Optional: Background Materials

Prepared for August 5, 2026

This document reflects four sets of national material, offered alongside what the Department is preparing. None of it is required reading and none of it is Colorado-specific. They are here because several members of the Commission have asked how Colorado compares to other states and what tools legislatures elsewhere have used, and these are the best available answers to those questions at this time.

If you read only one thing: Read the two-page key-takeaways section of the RAND report. It is the clearest available account of how the federal changes land differently in different states.

1 · The Medicaid Toolkit - Developed by the National Conference of State Legislatures

https://www.ncsl.org/health/the-medicaid-toolkit

This is a reference library assembled for legislators and legislative staff. It runs from short explainers on how eligibility, financing and delivery systems work through to longer briefs on cost containment and oversight. It is organized to be used in pieces, and what is outlined below is the materials that will be most helpful prior to our scheduled meetings. The highlighted item below is what is most relevant for you to review prior to the August 5th meeting.

The pages that map most directly with questions Medicaid Commission members have already raised:

Page	Why it is relevant, and who raised it	Where it lands
Medicaid Financing 101	How the programme is paid for, including the mechanisms states use to fund their own share — provider taxes, intergovernmental transfers and the rest.	Meeting 8
Medicaid Flexibilities 101	What states are permitted to do differently, and how. The natural starting point for the question of which options Colorado has not taken up.	Meeting 8
Delivery Systems 101 and Managed Care 101	What the delivery models are and how states choose among them, without a thumb on the scale.	Meeting 7
Medicaid Managed Care Brief Series	Longer treatment of managed care oversight, quality review and the flexibilities available inside it.	Meeting 7
Value-Based Care in the States	A multi-part series on what value-based arrangements are and what states have actually done.	Meeting 7
Balancing State Medicaid Budgets and The Medicaid Puzzle	The closest national analogue to this Commission's task: the range of options available to a legislature trying to hold a Medicaid budget together.	Meeting 5 (August 5th)
State Options for Improving Care for People with Intellectual and Developmental Disabilities	Policy options for the population at the centre of the waiver and waiting-list questions.	Meeting 6
Rural Health Transformation Program State Legislative Resources	How other states have legislated around the same grant programme Colorado applied to on August 3.	Meetings 6–8
Health Costs, Coverage and Delivery Legislation Database	Searchable enacted legislation from all fifty states — useful when a member wants to see how another state actually drafted something.	Meeting 10

2 · State-Level Impacts of Key Medicaid Provisions in the One Big Beautiful Bill Act - Developed by RAND Corporation

https://www.rand.org/pubs/research_reports/RRA4098-1-v2.html

This report provides state-by-state estimates through 2034 of what the federal changes do to Medicaid funding and enrollment. The authors built the estimates from public data, published literature and agency reports, and the report is peer-reviewed. It was funded by Arnold Ventures, which is noted here because members should know who paid for any analysis put in front of them.

What it finds, in brief: state Medicaid funds reduced by roughly $665 billion nationally across 2025 to 2034, of which about $86 billion falls on state general funds; federal savings of about $714 billion; and roughly 7.6 million fewer people enrolled by 2034. **The state-by-state variation is the useful part.** States that lean heavily on state-directed payments and provider taxes (e.g., Arizona, Iowa and Nevada) lose more than fifteen per cent of their Medicaid funds. Florida, a non-expansion state making little use of either, sees almost no change.

The report also carries an annex database of state provider taxes on hospitals, ambulance services and managed care organizations. **It is worth nothing that the RAND estimates are projections built on assumptions that reasonable analysts would argue about.**

> **Two notes.** This is version two; it supersedes an earlier 2026 release, so figures circulating from the first version may not match. And RAND asks that the report be linked rather than reposted, so please use the link above rather than passing the PDF onward.

3 · The Medicaid Balancing Act — NCSL Summit session - Presented at the National Conference of State Legislatures

This is a presentation from a session at this week's NCSL Summit, in which Vice Chair Brown took part alongside Rep. Steve Eliason of Utah. The first half surveys what is driving state Medicaid budgets nationally; the second half is a catalogue of what legislatures actually enacted in 2025 and 2026, organized by strategy (e.g., maximizing revenue, contracting programme size, improving outcomes, exercising oversight, and identifying cost drivers).

4 · Follow-up materials from KFF

Sent by Robin Rudowitz following her presentation to the Commission on July 28th

Ms. Rudowitz wrote after the meeting with resources addressing questions members raised on the floor, and offered to respond to anything further the Commission needs. Each item below is tied to a question that was actually asked.

Resource	What it answers, and who raised it	Links
Implementation timeline for the 2025 reconciliation law	A filterable timeline of every health provision and the date it takes effect. It lays out what is already happening, what happens during implementation, and what is still years out.	https://www.kff.org/medicaid/implementation-dates-for-2025-budget-reconciliation-law/
Section 1115 waiver tracker – approved and pending, by state	This tracks approved and pending Section 1115 waiver provisions (including expansions and restrictions) related to eligibility, benefits, and social determinants of health and other delivery system reforms	https://www.kff.org/medicaid/medicaid-waiver-tracker-approved-and-pending-section-1115-waivers-by-state/
Medical frailty exemption from work requirements – the CMS interim final rule	This outlines how the exemption actually works.	https://www.kff.org/medicaid/the-medical-frailty-exemption-from-medicaid-work-requirements-key-takeaways-from-the-cms-interim-final-rule/
Five key facts about Medicaid work requirements	The research base on states that have tried work requirements before.	https://www.kff.org/medicaid/5-key-facts-about-

Resource	What it answers, and who raised it	Links
		medicaid-work-requirements/
Work requirements tracker – national and state-by-state data and policies	What other states are doing and how far along they are, against Colorado's January 2027 date. Relevant to the outreach and success-measures discussion.	https://www.kff.org/medicaid/medicaid-work-requirements-tracker-state-national-data-and-policies/

What none of these will tell you

These resources are useful for orientation and for seeing what has been tried elsewhere. They are not a substitute for the Colorado-specific analysis that is underway by HCPF and others.