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Analysis of Medicaid and Medicare Changes Under the 'One Big Beautiful Bill' (OBBB)

A coherent, facts-based article about what is happening, what survivors should be concerned about, and what you should do to prepare for inevitable changes in your insurance.

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Medicaid: Deep Cuts and Policy Restructuring

Spending Reductions

- **Total cuts**: Estimated at $700–880 billion over 10 years (2026–2034).
- **Enrollment impact**: Projected coverage loss for 7.6–8.6 million individuals.

Work Requirements and Eligibility Restrictions

- **Before OBBB**: Medicaid eligibility based on income, disability, age, or pregnancy status. No federal work requirement; states could opt-in with waivers.
- **After OBBB**: Starting 2029, able-bodied adults aged 19–64 must complete 80 hours/month of work, volunteer service, caregiving, or education.

- **Impact on survivors: Many Hodgkin's lymphoma survivors live with fatigue, pulmonary fibrosis, or cardiac dysfunction from prior treatments, making full employment difficult. Administrative burdens may cause them to lose coverage if unable to complete or report required activities.**

Program Restrictions and Fee Expansion

- **Before OBBB**: Minimal cost-sharing; comprehensive services including mental health, reproductive health, and gender-affirming care covered by Medicaid in most states.
- **After OBBB**:
  - Mandatory premiums and deductibles expanded to enrollees above poverty level.
  - Federal funding prohibited for gender-affirming care and for services provided by nonprofit abortion providers.
  - Coverage for certain immigrant groups reduced, including pregnant and postpartum care.
  - Long-Term Services and Supports (LTSS): HCBS programs support survivors who developed treatment-related disability. Cuts may lead to institutionalization or lack of access to supportive care.

Administrative and Structural Changes

- **Before OBBB**: State Medicaid programs allowed to use provider taxes to fund coverage expansions; PBM practices varied.
- **After OBBB**:
  - Limits on provider tax arrangements reduce state flexibility.
  - Pharmacy Benefit Managers (PBMs) barred from spread pricing practices.

Medicare: Budget Triggers and Reduced Support

PAYGO Cuts and Funding Declines

- **Automatic cuts**: $535 billion total (2026–2034); ~$45 billion in 2026 alone.
- **Provider impact**: Reductions in reimbursement may discourage providers from accepting Medicare, particularly in specialized care like oncology or late effects management.

Eligibility and Subsidy Changes

- **Dual-eligibility**: Over 1 million people could lose combined Medicare–Medicaid support, impacting older survivors relying on both programs for multiple comorbidities.
- **Low-Income Seniors**: Removal of Medicare Savings Program (MSP) support could force difficult trade-offs between medication, appointments, and other essentials.

Stay Informed

Contact Hodgkin's International for policy updates and resources.

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Real-World Implications for Hodgkin's Lymphoma Survivors

Case 1: 50-Year-Old Survivor Seeking Extra Screenings

A 50-year-old woman treated for Hodgkin's lymphoma at age 20 with mantle field radiation may now be at increased risk for breast cancer, thyroid disease, and coronary artery disease.

- **Current protocol**: Early mammography starting at age 40; annual thyroid panels; routine cardiac monitoring based on survivorship guidelines.
- **Impact of OBBB**: If she loses Medicaid or dual-coverage, these screenings may become unaffordable. Provider shortages under Medicare cuts could limit access to specialists familiar with survivorship protocols.
- **Proactive steps**:
  - Secure a medical summary from her oncology team detailing treatment history and screening needs.
  - Speak with her current primary care provider about transferring survivorship care to a large academic center with financial aid programs.
  - Explore local nonprofit foundations offering imaging grants or subsidized preventive services for cancer survivors.
  - Begin screening appeals processes early if insurance denies non-standard surveillance.

Case 2: Young Adult Survivor Seeking Older-Age Screenings

A 27-year-old male survivor seeks colonoscopy due to abdominal radiation exposure in childhood.

- **Guidelines**: Survivors with radiation >30 Gy to the abdomen are recommended colon cancer screening starting at age 30—not 45 or 50 as in the general population.
- **Impact of OBBB**: Preventive services like early colonoscopy may not be covered under new state Medicaid guidelines. Private ACA plans could become unaffordable if subsidies are removed, leading to missed or delayed diagnoses.
- **Proactive steps**:
  - Meet with a survivorship navigator or social worker to identify risk-based screening pathways.
  - Enroll in a clinical registry or survivorship clinic, which may include access to research-supported screening services.
  - Maintain organized documentation of prior radiation dose and oncology follow-up to support screening justification.
  - Contact advocacy groups like Hodgkin's International or the National Coalition for Cancer Survivorship for policy updates and resources.

Overall Survivorship Care Disruption

Hodgkin's lymphoma survivors often require periodic endocrinology, cardiology, dermatology, fertility, and psychology consultations—sometimes for decades post-treatment. These services are often deprioritized or denied coverage in restrictive insurance plans. Reimbursement cuts will discourage provider participation, further isolating long-term survivors.

Health Outcomes and Survivorship Risks

Healthcare Access and Continuity

- Hodgkin's lymphoma survivors are at unique risk for secondary cancers, cardiovascular disease, and psychosocial complications. Disruptions in specialist and follow-up care due to coverage loss will reduce early detection and intervention.
- Increased out-of-pocket costs may lead to delayed or foregone care, especially for survivors already coping with chronic fatigue or employment barriers.

Public Health Impact

- **An estimated 51,000 additional deaths annually are projected due to reduced coverage and service availability.**

- Rural hospitals, already strained, will likely see increased uncompensated care burdens—further limiting specialty access for survivors.

What steps can you take?

Contact your senators and let them know this matters to you.

Summary Table: Before and After OBBB

Category	Before OBBB	After OBBB	Impact
Medicaid Spending	Broad coverage, no federal work requirement	$700–880B cut; work mandate; cost-sharing expanded	**7.6–8.6M lose coverage**
Medicaid Eligibility	Based on income/disability/pregnancy; no work requirement	Adds work/community engagement requirement	**Administrative burdens on chronically ill**
Medicaid Services	Comprehensive, incl. gender care & nonprofit providers	Service limits; gender-affirming/abortion provider bans	**Exclusion of key care services**
Long-Term Care Access	Medicaid funds >70% HCBS & LTSS	Cuts threaten state programs and institutional shift	**Loss of home-based services**
Medicare Budgeting	Funded via general revenue	$535B PAYGO-triggered cuts	**$45B in 2026; up to $75B by 2034**
Dual-Eligibility Access	Streamlined coordination	More red tape; expected loss for 1M+ recipients	**Reduced integrated care**
Low-Income Subsidies	MSP covers 1.4M low-income seniors	Potential elimination of MSP	**Increased out-of-pocket burden**
Survivorship Screening	Risk-based guidelines honored under ACA/Medicaid	Early screenings may not be covered	**Delayed cancer detection, higher mortality**

Conclusion

The Medicaid and Medicare reforms within the OBBB present profound risks to coverage and care access for America's most vulnerable, especially long-term survivors of Hodgkin's lymphoma. These individuals rely on tailored, risk-based follow-up that deviates from general screening protocols and require ongoing interdisciplinary care. The two case examples provided show how both older and younger survivors could be directly affected—and how proactive planning can help mitigate harm. If enacted, these reforms may lead to worsened outcomes, higher mortality, and system-wide financial burdens. Policymakers and institutional leaders must weigh the balance between cost-cutting and preserving life-saving, survivorship-specific care.

Sources: Congressional Budget Office (CBO), Centers for Medicare and Medicaid Services (CMS), AP, Washington Post, NY Mag, Guardian, Verywell Health, Public Policy Institute reports.

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