**MEDICAID CALL TO ACTION: OFFICIAL LETTERS NEEDED**  
**June 16, 2017**

NSBA is in discussions with Senate staff for the Committee on Health, Education, Labor and Pensions (HELP) regarding upcoming Senate action on the healthcare reform bill that is being negotiated. There are concerns regarding efforts to curtail Medicaid provisions and include a measure similar to the House-passed American Health Care Act (AHCA), which would phase-out Medicaid coverage over a number of years.

NSBA has been asked to collect official letters of support for School-based Medicaid in an effort to oppose any reduction of Medicaid services to students. We need our state associations and your school boards/districts to share local stories of how school-based Medicaid impacts your students and school districts with your Senators.

**We ask that you forward copies of your letters to us at federaladvocacy@nsba.org so that we may reference them as we continue to engage Congress on this important issue. Please forward your letters on official letterhead so that they can be submitted for the Senate Record.**

Below you will find:

- A **SAMPLE LETTER** you can personalize and submit on your official district letterhead.
- **LINKS TO DATA REFERENCES** from Georgetown University and the Center on Budget and Policy Priorities with data available by state and by school district.
- **Talking points** that you may want to incorporate into your correspondence and discussions with stakeholders are below.

We appreciate your advocacy on this important issue and look forward to receiving the official letters to champion School-based Medicaid services for our students. **If possible, please email copies of your correspondence to us by June 23.** We are available if you need further information.

**SAMPLE LETTER**

As a constituent and a local school board member, I strongly oppose healthcare reform provisions that would radically change the Medicaid funding structure and repeal the Medicaid expansion that has helped schools provide necessary health services to millions of children.

Specifically, a per capita cap system will undermine states’ ability to provide America’s neediest children access to vital healthcare that ensures they have adequate educational opportunities and can contribute to society. While children comprise almost half of Medicaid beneficiaries, less than one in five dollars spent by Medicaid is consumed by children. Accordingly, a per capita cap, even one that is based on different groups of beneficiaries, will disproportionately harm children’s access to care, including services received at school.

A school’s primary responsibility is to provide students with a high-quality education. However, children cannot learn to their fullest potential with unmet health needs. As such, school district personnel regularly provide critical health services to ensure that all children are ready to learn and able to thrive...
alongside their peers. Increasing access to health care services through Medicaid improves health care and educational outcomes for students. Providing health and wellness services for students in poverty and services that benefit students with disabilities ultimately enables more children to become employable and attend higher-education.

With and through NSBA, I urge you to oppose any effort to significantly change the funding structure of Medicaid.

REFERENCES

A helpful reference is recent data compiled by Georgetown University's Health Policy Institute that lists Medicaid data by school district: Medicaid/CHIP Coverage by School Districts

Additional state data on child health coverage in small towns and rural areas is also available: ccf.georgetown.edu/2017/06/06/...

The Center on Budget and Policy Priorities report on "Medicaid Helps Schools Help Children" also lists data in Table 1 at the end of the document about the amount of Medicaid funding in schools by state. This information is derived from the U.S. Department of Health and Human Services: http://www.medicaidforeducation.org/filelibrary-name/webcommittee/PDF/4-19-17_CBPP_health.pdf

TALKING POINTS

• **Fewer health services:** Providing comprehensive physical and mental health services in schools improves accessibility for many children and youth, particularly in high needs and hard-to-serve areas, such as rural and urban communities. Reduced funding for Medicaid would result in decreased access to critical health care for many children.

• **Noncompliance with IDEA:** Given the failure to commit federal resources to fully fund IDEA, Medicaid reimbursements serve as a critical resource to help schools provide the specialized instructional supports that students with disabilities need to be educated alongside their peers.

• **Fewer mental health supports:** Seven out of ten students receiving mental health services receive these services at school. Cuts to Medicaid would further marginalize these critical services and leave students without access to care.

• **Cuts to general education:** Cuts in Medicaid funding would require districts to divert funds from other educational programs to provide the services as mandated under IDEA.

• **Fewer critical supplies:** Districts use Medicaid reimbursement for critical supplies such as wheelchairs, therapeutic bicycles, hydraulic changing tables, walkers, weighted vests, lifts, and student-specific items that are necessary for each child to access curriculum as closely as possible to their non-disabled peers.

• **Higher taxes:** Many districts rely on Medicaid reimbursements to cover personnel costs for their special education programs. A loss in Medicaid dollars could lead to deficits in districts that require increases in property taxes or new levies to cover the costs of the special education programs.

• **Job loss:** Districts use Medicaid reimbursement to support the salaries and benefits of the staff performing eligible services. Sixty-eight percent of districts use Medicaid funding to pay for direct salaries for health professionals who provide services for students.