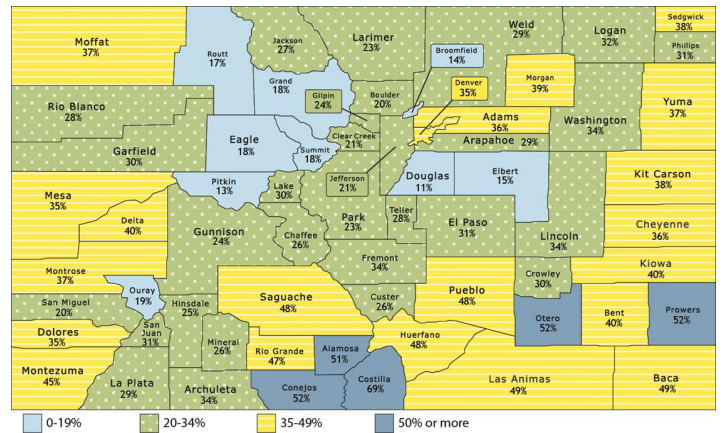


Medicaid Fact Sheet | Colorado District 02

Medicaid covers 16% of people in Congressional District 2.

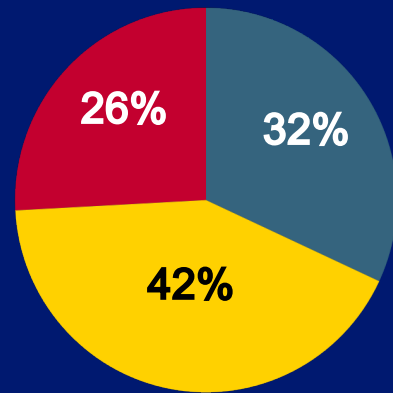
Medicaid provides health coverage for income qualifying families and individuals as well as people with disabilities. Medicaid is a joint federal and state program, with the federal government paying on average about 60 cents on every dollar Colorado spends, which is set by the Federal Medical Assistance Percentage (FMAP).

Percentage of Total Population Enrolled in Medicaid and CHIP, by county



Decreasing federal Medicaid funding risks vital services for 115,634 constituents covered by Medicaid - 16% of CD2, including 6,017 people with disabilities who require long-term care.

Health First Colorado (Colorado's Medicaid program) covers individuals and families generally up to 138% of the federal poverty level (FPL) and pregnant persons up to 180% of FPL. Income limits are based on household size.



Medicaid provides access to

- physician services, like primary and specialty care
- inpatient and outpatient hospital care
- prescription drugs
- labor, delivery and related maternal health care
- diagnostic testing, like lab and x-ray
- behavioral health care
- dental care
- long term care for people with disabilities in institutional and community settings



for people like Anna*

- single mom of 2 kids, one with Autism
- going back to school to be a nurse
- works part-time and attends nursing school in the evening
- needs specific therapies and equipment for her son with Autism



Medicaid Fact Sheet | Colorado District 02

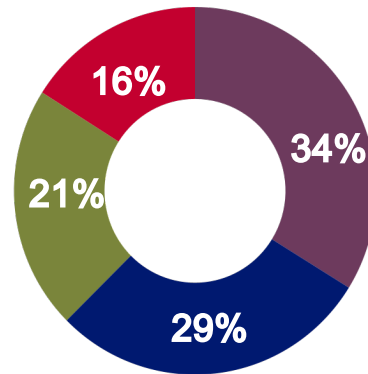
Fueling Your Local Economy

Colorado's Medicaid program covers around 1.2 million people, about a fifth of the state's population. 96% of spending goes directly to health care providers.

The influx of [federal spending on Medicaid is multiplied](#) when combined with state funds and spent in local economies through payments to facilities and providers, with further downstream impacts for staff and vendors employed by health care providers.

Economic Impact by Provider Type

A total of **\$680M** was paid to providers in Congressional District 2 to care for Medicaid members in FY24



- Behavioral and medical services
- Health care facilities such as hospitals and clinics
- Long term care services
- Pharmacy

Provider districts determined by service address of billing provider on the claim or the provider Medicaid ID on the capitation payment.

A [2016 study](#) by The Colorado Health Foundation estimated that Colorado's economy, as measured by state gross domestic product, is \$3.82 billion (1.14 percent) larger as a result of Medicaid expansion and will continue to grow. Low and moderate income people covered by expanding Medicaid are largely funded by the Colorado Healthcare Affordability and Sustainability Enterprise (CHASE) fee, which increases payments to hospitals, reduces uncompensated care and the shifting of those costs to commercial payers.



Medicaid Fact Sheet | Colorado District 02

Colorado, including your district, is disproportionately impacted by federal Medicaid cuts.

Colorado would be among the states most adversely impacted by proposed federal Medicaid funding cuts, for several reasons.

- Colorado uniquely has a revenue cap in our state constitution, the Taxpayer's Bill of Rights (TABOR) Amendment. This impedes the state's ability to secure sufficient state funds to offset reductions in federal funding.
- Colorado is one of 10 states at the lowest 50% "floor" federal match rate: CA, CO, CT, MD, MA, NH, NJ, NY, WA, WY.
- Colorado is among a few states that keeps Medicaid local as a state supervised, county administered system. Counties are key partners in Colorado's Medicaid program.
- Colorado has a balanced budget requirement, meaning it cannot deficit spend or borrow to backfill reductions in federal funding.

Proposed Budget Action	Estimated Reduction in Federal Funding to Colorado
Elimination of the FMAP Floor	\$923M
Per Member Caps on Federal Funding	\$1.34B
Changes to Provider Fees	\$495M in increased Medicaid payments + \$3B in claims payments to health care providers of all types for care provided to more than 425,000 Coloradans whose coverage is funded by CHASE
Reduce Expansion Population Match to 50%	\$1.2B
Add Work Requirements	\$57M in administrative costs. Estimated could apply to current CO ACA Expansion population (adults without kids and parents), which is 377,019 members. Significant IT system costs, administrative burden and increased churn given Colorado's state supervised, county administered model.

More Resources

- For statewide data, visit hcpf.colorado.gov/2024-report-to-community
- Additional fact sheets on Colorado Medicaid can be found at hcpf.colorado.gov/impact

Sources

- Colorado Medicaid enrollment data: Colorado Department of Health Care Policy and Financing, Business Intelligence and Data Management System, July 1, 2023-June 30, 2024, accessed April 7, 2025.
- District population data: U.S. Census Bureau, My Congressional District, <https://www.census.gov/mycd/?st=08&cd=02>, accessed March 4, 2025.
- Member Address Congressional District: Walker K (2025). tigris: Load Census TIGER/Line Shapefiles. R package version 2.2.0, <https://github.com/walkerke/tigris>.

