

INDIANA'S HEALTH CARE **UNDER ATTACK**: MEDICARE, MEDICAID & ACA THREATENED BY TRUMP-GOP TAX CUTS



July 2018



The Alliance for Retired Americans is a nationwide grass roots organization, launched in May 2001, with more than 4.3 million members working together to make their voices heard in the laws, policies, politics, and institutions that shape American life. For 14 years, we have mobilized retired union members, seniors and community activists into a nationwide grassroots movement advocating a progressive political and social agenda that respects work and strengthens families.

Alliance for Retired Americans, 815 16th Street NW, 4th Floor, Washington, D.C. 20006
www.RetiredAmericans.org



Americans for Tax Fairness is a diverse coalition of 425 national and state endorsing organizations that collectively represent tens of millions of members. The organization was formed on the belief that the country needs comprehensive, progressive tax reform that results in greater revenue to meet our growing needs. ATF is playing a central role in Washington and in the states on federal tax-reform issues.

Americans for Tax Fairness, 1101 17th Street NW, Suite 301, Washington, D.C. 20036
www.AmericansForTaxFairness.org



Health Care for America Now (HCAN) is the national grassroots coalition of labor unions, community groups, policy advocates and online organizations that from 2008-2013 ran a five-and-a-half-year campaign to pass, protect, and promote the Affordable Care Act (ACA). HCAN reconvened in 2016 to help lead the fight to stop the Republican's all-out effort to take away America's health care and put people at the mercy of the big health insurance companies again. With field partners in over 35 states, HCAN organizes grassroots pressure across the country against efforts to weaken, dismantle or repeal the ACA, to restructure and gut Medicaid and Medicare, and to shred critical social safety programs that our members depend on.

We believe that the Affordable Care Act must be improved and strengthened, not repealed. We also believe in expanding Medicaid, Medicare, the Children's Health Insurance Program (CHIP) and the social safety net by making the rich and corporations pay their fair share of taxes.

www.HealthcareforAmericaNow.org

TABLE OF CONTENTS

HIGHLIGHTS	1
INTRODUCTION	2
FIGURE 1 Paying for Their Tax Cuts: Proposed Trump & House GOP Cuts to Health-Care Programs	3
KEY FACTS ABOUT MEDICARE IN INDIANA.....	4
KEY FACTS ABOUT MEDICAID IN INDIANA	4
KEY FACTS ABOUT THE AFFORDABLE CARE ACT IN INDIANA	5
HARM CAUSED BY TRUMP-GOP TAX CUTS TO THE ACA	5
INDIANA TAX-CUT WINNERS VS. HEALTH-CARE LOSERS	6
FIGURE 2 Brand Name Drug Prices Grow Much Faster than General Inflation	7
MEDICARE: WHY IT'S IMPORTANT AND HOW IT'S THREATENED	7
FIGURE 3 Health Coverage for Seniors Over Age 65 Before and After Medicare Enacted	7
MEDICAID & THE ACA: WHY THEY'RE IMPORTANT; HOW THEY'RE THREATENED ...	9
FIGURE 4 Medicaid Spending and Enrollment by Group	9
ENDNOTES	11

HIGHLIGHTS

- On the 53rd anniversary of Medicare and Medicaid, the tax and spending policies of President Trump and the GOP endanger these critical public healthcare programs that serve 120 million Americans.
- 2,398,300 Indiana residents enrolled in Medicare or Medicaid face threats to their coverage because of the cost of the Trump-GOP tax cuts that mostly benefit the state's wealthiest families and the country's most profitable corporations, including drug companies and health insurance companies.
- The Trump-GOP tax law added nearly **\$2 trillion to the national debt**, and now Trump and the GOP propose to pay for that by slashing funding for Medicare, Medicaid and the Affordable Care Act (ACA).
- Trump, who as a candidate promised never to cut Medicare or Medicaid, now is seeking a total of **\$1.3 trillion in cuts** to Medicare, Medicaid and the ACA.
- House Republicans propose **slashing \$2 trillion** from Medicare, Medicaid and the ACA to reduce the debt and pay for the tax cuts. Such massive cuts will likely delay Medicare for seniors until the age of 67, cause millions to lose their health care, jack up premiums and other out-of-pocket costs for millions more, make life-saving medicines costlier for seniors and families, restrict critical services for people with disabilities, limit the response to the devastating opioid crisis and eliminate key protections for people with pre-existing conditions.
- The 31,390 Indiana residents who make up the state's wealthiest 1% have an average annual income of \$1,616,600. Each will get a tax cut of over \$48,840 a year on average under the Trump-GOP tax law.
- Parents in an Indiana family of three must make less than \$28,884 to qualify for Medicaid. The median income of Medicare recipients nationwide is about \$26,000.
- Trump and the GOP still want to repeal the Affordable Care Act, which protects 2,745,700 Indiana residents with pre-existing conditions from being denied coverage or charged exorbitant premiums.
- The tax law lets drug companies pad their profits while raising healthcare costs for average Americans. The 10 biggest U.S. drug companies got a \$76 billion tax cut on their offshore profits from the Trump-GOP tax law. In recent years, prices for the most widely used prescription drugs spiked at least 15% a year. No drug company has said it will use its tax cuts to reduce drug prices.
- Rather than cut Medicare, Medicaid and the ACA, Congress should repeal tax cuts for the wealthy and corporations and use the resulting revenue to strengthen these three bedrock public health programs.

INTRODUCTION

Fifty-three years ago, our nation committed to the principle that no American should be denied health insurance for being too old or too poor. **Medicare**—which primarily serves the elderly—and **Medicaid**—which serves low-income seniors and families, pregnant women, children and people with disabilities—were signed into law on July 30, 1965.

By extending coverage to millions of formerly deprived Americans, the adoption of Medicare and Medicaid recognized health care as a basic human right. But as we celebrate the anniversary of these bedrock programs that provide vital services to 120 million Americans, including 2,398,300 in Indiana, Medicare and Medicaid are under attack from President Trump and Republicans in Congress.¹ So too is Medicaid's younger sibling, the Affordable Care Act (ACA), which [expanded Medicaid coverage to nearly 12 million](#)² more Americans and improved Medicare by [lowering costs for seniors](#).³

Trump and the congressional GOP tried last year to [completely repeal the ACA](#).⁴ House Speaker Paul Ryan has been trying for years to transform Medicare into an [insufficient voucher program](#).⁵ Those efforts failed for the simple reason that the American people don't want their health care taken away from them. Now Republicans are using tax and budget strategies to undermine Medicare, Medicaid and the ACA, the foundations of health and economic security for millions of working families.

The first step in their plan came last year when they passed huge tax cuts mostly benefitting the wealthy and corporations that will drive up the [nation's debt by \\$1.9 trillion](#),⁶ per the Congressional Budget Office (CBO). To help pay for that giveaway, Trump and the GOP are proposing to slash \$1 to \$2 trillion from



Credit: Gage Skidmore

"I don't think [the tax-cut bill] will increase the deficit. This will lead to about \$1 trillion in additional revenue because of faster economic growth." –Paul Ryan, 12/1/17

"We're going to have to get back next year at entitlement reform [cutting Medicare, Medicaid and Social Security], which is how you tackle the debt and the deficit." –Paul Ryan, 12/6/17

Medicare, Medicaid and the ACA, which working families rely on. [See Figure 1]

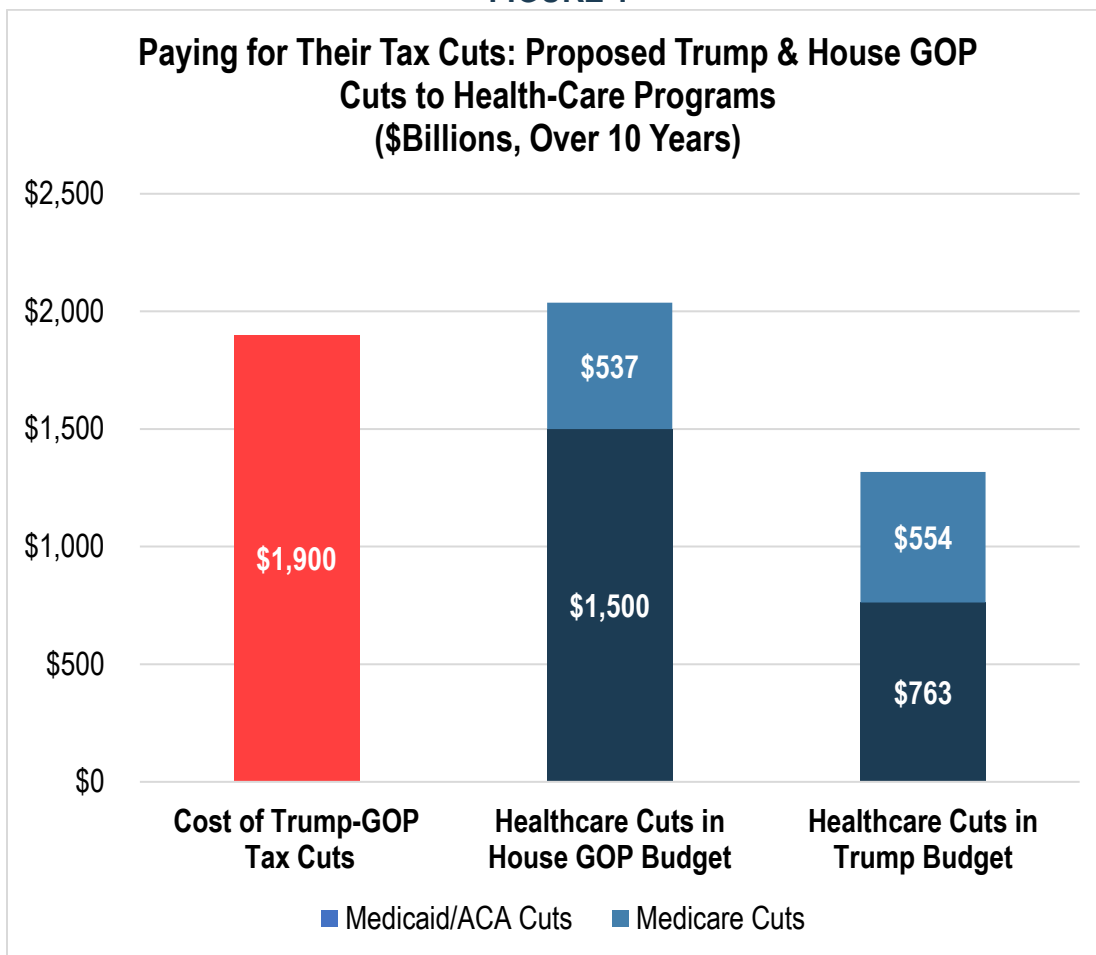
As a candidate, Donald Trump promised "there will be [no cuts to Social Security, Medicare and Medicaid](#)."⁷ But that was then. Now:

- His 2019 budget proposes to cut Medicare by \$554 billion over 10 years.
- His Republican allies in the House have also come after Medicare, proposing to cut it by \$537 billion.

Trump and congressional Republicans also want to gut the ACA, including the expansion of Medicaid, then make even deeper cuts to Medicaid on top of that:

- Trump's 2019 budget proposes cutting Medicaid, as well as the ACA subsidies that help working families afford insurance, by \$763 billion over 10 years.
- Once again, the House Republican budget would go further, making \$1.5 trillion in cuts to Medicaid and repealing the ACA, thereby eliminating Medicaid expansion and consumer safeguards that protect people with pre-existing conditions.

FIGURE 1



Sources: [CBO](#), April 2018 (p. 129)⁸; [Center on Budget & Policy Priorities \(CBPP\)](#), June 2018⁹; [CBPP](#), Feb. 2018¹⁰

Such massive cuts will likely delay Medicare for seniors until the age of 67, cause millions to lose their health care, jack up premiums and other out-of-pocket costs for millions more, make life-saving medicines more costly for seniors and families, restrict critical services for people with disabilities, limit the response to the devastating opioid crisis and eliminate key protections for people with pre-existing conditions.

This is no way to celebrate the 53rd birthday of Medicare and Medicaid, or the ACA. The best way to say “Happy Birthday” is to protect and improve these programs for future generations.

That starts with blocking efforts by Trump and congressional Republicans to essentially dismantle the nation’s public healthcare system.

Then, Congress should repeal the Trump-GOP tax cuts for the wealthy and corporations, and use that money to ensure Medicare, Medicaid and the ACA stay healthy and strong for the next half century and beyond.

Finally, drug companies and insurance companies should not be able to pad their profits by reaping huge tax cuts while raising health care costs for average Americans.

KEY FACTS ABOUT MEDICARE IN INDIANA

- 1,178,100 people [depend on Medicare](#)—18% of the state’s population—according to the Centers for Medicare and Medicaid Services (2016)¹¹
- This [includes](#) 974,300 seniors and 203,800 disabled beneficiaries (2016)¹²
- \$12.0 billion: Approximate [amount spent on Medicare](#) in Indiana each year (2014)¹³
- 16% of Medicare enrollees, or 189,700 people, also [receive Medicaid](#) to help cover their premiums and out-of-pocket costs (2013)¹⁴
- Thanks to the ACA, in 2016:
 - 852,100 seniors received [free preventive care](#)¹⁵
 - Medicare recipients each received [average drug discounts](#) of \$1,114¹⁶
- [Other characteristics](#) of Indiana Medicare beneficiaries (2016)¹⁷:
 - Average beneficiary’s age is 71
 - Women are 56% of the beneficiaries
 - 89% are non-Hispanic Whites, 7% are African Americans, and 2% are Hispanics

PROPOSED TRUMP CUTS TO MEDICARE NATIONALLY: \$554 BILLION
PROPOSED HOUSE GOP CUTS: \$537 BILLION

KEY FACTS ABOUT MEDICAID IN INDIANA

- 1,409,900 residents [are covered](#) through Medicaid (2016)¹⁸
 - \$10.4 billion: Approximate [amount spent on Medicaid benefits](#) in Indiana each year; \$829.0 million of this spending is for hospital care (2016)¹⁹
 - 29,000 Indiana [veterans are enrolled](#) in Medicaid (2015)²⁰
 - 56% of [Medicaid enrollees](#) are children, 8% are seniors, and 17% have a disability (2014)²¹
 - Medicaid [covers](#) 62% or 24,300 nursing home residents (2015)²²
 - 51% of [children with special health care needs](#) are covered by Medicaid or CHIP; 43% receive Medicaid/CHIP as their sole source of health insurance (2016)²³
 - 50% of all births are [covered by Medicaid](#)²⁴
 - Nationwide, Medicaid covers [38% of adults](#) with opioid addiction (2016)²⁵
 - [\\$9.4 billion](#): Medicaid spending nationwide on opioid addiction (2013)²⁶
 - 9,300: Indiana Medicaid beneficiaries [treated for opioid addiction](#) (2013)²⁷
- (NOTE: Last two figures, the most recent available, predate the full-blown opioid epidemic.)*

PROPOSED TRUMP CUTS TO MEDICAID/ACA NATIONALLY: \$763 BILLION
PROPOSED HOUSE GOP MEDICAID/ACA CUTS: \$1.5 TRILLION

KEY FACTS ABOUT THE AFFORDABLE CARE ACT IN INDIANA

- 412,700 residents [enrolled in Medicaid](#) under the ACA (2016)²⁸
- 147,300 residents [are covered](#) through the ACA private insurance marketplace; 70% of them receive tax credits to help cover the cost of premiums (2018)²⁹
- Indiana's [uninsured rate](#) dropped from 14.8% in 2010 before the ACA to 8.1% in 2016³⁰
- 2,745,700 residents with pre-existing conditions [are protected under the ACA](#) from being denied coverage or charged exorbitant premiums on the individual market (2015)³¹

HARM CAUSED BY TRUMP-GOP TAX CUTS TO THE ACA

- The tax law changes a key part of the ACA to pay for tax cuts that mostly benefit the wealthy and corporations. That's the requirement that most Americans to buy a minimum level of health insurance if they can afford it. This requirement was gutted by the Trump-GOP tax law. Because people pay only what they can afford and the government [makes up the rest](#),³² eliminating the requirement [saves \\$314 billion](#), per the Joint Committee on Taxation.³³
- That \$314 billion taken from health care for working families is being used to pay for tax cuts, including for drug companies and health insurers.
- The gutting of the insurance requirement means [about 8 million could lose health coverage](#).³⁴ It is also causing [ACA premiums to spike 10%](#) a year for a decade, according to the Congressional Budget Office.³⁵
- Premium [increases from the tax law will be steepest for older adults](#), resulting in an "age tax." In Indiana, the average 64-year-old could face a \$1,036 premium hike each year, according to AARP.³⁶

INDIANA TAX-CUT WINNERS VS. HEALTHCARE LOSERS

WINNERS

- **31,390:** Number of taxpayers who make up the richest 1% in Indiana
- **\$1,616,600:** Average annual income of the state's richest 1%
- **\$48,840:** Average annual tax cut for the richest 1% in Indiana under Trump-GOP tax law
- **\$1.5 billion:** Total cost of giving tax cuts to the richest 1% in one year

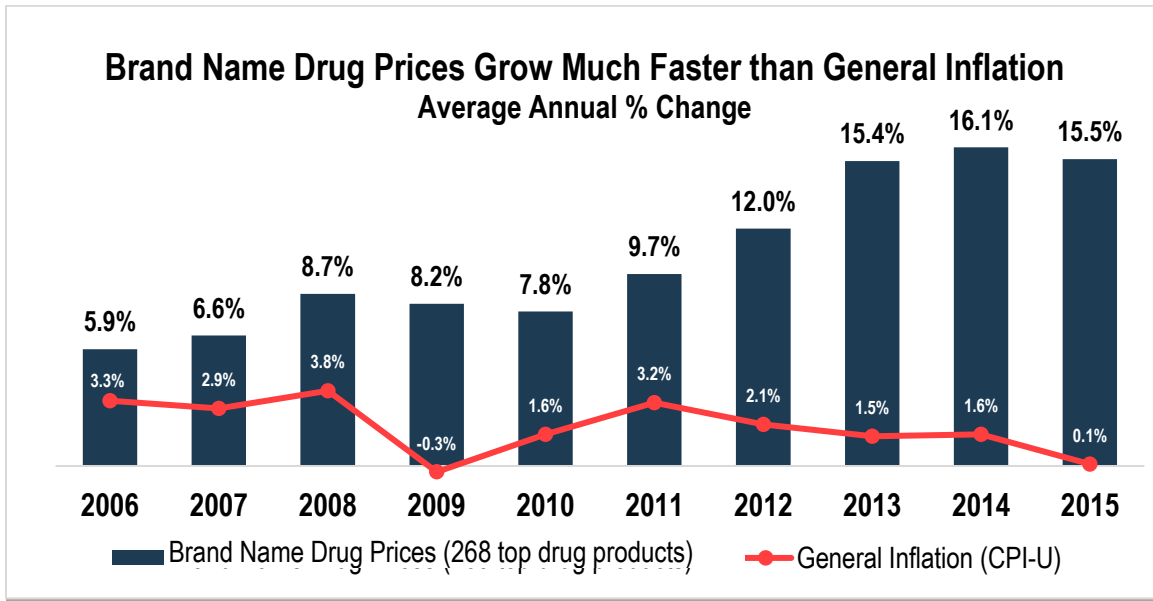
Sources: [Institute on Taxation and Economic Policy](#)³⁷

- The 10 biggest drug companies (including Johnson & Johnson, Pfizer, Merck, Eli Lilly, Bristol-Myers Squibb) got a [\\$76 billion U.S. tax cut](#)—a reduction of more than half the original bill—on their \$506 billion in offshore profits. Most of the profits are sitting in tax havens.⁴¹
- Five of the 10 biggest U.S. drug companies (the only corporations for which tax cut estimates have been publicly released) could save [more than \\$6.3 billion in taxes](#) in 2018 alone.⁴²
- Pfizer—maker of Lipitor, Neurontin, Chantix and Zoloft, among many other frequently-prescribed drugs—alone got a [\\$26 billion tax cut](#) on its untaxed offshore profits.⁴³

LOSERS

- **2,398,300:** Number of Indiana residents covered by Medicare and Medicaid³⁸
- **\$26,200:** [Median income of a single Medicare beneficiary](#) nationally in 2016³⁹
- **\$28,884:** [Maximum income](#) for parents in an Indiana family of three to qualify for Medicaid⁴⁰
- Prices for 268 of the most widely used prescription drugs—including Crestor, Januvia, and Celebrex—spiked at least [15% a year between 2013 and 2015](#), according to AARP. [See Figure 2]
- None of the 10 biggest U.S. drug companies has announced they will [use their tax savings to reduce prescription drug prices](#) despite these huge price hikes in recent years.⁴⁴
- Consumers have been hit with price hikes on many of Pfizer's top-selling drugs [three times in the last 18 months](#). Prices for some of Pfizer's most frequently-prescribed drugs have spiked 30%.⁴⁵

FIGURE 2



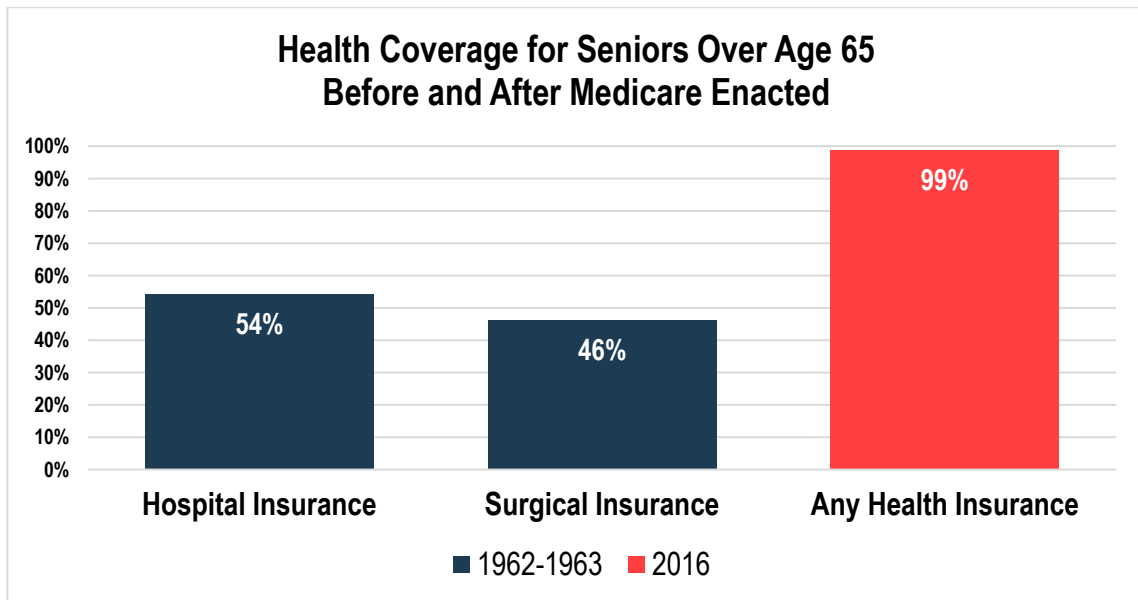
Source: [AARP Public Policy Institute](#), (Dec. 2016), Figure 14⁶

MEDICARE: WHY IT'S IMPORTANT AND HOW IT'S THREATENED

Before Medicare was created, only about half of older Americans had health insurance. Thanks to Medicare, today 99% of seniors are insured. [See Figure 3]

Medicare insures 59 million Americans nationwide, and here in Indiana, 1,178,100 [people rely on Medicare](#) for their health coverage.

FIGURE 3



Sources: [National Center for Health Statistics](#), Table A (2015),⁴⁷ [U.S. Census Bureau](#), Table 2 (Sept. 2017)⁴⁸

Medicare does a good job keeping older Americans healthy, and also some younger people with disabilities: more than 90% report being in [fair to excellent health](#).⁴⁹ And it does its job [more efficiently than private insurance](#), with a much lower percentage of its outlays going to administrative expenses.⁵⁰

The ACA made several [improvements to Medicare](#).⁵¹ Annual check-ups are now covered, and certain preventive screenings—such as for cancer—can now be accessed without paying a deductible or coinsurance. Thanks to these sensible and cost-effective reforms, over 10 million seniors availed themselves of a free “wellness visit” in 2016 and 40 million obtained preventive services.

The ACA also began the process of closing the prescription-drug coverage “donut hole”—the gap between basic and catastrophic coverage in which Medicare recipients were on the hook for the full price of their prescriptions. The process began with \$250 rebate checks from the government for anyone who’d fallen in the donut hole in 2010. It expanded to provide bigger discounts every year so that by the end of 2016 Medicare beneficiaries nationwide had saved a [total of nearly \\$27 billion](#) on their prescription drugs, or nearly \$2,300 per beneficiary.⁵² Here in Indiana, the prescription-drug discount [in 2016 alone](#) was \$135.2 million, or \$1,114 per beneficiary.⁵³

Despite these successes, Republicans seem determined to undermine Medicare and threaten the health care of older Americans. Less than two months after signing tax-cut legislation into law in December 2017, which lost \$1.9 trillion in revenue and mostly benefited the wealthy and corporations, President Trump, [citing the nation’s growing debt](#), proposed a budget that would [slash Medicare by \\$554 billion](#).⁵⁴

In June 2018, Republicans on the House Budget Committee passed a budget that would [cut Medicare by a similar amount: \\$537 billion](#).⁵⁵ Their plan would:

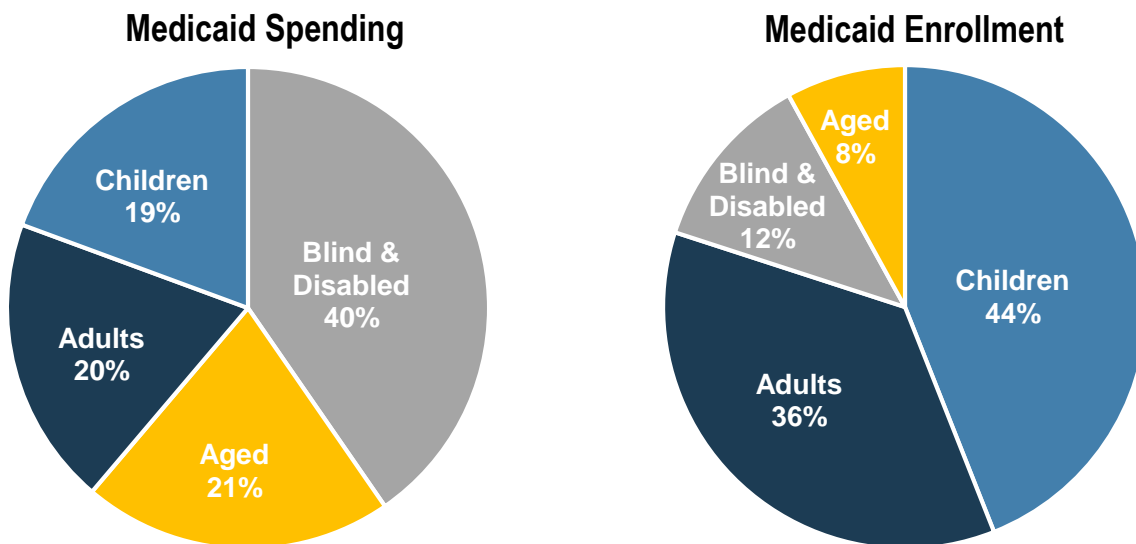
- Reduce coverage and increase out-of-pocket expenses for beneficiaries by raising Medicare’s eligibility age from 65 to 67 and hiking deductibles.
- Fundamentally change Medicare into a voucher system where beneficiaries receive flat payments to be used to purchase either private insurance or traditional Medicare. This type of system [could double premiums for those remaining in traditional Medicare plans](#), according to the Congressional Budget Office.⁵⁶

MEDICAID & THE ACA: WHY THEY'RE IMPORTANT; HOW THEY'RE THREATENED

Medicaid provides healthcare coverage for more Americans [than any other source](#).⁵⁷ Unlike Medicare—which is a purely federal program—Medicaid is jointly funded by the federal government and the individual states, each of which administers its own program. Every state program has a different name (such as Medi-Cal and MaineCare) and within federal guidelines, different levels of coverage.

- Over [73 million Americans](#) are enrolled in Medicaid (67 million) and the related children's insurance program, CHIP (6 million). That's more than one in five Americans.⁵⁸
- 80% of Medicaid spending is for seniors, children and people who are blind or have other disabilities. [See Figure 4]
- In recent years, [Medicaid has paid for nearly half of all U.S. births](#)⁵⁹ and covered over [three-fifths of all nursing home residents](#).⁶⁰
- Medicaid and CHIP also cover nearly [half of all children with special health care needs](#).⁶¹
- [1.8 million military veterans](#)—nearly one in 10—relied on Medicaid in 2015 either as a supplement to VA health care or, in the case of over 350,000 veterans, their only source of health care. Over 660,000 veteran spouses were also enrolled in the program.⁶²
- Medicaid is the [largest payer of behavior health services](#), including mental health and substance abuse services.⁶³
- Medicaid covers [nearly two-fifths of adults](#) with opioid addiction.⁶⁴

FIGURE 4
Medicaid Spending and Enrollment by Group



Sources: [Kaiser Family Foundation](#) for spending⁶⁵; [Congressional Budget Office April 2018 Medicaid Baseline](#) for enrollment.⁶⁶Note: Spending is based on Fiscal Year 2014 data; enrollment is based on Fiscal Year 2018 data.

Thanks in large part to the ACA and Medicaid, the number of uninsured Americans has plummeted to historic lows: [from 45 million in 2013 to 29 million in 2016](#).⁶⁷

One of the ACA's most important improvements to the nation's healthcare system was the expansion of Medicaid. Since that occurred in 2014:

- [Nearly 12 million Americans newly obtained access](#) to Medicaid, even though only about two-thirds of the states have expanded eligibility for their Medicaid programs (states could opt out) under the ACA.⁶⁸
- Another 3 million who were already eligible under the old rules also signed up after enactment of the ACA, probably [encouraged by the publicity surrounding the expansion](#).⁶⁹

Despite the pivotal roles the ACA and Medicaid play in the health and financial security of working families, Trump and congressional Republicans want to cripple both programs through budget cuts and punitive rules changes.

Trump's proposed 2019 budget and the House Budget Committee's spending blueprint—passed exclusively with Republican votes—would [repeal the ACA](#) and gut Medicaid.⁷⁰

ACA repeal would take away guaranteed Medicaid coverage and replace it with block grants to the states that would fail to keep up with increases in population or the cost of healthcare inflation. Their real value would fall over time even if their dollar amounts remained the same. Both Trump and House Republicans would place “per capita” caps on Medicaid spending—the level of care would be dictated by arbitrary cost limitations rather than medical need.

At the same time, repeal would once again allow insurance companies to refuse to cover people with pre-existing medical conditions or charge them more—a cruel practice the ACA has outlawed. Before the ACA, anything from pregnancy and high blood pressure to mental illness and addiction could be treated as a pre-existing condition by insurance companies who then charged people more for coverage, imposed arbitrary limits or caps on coverage or denied coverage altogether.

In addition, House Republicans would withhold federal funding from states that didn't impose [punitive and counterproductive](#) work requirements on Medicaid recipients.⁷¹ A federal judge recently [blocked such work requirements](#) in Kentucky, describing them as “arbitrary and capricious.”⁷²

CONCLUSION

Even as Indiana residents mark the 53rd anniversary of Medicare and Medicaid, GOP tax and spending policies threaten services that have promoted greater health and peace of mind for tens of millions of the state's residents over the past five decades. Those same misguided policies also endanger the Affordable Care Act, which has been partnering with Medicaid and Medicare for the past eight years to fill coverage gaps and improve the quality of health insurance for all.

Rather than undermining these three pillars of physical health and economic security for working families, President Trump and congressional Republicans should repeal tax cuts for the wealthy and corporations and use the resulting revenue to strengthen Medicare, Medicaid and the ACA for the next half century and beyond.

ENDNOTES

- ¹ According to the latest “[Quick Facts](#)” from the Center for Medicare and Medicaid Services, last year there were 58.5 million in Medicare and 72.3 million in Medicaid, for a total of 130.8 million. But according to a [Feb. 2018 CMS fact sheet](#), in 2016 there were 11.7 million enrolled in both programs (known as “dual eligible beneficiaries”), netting to a figure of roughly 120 million. At the state level, the most recent available data on dual eligible beneficiaries is from 2013 ([Kaiser Family Foundation](#)). The net number of people enrolled in Medicare and Medicaid in the state is approximated by adding the 2016 enrollment totals for both programs and subtracting the number of dual eligible beneficiaries.
- ² Henry J. Kaiser Family Foundation (KFF), “Medicaid Expansion Enrollment” (FY 2016 figures) (Viewed July 19, 2018). <https://www.kff.org/health-reform/state-indicator/medicaid-expansion-enrollment/>
- ³ Centers for Medicare & Medicaid Services (CMS), “The Affordable Care Act: Lowering Medicare Costs by Improving Care” (Viewed July 19, 2018). <https://www.cms.gov/apps/files/aca-savings-report-2012.pdf>
- ⁴ NBC News, “Obamacare Repeal Fails: Three GOP Senators Rebel in 49-51 Vote” (July 28, 2017). <https://www.nbcnews.com/politics/congress/senate-gop-effort-repeal-obamacare-fails-n787311>
- ⁵ Center on Budget and Policy Priorities (CBPP), “Medicare in Ryan’s 2015 Budget” (Apr. 8, 2014). <https://www.cbpp.org/research/medicare-in-ryans-2015-budget>
- GOP tax law will add \$1.9 trillion to debt: CBO” (Apr. 9, 2018). <http://thehill.com/policy/finance/382319-gop-tax-law-will-add-19-trillion-to-debt-cbo>
- ⁷ Twitter, @realDonaldTrump, May 7, 2015, 11:38 AM. <https://twitter.com/realDonaldTrump/status/596338364187602944>
- ⁸ Congressional Budget Office (CBO), “The Budget and Economic Outlook: 2018 to 2028” (April 2018), p. 129. <https://www.cbo.gov/system/files?file=115th-congress-2017-2018/reports/53651-outlook.pdf>
- ⁹ CBPP, “House GOP Budget Retains Tax Cuts for the Wealthy, Proposes Deep Program Cuts for Millions of Americans” (June 28, 2018). <https://www.cbpp.org/research/federal-budget/house-gop-budget-retains-tax-cuts-for-the-wealthy-proposes-deep-program-cuts>
- ¹⁰ CBPP, “Health Proposals in President’s Budget Would Reduce Health Insurance Coverage and Access to Care” (Feb. 16, 2018). <https://www.cbpp.org/research/health/health-proposals-in-presidents-budget-would-reduce-health-insurance-coverage-and>
- ¹¹ CMS, “CMS Program Statistics, Table AB 2: Total Medicare Enrollment: Total, Original Medicare, and Medicare Advantage and Other Health Plan Enrollment and Resident Population, by Area of Residence, Calendar Year 2016.” https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/CMSProgramStatistics/2016/Downloads/MDCR_ENROLL_AB/2016_CPS_MDCR_ENROLL_AB_2.pdf
- ¹² CMS, “CMS Program Statistics, Table AB 7: Total Medicare Enrollment: Part A and/or Part B Total, Aged, and Disabled Enrollees, by Area of Residence, Calendar Year 2016” (Viewed July 19, 2018). https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/CMSProgramStatistics/2016/Downloads/MDCR_ENROLL_AB/2016_CPS_MDCR_ENROLL_AB_7.pdf
- ¹³ KFF, “Total Medicare Spending by State (in millions) (Timeframe: 2014)” (Viewed July 19, 2018). <https://www.kff.org/medicare/state-indicator/medicare-spending-by-residence/>
- ¹⁴ KFF, “Dual Eligibles as a Percent of Total Medicare Beneficiaries (Timeframe: FY 2013)” (Viewed July 19, 2018). <https://www.kff.org/medicaid/state-indicator/duals-as-a-of-medicare-beneficiaries/>; KFF, “Number of Dual Eligible Beneficiaries (Timeframe: FY 2013)” (Viewed July 19, 2018). <https://www.kff.org/medicaid/state-indicator/dual-eligible-beneficiaries/>
- ¹⁵ CMS, “Beneficiaries Utilizing Free Preventive Services by State, 2016” (Viewed July 19, 2018). <https://downloads.cms.gov/files/Beneficiaries%20Utilizing%20Free%20Preventive%20Services%20by%20State%20YTD%202016.pdf>
- ¹⁶ CMS, “State-by-State Information on Discounts in the Medicare Part D Donut Hole through December 2016” (Viewed July 19, 2018). <https://downloads.cms.gov/files/Part%20D%20Donut%20Hole%20Savings%20by%20State%20YTD%202016.pdf>
- ¹⁷ CMS, “Public Use File: State/County Table – All Beneficiaries (2016)” (Viewed July 19, 2018). https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Medicare-Geographic-Variation/GV_PUF.html
- ¹⁸ Medicaid.gov, “2016 4Q Medicaid MBES Enrollment (Month=December).” <https://data.medicaid.gov/Enrollment/2016-4Q-Medicaid-MBES-Enrollment/capi-ym43>
- ¹⁹ Medicaid and CHIP Payment and Access Commission (MACPAC), “MACStats: Medicaid and CHIP Data Book, Exhibit 17: Total Medicaid Benefit Spending by State and Category, FY 2016 (millions)” (Dec. 2017). <https://www.macpac.gov/wp-content/uploads/2015/12/MACStats-Medicaid-CHIP-Data-Book-December-2017.pdf>
- ²⁰ Families USA, “Cutting Medicaid Would Hurt Veterans,” Table 1 (May 2017). <https://familiesusa.org/product/cutting-medicaid-would-hurt-veterans>
- ²¹ KFF, “Medicaid Enrollees by Enrollment Group (Timeframe: FY2014).” <https://www.kff.org/medicaid/state-indicator/distribution-of-medicaid-enrollees-by-enrollment-group/> Note: 2014 is the most recent year for which data by enrollment group is publicly available. In the 34 states (including the District of Columbia) that have expanded Medicaid, this composition may have changed significantly as more non-disabled adults became eligible.

-
- ²² KFF, “Medicaid’s Role in Nursing Home Care,” Table 1 (June 2017). <http://files.kff.org/attachment/Infographic-Medicoids-Role-in-Nursing-Home-Care>
- ²³ KFF, “Medicaid’s Role for Children with Special Health Care Needs: A Look at Eligibility, Services, and Spending,” Appendix Table 1 (Feb. 2018). <https://www.kff.org/report-section/medicaids-role-for-children-with-special-health-care-needs-a-look-at-eligibility-services-and-spending-appendix/>
- ²⁴ KFF, “Births Financed by Medicaid (Timeframe: Varies by state)” (Viewed July 19, 2018). <https://www.kff.org/medicaid/state-indicator/births-financed-by-medicoid/>
- ²⁵ KFF, “Medicaid’s Role in Addressing the Opioid Epidemic” (Feb. 2018). <https://www.kff.org/infographic/medicaids-role-in-addressing-opioid-epidemic/>
- ²⁶ KFF, “Medicaid and the Opioid Epidemic: Enrollment, Spending, and the Implications of Proposed Policy Changes” (July 2017). <https://www.kff.org/medicaid/issue-brief/medicaid-and-the-opioid-epidemic-enrollment-spending-and-the-implications-of-proposed-policy-changes/>
- ²⁷ *Ibid.*, Table 1.
- ²⁸ KFF, “Medicaid Expansion Enrollment (Timeframe: FY 2016).” <https://www.kff.org/health-reform/state-indicator/medicaid-expansion-enrollment/>
- ²⁹ KFF, “Marketplace Effectuated Enrollment and Financial Assistance (Timeframe: February 2018)” (Viewed July 19, 2018). <https://www.kff.org/other/state-indicator/effectuated-marketplace-enrollment-and-financial-assistance/>
- ³⁰ U.S. Census Bureau, “Health Insurance Historical Tables,” Table HIC-4_ACS: Health Insurance Coverage Status and Type of Coverage by State All People: 2008 to 2016. (Viewed July 19, 2018) <https://www.census.gov/data/tables/time-series/demo/health-insurance/historical-series/hic.html>
- ³¹ Center for American Progress, “Number of Americans with Pre-Existing Conditions by Congressional District” (April 2017) (data in Excel table download). <https://www.americanprogress.org/issues/healthcare/news/2017/04/05/430059/number-americans-pre-existing-conditions-congressional-district/>
- ³² The Weekly Standard, “Repealing the Individual Mandate Would Save the Government Money” (Nov. 2017). <https://www.weeklystandard.com/chris-deaton/repealing-the-individual-mandate-would-save-the-government-money>
- ³³ Joint Committee on Taxation, “Estimated Budget Effects Of The Conference Agreement For H.R.1, The ‘Tax Cuts And Jobs Act’” (Dec. 2017). <https://www.jct.gov/publications.html?func=startdown&id=5053>
- ³⁴ Brookings Institution, “Coverage gains among higher-income people suggest the ACA’s individual mandate had big effects on coverage” (May 2018). <https://www.brookings.edu/blog/usc-brookings-schaeffer-on-health-policy/2018/05/31/new-evidence-the-acas-individual-mandate-substantially-increased-insurance-coverage/>
- ³⁵ CBO, “Repealing the Individual Health Insurance Mandate: An Updated Estimate” (Nov. 2017). <https://www.cbo.gov/system/files?file=115th-congress-2017-2018/reports/53300-individualmandate.pdf>
- ³⁶ AARP Policy Institute, “Health Provision in New Tax Bill: Higher Premiums and Loss of Health Coverage for Older Adults” (Nov. 2017). <http://blog.aarp.org/2017/11/21/health-provision-in-new-tax-bill-higher-premiums-and-loss-of-health-coverage-for-older-adults/>
- ³⁷ Institute on Taxation and Economic Policy (ITEP), “The Final Trump-GOP Tax Plan: National and 50-State Estimates for 2019 & 2027” (Dec. 16, 2017). <https://itep.org/finalgop-trumpbill/>
- ³⁸ Estimated by adding 2016 enrollment numbers for [Medicare](#) and [Medicaid](#) and subtracting out the number of [dual eligible beneficiaries](#) from 2013 (last year available).
- ³⁹ KFF, “Income and Assets of Medicare Beneficiaries, 2016-2035” (Apr. 21, 2017). <https://www.kff.org/medicare/issue-brief/income-and-assets-of-medicare-beneficiaries-2016-2035/>
- ⁴⁰ KFF, “Medicaid Income Eligibility Limits for Adults as a Percent of the Federal Poverty Level” (Timeframe: As of Jan. 1, 2018). <https://www.kff.org/health-reform/state-indicator/medicaid-income-eligibility-limits-for-adults-as-a-percent-of-the-federal-poverty-level/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>
- ⁴¹ Americans for Tax Fairness (ATF), “Bad Medicine: How GOP Tax Cuts Are Enriching Drug Companies, Leaving Workers & Patients Behind” (April 2018), p. 1. <https://americansfortaxfairness.org/wp-content/uploads/Pharma-Tax-Cut-Report-4.26.18-FINAL-.pdf>
- ⁴² *Ibid.*, p. 1
- ⁴³ ATF, “The Pfizer Myth: Drug Company Has Not Lowered Prices” (July 11, 2018). <https://americansfortaxfairness.org/wp-content/uploads/2018-07-11-Pfizer-Update-Price-Hikes-Press-Release1895.Pdf>
- ⁴⁴ USA Today, “Drug companies get tax windfall, but they’re not reducing prescription prices” (April 11, 2018). <https://www.usatoday.com/story/opinion/2018/04/11/drug-companies-arent-using-tax-windfall-cut-prescription-prices-column/499230002/>
- ⁴⁵ ATF, “The Pfizer Myth.”
- ⁴⁶ AARP Public Policy Institute, “Rx Price Watch Report: Trends in Retail Prices of Brand Name Prescription Drugs Widely Used by Older Americans, 2006 to 2015” (December 2016), Fig. 1, p. 5. <https://www.aarp.org/content/dam/aarp/ppi/2016-12/trends-in-retail-prices-dec-2016.pdf>

-
- ⁴⁷ National Center for Health Statistics (NCHS), “NHIS Health Insurance Coverage Estimates - Table A: Percentage of Persons with Hospital Insurance and Surgical Insurance by Age Group. 1959, 1963, and 1968” (viewed July 19, 2018). https://www.cdc.gov/nchs/health_policy/healthcare_coverage_tablea.htm
- ⁴⁸ U.S. Census Bureau, “Health Insurance Coverage in the United States: 2016” (September 2017), Table 2, p. 7. <https://www.census.gov/content/dam/Census/library/publications/2017/demo/p60-260.pdf>
- ⁴⁹ Medicare Payment Advisory Commission, “A Data Book: Health Care Spending and the Medicare Program” (June 2017), Chart 20-3, p. 23. http://medpac.gov/docs/default-source/data-book/jun17_databookentirereport_sec.pdf?sfvrsn=0
- ⁵⁰ Politifact, “Comparing Administrative Costs for Private Insurance and Medicare” (Sept. 20, 2017). <http://www.politifact.com/truth-o-meter/statements/2017/sep/20/bernie-s/comparing-administrative-costs-private-insurance-a/>
- ⁵¹ CMS, “Nearly 12 Million People with Medicare Have Saved Over \$26 Billion on Prescription Drugs Since 2010” (Jan. 13, 2017). <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Press-releases/2017-Press-releases-items/2017-01-13.html>
- ⁵² *Ibid.*
- ⁵³ CMS, “State-by-State Information on Discounts in the Medicare Part D Donut Hole through December 2016” (viewed July 19, 2018). <https://downloads.cms.gov/files/Part%20D%20Donut%20Hole%20Savings%20by%20State%20YTD%202016.pdf>
- ⁵⁴ Office of Management and Budget, “An American Budget: Fiscal Year 2019” (2018), p. 1: “The United States is laboring under the highest level of debt held by the public since shortly after the Second World War. The current fiscal path is unsustainable, and future generations deserve better.” <https://www.whitehouse.gov/wp-content/uploads/2018/02/budget-fy2019.pdf>; CBPP, “Health Proposals.”
- ⁵⁵ CBPP, “House GOP Budget.”
- ⁵⁶ CBO, “A Premium Support System for Medicare: Updated Analysis of Illustrative Options” (October 2017). <https://www.cbo.gov/system/files/115th-congress-2017-2018/reports/53077-premiumsupport.pdf>. Premiums could increase between 57% and 100%. See p. 2.
- ⁵⁷ CMS, “Medicaid.gov: Eligibility” (Viewed July 19, 2018). <https://www.medicaid.gov/medicaid/eligibility/index.html>
- ⁵⁸ CMS, “Medicaid.gov: April 2018 Medicaid & CHIP Enrollment Data Highlights” (Viewed July 19, 2018). <https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/report-highlights/index.html>
- ⁵⁹ Kaiser Health News, “Nearly Half Of U.S. Births Are Covered By Medicaid, Study Finds” (Sept. 3, 2013). <https://khn.org/news/nearly-half-of-u-s-births-are-covered-by-medicaid-study-finds/>
- ⁶⁰ KFF, “Medicaid’s Role in Nursing Home Care” (June 2017). <http://files.kff.org/attachment/Infographic-Medicoids-Role-in-Nursing-Home-Care>
- ⁶¹ KFF, “Medicaid’s Role for Children with Special Health Care Needs: A Look at Eligibility, Services, and Spending” (Feb. 22, 2018). <https://www.kff.org/medicaid/issue-brief/medicoids-role-for-children-with-special-health-care-needs-a-look-at-eligibility-services-and-spending/>
- ⁶² Families USA, “Cutting Medicaid Would Hurt Veterans” (May 2017). <https://familiesusa.org/product/cutting-medicoid-would-hurt-veterans>
- ⁶³ CBPP, “Medicaid Works for People with Substance Use Disorders” (Jan. 19, 2018). <https://www.cbpp.org/sites/default/files/atoms/files/1-19-18health-factsheet-suds.pdf>
- ⁶⁴ KFF, “Medicaid’s Role in Addressing the Opioid Epidemic” (Feb. 27, 2018). <https://www.kff.org/infographic/medicoids-role-in-addressing-opioid-epidemic/>
- ⁶⁵ KFF, “Medicaid Spending by Enrollment Group” (Timeframe: FY2014) (Viewed July 19, 2018). <https://www.kff.org/medicaid/state-indicator/medicaid-spending-by-enrollment-group/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>
- ⁶⁶ CBO, “Medicaid—CBO’s April 2018 Baseline” (Viewed July 19, 2018). <https://www.cbo.gov/system/files?file=2018-06/51301-2018-04-medicoid.pdf>
- ⁶⁷ NCHS, “Early Release of Selected Estimates Based on Data From the 2016 National Health Interview Survey” (May 2017), Table 1.1a, p. 3. <https://www.cdc.gov/nchs/data/nhis/earlyrelease/earlyrelease201705.pdf>
- ⁶⁸ KFF, “Medicaid Expansion Enrollment” (Timeframe: FY 2016) (Viewed July 19, 2018). <https://www.kff.org/health-reform/state-indicator/medicaid-expansion-enrollment/>
- ⁶⁹ Politifact, “Medicaid Expansion Drove Health Insurance Coverage Under Health Law, Rand Paul Says” (Jan. 15, 2017). <http://www.politifact.com/truth-o-meter/statements/2017/jan/15/rand-paul/medicaid-expansion-drove-health-insurance-coverage/>
- ⁷⁰ CBPP, “The 2019 Trump Budget: Hurts Struggling Families, Shortchanges National Needs” (Feb. 21, 2018). <https://www.cbpp.org/sites/default/files/atoms/files/2-20-18pb19factsheet.pdf>
- ⁷¹ Families USA, “Work Requirements in Medicaid: A Bad Idea” (March 2017). <https://familiesusa.org/product/work-requirements-medicoid-bad-idea>
- ⁷² The Washington Post, “Kentucky’s requirement that Medicaid recipients must work is blocked by a federal judge” (June 29, 2018). https://www.washingtonpost.com/national/health-science/kentuckys-requirement-that-medicoid-recipients-must-work-is-blocked-by-a-federal-judge/2018/06/29/2c10156c-7bd7-11e8-aeec-4d04c8ac6158_story.html?utm_term=.c6831ae1549c