



**NATIONAL HEMOPHILIA FOUNDATION**  
*for all bleeding disorders*

**About Medicaid and the Bleeding Disorders Community**

- Medicaid is a joint federal and state program that provides health insurance for some individuals with limited income and resources. The federal government pays part of the cost for enrollees and states pay the rest. States have flexibility in designing their Medicaid program; therefore, who is eligible and covered benefits vary from state to state.
- Prior to the Affordable Care Act (ACA), Medicaid eligibility in many states was limited to pregnant women, some parents and children. The ACA authorized states to expand their Medicaid eligibility to all individuals whose household incomes were lower than 133% of the federal poverty level (FPL). The federal government paid a larger share for this newly eligible population.
- Most important to the bleeding disorders community was the expanded coverage to childless men and women above the age of 19 in the 31 states plus DC that expanded coverage.
- In 2015, an estimated 11 million enrollees were adults made newly eligible by the expansion. Approximately one third of our community is insured by Medicaid, and a number of individuals gained coverage due to the ACA's Medicaid expansion.

**How Would the American Health Care Act (AHCA) Change Medicaid?**

- The AHCA would repeal the ACA Medicaid expansion and would block any additional states from expanding their Medicaid eligibility.
- Starting in 2020, the higher federal contribution for expansion enrollees would be eliminated. But, current enrollees who stay on Medicaid would be grandfathered and maintain their insurance. States would still receive higher federal payments for this population.
- The bill authorizes states to implement requirements that Medicaid enrollees work as a condition of receiving coverage. There would be exemptions for disabled, elderly, pregnant women and children younger than 19.
- After 2020, the bill would change the federal financing of state Medicaid programs. Currently, states receive federal dollars according to a formula based on their number of Medicaid enrollees. The new financing method would be either a per-capita cap (states would get a set amount per person up to a cap) or states could choose a block grant for their adult and child enrollees (states would receive a set amount of money not tied directly to their number of enrollees).
- Together these policies will significantly reduce federal support for state Medicaid programs. This will likely result in states limiting benefits, imposing higher cost-sharing, or reducing eligibility.

**NHF Request:**

- We are concerned that as drafted, the proposed changes to Medicaid in the AHCA will lead to people with bleeding disorders on Medicaid losing coverage.
- Maintain the Medicaid expansion and federal contribution for childless adults. Increased state flexibility should not come at the cost of coverage for our patient population.