁶ Centers for Medicare and Medicaid Services, *Over 24 Million Consumers Selected Affordable Health Coverage in ACA Marketplace for 2025* (Jan. 17, 2025), <https://www.cms.gov/newsroom/press-releases/over-24-million-consumers-selected-affordable-health-coverage-aca-marketplace-2025>.

⁷ Center for Budget and Policy Priorities, *Health Insurance Costs Will Rise Deeply If Premium Tax Credit Improvements Expire*. <https://www.cbpp.org/research/health/health-insurance-costs-will-rise-steeply-if-premium-tax-credit-improvements-expire>

Conclusion

Patients with serious and chronic conditions cannot afford to go without insurance that meets their healthcare needs. As such, we urge Congress to take immediate action to permanently extend the enhanced APTCs and protect patient populations who rely on coverage through Medicaid and the ACA marketplaces. Please contact Katie Berge (Katie.Berge@lls.org), Jelani Murrain (Jelani.Murrain@cancer.org), and Ashleigh Tharp (atharp@cff.org) if you have questions or would like to meet with members of the Partnership. We thank you for your attention to this issue and welcome the opportunity to discuss it further.

Sincerely,

AiArthritis
ALS Association
American Cancer Society Cancer Action Network
American Heart Association
American Kidney Fund
American Lung Association
Asthma and Allergy Foundation of America
Autoimmune Association
Cancer Support Community
CancerCare
Crohn's & Colitis Foundation
Cystic Fibrosis Foundation
Epilepsy Foundation of America
Foundation for Sarcoidosis Research
Hemophilia Federation of America
Immune Deficiency Foundation
Lupus Foundation of America
Lutheran Services in America
March of Dimes

Muscular Dystrophy Association
National Alliance on Mental Illness
National Bleeding Disorders Foundation
National Coalition for Cancer Survivorship
National Eczema Association
National Health Council
National Kidney Foundation
National Multiple Sclerosis Society
National Organization for Rare Disorders
National Patient Advocate Foundation
National Psoriasis Foundation
Pulmonary Hypertension Association
Sickle Cell Disease Association of America
Susan G. Komen
The AIDS Institute
The Leukemia & Lymphoma Society
Volunteers of America
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