



The Budget Bill Is Bad for Pennsylvania

The "One Big Beautiful Bill Act" will terminate health coverage, drive up costs and cut care across the country — eliminating health coverage for nearly 16 million people¹ and resulting in over 51,000 preventable deaths nationwide.² If Congress charges ahead with either the Senate or House version of the bill, at least 400,000 Pennsylvanians will lose health coverage,³ and Pennsylvania's uninsured rate will increase by 60%.⁴

The budget bill threatens the health and financial security of Pennsylvanians in every community:

- Makes the largest cut to Medicaid in history, gutting a whopping \$859 billion from Medicaid⁵ and the low-income families, workers, veterans and people with disabilities who rely on it for their care, including 2,982,000 children and adults in Pennsylvania.⁶
- Drains \$349 billion from Marketplace coverage,⁷ jeopardizing small businesses and entrepreneurs (including those covered through Pennie, Pennsylvania's version of the Marketplace).
- Forces another \$500 billion in mandatory cuts to Medicare by triggering federal spending laws on top of the Medicaid cuts that will already impact seniors and people with disabilities who are also covered by Medicare (dual-eligibles).

The budget bill will wreak havoc on Pennsylvania's health system and economy

Pennsylvania will be forced to offset budget holes caused by this bill by terminating coverage for families, eliminating essential health services, and cutting provider rates so drastically that doctors and hospitals will be forced to close their doors — particularly in rural communities. **Hospitals like UPMC Jameson in New Castle and Penn Highlands Connellsville will be at greater financial risk of closing due to Medicaid cuts in the bill.**⁸

> Congress should reject these harmful cuts and instead take steps to protect health coverage programs that serve as lifelines for Pennsylvanians.

The budget bill will roll back the last decade of improvements to Pennsylvania health coverage and care

Pennsylvania Medicaid will face major cuts, forcing the state to make tough decisions about rolling back the services it provides — including dental care, prescription drugs and mental health care. The bill would also raise costs for Pennsylvania's low-income seniors and people with disabilities who have Medicare coverage but also rely on Medicaid to help pay for out-of-pockets costs and access services not covered by Medicare. These cuts undermine the core financial backbone of Pennsylvania's health care system, as Medicaid pays for a significant portion of care and services at local clinics and hospitals and serves as a critical engine for the state's economy.

Pennsylvania Medicaid covers 2,982,000 children and adults:9



1 in 4 Pennsylvania residents.¹⁰



1,249,000 children – 39% of all children in Pennsylvania.¹¹



857,000 seniors and **people with disabilities** in Pennsylvania.¹²

Pennie will be undermined in its mission to provide access to health care for Pennsylvanians who do not qualify for Medicaid and do not have affordable coverage through their employers. The bill would make it harder for Pennsylvanians to buy their own health coverage through Pennie without preexisting condition exclusions. Marketplace coverage provides comprehensive health benefits, including cancer screenings and treatment for diabetes and high blood pressure. The bill was also written with the assumption that Congress will allow enhanced premium tax credits to expire, which will make coverage even more unaffordable for Pennsylvanians.



Coverage for **496,000 Pennsylvania residents.**¹³

Pennie provides:



Coverage for **47,000 small-business owners** in Pennsylvania and **74,000 self-employed** Pennsylvania residents.¹⁴



Premium tax credits to help **88% of enrollees** in Pennsylvania pay their premiums.¹⁵

The budget bill will harm Pennsylvania families, workers and small businesses by wrapping health coverage and care in red tape, undermining critical consumer protections, and making health care unaffordable.

Making public and private coverage more expensive, harder to get and keep The bill will impose higher out-of-pocket costs and cumbersome verification procedures for both Medicaid and Pennie. It will also eliminate automatic enrollment and shorten the annual open enrollment period for the Marketplace, threatening coverage for the **320,000 people in Pennsylvania who will no longer be able to automatically re-enroll** in their Pennie plans from year to year.¹⁶ Around 32,000 additional Pennsylvanians will become uninsured if Congress fails to renew enhanced premium tax credits that help them afford plans offered through Pennie.¹⁷

Kicking working people off coverage by creating bureaucratic barriers

The act will attack Pennsylvania's successful Medicaid expansion, which covers 750,000 Pennsylvanians.¹⁸ In 2015, Pennsylvania expanded Medicaid coverage to residents who earn less than \$21,597 per year.¹⁹ The act will make it hard for these Pennsylvanians to keep their coverage, requiring them to reverify they are eligible every six months.

The act also will impose **the most onerous work reporting requirements ever attempted**, requiring workers to prove that they have one or more jobs that meet the hourly minimum or that they are exempted. Based on the experience of states that previously — and unsuccessfully — tried to implement work reporting requirements, an estimated 258,000 people are at risk of losing their coverage in Pennsylvania,²⁰ including seasonal farm and hospitality workers, caregivers, students, and people with disabilities. **An estimated 770 avoidable deaths will occur in Pennsylvania each year when adults lose coverage because of work reporting requirements.**²¹

Rolling back consumer protections for children

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For children enrolled in the Children's Health Insurance Program (CHIP), the act will eliminate current bans on annual and lifetime caps, enrollment waiting periods, and lockout periods for families who miss a premium payment because they cannot keep up with the cost of coverage.

Raising costs for the poorest and most vulnerable Pennsylvanians covered by Medicare

Medicaid helps about 445,000 seniors and people with disabilities afford their Medicare expenses,²² including premiums and out-of-pocket costs when they see a doctor or need a hospital stay. The act will eliminate commonsense approaches like automatic data verification and streamlining applications, which will make it harder for these Pennsylvanians to get the help they need to pay for their health care.



PENNSYLVANIA'S HEALTH CARE SYSTEM WILL LOSE AN ESTIMATED

\$3.9 BILLION

PER YEAR IN FEDERAL FUNDING

The budget bill will create a crisis for Pennsylvania's health system and state budget

With over 400,000 Pennsylvanians set to lose access to their Medicaid and Pennie coverage, **Pennsylvania's health care system will lose an estimated \$3.9 billion per year in federal funding**, making it nearly impossible for the state to maintain current levels of coverage, benefits and payments to providers.²³ Pennsylvania taxpayers will have to spend at least that much each year to cover additional uncompensated care costs at hospitals and clinics that provide health care services to newly uninsured residents who lack the ability to pay. The loss of federal funding will cause at least 41,000 total job losses (including jobs outside the health care sector) and \$7.3 billion in reduced economic output in the state.²⁴

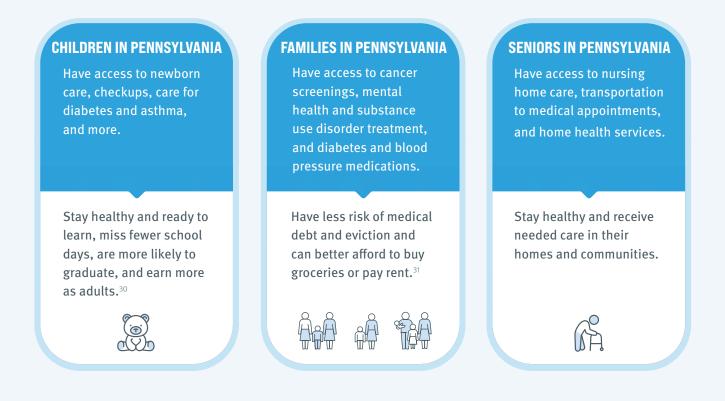
The act will eliminate Pennsylvania's flexibility to fund Pennsylvania Medicaid in a way that works best for the state by freezing taxes on health care providers at current rates. This will leave Pennsylvania with few options to address budget shortfalls and meet future demands resulting from hardships caused by storms, public health emergencies and economic downturns.

- Pennsylvania currently taxes hospitals at lower rates than many other states. Under the House version of the bill, Pennsylvania would be at a disadvantage compared with those states that would have their hospital provider taxes frozen at higher rates.²⁵
- Under both the House and Senate version of the bill, if Pennsylvania has a future Medicaid budget shortfall and needs to raise revenue, it would not have the option to turn to new provider taxes as a funding source and would have to consider income, sales and other taxes.

Cuts will make it much harder for Pennsylvania to fund:

- 1 in 3 births for Pennsylvania mothers.²⁶
- 3 in 5 Pennsylvania nursing home residents.²⁷
- Hospital services at 102 Pennsylvania hospitals.²⁸ For example, Medicaid pays for 39% of all hospital services at LECOM Medical Center in Erie and 19% of all hospital services at Heritage Valley Kennedy in McKees Rocks.²⁹

The Senate should reject this ill-conceived proposal and instead vote to protect access to Medicaid, Pennie and Medicare so that:



The bill's proposed cuts to Medicaid, Pennie and Medicare are direct attacks on the health and financial security of Pennsylvania residents and run counter to the will of the vast majority of voters from across political parties.³²

- 92% of Pennsylvania voters want a "strong, sustainable Medicaid program."33
- 69% of Pennsylvania voters oppose cutting funding for Medicaid.³⁴
- 82% of adults nationwide including 67% of Republicans want Congress to maintain or increase Medicaid spending.³⁵

Congress has the responsibility to stand with families in Pennsylvania and across the country by rejecting these cuts.

Endnotes

¹ Alice Burns et al., "How Will the 2025 Reconciliation Bill Affect the Uninsured Rate in Each State? Allocating CBO's Estimates of Coverage Loss," KFF, June 6, 2025, <u>https://www.kff.org/affordable-care-act/issue-brief/how-will-the-2025-reconciliation-bill-affect-the-uninsured-rate-in-each-state-allocating-cbos-partial-estimates-of-coverage-loss/</u>.

² Letter from Rachel M. Werner et al., University of Pennsylvania, Leonard Davis Institute of Health Economics, and Yale University, School of Public Health, Center for Infectious Disease Modeling and Analysis, to U.S. Sens. Ron Wyden and Bernie Sanders, June 3, 2025, <u>https://files-profile.medicine.yale.edu/documents/9726518b-c99b-4cd8-93c0-6962ed6db2b9</u>.

³ Burns et al., "2025 Reconciliation Bill."

⁴ Families USA analysis of Burns et al., "2025 Reconciliation Bill," and U.S. Census Bureau, U.S. Department of Commerce, "Selected Characteristics of Health Insurance Coverage in the United States," American Community Survey, 2023: ACS 1-Year Estimates Subject Tables, Table S2701, filtered for Pennsylvania, accessed February 10, 2025, <u>https:// data.census.gov/table?q=S2701&g=040XX00US42</u>.

⁵ "Harmful Impacts of Proposed House Budget Bill the 'One Big Beautiful Bill Act' on Medicaid, Affordable Care Act, and Medicare: Updated 6/4/2025," Families USA, June 2025, <u>https://familiesusa.org/wp-content/uploads/2025/06/</u> <u>Harmful-Impacts-of-Proposed-EC-Medicaid-Cuts.pdf</u>.

⁶ "Data Dashboards and Reports," Pennsylvania Department of Human Services, n.d., <u>https://www.pa.gov/agencies/</u><u>dhs/resources/data-reports.html</u>.

⁷ Families USA, "Harmful Impacts."

⁸ Letter from Mark Holmes, George H. Pink, and Tyler L. Malone, University of North Carolina, Gillings School of Global Public Health, Cecil G. Sheps Center for Health Servicers Research, to U.S. Sen. Edward Markey et al., June 10, 2025, <u>https://www.markey.senate.gov/imo/media/doc/sheps_response.pdf;</u> Letter from U.S. Sen. Edward J. Markey et al. to President Donald Trump, Sen. John Thune, and Rep. Mike Johnson, June 12, 2025, <u>https://www.markey.senate.gov/imo/media/doc/sheps_response.pdf;</u> Letter from U.S. Sen. Edward J. Markey et al.

⁹ Pennsylvania Department of Human Services, "Data Dashboards."

¹⁰ Pennsylvania Department of Human Services, "Data Dashboards."

¹¹ Pennsylvania Department of Human Services, "Data Dashboards."

¹² Rhiannon Euhus, Alice Burns, and Robin Rudowitz, "Congressional District Interactive Map: Medicaid Enrollment by Eligibility Group," KFF, March 11, 2025, <u>https://www.kff.org/medicaid/issue-brief/congressional-district-interactive-map-medicaid-enrollment-by-eligibility-group/</u>.

¹³ "Health Insurance Exchanges 2025 Open Enrollment Report," U.S. Centers for Medicare & Medicaid Services, n.d., <u>https://www.cms.gov/files/document/health-insurance-exchanges-2025-open-enrollment-reportpdf508-compliant.pdf</u>.

¹⁴ "Marketplace Coverage of Small Business Owners and Self-Employed Workers," Issue Brief No. HP-2024-23, Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services, November 1, 2024, <u>https://aspe.hhs.gov/sites/default/files/documents/f42b40313bb5fbce4952799bcd3dfee5/Marketplace%20</u> <u>Coverage%20Economic%20Benefits%20FINAL%2011-1-2024.pdf</u>.

¹⁵ "Health Care in Pennsylvania," KFF, n.d., <u>https://www.kff.org/statedata/election-state-fact-sheets/pennsylvania/</u>.

¹⁶ "Marketplace Plan Selections by Enrollment Type," KFF, n.d., <u>https://www.kff.org/affordable-care-act/state-indicator/</u> <u>marketplace-plan-selections-by-enrollment-type-2/?currentTimeframe=0&sortModel=%7B%22colld%22:%22Location</u> <u>%22,%22sort%22:%22asc%22%7D</u>.

¹⁷ "Who Would Lose Coverage If Enhanced Premium Tax Credits Expire?" Urban Institute, November 14, 2024, <u>https://</u>www.urban.org/data-tools/health-insurance-premium-tax-credit.

¹⁸ Pennsylvania Department of Human Services, "Data Dashboards."

¹⁹ "2025 Poverty Guidelines: 48 Contiguous States (All States Except Alaska and Hawaii)," U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, n.d., <u>https://aspe.hhs.gov/sites/default/files/documents/dd73d4f00d8a819d10b2fdb70d254f7b/detailed-guidelines-2025.pdf</u>.

²⁰ Elizabeth Zhang and Gideon Lukens, "Harsh Work Requirements in House Republican Bill Would Take Away Medicaid Coverage From Millions: State and Congressional District Estimates," Center on Budget and Policy Priorities, May 13, 2025, <u>https://www.cbpp.org/research/health/harsh-work-requirements-in-house-republican-bill-would-take-awaymedicaid-coverage</u>.

²¹ Natasha Murphy and Andrea Ducas, "House Republicans' Medicaid Cuts and Associated Lives Lost by Congressional District," Center for American Progress, May 15, 2025, <u>https://www.americanprogress.org/article/house-republicans-medicaid-cuts-and-associated-lives-lost-by-congressional-district/</u>.

²² "Distribution of Medicare Beneficiaries Enrolled in the Medicare Savings Programs, by Program," KFF, n.d., <u>https://</u>www.kff.org/other/state-indicator/distribution-of-medicare-beneficiaries-enrolled-in-the-medicare-savings-programsby-program/?currentTimeframe=0&sortModel=%7B%22colld%22:%22Location%22,%22sort%22:%22asc%22%7D.

²³ "The Effects of House Budget Bill on Medicaid Enrollment and Expenditures: Key Findings From the Manatt Medicaid Financing Model by State," State Health & Value Strategies, June 2, 2025, <u>https://shvs.org/resource/house-budget-bill-</u> <u>medicaid-proposals-state-by-state-estimates-of-impacts-on-expenditures-and-enrollment/</u>.

²⁴ Leighton Ku et al., "How Potential Federal Cuts to Medicaid and SNAP Could Trigger the Loss of a Million-Plus Jobs, Reduced Economic Activity, and Less State Revenue," Commonwealth Fund, March 25, 2025, <u>https://www. commonwealthfund.org/publications/issue-briefs/2025/mar/how-cuts-medicaid-snap-could-trigger-job-loss-staterevenue</u>.

²⁵ Alice Burns et al., "5 Key Facts About Medicaid and Provider Taxes," KFF, March 25, 2025, <u>https://www.kff.org/</u> medicaid/issue-brief/5-key-facts-about-medicaid-and-provider-taxes/.

²⁶ Pennsylvania Department of Human Services, "Data Dashboards."

²⁷ Pennsylvania Department of Human Services, "Data Dashboards."

²⁸ Families USA analysis of "Hospital Cost Tool," National Academy for State Health Policy, last updated February 7, 2025, <u>https://tool.nashp.org/</u>.

²⁹ National Academy for State Health Policy, "Hospital Cost Tool."

³⁰ "How Medicaid Supports Student Success," Georgetown University, McCourt School of Public Policy, Center for Children and Families, n.d., accessed March 11, 2025, <u>https://ccf.georgetown.edu/2025/01/09/how-medicaid-supports-student-success/</u>.

³¹ David U. Himmelstein et al., "Prevalence and Risk Factors for Medical Debt and Subsequent Changes in Social Determinants of Health in the US," *JAMA Network Open* 5, no. 9 (2022): e2231898, <u>https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2796358</u>.

³² Grace Sparks, Robin Rudowitz, and Ashley Kirzinger, "Public Opinion on the Future of Medicaid: Results From the KFF Medicaid Unwinding Survey and KFF Health Tracking Poll," KFF, June 4, 2024, <u>https://www.kff.org/medicaid/poll-finding/public-opinion-on-the-future-of-medicaid-kff-medicaid-unwinding-kff-health-tracking-poll/</u>.

³³ "Medicaid Matters to America," Modern Medicaid Alliance, n.d., <u>https://data.modernmedicaid.org/MMA/</u>.

³⁴ Modern Medicaid Alliance, "Medicaid Matters."

³⁵ Shannon Schumacher et al., "KFF Health Tracking Poll February 2025: The Public's Views on Potential Changes to Medicaid," KFF, March 7, 2025, <u>https://www.kff.org/medicaid/poll-finding/kff-health-tracking-poll-public-views-on-potential-changes-to-medicaid/</u>.

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