



Think Trump's Medicaid Cuts Won't Hit You? Think Again.

"Imagine a COVID-esque pandemic now taking shape when people have less access to doctors, less access to medicine, less access to care." *Jennifer Wells*

911. What's your emergency?

America's healthcare system is broken and people are dying.

Welcome to **Code WACK!**, where we shine a light on America's callous healthcare system, how it hurts us and what we can do about it. I'm your host Brenda Gazzar.

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This time on **Code WACK!** What will happen when Medicaid is slashed for millions of people as part of HR 1, the so-called "One Big Beautiful Bill. How will the largest rollback of the social safety net in decades harm children, families, and rural communities – and what could it mean for some residents in states like West Virginia and North Carolina? To find out, we spoke to **Jennifer Wells**, director of **Economic Justice at Community Change/Action**, where she leads the organization's work to advance policies and practices that improve the material conditions of low-income communities. This is the second episode in a two-part series.

Q: Welcome back to Code WACK! Jennifer. So how would you characterize the upcoming Medicaid and other health program cuts in HR 1, the so-called One Big

Beautiful Bill, that will leave many millions of people without Medicaid, public health insurance for poor people, starting next year?

Wells: It's the biggest cut to the social safety net, it's the biggest cut to the health system since Medicaid was enacted. And so in the last 50 to 60 years, this is the absolute biggest cut to those programs. I don't think we can even conceptualize in truth the consequences of this bill and the implications of what will happen to folks day to day on their health, whether it be their housing, whether it be food, whether it be public health. Imagine a COVID-esque pandemic now taking shape when people have less access to doctors, less access to medicine, less access to care, or are having to work in order to prove that they are eligible and deserve to just have the basic healthcare met. I'm also thinking about this as a consequence, as children get sick, as parents get sick, how much work they're going to miss because they're not gonna be able to get healthy again.

They're not gonna be able to recover, they're not gonna have access to the treatment to recover, how that is going to then trickle down, and that's gonna have an impact on the economy in so many other ways that if a pandemic does arise again, how quickly that will spread because people don't have access to treatment. They aren't getting information they need to stop it. They're not getting the medicines they need to cure it. And so it's just huge, huge consequences are looming for us if this is implemented. As you said, a lot of it won't be implemented until after the midterms, which makes that time so critical for folks in community to understand that as discouraging as this time has been, as harsh as this bill is, there's still a path forward for folks to stand up, tell their story.

That's how important it's to tell your story. Let everyone know who's impacted. We are all the face of Medicaid in some way, shape, or form.

Q: I totally agree. So how will these Medicaid cuts work? What are they targeting first?

Wells: They're targeting first the budget for the states, right? And so they're cutting the match at the federal level to states as to the funding for the program, and in particular, going after those states that have seen the importance not only of Medicaid, but that it being expanded to hold other constituencies, other folks that are in need of health care, folks that are in need of substance use treatment and have extended that to those folks postpartum, maternal healthcare, and have extended that, to folks that qualify. They're gonna be the first folks that are gonna be cut. The idea that that additional funding is immediately gonna stop at the federal level, it's gonna trickle down and states are gonna have to fill the gap of what the federal funding will cut.

And most states right now are struggling to break even in their budgets. And so that means immediately programs are gonna have to be cut. People are gonna have to lose access to these programs immediately for state budgets to function. Most states say that they can't move forward unless they have a balanced budget. And this is disrupting the whole budget picture for most states in particular, again, the states that were able to expand Medicaid and took the opportunity to expand Medicaid, which was the right decision. These states are a mixture. There are states that are run by Republicans, there are states that are run by Democrats, but all saw the benefit to their residents when they accepted expanded Medicaid. But again, that's gonna be the first thing that's gonna be cut.

And then the idea that we know the majority of folks that are on Medicaid are working. They have tested work requirements in multiple states, and they've usually come back. It is an administrative burden. It's a costly burden to states. They spend way more money trying to test people for their eligibility than helping people to remain on the program or join the program. The burden itself becomes so cumbersome that it's an almost defacto default method of cutting people from the program, right? So if I have to travel too often to an appointment to prove my eligibility for Medicaid, if I have to jump through many, many administrative hoops, if I have to access forms online and I don't have good internet in the community that I live in, what's naturally gonna happen is folks are gonna be cut off the roll, some of them unbeknownst to the recipient until they try to use their Medicaid card at a doctor's office or a pharmacy.

And that is at the heart of what this bill is going to do. It's cruel in its explicit ways of being, and it's cruel in implicitly how it will operate and how it will decimate and devastate people at the community level, right? The hospitals that rely on Medicaid and a lot more hospitals than folks realize rely on Medicaid funding to provide care, to provide programs. And so one of the things that we've noticed, a trend, labor and delivery units are very costly to operate. A hospital is absolutely gonna look at its bottom line, I hate to say it, this is how this country runs. So everybody looks at the bottom line, the end of the day, am I in the red or am I in the black? Do I owe money or do I have money to spend on new things?

Labor and delivery units are very costly. So this is how we determine in this country, it's probably not a good return on investment. And so what we've been noticing is how many labor and delivery units are closing. So women and birthing people that need to deliver babies are having a hard time finding out where that's gonna be happening safely if you're using a hospital clinical setting, that is not to say that the birthing community is not readily available in midwifery with doula care to help and support. And we know that proven, that's scientifically proven. It's like studies have proven how important that care is. But if you're looking at hospitals, those units are closing down at a rapid pace and will close even further as this bill is implemented, as funding is cut to states as funding is cut to hospitals. And I know there's a lot of double speak out in the world about how those are not the targets, that they're really just only targeting the lazy folks that are abusing the systems. But at the end of the day, the bill doesn't care who it harms and who it cuts, and it's coming across the board to us all.

Q: So why is medicine going to be more expensive?

Wells: All medicine's gonna be more expensive because people have to pay out of pocket. So Medicaid is a great offset of medicine costs and pharmacy costs can, I'll attest to that for my mom. There were quite a few medicines that cost in the tunes of hundreds and hundreds of dollars per 30 day prescription that she was only, her copay was maybe \$5, \$2, if any at all. And so as Medicaid is cut, you're gonna have to see people making a choice between whether they're able to afford medicines that they have to take on a daily basis, be it heart medicine, be it cancer medicines, be it insulin. We'd worked really hard to bring those costs down

for folks that have to take medicine for chronic illnesses or medicines regularly. And right now you're you're not gonna be able to offset those costs for families.

Q: That's a really important point. So which states do you think will be most hard hit by the impending cuts?

Wells: So I think of two right now, and one is North Carolina who just recently got across the finish line and got their Medicaid expanded and how tight their budget is at the state level, meaning that any reduction in funding will put everything that they expanded Medicaid opened the doors for, it will then create a looming thread of cuts. So thinking about how many folks were able to access Medicaid, get insurance that they probably never had before, and how those may be the very first people that are cut. So you're just being able to go to the doctor. You're just being able to get your medicines regularly. You're just able to see that specialist and you're going to be one of the first people that gets a letter to say that you're no longer eligible for the program so that all of that stops. I think also of the state that I worked and learned the most in, which is West Virginia who was, let's just name it a red state that saw the benefits of expanded Medicaid and across our political ecosystem, understood that it needed to be expanded and it needed to pass and to what great avail, a state that was devastated when pharmaceutical companies preyed upon our people in that state and created the crisis of the opioid system.

It wasn't individual lacking. It wasn't the failure and the moral failure of the folks in West Virginia. It was pharmaceutical companies who preyed upon them to create this crisis. And how understanding moving those folks into treatment and into sustained treatment is now under threat. That program is funded in large part by Medicaid expansion. To lose that funding means you are putting hundreds and thousands of people's lives in jeopardy. And so those are the devastations that I'm like the trauma, the horror. And in part when I named, I worked in social work, what I was in my first few years of social work, I was seeing the impact of the opioid crisis on children and family. When I first started, I was engaging with kids who were losing at least one parent by the time that I worked out of the child

welfare system, I was holding children who had lost their entire family to the opioid crisis.

But you're still talking about kids who are dealing with and families that are dealing with members. Moms, dads, these are human beings. These are people who have life stories. Their substance use addiction is not their story. It's a part of their story, and to reduce them to that, but then also to take away the only opportunity they have to live and to remain in community and to remain in their homes, it's beyond cruel. I don't even know what the word is, but it is beyond cruel. And it's those families. I'm thinking now about children who had their own substance use addictions and issues and how they didn't ask for this, but they're having to deal with it. And a lot of them were bravely and boldly dealing with it. And for them to lose access to the thing that keeps them bold and safe as I don't have words. That's why I cannot for the life of me ever call that bill anything other than HR 1 or The Big Ugly Bill. Those are the lives that I'm thinking about right now. Those are the people that I'm holding.

Q: So how can that revenue be replaced, for example, in West Virginia?

Wells: So my answer to that is always gonna be the rich deserve and have to pay their fair share... This is a country of abundance. So as folks love to tell us that it doesn't exist, that we don't have revenue, we don't have, how are we gonna pay for these services? We find a way to build tanks. We find a way to deliver airplanes to the military. We find a way to fund the projects that mean the most to the folks that are in power. There are absolute ways to raise this money. You don't have to have the most vulnerable in our population suffer because of these cuts 'cause again, we're making certain that billionaires are not having to pay taxes. We're making certain that they never have to feed into the very communities that they exploit and use in order to make more money.

So there's always money available. How do we get that money into the programming and the pipelines that it needs to be? It's gonna have to ride on [the] community. It's gonna have to ride on people telling their stories and building power and putting pressure on the decision makers right now to make certain that they understand that decisions that they make do have consequences. But I feel that they will hide behind state budgets. They will hide

behind the fact that a budget is tight, that it's running in a deficit. They will never look to redirect money into the ways in which it will help community. But again, it's gonna be up to us at points to direct them and redirect them ourselves. But yeah there's money available. They just need to put it in the right pots.

Q: Right. Jennifer, how will these cuts deepen existing health inequities, especially in maternal health, mental health, and chronic care for Black and rural communities?

Wells: We're just making strides. There's so much work that has to be done to overcome the disparities that are kind of baked into the system, be it racialized, be it gendered, be it geographical. And so we know the South being a group of states that did not expand Medicaid. So they were already living with the fact that Black and brown and immigrant families, Indigenous families, had a hard time accessing care, having a hard time proving eligibility to receive care. And then for folks that are in rural spaces, be it Black folks, immigrants or white populations in rural spaces, fighting to just get the access to care that you need is always difficult. By taking more money out of the system, you're only further oppressing that group of folks. You're removing the ability for them to access just the basic needs, and so you're gonna see more folks in the Black community dying.

You're going to see more folks going, again, undiagnosed cancers are going to increase illnesses or simple illnesses. Treatable illnesses are gonna start taking people out at great numbers, right? And so that goes back to that conversation I was having in Georgia in that rural community. It was largely a community of Black people. But there were also white folks that lived in that community that are also not having access to a doctor. There's no primary care doctor available to them. There's no hospital available to them. There is only an urgent care. So I can't imagine how much further that community is gonna fall behind. How much more things are gonna be exacerbated because of again, funding money talks and them not having it. And they will not have a hospital rebuilt there. They will never have a doctor that will be able to set up shop there. They will always have to wait 45 minutes, if not longer, for an ambulance to show up, which means people will perish. And so yeah, disparities are only gonna increase for our most vulnerable.

Q: What was the name of that community again?

Wells: It's Cuthbert, Georgia, so it's C-U-T-H-B-E-R-T. It's on the western side of the state, very close to Alabama. And actually the hospital that's closest to them is across state lines. And so like, but that also adds like the nearness of the hospital, coupled with the fact that their insurance is not accepted there, is only like, I don't know, I can't describe it as best than a taunt. It's almost like we're taunting you. There's something that you need here, but you can't access it because to go there without the insurance that they accept would mean that you would fall into medical debt, which means this is the, if you own a home. this is the opportunity for you to be bankrupt, which we know that medical costs are some of the biggest drivers of debt and financial insecurity for families and for people.

And I'll be the first one to say, there was a time when I was uninsured, I went to the emergency room, I couldn't pay my bill. And the first time that I want to call it it's probably more civil than criminal, but I was served papers because I was sued by the hospital for not paying my bill. And so, like my interaction with the court and justice system came because of my medical debt and my inability at the time to afford insurance or to pay for the bill that incurred when I got sick. So one phrase I love to use, even though it's awful that I can use it in this country, 'if you're poor, you're more than likely gonna be sicker. And if you're sick, there's more likely that you're gonna become poor' because paying for your care out of pocket, paying for your care if you have an emergency or an acute illness is financially traumatizing.

Q: Wow, and where is the closest hospital to that town?

Wells: If I'm not mistaken, it's in Eufaula, Alabama. I think it was like a 35, 40 minute drive, which was closer than the nearest in-state hospital to them, or closer than it typically takes for an ambulance to get to them within the state of Georgia. So here you have potentially medical care that's within access, but the idea that if you go there, they're not going to take Georgia health insurance, public health insurance, state health insurance, and if you're having to pay for stuff out of pocket or if they're even willing to treat you because the time will come eventually when hospitals, although I don't believe it's within their ethical code to reject folks for care, I can imagine them with their bottom line of how much are we in the black or the red, using that as a judgment as to how much

indigent care they actually provide. So they will start turning people away and that's another disparity that will increase.

Thank you Jennifer Wells of Community Change/Action.

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