

[NCUIH Joins Partnership for Medicaid in Letter to Congressional Leadership on Concerns with Work Requirements in Debt Ceiling Negotiations](#)

Category: Policy Blog

written by Haley Smith | June 29, 2023

On May 8, 2023, the Partnership for Medicaid (Partnership) and the National Council of Urban Indian Health (NCUIH) sent a letter to House and Senate leadership expressing concerns with broad-based work requirements in Medicaid and Debt Ceiling negotiations. In the letter, they requested that Congress work together to build on the policies that have enhanced and expanded coverage for the individuals, children and families enrolled in Medicaid these last couple of years.

Full Letter Text:

Dear Majority Leader Schumer, Minority Leader McConnell, Speaker McCarthy, and Minority Leader Jefferies:

The members of the Partnership for Medicaid — a nonpartisan, nationwide coalition of organizations representing clinicians, health care providers, safety net health plans and counties — are writing about our concerns on legislation around the debt ceiling which could include broad-based work requirements as a mandatory condition for Medicaid eligibility.

Instead, we ask that Congress work together to build on the policies that have enhanced and expanded coverage for the individuals, children and families enrolled in Medicaid these last couple of years. We know that the bipartisan improvements that ensured continuous eligibility for the 44 million children in Medicaid and CHIP, the one year of postpartum coverage for mothers and babies, significant investments in Medicaid funding for the U.S. territories and the ability to coordinate the care of justice involved youth are significant and equitable steps forward for our health care system. The Partnership for Medicaid strongly supported these longstanding policies.

Any Medicaid work requirement proposals arrive at a time when the program is “unwinding” from previous coverage expansions tied to covid-19 Public Health Emergency (PHE) declarations that could leave as many as 15 million low-income Americans without health insurance coverage. Our members are at the frontlines of any policies that could result in coverage loss for Medicaid beneficiaries. Our specific concern is that the Medicaid “unwinding” process required by the Consolidated Appropriations Act passed last year, combined with the work requirements under consideration will limit access to health services while producing a wave of uncompensated care straining the capacity of Medicaid safety net providers already dealing with severe workforce crises.

The Partnership has long supported thoughtful Medicaid policy reforms that will improve the program by producing both fiscal savings for states and the federal government along with better clinical results and support for beneficiaries. At the same time, for nearly two decades, the coalition has always maintained that Medicaid reforms should be driven by better programmatic outcomes.

The Partnership for Medicaid stands ready as a resource to engage in policy driven reforms to the Medicaid program, but strongly opposes budget driven changes that would limit eligibility and coverage and cause unintended harm to many beneficiaries.

Sincerely,

The Partnership for Medicaid
www.partnershipformedicaid.org

About the Partnership for Medicaid

NCUIH is a member of the [Partnership for Medicaid](#), which is a nonpartisan, nationwide coalition of organizations representing clinicians, health care providers, safety-net health plans, and counties. The goal of the coalition is to preserve and improve the Medicaid program. Members of this coalition include:

- [American Academy of Family Physicians](#)
- [American Academy of Pediatrics](#)
- [American College of Obstetricians and Gynecologists](#)
- [American Dental Association](#)
- [American Dental Education Association](#)
- [American Health Care Association](#)
- [American Network of Community Options and Resources](#)
- [America's Essential Hospitals](#)
- [Association for Community Affiliated Plans](#)
- [Association of Clinicians for the Underserved](#)
- [Catholic Health Association of the United States](#)
- [Children's Hospital Association](#)
- [Easterseals](#)
- [The Jewish Federations of North America](#)
- [Medicaid Health Plans of America](#)
- [National Association of Community Health Centers](#)
- [National Association of Counties](#)
- [National Association of Pediatric Nurse Practitioners](#)
- [National Association of Rural Health Clinics](#)
- [National Council for Mental Wellbeing](#)
- [National Council of Urban Indian Health](#)
- [National Health Care for the Homeless Council](#)
- [National Hispanic Medical Association](#)
- [National Rural Health Association](#)

Background and NCUIH Advocacy

On April 20, 2023, Families USA with 230 national and state partner organizations, including NCUIH, [sent a letter](#) to House and Senate leadership requesting Medicaid be protected from proposed cuts amid debt limit negotiations. The letter emphasizes how critical the Medicaid program is to our country's health and financial well-being following the COVID-19 Pandemic and the policy proposals for the debt ceiling can take healthcare away from millions of people, including American Indians and Alaska Natives (AI/ANs).

Medicaid: A Critical Source of Coverage for AI/ANs

AI/AN people depend upon Medicaid to receive their healthcare coverage and services. In 2020, [over 1.8 million AI/ANs were enrolled in Medicaid](#). According to a NCUIH analysis of American Community Survey (ACS) data, in 2019 Medicaid covered 1.3 million urban AI/ANs, including 30% of urban AI/AN adults under the age of 65. Medicaid and CHIP are important programs for addressing the significant disparities in insurance coverage which exist for AI/AN people. For example, [according to the Urban Institute](#), AI/AN children were uninsured at a rate of 8.9% in 2019, the highest rate for any ethnic group in the country. AI/AN parents were uninsured at a rate of 18.7% in 2019, the second highest rate in the country. The Urban Institute reported that in 2019, AI/AN children remained more than twice as likely as white children to be uninsured and AI/AN were more than 2.5 times more likely to be uninsured than with white parents.

Medicaid is also an important source of funding for to support the operation of the Indian Health system, including UIOs who help serve the approximately 70% of AI/AN people who live in urban areas. Medicaid remains the largest secondary source of funding for UIO clinics. In 2020, [33% of the total population served at UIOs were Medicaid beneficiaries, and 35% of the AI/AN population served at UIOs were Medicaid beneficiaries](#). As the [Kaiser Family Foundation noted](#) in 2017, “Medicaid funds are not subject to annual appropriation limits . . . since Medicaid claims are processed throughout the year, facilities receive Medicaid funding on an ongoing basis for covered services provided to AI/ANs.” Because the Medicaid program receives Mandatory appropriations, Medicaid revenue is particularly essential for Indian health providers when IHS funding is reduced or interrupted by budgetary disagreements.