Potential Federal Medicaid Changes And their effect on Arizona



June 25, 2025

What Is Medicaid?

Public health insurance program for low-income individuals and families

Jointly funded by federal and state governments

Covers 1 in 5 Americans, including children, pregnant women, seniors, and people with disabilities

Each state runs its own program within broad federal guidelines

Eligibility and benefits vary by state

Nation's largest source of coverage for long-term services and supports

An AHCCCS Snapshot

Arizona was the **last state in the union** to start a Medicaid program.

Arizona's Medicaid program is called the Arizona Health Care Cost Containment System, or AHCCCS.

AHCCCS covers a wide range of services, inc. doctor visits, hospital stays, long-term care, mental health, and prescription drugs.

AHCCCS contracts with private health insurance companies for most populations



Who is eligible for AHCCCS?

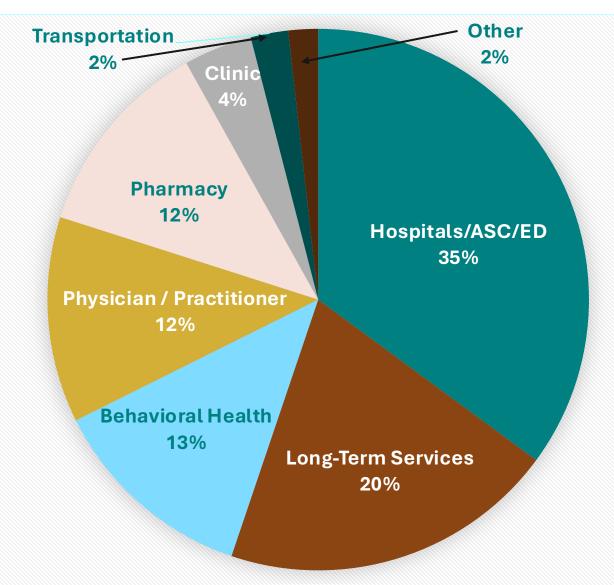
When it was first established, Medicaid primarily covered moms, children, and people with disabilities. Over time, Medicaid's role in supporting the health care system and reducing uncompensated care has strengthened, and other populations have been added. All Arizona citizens with incomes up to ~\$21,000 for a single individual (\$43,000 for a family of 4) are eligible for AHCCCS

- Individuals with slightly lower incomes (\$15,650 for a single individual, \$32,150 for a family of 4) are voter protected under Proposition 204.
- Certain populations who need extra supports have higher income limits through the ALTCS program.

AHCCCS Highlights

2,027,424	Number of people covered by AHCCCS as of 3/1/2025	
\$21 Billion	AHCCCS Budget (SFY 2025)	
107,396	Number of providers registered with AHCCCS as of 3/1/2025	
45,242	Number of individuals that are elderly or physically disabled served by AHCCCS as of 3/1/2025	
1 in 2	Proportion of Arizona births covered by AHCCCS in CY 2024	
60%	Percent of nursing facility days covered by AHCCCS in CY 2024	
40%	Percent of AHCCCS enrollment who are children as of 1/1/2025	
8	Number of contracted managed care health plans as of 10/1/2024	
64,000	000 Number of AHCCCS members treated for malignant cancer in FFY 2024	
181,000	Number of AHCCCS members treated for Diabetes in FFY 2024	
67,500	Number of AHCCCS members treated for opioid-related disorders in FFY 2024	

Where does AHCCCS spend its money?



Congress is considering changes to Medicaid



Congress is attempting to extend the 2017 tax cuts using budget reconciliation, which requires fewer votes and bypasses the filibuster.



To reduce the budget impact, the extension is packaged with other spending provisions and major reductions to/restructuring of safety net programs.



On May 22, House passed reconciliation bill language by a vote of 215-214.

Congress is considering changes to Medicaid



CBO estimates that the E&C provisions of the bill produce savings of \$1 trillion between 2025-2034, or which Medicaid savings are \$806 billion.



However, the bill as a whole, will increase the deficit by \$2.4 trillion over 10 years.



Senate leaders hope to pass the bill by July 4, although both conservative and moderate Republicans have expressed concerns about its provisions.

CBO Estimates of Changes to the Number of Uninsured Americans by 2034 – ACA Marketplace (healthcare.gov) and Medicaid

5.1 million

Expiration of the expanded premium tax credits and marketplace rule changes

10.9 million

Medicaid and Marketplace changes in HR 1



What does this mean for Arizona?

- Preliminary estimates include:
 - 200-350,000 more uninsured Arizonans
 - \$2-3 billion reduction in federal Medicaid spending in Arizona

What are Provider Taxes (and Why Does Congress Care)?

- 49 states legally use provider taxes to fund state costs of Medicaid, but some advocates still frame them as "fraud"
- Federal regulations heavily dictate how states can levy provider assessments
- Congress wants to limit or prohibit this mechanism
 - Either prevent new taxes (House); or
 - Roll back existing taxes almost in half, requiring the state to find new revenue or cut programs (Senate).
- Arizona has hospital and nursing facility assessments
 - Hospital and NF assessments provide rate support.
 - A portion of the hospital assessment funds coverage for ~500,000 Arizonans

What are **State Directed** Payments (and Why Does Congress Care)?

- Typically, providers receive payments for services delivered through managed care insurance companies
- Federal regulations allow for extra payments to providers, as "directed" by states, up to the average amount paid by commercial insurance. Approximately 40 states utilize State Directed Payments (SDPs) and SDPs are one of the fastest growing areas of Medicaid.
- Congress wants to limit the amount providers can be paid to Medicare rates.
- Arizona has various SDPs for hospitals, nursing facilities, FQHCs, and healthcare professionals and new limits could reduce their payments.

Eligibility Changes: Making it harder to get and retain Medicaid

- Requires certain Medicaid expansion members to prove employment before enrolling or re-enrolling in Medicaid
 - Applies to Prop 204 childless adults and expansion, with exceptions
 - Will exceptions be enough to prevent coverage loss? Experience in other states says *no*
- Requires re-determination of same populations every 6 months
- Repeals Biden rules designed to streamline enrollment
- Requires additional eligibility data checks

Arizona's Work Requirement Proposal



Arizona has longstanding statutory requirement to request authority for a work requirement.

AHCCCS submitted a waiver request to CMS on March 28, 2025

Arizona's proposal is estimated to impact 190K members.

Work requirement waivers will cost tens of millions of dollars to implement.

Congressional proposal is similar to, but will be less flexible than, Arizona's plan.

What wasn't included

Changing federal match rates (FMAP)

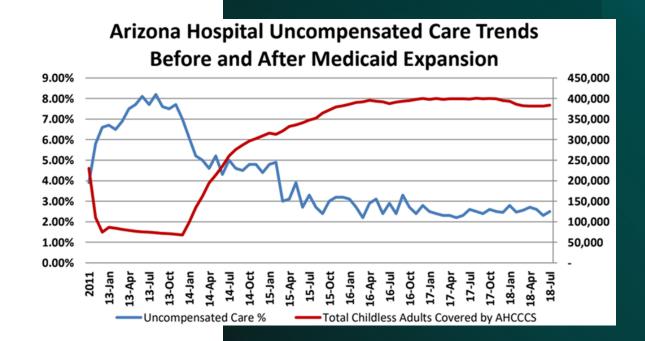
Per Capita Caps

Real FWA changes



What happens when coverage is reduced?

- During the Great Recession, Arizona reduced its Medicaid program by hundreds of thousands.
- Hospital **uncompensated care spiked**, and hospitals barely made it through the financial pressures.
- Providers shifted costs to small businesses and other private sector employers who purchase private insurance.
- This cost shift sometimes referred to as the hidden health care tax — to Arizona businesses impacts economic competitiveness.



Why should we all care?

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Major AHCCCS reductions will destabilize the entire healthcare sector: The providers who deliver health care to AHCCCS members also deliver health care to Arizonans with private insurance and those on Medicare.



If providers stop providing specific services, or close locations. **all Arizonans will not be able to access needed care.**



These changes have sweeping impacts across Arizona's economy. Hospitals and health care providers are significant economic drivers, especially in rural Arizona. Providers will likely have to cut jobs which will impact our state's broader economic competitiveness.

ARIZONANS for Better Health CARE

Figure 1: Economic Impact of Each \$1.0 Billion Reduction in

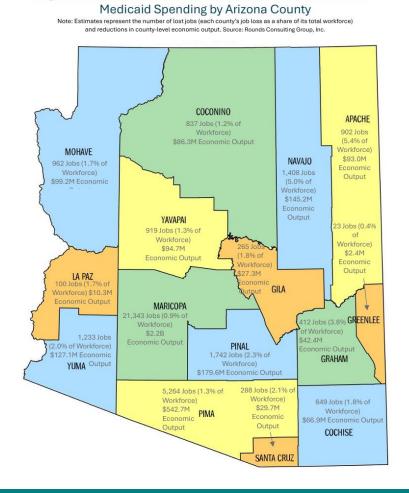


Figure 11: Profile of Arizona's Healthcare Industry

471,600	\$68,300	\$32.2B	\$38.1B
Healthcare Jobs in Arizona	Average Wage of Workers	In Labor Income Across Arizona	In State Gross Domestic Product
Total number of healthcare jobs across the state.	Average annual wage of healthcare workers in Arizona	Total employee-earned wages and salaries.	Total direct economic output produced by the healthcare industry.

Figure 12: Economic Impact of Each 10% Decline in Arizona's Healthcare Industry

105,120	\$7.6B	\$16.9B	\$672.1M
Full-Time Equivalent Job Losses	Reductions in Labor Income	Losses in Economic Activity	State & Local Tax Revenues Losses
Total number of jobs losses across the state.	Total losses in employee- earned wages.	Total losses in state gross domestic product.	Total state, county, and municipal tax revenue losses.

Source: Rounds Consulting Group, Inc.

Arizona Chamber Foundation Analysis

While the exact details... remain uncertain, the scale of economic losses is clear – the negative repercussions would reach recession-level impacts.

Figure 10: Economic Impact of a \$7.5B Reduction in Medicaid Spending

Note: Based on KFF estimates of Federal Medicaid spending reduction in Arizona if Medicaid expansion is discontinued.

299,900	\$14.0B	\$30.9B	\$1.1B
Full-Time Equivalent Job Losses	Reductions in Labor Income	Losses in Economic Activity	State & Local Tax Revenues Losses
Total number of jobs losses across the state.	Total losses in employee- earned wages.	Total losses in state gross domestic product.	Total state, county, and municipal tax revenue losses.

Source: Rounds Consulting Group, Inc.

Figure 9: Economic Impact of a \$1.9B Reduction in Federal Medicaid Funds

Note: Based on KFF estimates of federal Medicaid funding reductions in Arizona.

130,000	\$5.9B	\$13.1B	\$500.0M
Full-Time Equivalent Job Losses	Reductions in Labor Income	Losses in Economic Activity	State & Local Tax Revenues Losses
Total number of jobs losses across the state.	Total losses in employee- earned wages.	Total losses in state gross domestic product.	Total state, county, and municipal tax revenue losses.

Source: Rounds Consulting Group, Inc.

The impacts would offset much of the economic growth from past tax cuts and the creation of high return-oninvestment economic development programs."

Arizona Chamber Foundation Analysis -Scenarios



But wait, there's more!

HR1 also:

- Increases state costs for SNAP based on several administrative factors, which could require \$500-600 million in state funds or risk losing the program entirely
- Makes other administrative changes that will make it harder for families to maintain SNAP including additional work requirements
- Reduces benefits for low-income families, which will reduce food availability for families and children

Questions?



Economy

Website



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