



Medicaid and SNAP Are Lifelines for Washingtonians

Medicaid is a joint federal and state program that provides health insurance and access to long-term supports and services to more than 1,860,000 Washingtonians, including over 24% of non-elderly adults living in small towns and rural areas:

Around 40% of Washingtonians with disabilities under the age of 65	Around 38% of Washington children	More than 136,000 adults receiving long-term supports and services
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The **Supplemental Nutrition Assistance Program (SNAP)** is the nation's most important and effective anti-hunger program. SNAP helps around 15% of Washingtonians put food on the table.

Higher costs of food and health care are already stretching family budgets. Working families need Medicaid and SNAP now more than ever.

The House Reconciliation bill would:

- Cause at least **273,814 Washingtonians to lose health insurance and thousands to lose SNAP.**
- Limit and freeze the use of provider taxes, which will have the effect of cutting federal participation in the Medicaid program, growing more significant over time.

"Exemptions" and "carve outs" are not as clear-cut as you think. People with disabilities enter Medicaid and SNAP through all possible pathways.

Historically, we know these cuts have devastating effects. When the Federal Medical Assistance Percentage (FMAP) was reduced in 2011 and states adjusted their Medicaid spending, [all 50 states cut services](#). **Washington cut the number of home health waiver participants by 18%.**

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- **Health:** Medicaid coverage unlocks access to health care and improves health. Health insurance coverage means that people can see doctors and afford medication.
- **Dignity and Community:** Medicaid home and community-based services (HCBS) enable 23,338 Washingtonians to live, work, and participate in their communities.
- **Federal Investment** of \$9.3 billion on Medicaid in Washington provided 67% of the total cost.

Washington's state budget would have a hole of \$2.1 billion with current SNAP and Medicaid cuts. This would force the state to make difficult decisions and potentially cut optional Medicaid services. Optional services include many services that disabled people rely on, including HCBS, employment and education supports, and more.

For more information, contact Kim Musheno at Musheno@TheArc.org.