



Risk & Insurance | Employee Benefits | Retirement & Private Wealth

WEBINAR

# What if Medicaid Changes?

## Preparing for the Ripple Effects





**Moderator**

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North American Healthcare Practice Leader  
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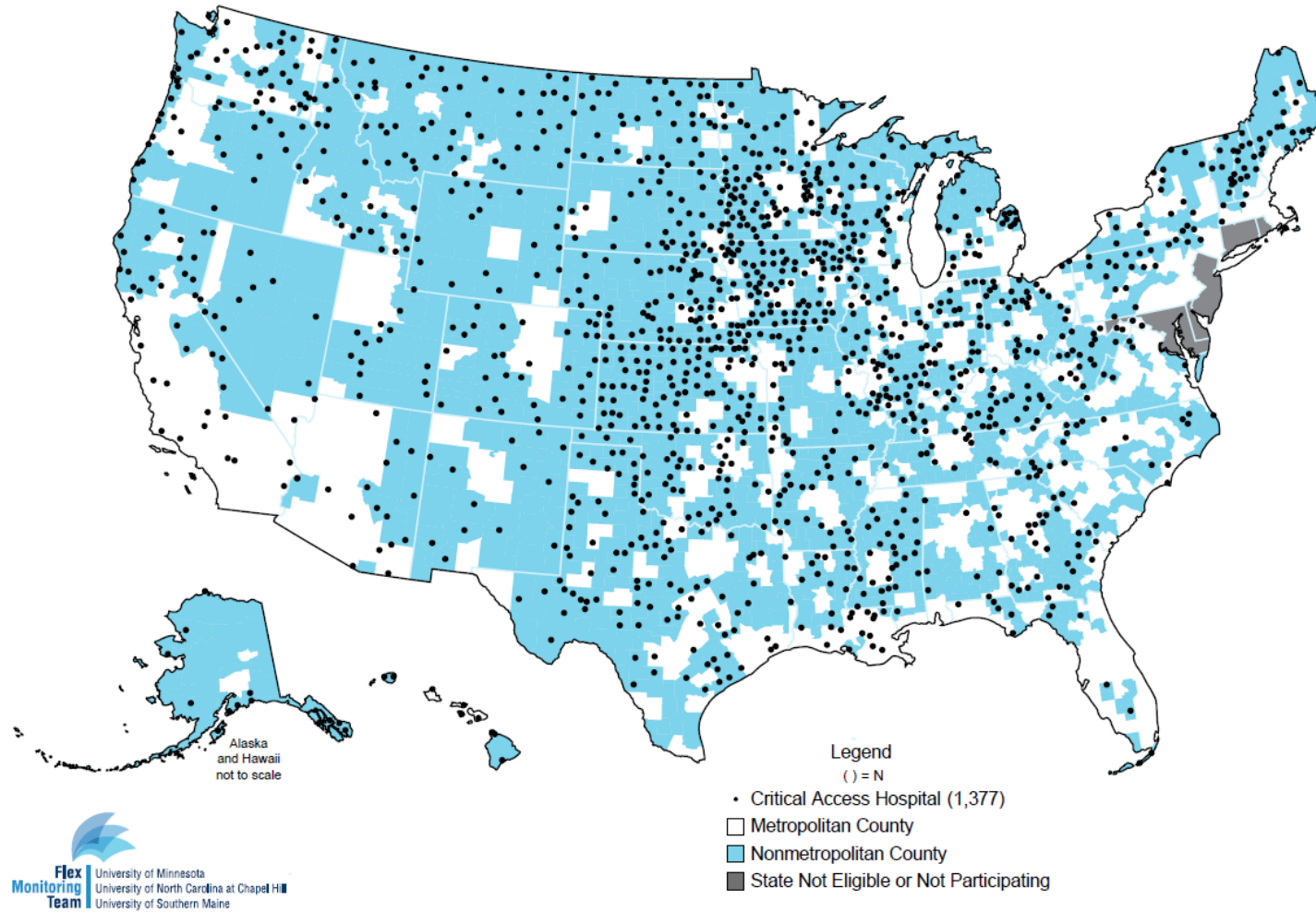


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Employee Benefits Compliance Practice  
Leader / National Director of Compliance  
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# Location of Critical Access Hospitals



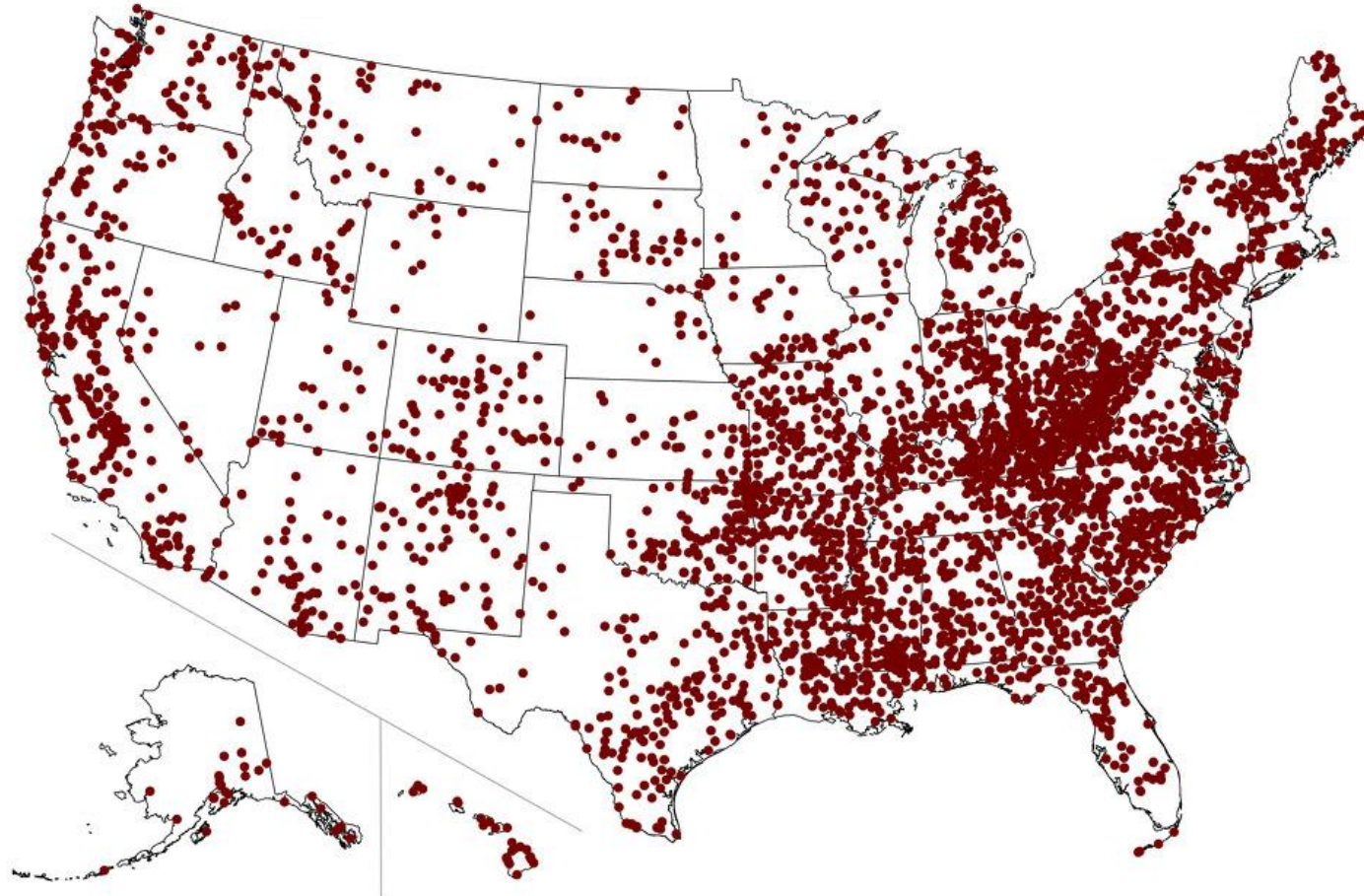
Sources: US Census Bureau, 2018; CMS Regional Office, ORHP, and State Offices Coordinating with MRHFP, 2018.

Note: Core Based Statistical Areas are current as of the April 2018 update. Nonmetropolitan counties include micropolitan and counties outside of CBSAs.

Produced By: North Carolina Rural Health Research and Policy Analysis Center, Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill.



# Federally Qualified Health Center Sites in Rural Areas



\*Excludes U.S. Census Bureau Urban Areas with a population of 50,000 or more

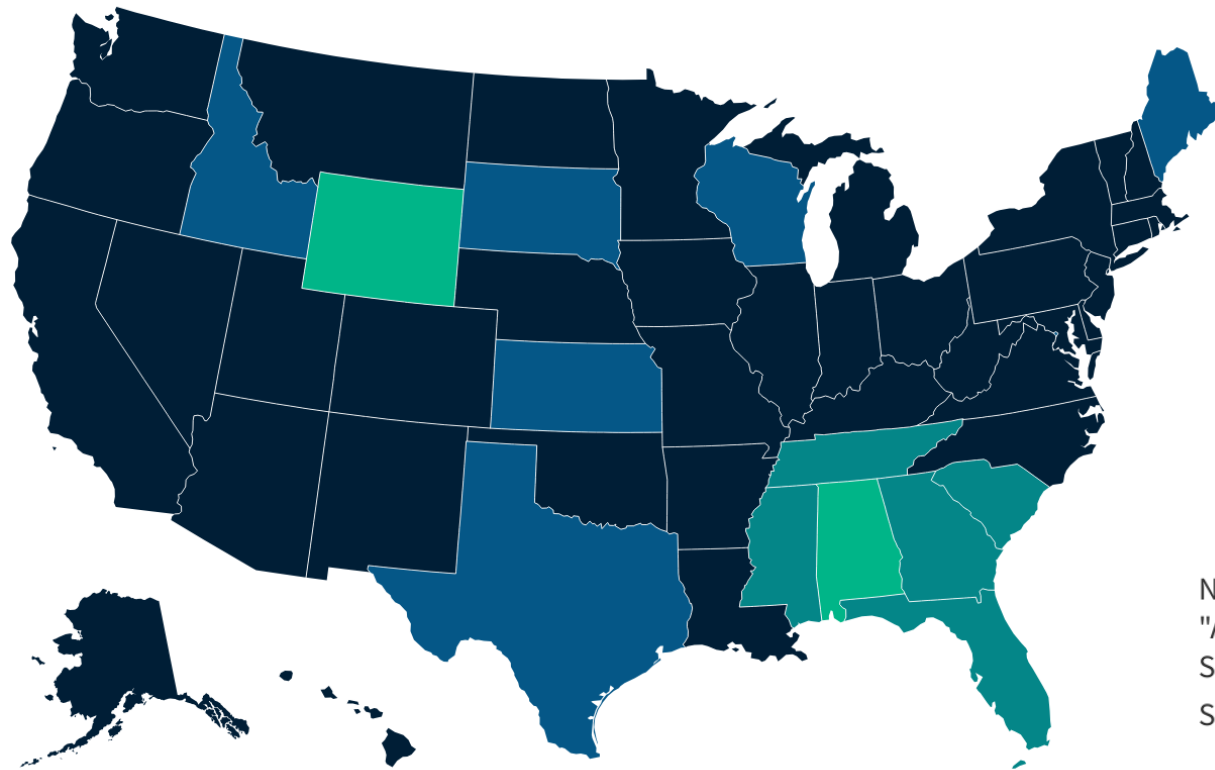
Data Source(s): data.HRSA.gov,  
U.S. Department of Health and Human  
Services, April 2025

# Medicaid Cuts By State

## Federal Medicaid Cuts in the Senate Reconciliation Bill, By State

As a % of 10-year baseline federal spending (2025-2034)

■ < 7% ■ 7%–10% ■ 10%–13% ■ ≥ 13%



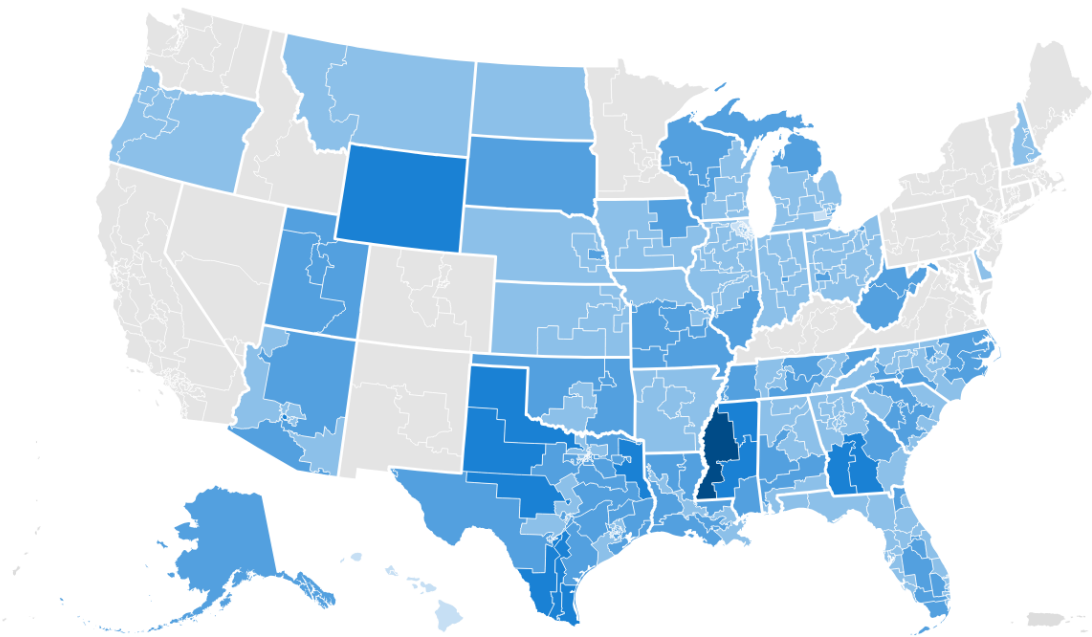
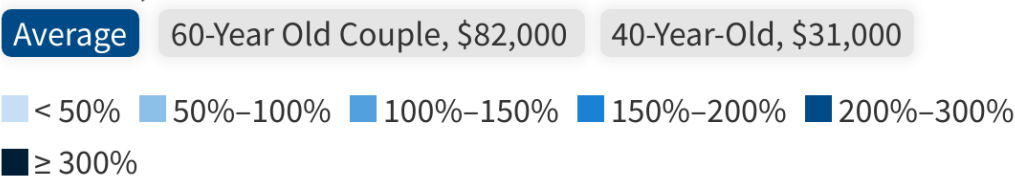
Note: \$1 trillion in federal Medicaid spending cuts is allocated across states. See Methods in "Allocating CBO's Estimates of Federal Medicaid Spending Reductions Across the States: Senate Reconciliation Bill" for more details.

Source: KFF analysis of CBO estimates of the Senate Reconciliation Bill

# Premium Increases for Subsidized Exchange Enrollees

## Premium Payments for Subsidized Enrollees Will Increase Nationwide if Enhanced ACA Subsidies Expire

Percent Increase in Average Monthly Premium Payments Without Enhanced Subsidies, 2024



Note: Data for average increases in premium payments are only available in states that use HealthCare.gov. A couple making \$82,000 in Alaska and Hawaii would make under 400% of poverty under state-specific poverty guidelines and remain eligible for financial assistance. A 40-year old individual making \$31,000 in DC and New York would be eligible for Medicaid and the Essential Plan, respectively. Premiums do not reflect state-provided subsidies. See methods section for details.

Source: KFF analysis of Census data, CMS data, Missouri Census Data Center Geocorr 2022 tool, plan selection data from state regulators and 2024 Open Enrollment Period Public Use Files, and premium data from Healthcare.gov, state regulators, or insurer filings

# Panel Discussion

# Q&A



## UPCOMING WEBINARS

### **What the One Big Beautiful Bill Act Means for Benefits in 2026 and Beyond**

Wednesday, August 6, 12:00 PM CT

For more information, visit [www.hubinternational.com/events/](https://www.hubinternational.com/events/)

# Thank you

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