



February 14, 2025

The Honorable Jodey Arrington
Chairman
U.S. House Committee on the Budget
204 Cannon House Office Building
Washington, DC 20515

The Honorable Brendan Boyle
Ranking Member
U.S. House Committee on the Budget
507 Cannon House Office Building
Washington, DC 20515

Submitted electronically regarding markup of Concurrent Resolution on the Budget for Fiscal Year 2025, Thursday, February 13th, 2025

Dear Chairman Arrington and Ranking Member Boyle and Members of the Committee:

On behalf of the National Alliance for Caregiving (NAC), a national membership-based organization focused on building health, wealth, and opportunity for family caregivers through research, innovation, and advocacy, we appreciate the opportunity to provide input to the Committee on *The Concurrent Resolution on the Budget for Fiscal Year 2025* (FY25 Budget Resolution).

We strongly believe that the fiscal proposals included in the Committee's FY25 Budget Resolution will jeopardize the economic and physical of the nation's 53 million family caregivers providing complex care to people in their lives. Family caregivers are the backbone of our healthcare system and economy, providing an estimated \$600 billion in uncompensated care while serving as essential partners to both patients and healthcare providers.¹

The steep, unprecedented, and long-term funding cuts outlined in the FY25 Budget Resolution undermine Medicaid, Medicare, the Affordable Care Act, and other vital federal programs and will irreparably harm millions of family caregivers. Instructing your colleagues on the House Energy and Commerce Committee to eliminate a minimum of \$880 billion in federal funding targets critical healthcare services that older adults, people with disabilities, and their family caregivers depend on to maintain health and economic security for themselves and their families.

Most urgently, the massive Medicaid funding cuts outlined in recent House Majority policy proposals²—even those that don't ostensibly target the nearly 9.4 million older adults and 12.5 million people with disabilities³ enrolled in Medicaid—will inevitably shift a significant

¹ AARP and National Alliance for Caregiving. Caregiving in the United States 2020. Washington, DC: AARP. May 2020. <https://doi.org/10.26419/ppi.00103.001>

² <https://www.politico.com/f/?id=00000194-74a8-d40a-ab9e-7fbc70940000>

³ Kaiser Family Foundation. State Health Facts. Medicaid Enrollees by Group. 2021. Data accessed February 13, 2025: <https://www.kff.org/medicaid/state-indicator/distribution-of-medicaid-enrollees-by-enrollment->

financial burden to states and local governments. This fiscal dynamic will have an outsized impact on rural and poorer states.⁴

Regardless of the policy structure through which it occurs (FMAP cuts, per-capita caps, work requirements, limiting provider taxes, etc.), cost-shifting to states of this magnitude will force states to cut optional Medicaid services, such as home and community-based long-term care (HCBS). Nearly all states offer HCBS and will face the impossible choice of limiting, or eliminating, essential long-term care that 4.5 million older adults, people with disabilities,⁵ and their caregivers depend on to stay healthy and independent at home and in their communities.

Steep Medicaid cuts catalyzed in the FY25 Budget Resolution will also have harmful economic implications for family caregivers and their care recipients. According to a recent research from the Kaiser Family Foundation, nearly all states allow HCBS enrollees to self-direct their own care—including through selecting, training, and allowing modest payments to family caregivers.⁶ These optional, but popular and cost-effective, Medicaid services also allow states to address the persistent shortage of direct care workers in many communities, which is particularly important in rural areas. This research underscores the role of Medicaid as a critical workforce support for family caregivers.

Medicaid is also critical to maintaining the health and well-being of caregivers who support millions of older adults and people with disabilities. Most states provide support for family caregivers through Medicaid and most offer more than one type of support. While respite services are most commonly offered to family caregivers, other frequently offered caregiver supports include, but are not limited to, training, counseling, and access to support groups. The total annual economic contribution of unpaid care that family caregivers provide⁷ is nearly equivalent to yearly federal Medicaid outlays,⁸ and pursuing policies that will undermine already insufficient caregiver support programs is, at best, a fiscally irresponsible strategy.

Further, access to Medicaid coverage is essential to help family caregivers address and manage their own chronic conditions and serious illnesses. According to the CDC, between 2015 and 2022, family caregivers showed significantly poorer health across multiple measures compared to non-caregivers, with worse outcomes in 13 of 19 key health indicators including smoking, depression, and chronic conditions.⁹ Uninsured adults with chronic conditions face greater

[group/?dataView=0¤tTimeframe=0&selectedDistributions=seniors--individuals-with-disabilities&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D](#)

⁴ <https://cef.georgetown.edu/2025/01/15/cuts-to-medicaid-will-shift-costs-to-families-providers-and-will-be-especially-harmful-to-rural-communities/>

⁵ Kaiser Family Foundation. State Health Facts. Medicaid Enrollees Using LTSS. 2021. Data accessed February 13, 2025: <https://www.kff.org/other/state-indicator/medicaid-enrollees-using-ltss/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

⁶ Kaiser Family Foundation. How do Medicaid Home Care Programs Support Family Caregivers? 2025. Data Accessed February 13, 2025: <https://www.kff.org/medicaid/issue-brief/how-do-medicaid-home-care-programs-support-family-caregivers/>

⁷ *Ibid.*, 1

⁸ <https://www.pgpf.org/article/budget-explainer-medicaid/>

⁹ Kilmer G, Omura JD, Bouldin ED, et al. Changes in Health Indicators Among Caregivers — United States, 2015–2016 to 2021–2022. *MMWR Morb Mortal Wkly Rep* 2024;73:740–746. DOI: <http://dx.doi.org/10.15585/mmwr.mm7334a2>.

barriers to healthcare than Medicaid patients with the same conditions - they struggle more to access care, use fewer basic services, and pay more out-of-pocket.¹⁰

As FY 2025 budget reconciliation proposals advance in Congress, we implore lawmakers to reject the short-sighted and harmful provisions included in the House Budget Resolution. The anticipated federal fiscal savings of these proposals will pale in comparison to the inevitable economic and health costs for millions of older adults, people with disabilities, and their caregivers who depend on vital federal healthcare programs.

Instead of enacting budgetary policy that will harm caregivers and care recipients, we urge lawmakers to refer to the policy proposals outlined in the National Alliance for Caregiving's [2025 Policy Agenda](#) and the 2022 National Strategy to Support Family Caregivers (National Strategy). The National Strategy builds upon progress made through the RAISE Family Caregivers Act,¹¹ which was first signed into law by President Trump in 2018.

We look forward to working with Congress to implement meaningful and fiscally responsible strategies to support and enhance the health and well-being of the country's 53 million family caregivers and their loved ones. If you have any questions about this letter, please contact Toni Gingerelli, director of policy and advocacy, at toni@caregiving.org. We appreciate the opportunity to respond to the FY25 Budget Resolution.

Sincerely,

Jason Resendez
President & CEO
National Alliance for Caregiving

¹⁰ Kaiser Family Foundation. The Role of Medicaid for Adults with Chronic Illnesses. 2012.
<https://www.kff.org/wp-content/uploads/2013/01/8383.pdf>

¹¹ <https://www.congress.gov/bill/115th-congress/house-bill/3759>