# UNIVERSITY OF KENTUCKY BOARD OF TRUSTEES

Mark D. Birdwhistell, Senior Vice President, Health Policy







#### **RECONCILIATION UPDATE**

# Agenda

- One Big Beautiful Bill Act of 2025 and implications
  - Finance
  - Eligibility
  - Rural healthcare focus
- University of Kentucky positioning
- UK HealthCare proposed and anticipated actions



#### **RECONCILIATION UPDATE**

# Kentucky Medicaid at a glance\*

- 1,473,165 covered lives\*
  - 884,300 qualified by traditional eligibility
  - 466,155 are part of Medicaid Expansion
  - 110,900 K-CHIP

\*Includes approximately 600,000 children (more than half of children in Kentucky)



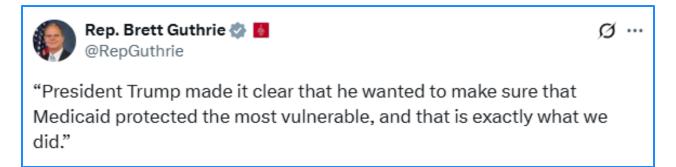
# ONE BIG BEAUTIFUL BILL ACT



#### ONE BIG BEAUTIFUL BILL ACT — OVERVIEW

# What Did Not Happen

- Medicaid expansion remains intact
- No per-capita caps or block grants
- No changes to Medicaid federal match formula
- ACA reforms and Medicare largely untouched





#### ONE BIG BEAUTIFUL BILL ACT — OVERVIEW

### One Big Beautiful Bill Act — Overview

- Signed into law July 4, 2025
- Major restructuring of Medicaid financing some eligibility changes for Medicaid expansion
- Creates \$50B Rural Health Transformation Program
- More responsibility shifted to states



# **Financing Provisions**

- Immediate moratorium on new or increased provider taxes
- Expansion states: provider tax cap phased down from 5.5%
  (2028) → 3.5% (2032)
- Will constrain Kentucky's state Medicaid budget, affecting health system funding



# Medicaid Directed Payments

- Existing programs protected at "Grandfathered" (current) levels until January 1, 2028
- Beginning January 1, 2028: phased down 10% annually until it is equal with Medicare
- Loss of flexibility for Kentucky to expand or modify these programs



#### ONE BIG BEAUTIFUL BILL ACT — OVERVIEW

# Medicaid eligibility changes for Medicaid Expansion population

- Oct 1, 2028 Increased cost sharing begins for those >100% FPL
- Jan 1, 2029 Work requirements implemented in all states
- More stringent eligibility verification and limits on presumptive eligibility



# Rural Health Transformation Program (RHTP)

- \$10B annually (2026–2030; 50% divided equally) to states, 50% to HHS to be distributed based on need
- Focus on workforce, clinical infrastructure, and technology
- State plans due Dec 31, 2025; must meet federal goals
- Cannot be used to fund the non-federal share of Medicaid



# Medicaid Changes Implementation Timeline Summary

#### **JULY 4, 2025**

- Provider taxes frozen
- State directed payments (SDP) frozen
- Optional work requirement possibility

#### OCT. 1, 2025

 Rural health fund payments can begin

#### JAN. 1, 2027

- Work requirements start or waiver required
- Medicaid eligibility verifications increased
- Presumptive eligibility

#### OCT. 1, 2027

Expansion state provider tax phase down begins

#### JAN. 1, 2028

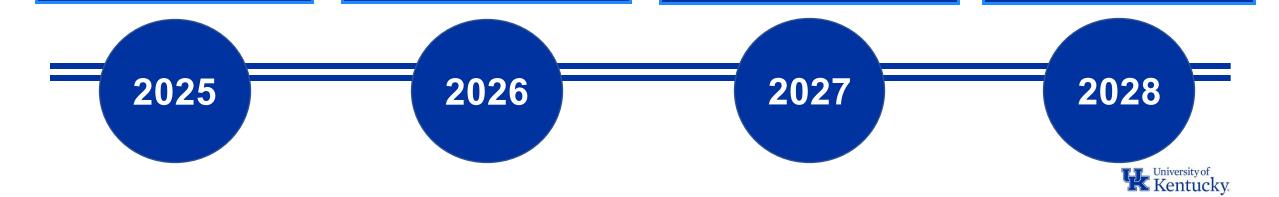
 SDP grandfather ends;
 10% annual phased down begins

#### OCT. 1, 2028

 Medicaid cost sharing requirements begin for those >100% FPL

#### JAN. 1, 2029

 Work requirements implemented in all states



# IMPACTS ON KENTUCKY



#### **IMPACTS ON KENTUCKY**

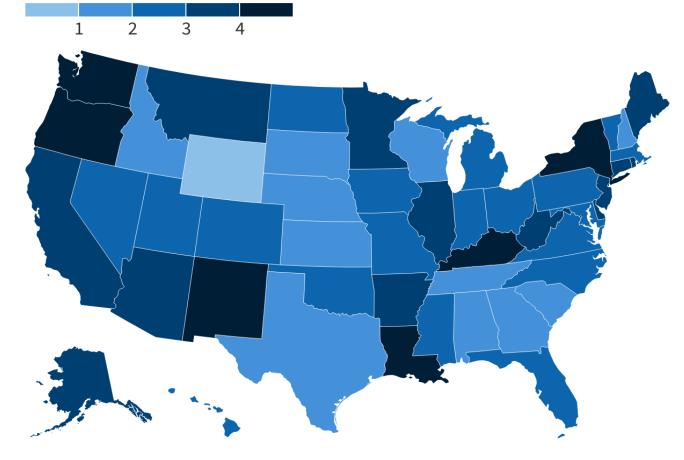
# Projected Impact on Kentucky

- The Kaiser Family Foundation estimates that Kentucky's uninsured rate could go up by as much as 4%.
- Also estimate that the number of uninsured could increase by 140,000 – 230,000 people.

# An Additional 8.6M People Nationwide Could be Uninsured if the Energy & Commerce (E&C) Reconciliation Bill is Passed

Percentage Point Increase in the Uninsured Population if the E&C Reconciliation Bill is Finalized Based on Partial CBO Numbers, by State, 2034







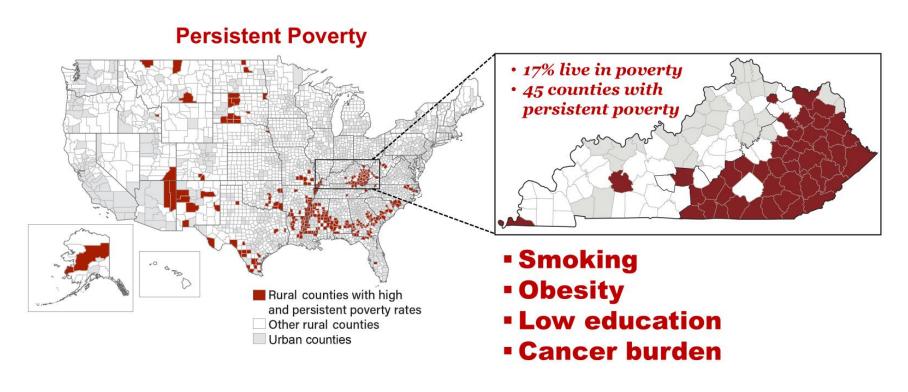
# UK HEALTHCARE AND KENTUCKY HEALTH LANDSCAPE



#### **UK HEALTHCARE AND KENTUCKY HEALTH LANDSCAPE**

# Kentucky's Health Challenges

- High burden of smoking, obesity, and cancer
- Significant disparities in rural and Appalachian regions
- Vulnerability Index highlights systemic risk factors



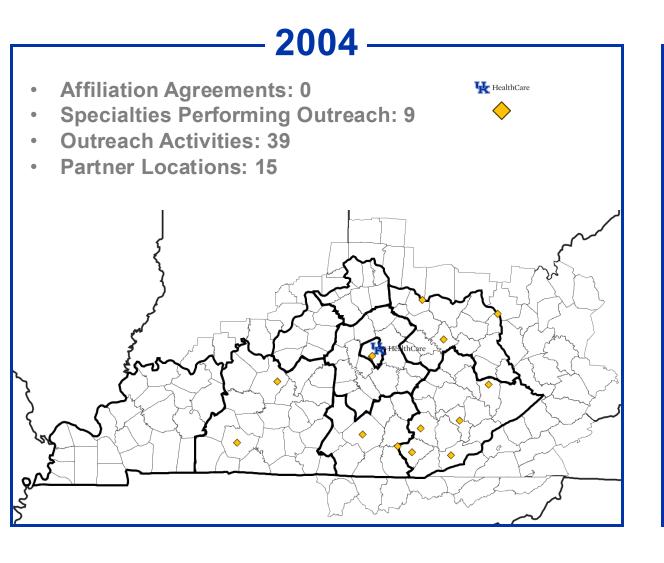


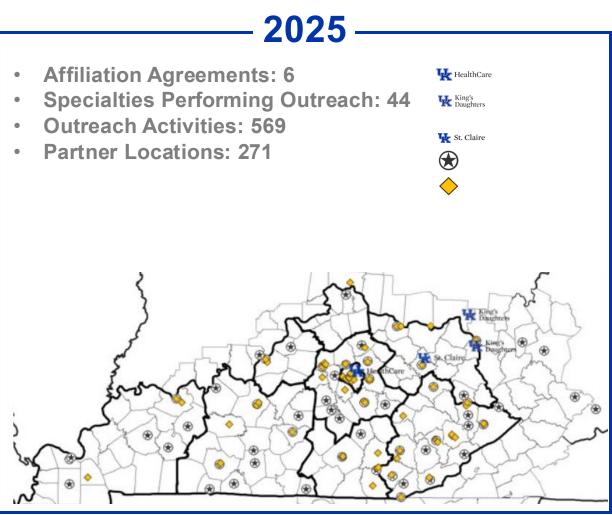
# UK HEALTHCARE REACH AND IMPACT



#### **UK HEALTHCARE REACH AND IMPACT**

# Our Land-grant Mission in Action







# Impact in Appalachia Over 12 Months: Pediatric Care

970

**ADVANCED SUBSPECIALTY PROCEDURES** 

**59%** 

OF 7,200 TOTAL CASES

4,250 137K

**SURGICAL INPATIENT CASES** 

**62**%

OF 1561 TOTAL CASES

VISITS, INCLUDING **NEONATAL CARE** 

40,500

**SUBSPECIALTY VISITS** 



# Impact in Appalachia Over 12 Months: Adult Care

26K

**HOSPITAL STAYS** 

**54%**OF 47K TOTAL CASES

17,530

**SURGICAL CASES** 

42%

OF 42K TOTAL CASES PERFORMED AT UKHC

14K

ADVANCED SUBSPECIALTY OUTPATIENT PROCEDURES

**52%** 

OF 26,600 TOTAL CASES



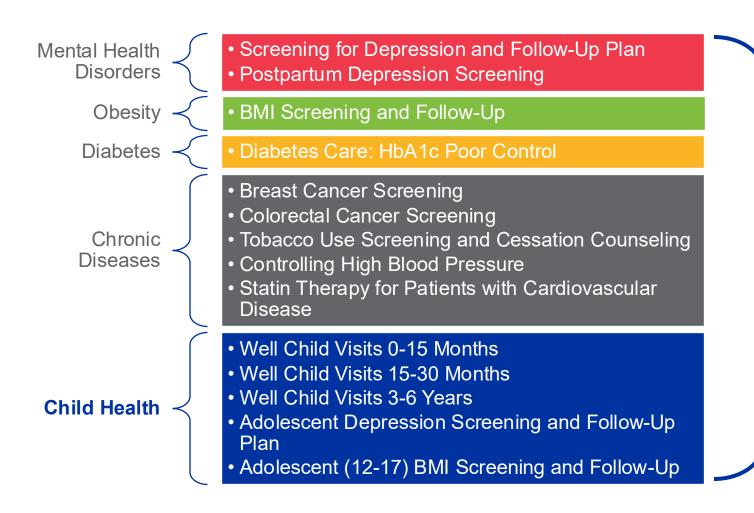
# UK HEALTHCARE IMPROVEMENTS FROM 2019 TO 2025 UNDER THE UNIVERSITY MEDICAID DIRECTED PAYMENT PROGRAM

Depression Screening rates increased from 4.9% to 84.69%	79.8 points improved
Body Mass Index went from 52.7% to 94.44%	41.7 points improved
Patients with poorly controlled Hemoglobin A1c went from >25% to 12.88%	12.1 points improved
Breast Cancer Screening went from 51.4% to 66.63%	15.2 points improved
Tobacco Screening rates went from 44% to 93.40%	49.4 points improved
Blood pressure control went from 37% to 73.33%	36.3 points improved
Colorectal screening rates went from 52.2% to 68.93%	16.7 points improved
Well Child Visit (3-6 years) rates went from 30% to 86.33%	56.3 points improved



#### PROPOSED AND ANTICIPATED ACTIONS

The University of Kentucky's alignment with Make America Healthy Again priorities







#### **KENTUCKY**

# Health is improving in Kentucky

Kentucky ranks #37 in the nation and #3 in the Southeast Region



National Health Rankings			
2014	2024	2025	
47 <sup>th</sup>	41 <sup>st</sup>	37 <sup>th</sup>	

Note: Southeast region includes AL, AR, FL, GA, KY, LA, MS, NC, SC, TN, VA, WV.

#### **Key Improvement Areas**

Blood tests for Adults with Diabetes | Adults with Substance Use disorder | Children's mental healthcare



#### **IMPACTS ON KENTUCKY**

# Implications for the University

- Greater financial risk tied to performance measures
- More pressure to innovate in access and quality programs
- Need to strengthen partnerships with state officials and provider networks



#### **UK HEALTHCARE REACH AND IMPACT**

# Alignment with National Priorities

- Supports White House 'Make America Healthy Again' Commission
- Emphasis on access, affordability, workforce and rural health
- UK is uniquely positioned as a model for integrating academic medicine and community need



#### **UK HEALTHCARE REACH AND IMPACT**

• Where do we go from here?



# QUESTIONS

