Florida Senate’s Proposed Cuts to Vision, Hearing, Podiatric, and Chiropractic Medicaid Services Would Disproportionately Hurt Seniors, People with Disabilities, and the State Budget

What is the Senate proposing to cut?

The Senate’s proposed budget (SPB 2500) and health conforming bill (SPB 2518) include language that would eliminate Medicaid coverage for vision, optometric, hearing, podiatric, and chiropractic services provided to adults.

Who would be impacted?

Medicaid provides coverage for these services for adults with very low income. Seniors and people with disabilities would be disproportionately hurt.

How would this cut to services hurt seniors and people with disabilities?

Lack of access to these medically necessary services can pose serious risks for overall health, unnecessarily push people into more costly institutional care, and significantly diminish quality of life. Untreated hearing or vision loss can lead to a variety of physical and mental health problems, including increased risk of dementia, reduced cognitive function, falls, limited mobility, hospitalizations, depression, and increased social isolation.1

When Arizona eliminated Medicaid coverage for podiatry services, patients had worse outcomes and the state saw increased costs for patients with diabetic foot infections. One study concluded that for each $1 of Medicaid program “savings” the state anticipated from the elimination of podiatric services, care costs actually increased by $44 per patient.2 Treatment for lower back pain initiated by a chiropractor rather than an M.D. was associated with lower costs3 and lower or less frequent doses of opioids4.

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How would this cut hurt the state budget and Florida taxpayers?

Through federal COVID-relief, Florida is currently receiving an “enhanced federal match” for its Medicaid program. Congress appropriated these extra funds because federal lawmakers recognize that states face additional costs due to the public health emergency and that it is critically important for people to have coverage during this unprecedented pandemic.5

However, receipt of these funds is contingent on the state not making any cuts to Medicaid eligibility or services.6 In other words, if Florida goes forward with this cut, the state would be required to forego millions of extra federal dollars. Notably, at the end of the last fiscal year, Florida had a Medicaid general revenue surplus of $343 million due to receipt of the enhanced federal match. It is projected that the additional federal relief funding will be available at least through the end of 2021. But even when the additional federal funding ends, it would not make sense for the state to eliminate this coverage. This is coverage that saves money in...
the long run by helping people stay in their homes and local communities rather than in more costly institutional settings.

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