

United States Senate

WASHINGTON, DC 20510

March 12, 2025

The Honorable Robert Kennedy, Jr.
Secretary of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

Dear Secretary Kennedy,

We are writing today to express our grave concerns regarding Republican efforts to gut the Medicaid program. We are particularly concerned with how these cuts will negatively impact the millions of older Americans and their families who rely on the program for lifesaving care. Republicans claim that they are committed to protecting the interests of older adults,¹ yet their efforts, with the support of the Trump Administration, to cut hundreds of billions of dollars² from the Medicaid program run antithetical to such promise and will shatter the lives of millions of older Americans.

By cutting Medicaid, millions of older adults will no longer have access to the care they need to address chronic diseases, prevent conditions that balloon health care costs, and provide long-term care services and supports. By cutting older adults off from Medicaid-funded health and social interventions, many seniors will not be able to obtain the life-sustaining services they need and will spiral into illness and poverty.

We are particularly concerned about the following consequences:

Without Medicaid, older adults will lose access to long-term services and supports and unpaid family caregivers will shoulder an even greater responsibility. Medicaid is the primary payer of long-term services and supports in the United States.³ That includes people who are cared for in their homes by home health providers and other paid caregivers and those in nursing facilities. Without Medicaid, millions of Americans who need long-term services will have nowhere to turn, except to their family members who may need to reduce their work hours or quit their jobs altogether, causing significant harm to their family's financial health and the financial health of their communities. The consequences will be even far more dire for the many seniors who age alone without family caregivers—with nowhere to turn, draconian Medicaid cuts that push seniors off Medicaid may force many into homelessness.

Reduced access to primary care through Medicaid will balloon health care costs for the nation and the Medicare program. Medicaid has enabled over 72 million Americans to access

¹ <https://www.forbes.com/sites/howardgleckman/2024/07/11/the-2024-republican-platforms-empty-promises-to-older-adults/>

² <https://www.americanprogress.org/article/the-republican-house-budget-resolutions-potential-880-billion-in-medicaid-cuts-by-congressional-district/>

³ [https://www.medicaid.gov/medicaid/long-term-services-supports/index.html#:~:text=Medicaid%20is%20the%20primary%20payer,services%20and%20supports%20\(LTSS\).](https://www.medicaid.gov/medicaid/long-term-services-supports/index.html#:~:text=Medicaid%20is%20the%20primary%20payer,services%20and%20supports%20(LTSS).)

health care,⁴ much of which is preventative primary care.⁵ Primary care is the foundation of good health, preventing exacerbation of chronic diseases that lead to costly hospital admissions.⁶ Without Medicaid coverage, many will wait until their health conditions worsen and access more costly care through the emergency department.⁷ Medicaid cuts will create needless suffering and increase hospitals' uncompensated care costs, jeopardizing hospital financial stability.⁸

Cuts to Medicaid will disproportionately affect dually-eligible seniors, who are often the sickest and most in-need of care. Many seniors who are eligible for both Medicare and Medicaid coverage have complex health and social needs.⁹ It is critical that health care is accessible and comprehensive for this population. For many dual-eligible beneficiaries, Medicaid assists seniors with their Medicare co-pays through the Medicare Savings Program, so a cut to Medicaid equates to a cut to Medicare.¹⁰ Without this cost-sharing assistance from Medicaid, many seniors will be unable to afford health care at all.¹¹ Dual-eligibility also opens up options for participation in integrated care models, such as dual eligible special needs plans (D-SNPs) and Program of All-Inclusive Care for the Elderly (PACE), which increases care coordination and improves outcomes for seniors.¹²

Instead of investing in upstream health interventions through Medicaid, the proposed cuts will increase health care spending on preventable causes. Medicaid programs also address social factors that contribute to poor health, such as lack of food, housing insecurity, and rural geography.¹³ Decades of evidence demonstrate the power of these social factors to negatively impact one's health.¹⁴ Addressing social and structural determinants of health is not a woke agenda, it is evidence-based science. Such programs will benefit older Americans of all races, ethnicities, and political leaning; for example, lack of transportation to rural health care facilities is a social determinant addressed by many Medicaid programs.¹⁵ Cuts to these upstream

⁴ <https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/report-highlights/index.html>

⁵ <https://pmc.ncbi.nlm.nih.gov/articles/PMC9264476/#:~:text=For%20primary%20care%20physicians%2C%20Medicaid,CI:%200.99%E2%80%934.99.>

⁶ <https://nap.nationalacademies.org/catalog/25983/implementing-high-quality-primary-care-rebuilding-the-foundation-of-health#:~:text=High%2Dquality%20primary%20care%20is,individuals%2C%20families%2C%20and%20communities.>

⁷ <https://www.kff.org/uninsured/issue-brief/key-facts-about-the-uninsured-population/#:~:text=Because%20people%20without%20health%20coverage,declines%20in%20their%20overall%20health.>

⁸ <https://www.kff.org/medicaid/issue-brief/5-key-facts-about-medicaid-and-hospitals/>

⁹ <https://www.kff.org/medicare/issue-brief/10-things-to-know-about-medicare-advantage-dual-eligible-special-needs-plans-d-snps/#:~:text=About%2012.9%20million%20people%20received,and%20eligibility%20vary%20by%20state.>

¹⁰ https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnproducts/downloads/medicare_beneficiaries_dual_eligibles_at_a_glance.pdf

¹¹ <https://justiceinaging.org/a-cut-to-medicaid-is-a-cut-to-medicare-fact-sheet/?eType=EmailBlastContent&eId=758d7bfa-3974-49a3-be14-48585cd2a0de>

¹² <https://www.macpac.gov/wp-content/uploads/2019/07/Evaluations-of-Integrated-Care-Models-for-Dually-Eligible-Beneficiaries-Key-Findings-and-Research-Gaps.pdf>

¹³ <https://www.kff.org/medicaid/issue-brief/section-1115-medicaid-waiver-watch-a-closer-look-at-recent-approvals-to-address-health-related-social-needs-hrsn/>

¹⁴ <https://pmc.ncbi.nlm.nih.gov/articles/PMC3863696/>

¹⁵ <https://www.kff.org/medicaid/issue-brief/medicaid-non-emergency-medical-transportation-overview-and-key-issues-in-medicaid-expansion-waivers/#:~:text=Issues%20in%20Medicaid%E2%80%A6-,Medicaid%20Non%2DEmergency%20Medical%20Transportation:%20Overview%20and%20Key,Issues%20in%20Medicaid%20Expansion%20Waivers&text=Medicaid's%20non%2DEmergency%20medical%20transportation,percent%20of%20total%20Medicaid%20expenditures.&text=This%20issue%20brief%20describes%20the,of%20alternative%20Medicaid%20expansion%20waivers.>

interventions will result in a sick nation and hundreds of millions of dollars spent on medical care for preventable causes.¹⁶

We request that you address how the Trump administration plans to rectify the extensive consequences detailed above if proposed cuts were to be enacted. Specifically, please respond to the following questions:

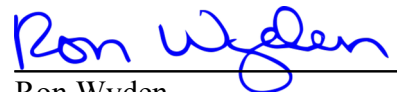
1. Provide an estimate of how many individuals will lose access to long-term care services and supports, in both facility and home and community-based services settings, as a result of the proposed Medicaid cuts.
2. Knowing that Medicare does not cover long-term care services and supports and private market alternatives are inadequate and often too expensive, what alternatives does the Trump Administration plan to provide to older adults who will no longer have access to long-term care services and supports through Medicaid?
 - a. Please detail how these alternatives will be made accessible to older adults of all incomes.
3. How does the Administration plan to support the individuals forced to leave jobs or reduce their hours to care for family members?
4. How does the Administration propose we care for older adults without available family caregivers (kin or non-kin) if they were to lose access to their long-term care services and supports through Medicaid?
5. How would the Administration ensure dually-eligible seniors are able to afford Medicare premiums and copays to access the health care they critically need if they no longer have access to Medicaid? What alternatives do you propose to ensure that these seniors with high-need, medically complex health issues do to access health services?

Please respond by Friday, March 21.

Sincerely,



Kirsten Gillibrand
United States Senator
Ranking Member, Special
Committee on Aging



Ron Wyden
United States Senator
Ranking Member, Committee
on Finance

¹⁶<https://www.sciencedirect.com/science/article/pii/S0749379724002563#:~:text=Over%2020%20years%2C%20SDOH%20interventions,outcomes%20from%20the%20societal%20perspective.>



Raphael Warnock
United States Senator



Richard Blumenthal
United States Senator



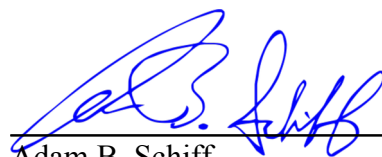
Peter Welch
United States Senator



Angela Alsobrooks
United States Senator



Tina Smith
United States Senator



Adam B. Schiff
United States Senator



Amy Klobuchar
United States Senator



Tammy Duckworth
United States Senator



Elizabeth Warren
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Jeffrey A. Merkley
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Jack Reed
United States Senator