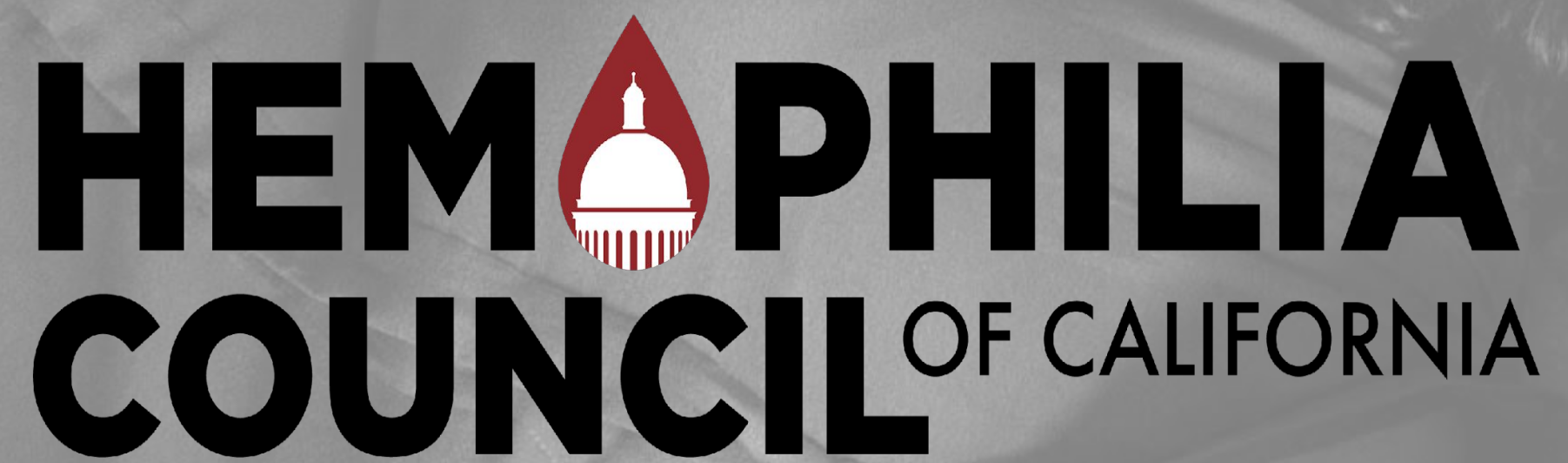




Medicaid Cuts: How they will impact Medi-Cal & Your Health Care

*Presented by
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What is the Hemophilia Council of California?

Our **Beginning**

HCC is a 501(c)3 nonprofit organization formed in 1985 to coordinate the shared advocacy agenda of the four California hemophilia organizations

Our **Focus**

HCC coordinates statewide access, education and advocacy efforts on behalf of individuals living with bleeding disorders and rare or chronic conditions

Our **Advocacy**

HCC advocates to protect access to care, promote progressive treatment options and advance the quality of life for these individuals, families and caregivers

What is Medicaid?

- Medicaid is a federal public health insurance program, created in 1965.
- Today, about 70 million people use Medicaid in the United States.
- Every state has Medicaid, although the program varies from state to state. It is funded by a combination of federal and state funding.
- In California, this program is called Medi-Cal.

Who does Medicaid help?

Children – Medicaid is a major source of health care for children, especially those living below the federal poverty level

Pregnant women – Coverage is provided to ensure access to prenatal care and delivery services

Seniors – Medicaid helps cover some costs for low-income seniors, including those eligible for Medicare

People with disabilities – including those who are unable to work or may not be able to access other forms of insurance



Who does Medi-Cal help?

- Today, about 14.9 million Californians are enrolled in Medi-Cal
- Medi-Cal covers about 50% of all children 17 and under in California
- Medi-Cal also covers about 40% of all births
- In a typical year, about 30% of people with bleeding disorders nationally utilize Medicaid to access care, in California that number is closer to 50%
- Medi-Cal also provides long-term care for many disabled people and seniors

Medi-Cal Expansion

- Under the Affordable Care Act (ACA), states had the option to expand Medicaid to “non-elderly” adults with incomes up to 138% of the federal poverty level (FPL) AND provides 90% federal match for the expansion population.
- Since 2014, California has been gradually expanding Medi-Cal to more adults, including low-income immigrants.

2025 Reconciliation Bill – Medicaid Provisions

- Budget proposal is looking to cut around \$880 billion dollars over the next 10 years
- Requires states to impose cost sharing for some expansion adults (effective October 1, 2028)
- Reduces expansion match from 90% to 80% for states that provide coverage, with state funds, to individuals not lawfully in the United States (effective October 1, 2027)

2025 Reconciliation Bill – Medicaid Provisions

- Implements work requirements, a minimum of 80 hours per month, for some individuals ages 19-64 (effective January 1, 2029)
- Requires states conduct eligibility redeterminations at least every six months. Currently these are conducted annually (effective October 1, 2027)



What does this mean?

California Budget – May Revise

- The 2024-2025 Fiscal Year Budget had a \$2.8 billion dollar gap due to increased cost for the Medi-Cal program
- In addition, the Governor's Budget proposal assumes an estimated \$12 billion shortfall
- These budget constraints do not address any of the proposed federal cuts, as some will be implemented in later budget cycles

California Budget – May Revise

For all beneficiaries:

- Reinstates the Medi-Cal asset limit for seniors and disabled adults (\$2,000 for an individual and \$3,000 for a couple), effective January 1, 2026
- Implements new utilization management, step therapy protocols and prior authorization requirements for prescription drugs
- Eliminates specialty drug coverage for GLP-1 weight loss drugs

California Budget – May Revise

For those with undocumented immigration status:

- Freezes enrollment in full-scope Medi-Cal for adults 19 and older, effective January 1, 2026
- Implements \$100 monthly premiums for individuals, effective January 1, 2027
- Eliminates coverage for long-term care
- Eliminates full scope dental benefits for adults 19 and older, effective July 1, 2026
- Reduction in payments to FQHC and Rural Health Clinics

Broader Impacts

- Proposals like more frequent redeterminations and work requirements will add administrative cost to the system and burdens to patients
- We know that redeterminations lead to administrative disenrollments
- Cuts put hospitals and providers at risk – as much as individual patients, particularly in rural communities

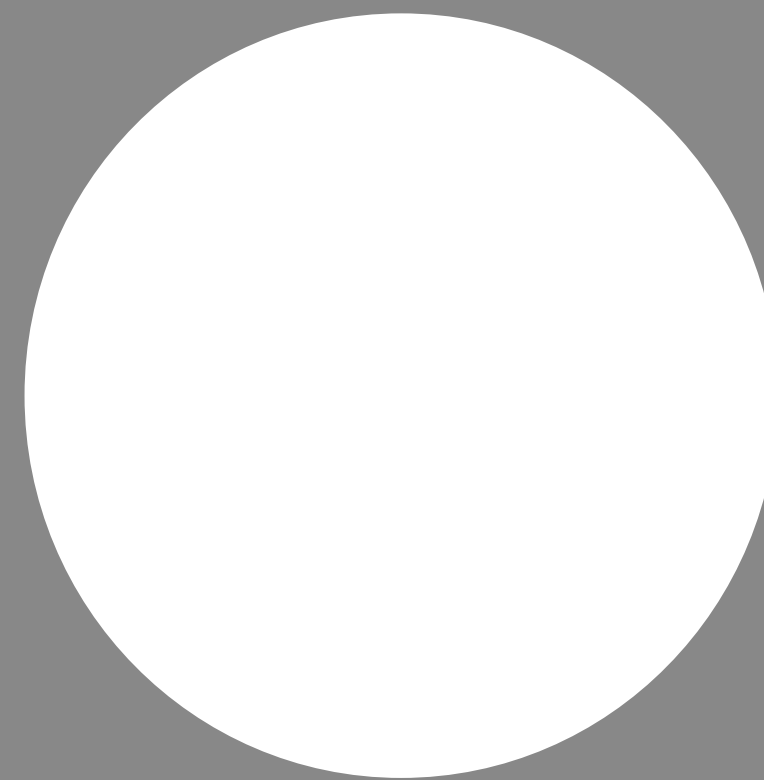
What can we do?

- Contact your Congressman & US Senator
- Contact your local State Legislators
- Post on social media
- Submit a letter to the editor
- Stay informed
- Take care of yourselves & one another



What is our ask?

- Protect Medicaid for our most vulnerable patients and communities
- Protect the health care system to ensure continued access to hospitals and other providers – especially in health care deserts



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Thank you for joining us!

REMINDER:

This webinar is part of a series of educational webinars presented by the Hemophilia Council of California.

A recording and slides will be available soon and shared with all participants.

NEED HELP?

Contact **Lynne Kinst** at (916) 572-7771 or lkinst@hemophiliaca.org