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Great City Schools®

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Council of the Great City Schools®

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June 1, 2017

United States Senate
Washington, DC 20510

Dear Senator:

The Council of the Great City Schools, the coalition of the nation’s largest central-city school districts, writes to express our strong opposition to Medicaid funding cuts in the health care legislation being developed in the Senate.

Medicaid not only makes available critical funding to schools to provide basic health services for eligible, low-income students, it helps urban school districts provide badly-needed medical and support services for students with disabilities. We urge you to ensure that Medicaid services for children (at the current low-income eligibility levels) remain as statutory requirements for every state.

The Medicaid-eligible health services provided to students in their schools include physical, occupational, and speech therapy; nursing services; medication administration; and vital medical screenings that can help diagnose health issues in young children and prevent long-term and costly treatment. The only primary healthcare professional that many low-income students see regularly is the school nurse, and schools have proven to be an efficient and cost-effective provider of numerous medical services under Medicaid.

Federal laws – the Individuals with Disabilities Education Act (IDEA) and section 504 of the Rehabilitation Act – also *require* school districts to provide students with disabilities with an individualized plan outlining the specialized education, health, and related services they need for school success. Yet current federal funding falls far short of paying for the mandates that Congress stipulates. In fact, Congress currently provides only enough IDEA funding to cover 16 percent of the additional costs of educating students with disabilities rather than the 40 percent that Congress promised when it passed the legislation. Federal Medicaid reimbursements for school-based services to eligible students with disabilities help schools meet the additional medical costs of ensuring access to the free appropriate public education (FAPE) guaranteed to every special education student.

Reducing Medicaid reimbursements – either through State funding caps as the House approved in H.R. 1628 or other methods, such as cuts proposed in the president’s FY 2018 budget request – will result in less Medicaid funds for each state and a growing gap between costs and available funding. The health and related services provided to students with disabilities are required by the federal government under IDEA and Section 504, and the loss of Medicaid funding for these services will shift an even larger share of these costs onto school district budgets – shortchanging other education expenditures in order to cover cuts to Medicaid.

The vulnerable and disadvantaged populations that are concentrated in our nation’s cities rely on Medicaid. A reduction in funding for the program will have a severe impact on the health and education of low-income students, particularly those with disabilities, and must be avoided in the Senate health care bill. Thank you for your consideration.

Sincerely,

Michael Casserly
Executive Director