



March 3, 2025

The Honorable Mike Crapo
Chairman
Committee on Finance
United States Senate
Washington, D.C. 20515

The Honorable Ron Wyden
Ranking Member
Committee on Finance
United States Senate
Washington, D.C. 20515

The Honorable Brett Guthrie
Chairman
Energy and Commerce Committee
United States House of Representatives
Washington, D.C. 20515

The Honorable Frank Pallone
Ranking Member
Energy and Commerce Committee
United States House of Representatives
Washington, D.C. 20515

Dear Congressional Leaders,

As a coalition of stakeholders serving individuals relying on the Medicaid and Children’s Health Insurance Programs (CHIP), we write to convey the critical importance of these programs, and to encourage you to continue to strengthen both in the years to come. The flexibility, efficiency and positive impact of Medicaid in every state across the country is a hallmark of how federal-state partnerships can deliver results tailored to local needs.

As you know, Medicaid serves a broad spectrum of Americans across all walks of life, including children, mothers, the aged, blind and disabled, individuals with substance use disorder (SUD), persons with mental health conditions and mental illness, and low-income individuals, all of whom depend on the program to provide them with access to health care services and life-saving treatments.

Medicaid shines as a bright example of what can be accomplished when the Federal government works with state partners to deliver for the American people. The flexibility and accountability of the program enables efficient coverage for over 79 million individuals in 50 states and the District of Columbia, as of October 2024. The Medicaid program allows states the ability to tailor their programs to meet the needs of their unique populations, while creating efficiencies and innovations that might not be possible in other delivery systems.

With the ability to design their own programs, states have leveraged the Medicaid program to ensure access to care for our most vulnerable populations; populations that would have no other source of insurance coverage. Individuals with disabilities rely on the Medicaid program to receive long-term services and supports, both at in person nursing facilities and through home and community-based services, allowing them to find employment and serve as active members of their communities. Medicaid plays a key role in providing mental health and SUD services, as 40% of the nonelderly adult Medicaid population (13.9 million enrollees) had a mental health condition or SUD in 2020. And more than 37 million children receive health coverage through Medicaid and CHIP, representing 47.4% of overall Medicaid and CHIP program enrollment.



Nearly two out of every three adult women enrolled in Medicaid are in their reproductive years, and Medicaid currently covers about 42% of all births in the United States. Medicaid’s Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit keeps children healthy and provides them with critical behavioral health services. EPSDT is also a benefit with strong bipartisan support that was recently strengthened by the Safer Communities Act.

In addition to the vulnerable populations covered by Medicaid, it is a crucial source of coverage for many safety net facilities and the clinicians relied on by patients in these settings. Insurance coverage through Medicaid ensures that our safety net facilities, including rural hospitals, health centers, mental health centers, nursing homes, critical access hospitals, and others, remain open and can provide primary and specialty care services, as well as 24/7 emergency care, to the communities surrounding them. Without comprehensive Medicaid coverage these facilities may be forced to close, and millions of people would need to travel hundreds of miles to access a health care facility to receive necessary care from trusted clinicians.

It is vital that Medicaid and CHIP continue to receive strong support from the Federal government, so that the program can continue to serve mothers, children, the aged, blind and disabled, individuals with SUD, persons with mental health conditions and mental illness, and low-income Americans, all who depend on the program to stay healthy and to receive life-saving treatments. Interruptions in health coverage, even temporary, have been shown to lead to a deterioration of health conditions which later leads to higher costs for payers, challenging the sustainability of the program and making it more difficult for Americans depending on Medicaid to continue to work and contribute as members of their communities. Further, reductions in Medicaid funding could lead to hospital closures and reduced access to healthcare providers in rural and underserved areas, that are already struggling to meet the needs of their populations. Medicaid and CHIP have historically received bipartisan support, and we respectfully encourage you to continue this tradition, in order to strengthen and enhance this vital program serving millions of Americans across the country.

We sincerely thank you for your consideration and remain available to work with you and your colleagues to continue to meet the needs of the American people through a flexible, accountable, and efficient Medicaid program.

Respectfully,

National

- Advocates for Community Health
- Alliance of Community Health Plans
- Allies for Independence
- American Academy of Pediatric Dentistry
- American Association of Nurse Practitioners
- American Association on Health and Disability
- American Dental Association
- American Nurses Association
- Association for Community Affiliated Plans



Association of Clinicians for the Underserved (ACU)
CommunicationFIRST
Federation of American Hospitals
Institute for Exceptional Care
Lakeshore Foundation
Medicaid Health Plans of America (MHPA)
National Association of Community Health Centers
National Association of Pediatric Nurse Practitioners
National Disability Rights Network (NDRN)
National Health Care for the Homeless Council
National MLTSS Health Plan Association
The National Council of Urban Indian Health

State

Access Living (Illinois)
Coalition of New York State Public Health Plans (New York)
Kentucky Association of Health Plans (Kentucky)
Local Health Plans of California (California)
Michigan Association of Health Plans (Michigan)
Minnesota Association of County Health Plans (Minnesota)
National Council on Independent Living (District of Columbia)
Ohio Association of Health Plans (Ohio)
Pennsylvania's Medicaid Managed Care Organizations (PAMCO) (Pennsylvania)