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POLICY

PRESS RELEASE**MEDICAID MANAGED CARE**

Five Leading Health Organizations Urge Members of the House Energy & Commerce Committee to Vote No on the Reconciliation Package with Deep Cuts to Medicaid

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FIVE LEADING HEALTH ORGANIZATIONS URGE MEMBERS OF THE HOUSE ENERGY AND COMMERCE COMMITTEE TO VOTE NO ON THE RECONCILIATION PACKAGE WITH DEEP CUTS TO MEDICAID

WASHINGTON—Five leading health organizations issued the following statement today on the reconciliation package under consideration by the House Energy and Commerce Committee:

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The Association for Community Affiliated Plans, Community Catalyst, Families USA, First Focus Campaign for Children and the National Alliance on Mental Illness write to urge Members of the

House Energy and Commerce Committee to vote no on the reconciliation package that will be considered during the Committee's May 13 markup.

As leading health organizations with a special concern for the Medicaid and CHIP populations, we are deeply concerned that the Committee's reconciliation policies as drafted would throw millions of people off health coverage and cut hundreds of billions of dollars from safety net health care.

Instead of making it easier or more efficient to enroll in health coverage these policies will lead to significant coverage losses by creating new bureaucratic hurdles and financial restrictions for beneficiaries, and restricting funding streams to states as well as payments to safety net providers.

Repealing rules that would simplify and streamline the eligibility and enrollment verification processes, while increasing the number of eligibility checks for individuals in the expansion populations, would make it harder for eligible individuals to access and maintain coverage. Repealing these rules would also weaken CHIP by removing protections against annual and lifetime benefit limits, coverage waiting periods, and re-enrollment lockout periods for children whose families struggle with premium payments. Moreover, increasing cost sharing for low-income patients would put unnecessary additional financial burdens on people who already face the biggest hurdles to accessing the health care they need.

Additionally, prohibiting all future provider taxes, without creating a path to backfill this funding stream, would hamstring states' ability to raise new revenue to meet the needs of their Medicaid and CHIP populations. Cuts to state directed payments will result in lower reimbursement for safety net providers and make it more difficult for Medicaid agencies and Medicaid health plans to attract and sustain adequate networks for patients.

We oppose conditioning health coverage on work reporting, also known as community engagement requirements, as a national community engagement policy will result in millions of individuals losing coverage due to unnecessary paperwork, leading to an increase in uninsurance across the country, and significant costs and administrative burdens for the states administering them.

Collectively, these policies risk significant harm to patients, providers and local economies and threaten the functioning of these critical programs that provide coverage for 80 million Americans, including 37 million children. The consequences of these policies will be severe – delayed diagnoses and increasing medical debts for patients, and greater stress for emergency rooms and safety net providers who will deliver more uncompensated care.

We urge members of the Committee to vote against this package and work together to ensure Medicaid remains a stable, efficient and affordable source of healthcare coverage for millions of Americans.