

Medicaid Cuts Are Bad Medicine

Medicaid Is a Boon to Arkansas's Economy

In 2005, Arkansas will spend more than \$3.1 billion on Medicaid. Of this, the federal government will contribute more than \$2.3 billion.¹ This \$3.1 billion dollar investment will give Arkansas's economy a shot in the arm—stimulating state business activity and creating new jobs. Because Medicaid spending has an economic multiplier effect, each \$1 million that Arkansas invests in Medicaid results in nearly \$5.5 million in new business activity and more than 61 newly created jobs.²

Medicaid Is Essential to Arkansas's Health Care Infrastructure

A substantial portion of Arkansas's health care industry relies on Medicaid spending. Hospitals, nursing homes, and community health centers all depend on the Medicaid funds flowing into them to keep their doors open. In 2002, Medicaid payments infused Arkansas's hospital system with nearly \$513 million.³ In addition, Medicaid is the primary payer for 74 percent of Arkansas's certified nursing facility residents.⁴ Any cut in Medicaid funding will have a profound effect on the economic viability of Arkansas's health care system.

Medicaid Offers a Helping Hand to Arkansas's Most Vulnerable

In Arkansas, Medicaid provided essential health services to more than 504,000 people in 2000. Of these, more than 239,000 were children, just over 90,000 were people with disabilities, and nearly 65,000 were elderly.⁵ For those in rural Arkansas, particularly the elderly, Medicaid provides access to health care that they might otherwise have to go without. Children, people with disabilities, and the elderly—these are Arkansas's most vulnerable groups. Ensuring that they have access to health care is the right thing to do.

Medicaid Provides Help in Desperate Times

Medicaid is essential to the security of Arkansas and the United States as a whole. In times of need, Medicaid provides a cushion to protect both citizens and the economy. Medicaid is ready to respond to any sort of event—a terrorist attack, economic downturn, natural disaster, or public health catastrophe—that increases the need for health services and disrupts the economy. In the days and weeks following September 11, 2001, Disaster Relief Medicaid came to the aid of nearly 350,000 New Yorkers.⁶ Arkansas's security hangs in the balance—will Medicaid be able to respond to such events in the future?

Medicaid Reduces the Number of Uninsured

Any cut in Medicaid funds will leave many Arkansans uninsured. In 2003, the Administration proposed cuts that would have resulted in thousands of Arkansans and other Americans losing coverage and becoming uninsured. The nation's Governors—from both parties—voiced such strong opposition that the proposal was shelved.

Endnotes

¹ U.S. Department of Health and Human Services, FY 2005 CMS-37 summary table of Medicaid and SCHIP budget estimates, February 2004 submission.

² Rachel Klein, Kathleen Stoll, and Adele Bruce, *Medicaid: Good Medicine for State Economies, 2004 Update* (Washington: Families USA, May 2004).

³ U.S. Department of Health and Human Services, CMS-64 Medicaid Financial Management Report, FY 2002.

⁴ Kaiser Family Foundation, State Health Facts Online, "Percent of Certified Nursing Facility Residents by Primary Payer Source, 2002."

⁵ Kaiser Family Foundation, State Health Facts Online, "Distribution of State Medicaid Enrollees by Enrollment Group, 2000."

⁶ Michael Perry, *New York's Disaster Relief Medicaid: Insights and Implications for Covering Low-Income People* (Washington: Kaiser Commission on Medicaid and the Uninsured and United Hospital Fund, August 2002).