The undersigned state medical associations and national medical specialty societies represent hundreds of thousands of physicians who treat our nation’s Medicaid patients every day. Our organizations are writing to comment on the Medicaid Fiscal Accountability regulation recently issued by the Centers for Medicare and Medicaid Services (CMS). Overall, we are committed to working with the Administration to improve fiscal accountability and transparency in the Medicaid program.

However, our organizations are concerned that the proposed rule would significantly reduce the federal commitment to the Medicaid program, physicians, and our patients without appropriate data and a thorough impact analysis. We respectfully ask that the agency collect data on the current state funding mechanisms and how the dollars are actually spent in each state, to make more informed policy decisions before CMS overhauls the Medicaid financing structure.

We strongly urge CMS to withdraw the proposed rule and work with states, physicians, and patients on alternatives that will ensure not only efficient use of taxpayer dollars, but also protect patient access to Medicaid services.

The proposal represents a substantial shift in the state-federal Medicaid partnership and a reversal of more than two decades of policy that allowed states different options for financing our share of medical care in order to receive federal Medicaid matching dollars. For years, all 50 states have used hospital fees, Medicaid managed care plan taxes, intergovernmental transfers, state special funds or other local sources of funding to receive a federal match. The proposed rule would restrict every state’s ability to use such funding for the non-federal share of Medicaid financing. Moreover, there are no clear standards by which future state Medicaid financing will be considered, and the rule does not allow adequate time for states to plan for these substantial changes.
As physicians, we are extremely concerned that the proposed rule would result in significant Medicaid funding cuts to our most vulnerable patients – children, pregnant women, the elderly and disabled. Medicaid provides coverage to

- 21% of Americans
- Nearly 50% of our nation’s children
- More than 1/3 of our nation’s disabled
- More than 10 million seniors

For some states, the cuts could represent up to 50% of their Medicaid budgets. Such drastic cuts would harm physicians’ ability to continue to participate in the program, exacerbate existing Medicaid physician shortages, and thus, undermine access to care for these fragile Medicaid patients. The proposal would disproportionately harm rural and underserved communities who shoulder an even heavier Medicaid burden.

Finally, we are concerned about the negative impact of the proposed rule on state budgets and states’ capacity to address funding gaps. This rule would create significant funding gaps in state budgets and leave states without adequate resources or time to prepare for the future. States could be forced to close budget gaps with either untenable cuts to providers and medical services or burdensome increases in state and local taxes. Underfunding the Medicaid program shifts the uncompensated care burden to states and safety net providers on the front lines caring for these patients. The proposed cuts are unsustainable for states, safety net physicians, and our Medicaid patients- most of whom are children.

If enacted, the proposed rule would negatively impact patients, physicians, and state budgets in all 50 states. We respectfully urge CMS to protect health care services for children, the elderly and disabled by withdrawing the rule and working with us to improve fiscal accountability in other ways with more informed data.

Sincerely,

Medical Association of the State of Alabama
Alaska State Medical Association
Arizona Medical Association
Arkansas Medical Society
California Medical Association
Colorado Medical Society
Connecticut State Medical Society
Medical Society of Delaware
Medical Society of the District of Columbia
Florida Medical Association
Medical Association of Georgia
Hawaii Medical Association
Idaho Medical Association
Illinois State Medical Society
Indiana State Medical Association
Iowa Medical Society
Kansas Medical Society
Kentucky Medical Association
Louisiana State Medical Society
Maine Medical Association
Maryland State Medical Society
Massachusetts Medical Society
Michigan State Medical Society
Minnesota Medical Association
Mississippi State Medical Association
Missouri State Medical Association
Montana Medical Association
Nebraska Medical Association
Nevada State Medical Association
New Hampshire Medical Society
Medical Society of New Jersey
New Mexico Medical Society
Medical Society State of New York
North Carolina Medical Society
North Dakota Medical Association
Ohio State Medical Association
Oklahoma State Medical Association
Oregon Medical Association
Pennsylvania Medical Society
Rhode Island Medical Society
South Carolina Medical Association
South Dakota State Medical Association
Tennessee Medical Association
Texas Medical Association
Utah Medical Association
Vermont Medical Society
Medical Society of Virginia
Washington State Medical Association
West Virginia State Medical Association
Wisconsin Medical Society
Wyoming Medical Society

American Academy of Dermatology Association
American Academy of Pediatrics
American Academy of Physical Medicine and Rehabilitation
American Academy of Hospice and Palliative Medicine
American Association of Child and Adolescent Psychiatry
American Association of Neurological Surgeons
American College of Obstetricians and Gynecologists
American College of Emergency Physicians
American College of Physicians
American College of Rheumatology
American Society of Anesthesiologists
Congress of Neurological Surgeons