



As the largest publicly-operated health plan in the country, L.A. Care serves a diverse community of more than 2.3 million Angelenos who rely on Medi-Cal for essential care, from children and pregnant women to seniors, people with disabilities, and low-income working families. Proposed federal Medicaid cuts would harm not only the 41% of Angelenos who are Medi-Cal recipients, but also the economy and the stability of the broader health system, driving up costs for everyone.



Income Eligibility for Seniors

MYTH

Medicaid covers high-income seniors.



In California, seniors who qualify for Medi-Cal make \$20,000 a year or less.



Provider Taxes

Provider taxes are a funding scheme abused to generate “free money” from the federal government.



Provider taxes, authorized under federal law and implemented in accordance with federal rules, are state-imposed assessments on healthcare providers used to help fund a state's share of Medicaid spending. 49 states use some form of provider taxes. Restricting their authority will create financing shortfalls leading to higher state taxes, reduced Medicaid eligibility, and fewer covered benefits.



Federal Medical Assistance Percentage (FMAP)

California receives a significant share of Medicaid funding to support health care for mothers and children.



California's federal match rate for mothers and children is just 50%—the lowest possible FMAP allowed under federal law.



Work Requirements

Imposing work requirements on people on public assistance promotes employment.



Nationwide, 92% of Medicaid recipients are either working, students, caregivers, or unable to work due to illness or disability. In California, eight in ten individuals on Medi-Cal are already part of working families. Work requirements have led to coverage losses for those who need it most, but have not resulted in higher employment.



A Health Affairs Study on Work Requirements in Arkansas Found

- In the first seven months of the Arkansas Medicaid work-reporting requirement, 18,000 people lost coverage.
- Work requirements necessitate submitting evidence and paperwork, creating additional bureaucracy. In fact, many people who were already working lost coverage due to the complexities of the paperwork. Individuals also cited website difficulties, communication issues, and confusing information when confirming eligibility.
- **50% of people dropped** after work requirements were implemented in Arkansas experienced serious problems with medical debt. **56% delayed care**, leading to more expensive emergency care, **and 64% delayed taking medications.**
- If work requirements were to be implemented in California, up to 8.2 million Medi-Cal enrollees aged 19-64 would be at risk of losing coverage.