

Updated July 2017 | Fact Sheet

Medicaid's Role in Nevada

Medicaid in Nevada

- Over **631,000** people in Nevada are **covered by Medicaid** (17% of the population). While eight in ten (80%) enrollees are children and adults, more than half (59%) of the state's Medicaid spending is for the elderly and people with disabilities.
- **50,500** (13%) of Nevada **Medicare enrollees** are also **covered by Medicaid**, which accounts for over a quarter (28%) of Medicaid spending.
- **61% of all children** in Nevada are **covered by Medicaid**, including **32% of children with special health care needs**.
- **58% of nursing home residents** in Nevada **are covered by Medicaid** and **35% of Medicaid long-term care spending** is for **nursing home care**. Medicare beneficiaries rely on Medicaid for assistance with services not covered by Medicare, particularly long-term care.
- Nevada has a **low per capita income** and therefore a **relatively high federal Medicaid matching assistance percentage (FMAP) at 66%**. For every \$1 spent by the state, the Federal government matches \$1.85. **More than half (59%) of all federal funds Nevada receives are for Medicaid**. In Calendar Year 2017, the federal match rate for the Medicaid expansion population is 95%.

What is at Risk under a Per Capita Cap?

- **Capping Medicaid funding would reduce the federal assistance for Nevada to maintain its current Medicaid program.**
 - Under the Better Care Reconciliation Act of 2017 (BCRA), to maintain its current Medicaid program, **Nevada would have to make up \$4.3 billion in loss of federal funds** between 2020-2029, including \$2.7 billion for the phase-out of the enhanced match for the ACA expansion and \$1.6 billion for the per enrollee cap on all groups.
 - If Nevada dropped the Medicaid expansion in response to the loss of enhanced federal financing, **the state would forgo an additional \$9.4 billion** over the 2020-2029 period, and by 2029, **256,000 Nevadans** estimated to be covered in the expansion group would **lose Medicaid coverage**.
- The **Medicaid expansion** has helped **reduce longstanding disparities in health coverage faced by Hispanics in Nevada**. Between 2013 and 2015, the **uninsured rate for nonelderly Hispanics in Nevada fell from 34% to 19%**.
- **Reducing federal funds through a per capita cap or block grant would limit Nevada's ability to respond to public health crises such as the opioid epidemic, HIV, or Zika.**

- Nevada has an estimated HIV diagnosis rate of 20.1 per 100,000 population compared to a national average of 14.7 per 100,000 population, the 7th highest in the country. Medicaid is the single largest source of coverage for people with HIV in the U.S.
- Nevada's opioid death rate is 13.8 deaths per 100,000 population in 2015, compared to a national average of 10.4 deaths per 100,000 population.
- Nearly two-thirds (65%) of people in Nevada are overweight or obese and more than one-third (35%) report poor mental health status.
- **Limited availability of revenue resources in the state puts states at higher risk under reductions or caps in federal financing as it would be more difficult to offset the loss of federal funds with state funds.** Nevada has low state and local spending per capita from all sources.
- **Capping federal Medicaid funding could jeopardize Medicaid programs designed to improve quality of life and access to long-term care for people with disabilities.** 13% of Nevada's non-institutionalized population reported a disability.
- **Capping Medicaid can limit states' ability to respond to demographic changes in their state that affect demand for Medicaid and other public health services.** Nevada has the second highest projected growth rate of its 85+ population (95%) between 2015 and 2030, a population more likely to require nursing home care. Medicaid is the primary payer for nursing home care.