Medicaid and the Budget Debate: How the U.S. House and Senate Reconciliation Process Could Reshape Healthcare in Virginia

On Tuesday, February 25, the U.S. House of Representatives voted 217 – 215 to pass the <u>Budget</u> <u>Resolution</u> proposed by House Republicans, which includes \$1.5 trillion in spending cuts over 10 years. Separately, the Senate passed its own <u>budget framework</u> last week, which includes two separate bills, the first of which increases spending by \$342 billion. With both chambers now passing their respective resolutions, Congress has passed through the first hurdle of the Reconciliation process – a fast-tracked budget process that requires a simple majority vote. Since Budget bills must originate in the House, the House will now draft legislative text according to the guidelines set forth in their resolution. Ultimately, the House and Senate must come to an agreement on the text to pass the final Reconciliation bill with a simple majority vote.

It should also be noted that the current short-term spending bill expires March 14, which could delay negotiations between the House and Senate on Reconciliation.

Senate Budget Resolution: Narrow with few cuts

The Senate passed a <u>Resolution</u> last week that would result in two bills, the first of which is <u>narrowly</u> <u>aimed</u> at increasing spending for border security and the military. Few spending reductions are included, with a narrow target of \$1 billion in reductions for the Senate Finance Committee with jurisdiction over Medicare and Medicaid. No specific proposals for the \$1 billion in reductions have been reported.

House Budget Resolution: Deep spending cuts

The House Budget Resolution has been <u>endorsed</u> by President Trump and includes \$1.5 trillion in proposed spending cuts, including an \$880 billion target for the Committee on Energy & Commerce, which has oversight of Medicaid. While the Committee will likely look at areas outside of Medicaid for funding reductions, Medicaid is the largest program within their jurisdiction and has been at the center of <u>recent debates</u>. As of Wednesday February 26, Speaker Mike Johnson <u>announced</u> that the final legislative text is unlikely to include some of the most aggressive cuts to Medicaid, but instead will focus on finding efficiencies within the program to reach the final committee reduction targets.

All five Republican Representatives from Virginia voted to pass the bill, with all six Democratic Representatives from Virginia voting against it.

While final decisions on proposed cuts are being debated, <u>cuts</u> currently under consideration include:



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Proposal	CBO estimate	Virginia Impact
Per Capita Caps – sets limits to cost per	Up to \$918 Billion	KFF estimates Virginia will see a
Medicaid member		16% increase in state expenditures
		and a 20% reduction in enrollment.
Reduce FMAP for Expansion population –	Up to \$690 Billion	Virginia has a "trigger law" that
reduces federal match for Expansion		would require the 630,000
population		Expansion members to be
		disenrolled.
Limit Medicaid Provider Taxes – sets limits	Up to \$175 Billion	Virginia currently uses provider
on taxes that may be collected on		taxes on hospitals to support the
providers to receive additional federal		state share of the cost for
match		Expanding Medicaid.
Lower floor for FMAP – Reduces the	\$387 Billion	Virginia is currently slightly above
federal share of Medicaid spend for states		the current floor, receiving 50.4%
at the highest per capita income		of funds from the federal
		government, so no change would
		be expected unless average per
		capita income increased.
Medicaid Work Requirements – requires	\$120 Billion	Based on experiences in other
individuals to meet work requirements as		states, <u>CBO estimates</u> that
a part of their eligibility for Medicaid		approximately 10% of enrollees
		subject to a work requirement
		would be disenrolled. In Virginia, if
		the full Expansion population is
		subject to work requirements, an
		estimated 63,000 members would
		be disenrolled.
Reductions in Intergovernmental	No estimate	Hospitals in Virginia are heavily
Transfers (IGTs) and State-Directed	available	reliant on IGTs and state-directed
Payments – reduces payments to		payments. As of March 2024, the
Medicaid safety net providers, especially		Virginia Department of Medical
hospitals, aimed at improving access to		Assistance Services reported that
care for Medicaid members		hospitals received 44% of their
		total Medicaid reimbursement
		from supplemental payments.





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Reconciliation process

Senate and House Republicans now begin negotiations, with House Republicans detailing what cuts they would make to hit their \$880 billion spending reduction target for programs within the Energy & Commerce jurisdiction (\$1.5 trillion for the full budget). Both chambers must pass the same language to use the fast-track process of a Budget Reconciliation, which only requires a simple majority vote to pass.

Medicaid cuts remain a central discussion point in the negotiations between the two chambers, with the National Council of State Legislatures, the American Hospital Association, and the American Academy of Medical Colleges all issuing statements regarding concerns over potential Medicaid cuts.

Conclusion

As Congress aims to pass a budget package, Medicaid cuts will continue to be at the forefront of negotiations – with the House spending targets suggesting significant cuts to the Medicaid program while the Senate resolution includes no such cuts. The two chambers are now in negotiations, with additional proposed details expected from the House over the next month.

For more information on how federal proposals may impact Virginia, <u>subscribe</u> to Capitols to Commonwealth.

Related resources

- Politico. House Reconciliation Options
- Politico. Spending Reform Options Policy Explainer
- KFF. A Medicaid Per Capita Cap: State by State Estimates
- KFF. 5 Key Facts About Medicaid Work Requirements
- NPR. Senate Budget Resolution
- New York Times. What can House Republicans Cut Instead of Medicaid? Not much.

