

# Brandeis

---

THE HELLER SCHOOL  
FOR SOCIAL POLICY  
AND MANAGEMENT

## Impact of the Federal Administration on Health Care and Public Health: Policies, Practices, and Pushback

Michael Doonan PhD  
Doonan@brandeis.edu



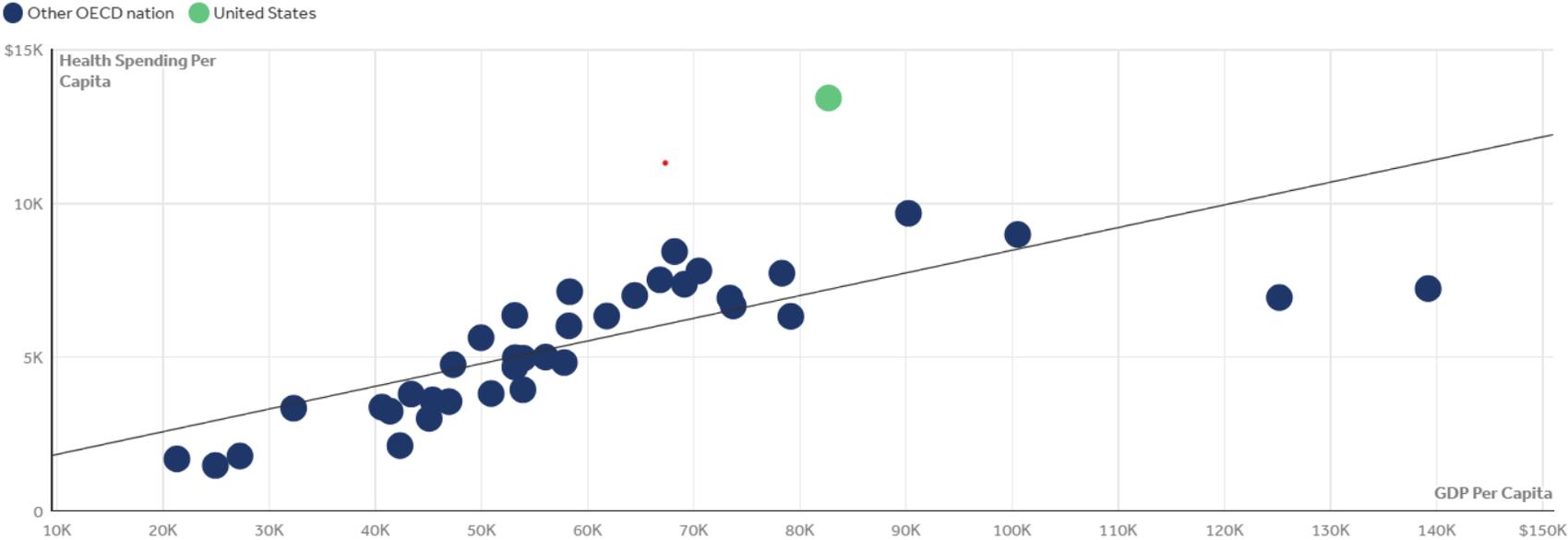
# How Medical Care is Paid For In U.S.

---

- Private Insurance
- Medicare--- Individuals Over 65
- Medicaid/CHIP--- Low Income Individuals/LTC/People with Disabilities
- ACA
- Other Public---VA, Defense Dept.
- Out-of- Pocket
- Uninsured---Uncompensated Care

# Relative to the size of its wealth, the U.S. spends a disproportionate amount on health care

GDP per capita and health consumption spending per capita, U.S. dollars, 2023 (current prices and PPP adjusted)



Notes: Health spending per capita for Australia, Belgium, Costa Rica, Finland, Greece, Israel, Japan, Latvia, Mexico, the Netherlands, New Zealand, Norway, Slovak Republic, Spain, Switzerland, Türkiye, and the United States are estimated. For all other countries health spending per capita is provisional. GDP data for Colombia, Costa Rica, New Zealand and Portugal are estimated, while data for Belgium, France, Germany, Greece, Hungary, Korea, Mexico, Netherlands, Spain, Switzerland are provisional. Health consumption does not include investments in structures, equipment, or research.

# On average, other wealthy countries spend about half as much per person on health than the U.S. spends

**On average, other large, wealthy countries spend about half as much per person on health as the U.S.**

Health expenditures per capita, U.S. dollars, 2023 (current prices and PPP adjusted)

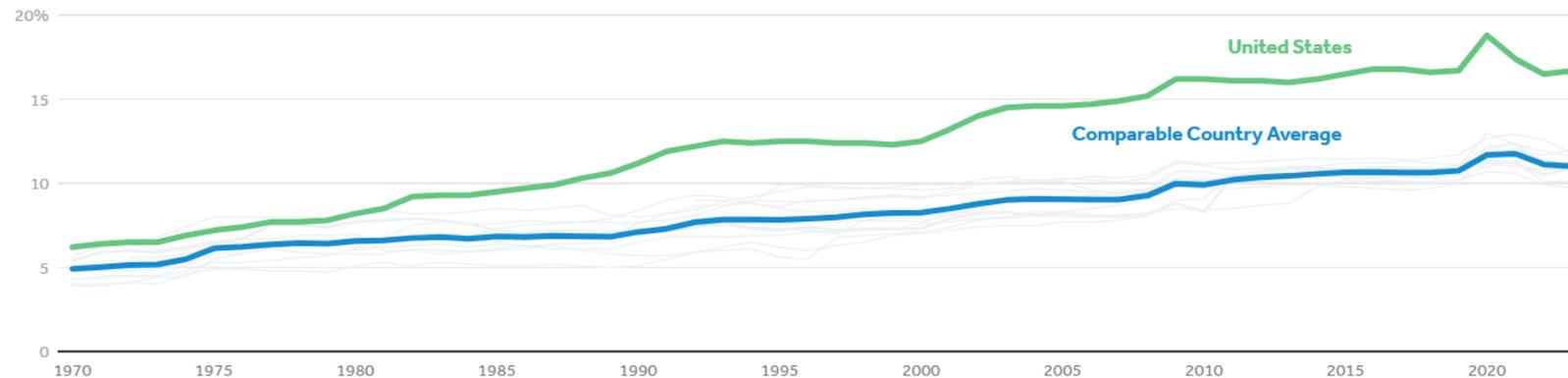


Notes: Data from Australia, Belgium, Japan, the Netherlands, Switzerland, and United States are estimated. Data from Austria, Canada, France, Germany, Sweden and the United Kingdom are provisional.

Source: [KFF analysis of OECD data](#) • [Get the data](#) • [Download image](#)

## Health spending as a share of GDP in the U.S. remained steady in 2023 as growth in the economy roughly equaled health spending growth

Health expenditures as percent of GDP, 1970-2023



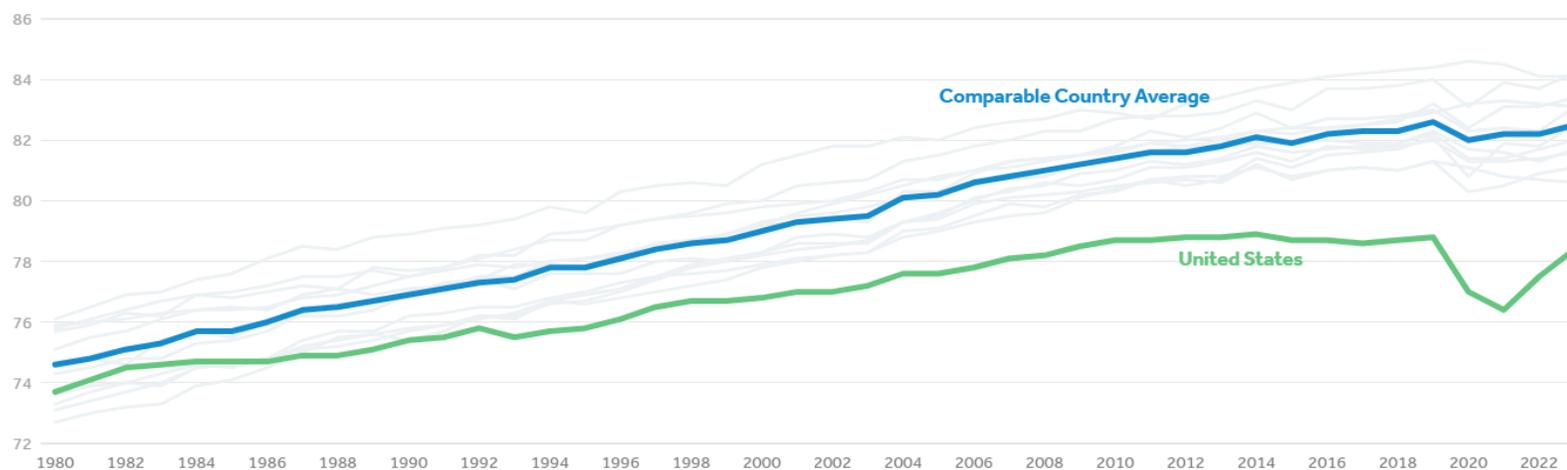
Notes: Data for 2023 from Australia, Belgium, Japan, the Netherlands, Switzerland, and United States are estimated. Data for 2023 from Austria, Canada, France, Germany, Sweden and the United Kingdom are provisional. Data for 2022 for Australia, Canada and Japan are provisional. Data for Australia is unavailable in 1970. Data for France from before 1990 is not available. Data from Germany prior to 1992 refers to West Germany. Data for Germany is not available for 1991. Data for the Netherlands is unavailable in 1970 and 1971.

Source: [KFF analysis of OECD data](#) • [Get the data](#) • [Download image](#)

Peterson-KFF  
**Health System Tracker**

## Life expectancy in the U.S. remains far below peer countries

Life expectancy at birth in years, 1980-2023



Notes: Comparable countries include Australia, Austria, Belgium, Canada, France, Germany, Japan, the Netherlands, Sweden, Switzerland, and the U.K. 2023 U.K. life expectancy data is only for England and Wales. See Methods [section](#) of "How does U.S. life expectancy compare to other countries?"

Source: KFF analysis of CDC, OECD, Australian Bureau of Statistics, German Federal Statistical Office, Japanese Ministry of Health, Labour, and Welfare, Statistics Canada, and U.K. Office for National Statistics data • [Get the data](#) • [Download image](#)

Peterson-KFF  
**Health System Tracker**

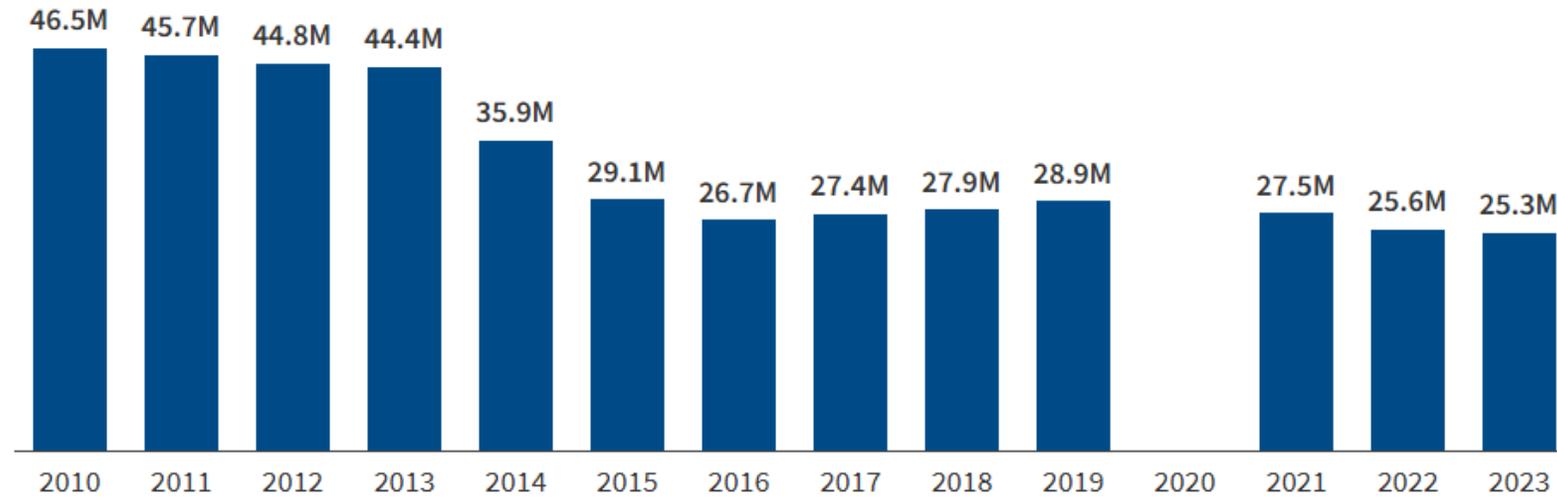
# Uninsured Cut in Half Since ACA

Figure 1

## Number of People Ages 0-64 Who Were Uninsured, 2010-2023

Select an option:

Number of Uninsured  Uninsured Rate



Note: Due to disruptions in data collection during the first year of the pandemic, the Census Bureau did not release ACS 1-year estimates in 2020. Includes individuals ages 0 to 64

Source: KFF analysis of 2010-2023 American Community Survey, 1-Year Estimates • [Get the data](#) • [Download PNG](#)

**KFF**

# Trump 1

---

- ❑ Repeal individual mandate
- ❑ End cost sharing subsidies
- ❑ Encourage cross state plans
- ❑ Reduce marketing
- ❑ Limit enrollment period
- ❑ State flexibility waivers (work requirements, get rid of essential benefits)
- ❑ Choose not to defend in court



# Biden

---



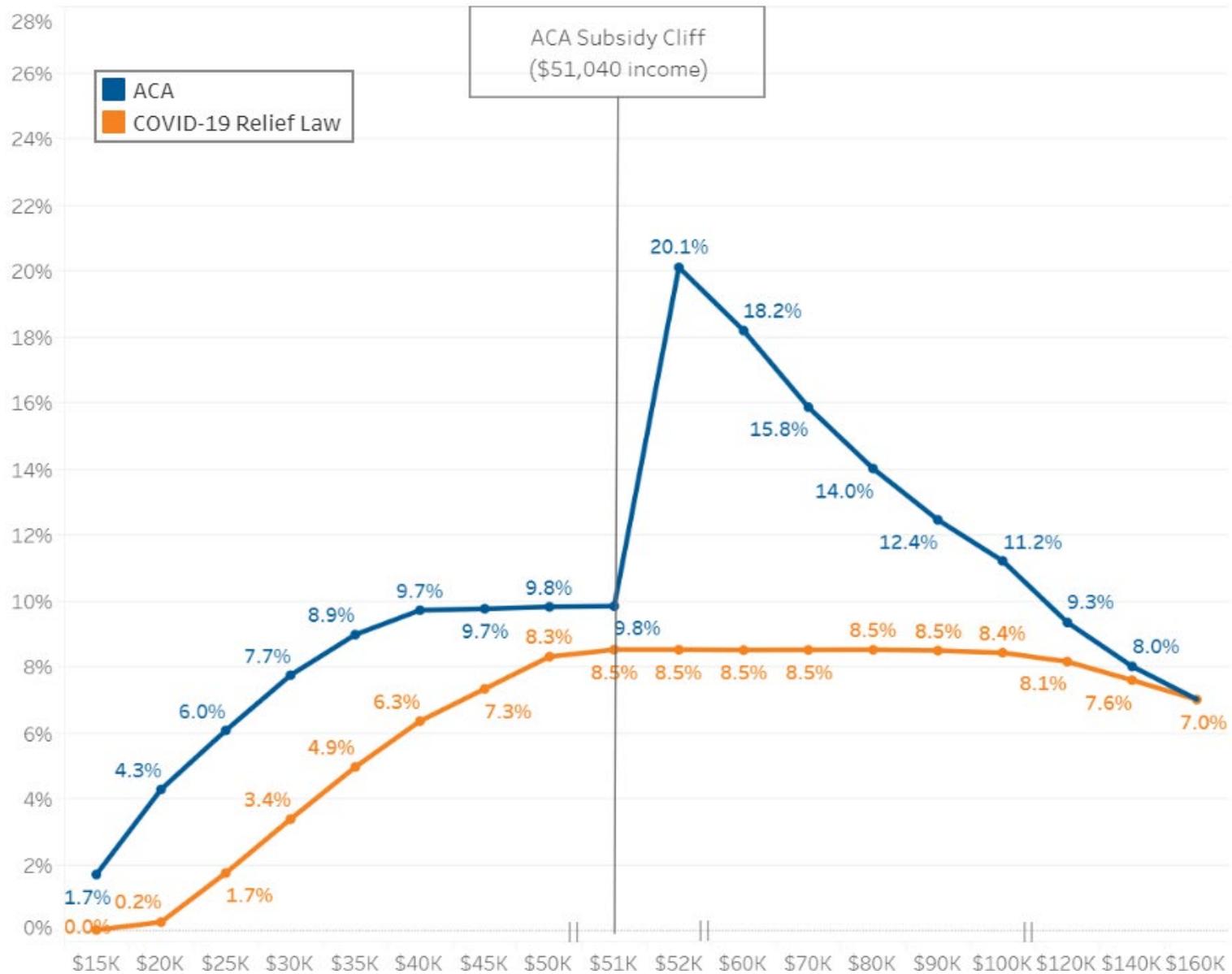
- ❑ Repair and build on ACA
- ❑ Expand subsidies and cap costs at 8.5% of income for everyone
- ❑ Address “surprise billing”
- ❑ Increase subsidies/affordability
- ❑ Increase outreach and enrollment periods
- ❑ Prescription drug price negotiation



# Trump 2

---

- ❑ Executive orders
- ❑ Rulemaking
- ❑ Legislation including budget reconciliation
- ❑ Reorganization of the executive
- ❑ DOGE
- ❑ NIH funding direct and indirect costs
- ❑ State preparing for federal cuts
- ❑ End of enhanced ACA tax credit subsidies



# Budget Reconciliation HR1 “One Big Beautiful bill”

---

## ❑ **Work Requirements**

Starting around **2026-2027**, non-elderly, non-pregnant adults will be required to do ~80 hours/month of work, community service, education, or similar qualifying activity to maintain eligibility.

## ❑ **Eligibility Redetermination Every 6 Months**

Medicaid programs must redetermine eligibility for individuals in the expansion group twice per year (every six months) instead of annually, beginning after December 31, 2026.

## ❑ **Stricter Verification and Identity / Residency Checks**

Requirements to verify address, identity, possibly share data among states to prevent dual enrolment, etc. More frequent checks.

## ❑ **Reduction in Retroactive Coverage**

Retroactive coverage windows (i.e. coverage before application date) are shortened. For example, for many individuals, retroactive Medicaid or CHIP coverage will be reduced from current longer windows to only one or two months.

# Budget Reconciliation HR1 “One Big Beautiful bill”

---

- ❑ **Provider Taxes & State-Directed Payments (SDPs) Changes**  
Limits on what states can collect via provider taxes (a source of state share funding for Medicaid).
- ❑ **Cost Sharing for Certain Expansion Population Enrollees**  
Recipients with income over 100% FPL may be charged cost-sharing (copayments) up to \$35 per item or service, and aggregate cost sharing capped (e.g. 5% of family income). Some services (primary care, mental health, etc.) are exempt.
- ❑ **Restrictions for Non-Citizens / Immigration Status**  
Reduced or eliminated enhanced federal matching for emergency Medicaid services.
- ❑ **Expanded State Reporting, Administrative Burden**
- ❑ **Bans on certain services: e.g. gender transition procedures under Medicaid/CHIP**

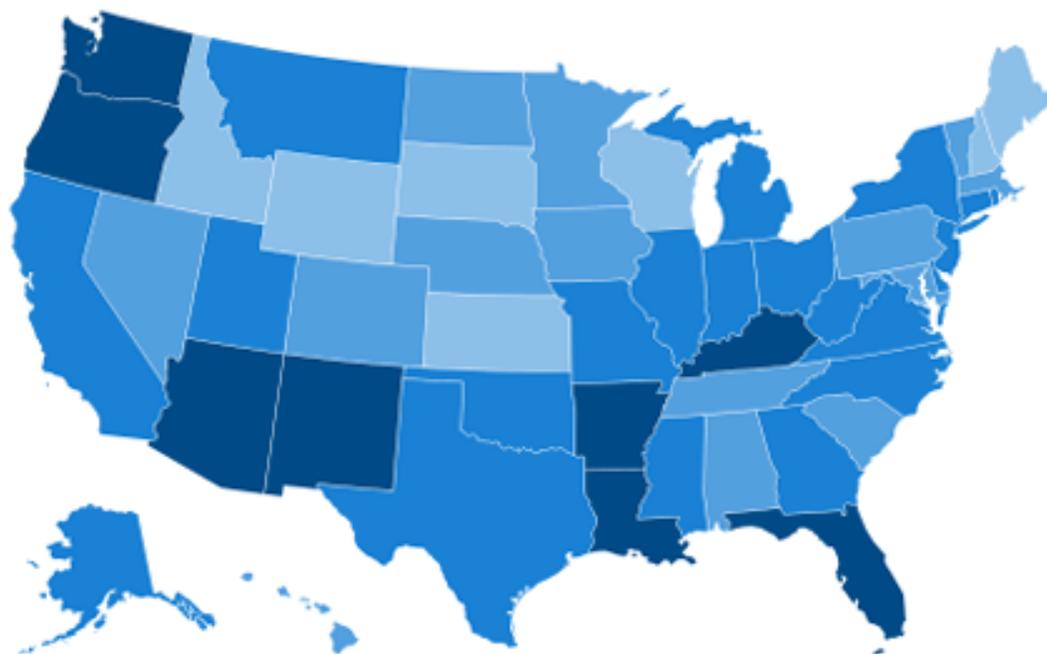
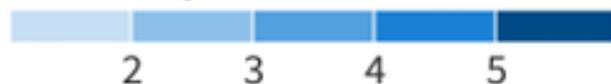
# Impact of Budget Reconciliation HR1 and Loss of Enhance Subsidies

---

- Est. **7.8 million** people would become uninsured due to Medicaid
- Est. **4 million** people would become uninsured due to marketplace cuts.
- Est. **4.2 million** would lose marketplace coverage if premium tax credit enhancements are not extended.

# Between H.R. 1 and the expiration of enhanced ACA tax credits, an additional 14.2 million people may be uninsured in 2034.

Percentage Point Increase

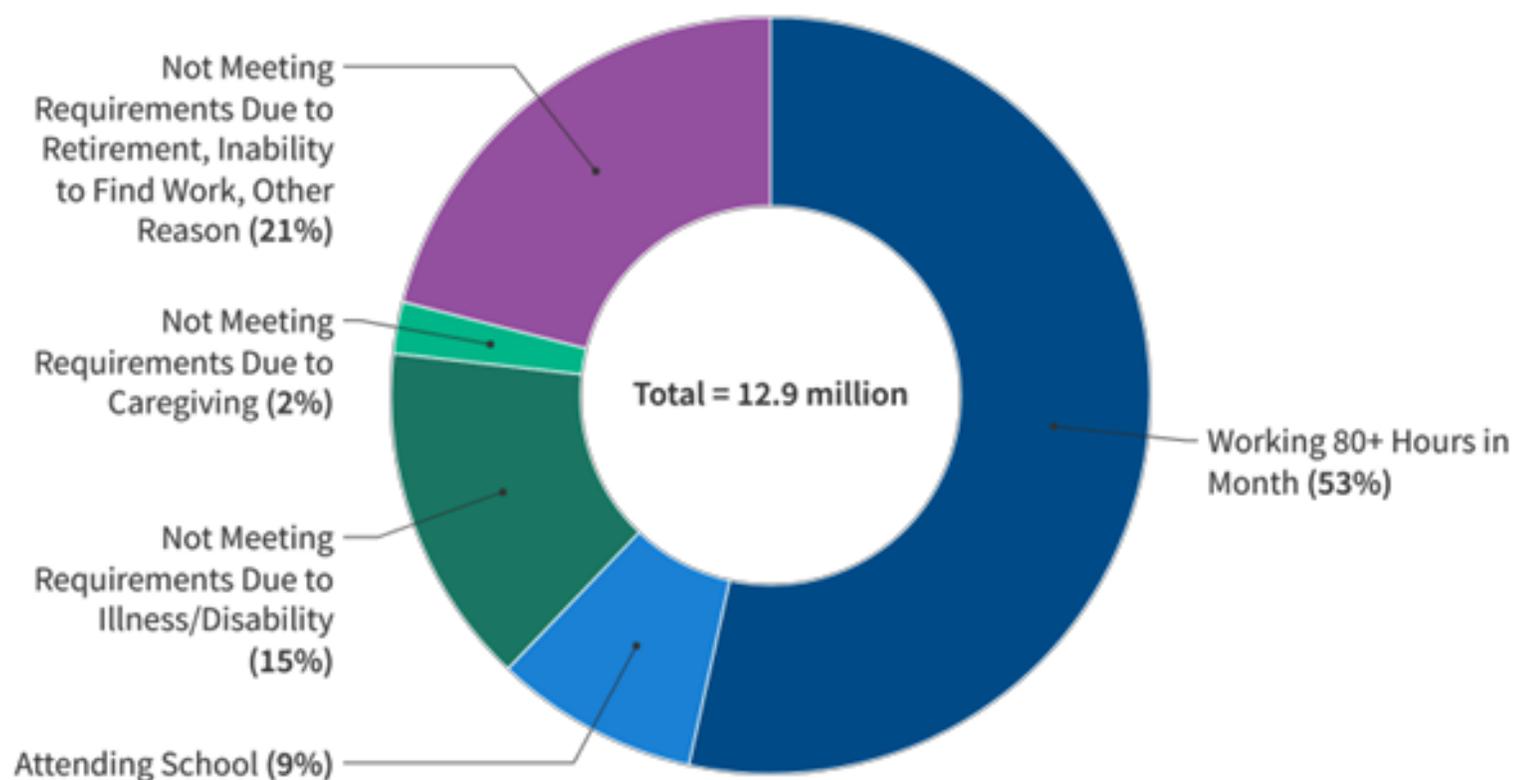


Note: CMS also estimates that the finalized Marketplace Integrity and Affordability rule will increase the number of uninsured (its impact will be greatest in 2026, before many of its rules sunset).

Source: [How Will the 2025 Reconciliation Law Affect the Uninsured Rate in Each State?](#)

## Most Medicaid adults without dependent children subject to new work requirements are working or would likely qualify for an exemption.

Includes Medicaid-covered adults ages 19 to 64 who do not receive disability-related payments, are not enrolled in Medicare, and are not parents of dependent children under age 18, June 2022.



Note: Other includes individuals who did not provide a reason for working fewer than 80 hours in the month or for not working.

Source: KFF analysis of Survey of Income and Program Participation, 2023



# Medicaid's Ideological Divide

---

## **Welfare Program**

- ❑ Temporary
- ❑ Needy
- ❑ Hard to get on
- ❑ Easy to get off
- ❑ Protect Public resources

## **Solid Safety Net**

- ❑ Universal
- ❑ Low income
- ❑ Easy to get on
- ❑ Hard to get off
- ❑ Right

# Policy Preferences

---

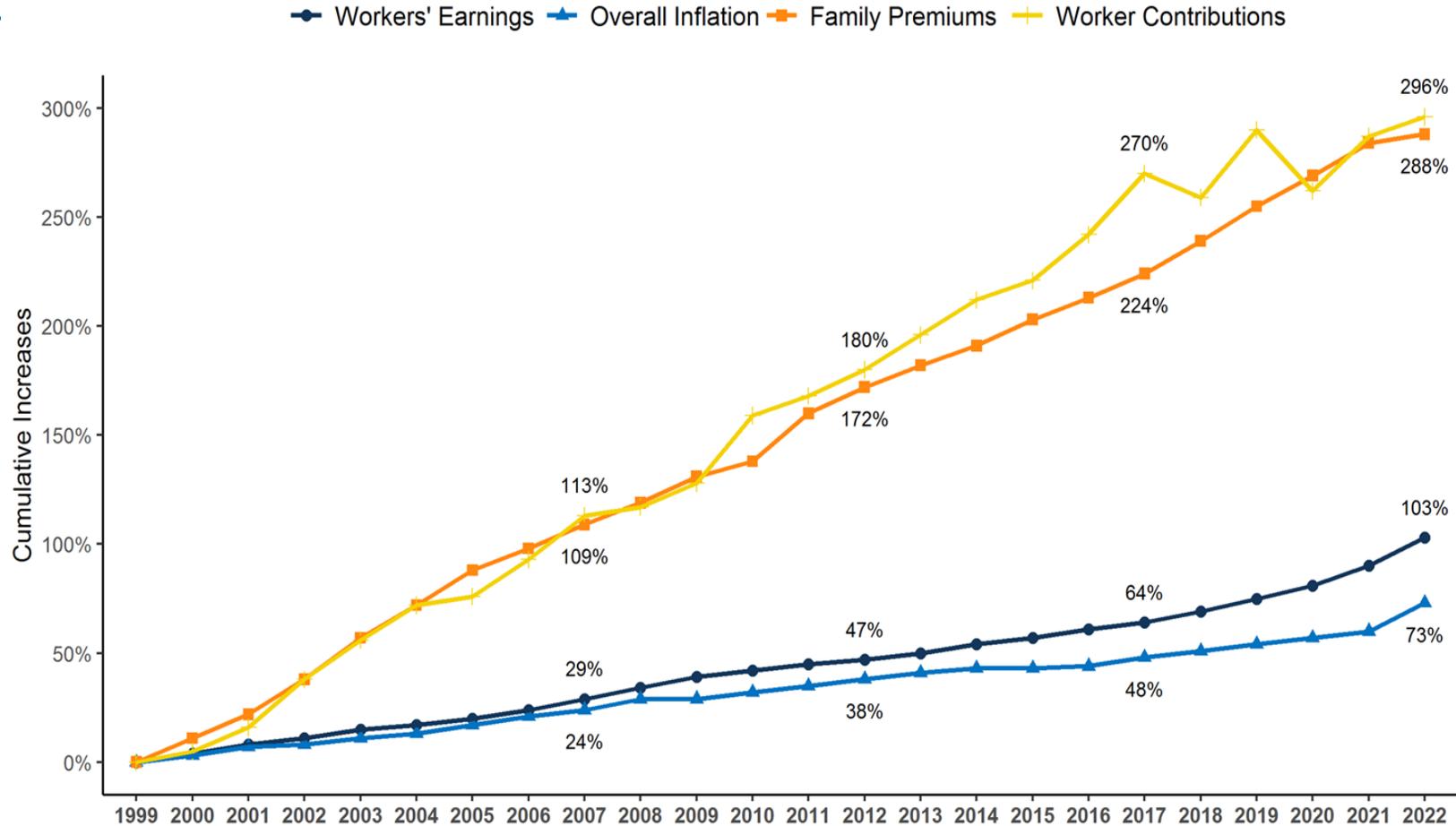
## **Welfare Program**

- ❑ Work requirements
- ❑ Redeterminations
- ❑ Cost sharing
- ❑ Asset tests
- ❑ Detailed applications
- ❑ Time limits
- ❑ Minimal benefits
- ❑ Waitlists

## **Solid Safety Net**

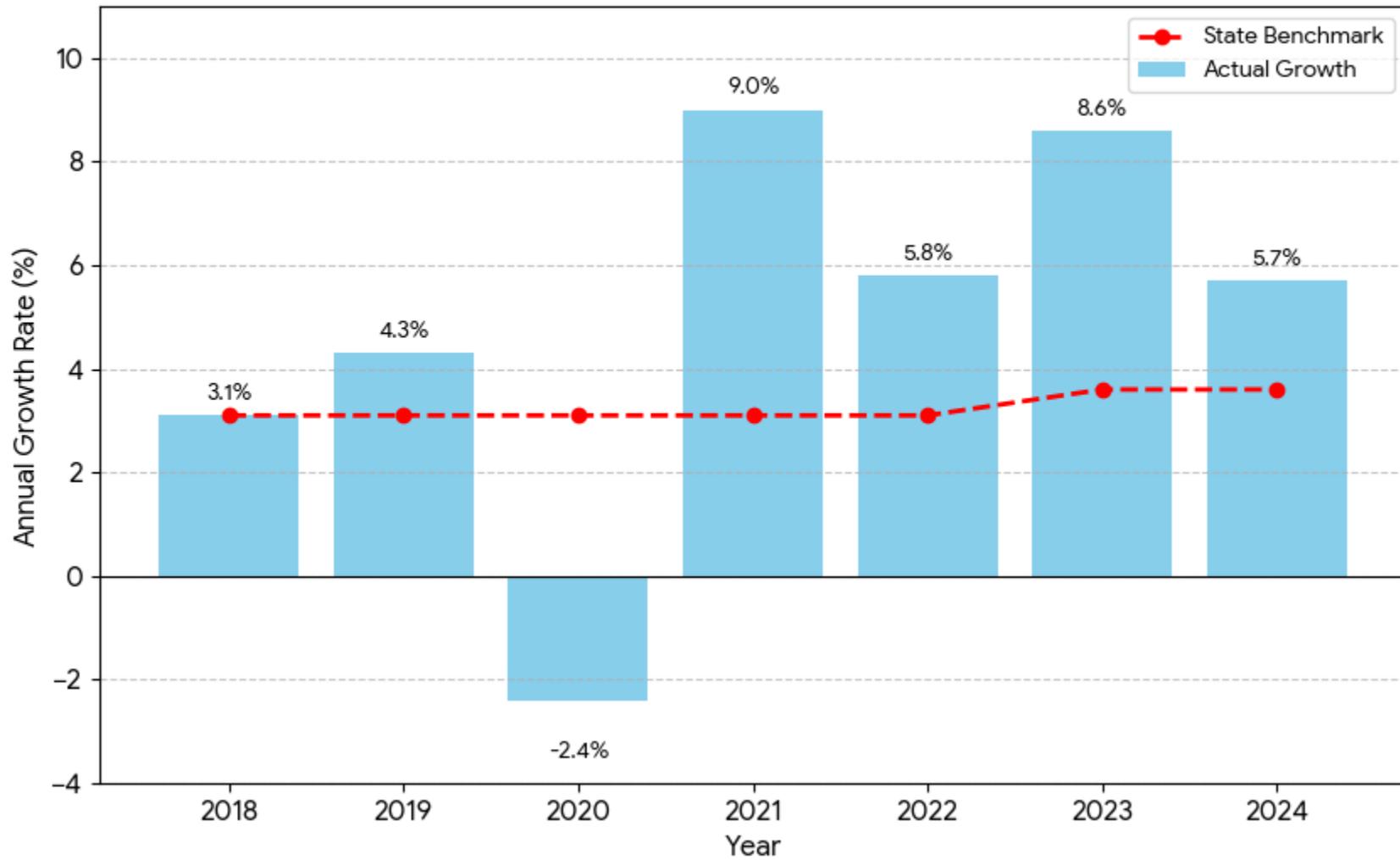
- ❑ Income based eligibility
- ❑ Presumptive eligibility
- ❑ No out of pocket
- ❑ No asset tests
- ❑ Streamlined application
- ❑ Annual enrollment
- ❑ Generous benefits
- ❑ Transitions

## Cumulative Increases in Family Premiums, Worker Contributions to Family Premiums, Inflation, and Workers' Earnings, 1999-2022



SOURCE: KFF Employer Health Benefits Survey, 2018-2022; Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 1999-2017. Bureau of Labor Statistics, Consumer Price Index, U.S. City Average of Annual Inflation, 1999-2022; Bureau of Labor Statistics, Seasonally Adjusted Data from the Current Employment Statistics Survey, 1999-2022.

Massachusetts Health Care Cost Growth vs. State Benchmark (2018–2024)



# Democracy at Risk

---

“The accumulation of all powers, legislative, executive, and judiciary, in the same hands, whether of one, a few, or many, and whether hereditary, self-appointed, or elective, may justly be pronounced the very definition of tyranny.”

Federalist No. 47, James Madison

# What can we do?

- For evil to succeed good people must simply do nothing
- The greatest mistake would be to do nothing because one can only do a little. Edmund Burke
- State actions matter and can be keepers of democracy's flame
- Engage in the policy process
- Engage in the political process at whatever level you can