

# Resolution: Medicaid

*Adopted* May 12, 2006  
*Amended* June 26, 2013

**Whereas** the Medicaid program, a joint federal-state program, provides health care to 60 million Americans, including nearly 8.3 million Medicare beneficiaries; and

**Whereas** Medicaid is the primary government source of payment for long-term care accounting for 62% of formal long-term care expenditures after individuals have spent down their assets; and

**Whereas** the House Republican budget for FY 2014 would gut the Medicaid program by cutting more than \$750 billion over 10 years and turning the program into a block grant; and

**Whereas** cuts in the House Republican budget would shift billions of dollars in health care costs to state, local governments, providers and, ultimately, Medicaid beneficiaries who will experience restrictions on eligibility and the elimination of benefits; and

**Whereas** the Affordable Care Act (ACA) expanded access to Medicaid to include up to 21.3 million new beneficiaries; and

**Whereas** numerous states have refused to participate in the Medicaid expansion, depriving millions of individuals from obtaining insurance coverage; and

**Whereas** many “dual eligibles” have lost more comprehensive state Medicaid drug benefits under the Medicare Modernization Act (MMA) of 2003—they are auto-enrolled in Part D plans and are subject to co-payments for the first time.

**Therefore, be it resolved** that the Alliance for Retired Americans:

1. Opposes changes in the current structure of the Medicaid program through reduced mandatory spending or funding caps; and
2. Supports continuation of guaranteed access to and coverage of needed health and long-term care services for all those qualified for the program; and
3. Supports improvements in the ACA that expands the Medicaid program to individuals up to 138% of the federal poverty level and call on states to participate in the expansion; and
4. Supports continuation of current federal standards for cost-sharing and benefits; and
5. Supports holding down costs through cost effectiveness measures, such as increasing the rebate pharmaceutical manufacturers pay the Medicaid program, rather than requiring low-income people to pay for services through substantial cost-sharing increases and benefit restrictions; and
6. Supports and urges all states to implement Medicaid expansion under the Affordable Care Act.