



# How Medicaid Cuts Will Harm Students & Schools

Results of a Nationwide Survey of School District Leaders

March 2025

HEALTHY SCHOOLS  
CAMPAIGN

**AASA**  
THE SCHOOL SUPERINTENDENTS ASSOCIATION



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**NAME**  
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# Acknowledgments

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# Importance of School-Based Health Services

About 20% of children under the age of 18 have a physical or mental health issue such as asthma, diabetes, vision impairment, anxiety or other physical or developmental disability that can affect their ability to succeed in the classroom. Among low-income children with special healthcare needs, approximately 85% do not receive the necessary care, primarily due to financial barriers and limited access.

If not appropriately managed, these conditions can adversely affect school attendance, learning ability, motivation, academic performance and the chances of graduating from high school.

School-based health services, provided where children spend the majority of their days, are essential to addressing these concerns. These services include physical, behavioral and mental healthcare that can be delivered by a range of providers, such as school nurses, social workers and speech-language pathologists, as well as through school-based health centers and partnerships with local health organizations.

Studies indicate that increased access to school health providers improves health and academic outcomes, particularly for students with chronic health issues. A lower student-to-nurse ratio, for example, is related to better attendance.

**Millions of children rely on school-based health services for preventive and ongoing care, including mental health counseling and management of chronic illnesses such as asthma and diabetes.**

# Medicaid & School Health Funding

Medicaid provides coverage to nearly 30 million children — approximately 40 percent of all children under age 18 in the United States. The program covers comprehensive and preventive physical, behavioral and mental health services and is a cost-effective and efficient provider of essential healthcare services for children.

Medicaid plays a critical role in funding school-based healthcare, supporting more than \$7.5 billion in school health services every year. It serves as a significant source of revenue for schools, making Medicaid the fourth-largest federal funding stream for K-12 public schools.

Since 1988, Medicaid has permitted payment to schools for medically necessary services provided to children under the Individuals with Disabilities Education Act (IDEA) and documented in a special education plan, such as an individualized education program (IEP). All states benefit from this funding stream. Due to consistent federal underfunding of IDEA, districts rely on Medicaid reimbursement to ensure students with disabilities have access to the supports and services they need. Without Medicaid funding, state and local education funds would be further diverted to cover these costs.

In 2014, the Centers for Medicare and Medicaid Services (CMS) clarified Medicaid policy and allowed schools to seek reimbursement for all Medicaid-covered health services provided to all students enrolled in Medicaid, not just those with an IEP. This opened the door for additional and sustainable funding for screening, diagnosis and treatment services that schools already provided without reimbursement. Today, 25 states now bill for at least some services provided to all Medicaid-covered students, including nursing services and counseling by school psychologists.

Other states are working toward this, supported by more recent federal guidance that encourages the expansion of Medicaid-reimbursable health services, especially mental health services, in schools. In 2022, Congress included provisions in the Bipartisan Safer Community Act (BSCA) calling on CMS to update school Medicaid guidance, reduce administrative burdens for billing and payment and provide technical support to help states and schools maximize Medicaid reimbursement.

This underscored the essential role schools play in providing health services. CMS also allocated \$50 million in grants, funded through BSCA, to assist states and school districts in strengthening their school Medicaid program. States are expected to bring their state Medicaid plan into compliance with federal requirements by July 1, 2026.

Early adopter states have shown that when schools can seek reimbursement for the full array of Medicaid-covered services and providers that work in schools, districts receive more money. These funds can be reinvested into school health services, including hiring. This makes Medicaid a very important source of funding for school health services — and for state health and education budgets overall.

## What Happens if Congress Cuts Medicaid?

House Republicans approved a budget resolution in February 2025 directing the House Energy & Commerce Committee to reduce the federal deficit by a minimum of \$880 billion over the next decade. While Medicaid is not explicitly referenced, budget analysts expect that a significant portion of these cuts would come from Medicaid due to the committee's jurisdiction of the program.

The budget process has many pivot points, but it's clear that federal funding for Medicaid is at risk. If Congress cuts Medicaid, states — and school districts — will receive less funding. This will force school districts to raise taxes and reduce or eliminate various programs and services, including non-Medicaid services.

# Survey: What Impact Will Medicaid Cuts Have on Students and Schools?

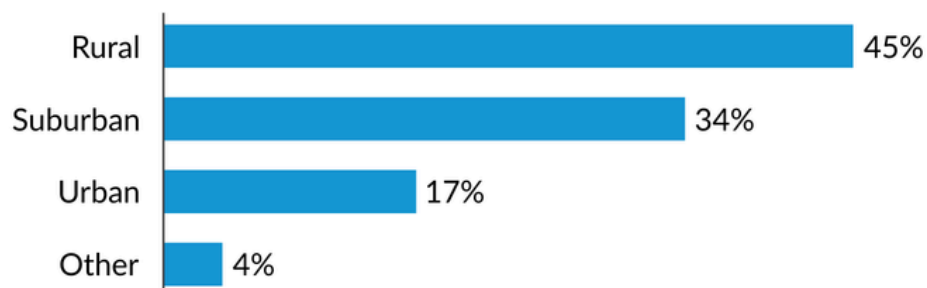
## Overview

Given that a strong school Medicaid program relies on a strong federal Medicaid program, Healthy Schools Campaign and its partners asked school district leaders, administrators and staff to assess how steep reductions in federal financing would affect school health services, student resources and district funding.

The survey was posted online and distributed between Jan. 27 and March 3 by five organizations: Healthy Schools Campaign (HSC); The School Superintendents Association (AASA); Association of School Business Officials International (ASBO); National Alliance for Medicaid in Education (NAME); and Council of Administrators of Special Education (CASE).

A total of 1,440 responses were submitted by school district staff and officials from all 50 states and the District of Columbia. Among the respondents, nearly half, 45%, identified their school district as rural, with 34% as suburban and 17% as urban.

### School Districts Surveyed on the Impact of Medicaid Cuts



Source: Healthy Schools Campaign, 2025

In every state, schools can seek reimbursement for Medicaid-covered services provided to Medicaid-enrolled students with an Individualized Education Program (IEP). Just over half of all respondents (51%) said their district can seek Medicaid reimbursement for services provided to Medicaid-enrolled students with a 504 plan, and 44% said their district can seek reimbursement for services provided to all Medicaid-enrolled students.

Respondents identified their school role as one of the following: superintendent, special education administrator, school business official, school Medicaid coordinator, billing specialist, school nurse, mental or behavioral health specialist, and other types of administrative and healthcare roles.

The multiple-choice survey gave respondents the opportunity to provide additional explanation and insights. These comments are featured throughout this report.

*This survey builds on AASA's 2017 survey of school leaders, which found similar trends in how Medicaid is used to support school health staff and services.*

## Key Findings

### How school districts use Medicaid funds:

- 86% of respondents said their district uses Medicaid funds to support salaries for school health staff and personnel such as school nurses, school psychologists, occupational and physical therapists and speech-language pathologists
- 59% use Medicaid funds for mental and behavioral health services
- 46% use Medicaid funds for assistive technology and specialized equipment for students with disabilities

**45% of respondents are from rural school districts, where more children are covered by Medicaid and schools play an outsize role in providing healthcare.**

### How Medicaid cuts would affect school health services and staff:

- 80% of respondents expect reductions and layoffs of school health staff and personnel
- 70% expect reductions in mental and behavioral health services
- 62% expect a reduction in resources, including assistive equipment and technology for students with disabilities
- *73% of respondents expect Medicaid cuts would lead to reductions across three or more major areas related to student health*

**90% of respondents anticipate that Medicaid cuts would lead to reductions across their district's budget, outside of school health services.**



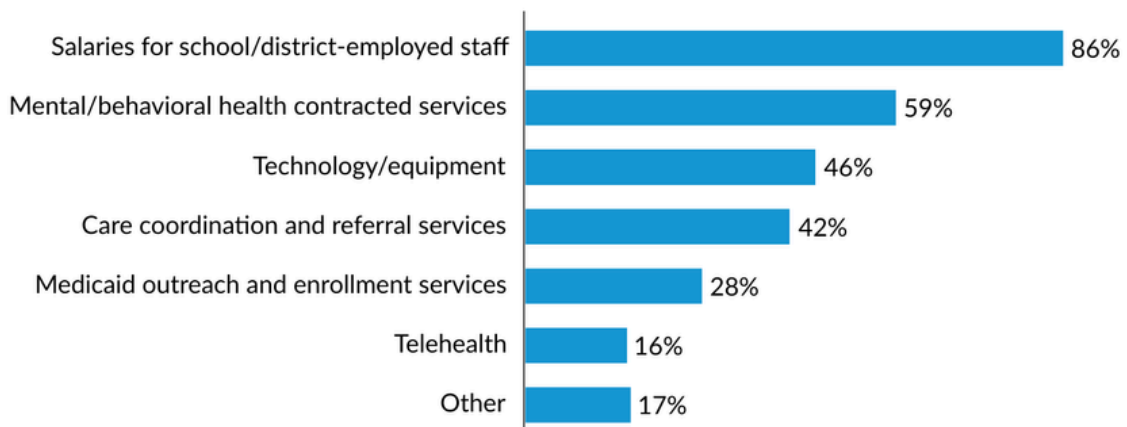
# School District Survey Results

## How School Districts Use Medicaid Reimbursement Funds

School districts use Medicaid funds for various health services and staffing needs. The primary use is to cover the salaries of school health staff and personnel, who are referred to in the survey as specialized instructional support personnel (SISP); 86% of respondents indicated their district uses Medicaid for this purpose.

Additionally, 59% cited contracted mental and behavioral health services delivered by community-based providers, and 46% cited assistive technology and equipment for students with disabilities. Care coordination and referral services followed closely behind at 42%.

### How Do School Districts Use Medicaid Reimbursement Funds?



Source: Healthy Schools Campaign, 2025

Note: School/district-employed staff refers to specialized instructional support personnel, such as occupational therapists, speech-language pathologists, school nurses, school social workers and school psychologists. Mental and behavioral health contracted services refer to services provided by community-based providers working in a school setting, such as social work, therapy, counseling and psychological services.



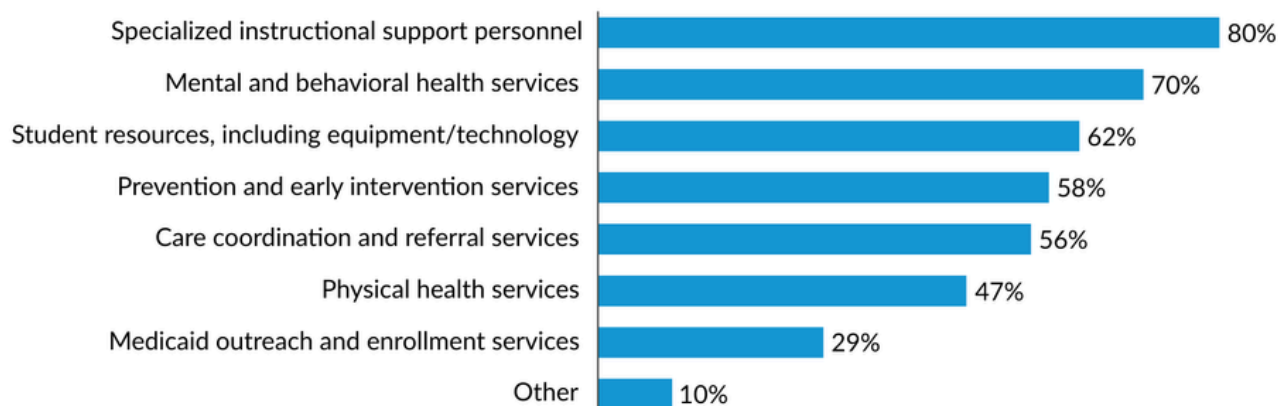
## Impact of Medicaid Cuts on Staffing and Services

Survey respondents overwhelmingly reported that Medicaid cuts would have a significant effect on their district's budget: 80% indicated their district would reduce the number of SISP, and these reductions could involve layoffs; 70% cited a reduction in mental and behavioral health services; 62% cited a reduction in resources, including assistive equipment and technology for students with disabilities; and 58% cited a reduction in prevention and early intervention services, including screenings.

Overall, 73% of respondents selected three or more of the options below. Students with disabilities and students with mental or behavioral health needs would be impacted the most.

### What Impact Would Medicaid Cuts Have on School Health Staff and Services?

*% of respondents who said school health services and staff would be reduced in the following areas...*



Source: Healthy Schools Campaign, 2025

Note: Reduction of specialized instructional support personnel may include staff layoffs or reduced hours. Prevention and early intervention services includes screenings.

# Survey Responses: Impact of Medicaid Cuts on Staffing and Services

## Burnout and Reduced Quality of Services

“Services would continue, but teachers and staff would be overwhelmed with the amount of work due to less personnel.”

— *School Business Official, Urban District, Texas*

“Lost revenue on the Medicaid revenue lines would create a domino effect on other services/staffing being provided to regular education students.”

— *School Business Official, Rural District, New York*

“Medicaid cuts would impact how much we can pay our personnel who oversee these students' needs, and thus impact the quality of candidates to fill these positions. It would also force us to utilize other funds dedicated to both general education and special education students who aren't Medicaid-eligible, impacting services and supports available to all students. The impact would be huge, and hard decisions would have to be made regarding services, supports and equipment.”

— *Student Services Director, Rural District, Iowa*

“Cuts would impact our ability to hire staff at the ratios needed to serve all eligible students. As case loads rise, an unintended consequence is that other staff members quit due to high case loads, stress and burnout. This creates an untenable staffing, recruiting and retention issue, which then takes up too much administrative time when the focus should be on student needs and provision of services and administration of effective special education programs.”

— *School Business Official, Suburban District, Georgia*

## Negative Effects on Academic Outcomes and Attendance

“Our students with behavioral health needs require additional personnel, time and space to work through their regulation processes. Without this funding, we would see increases in student and staff injuries, decreases in learning and test scores across subjects and decreases in enrollment resulting from the unsafe environment.”

— *Medicaid Coordinator & Billing Specialist, Rural District, Idaho*

“Students with disabilities will receive significantly fewer services, which will negatively impact their academic achievement and attendance.”

— *School Business Official, Urban District, Louisiana*

“Mental and behavior help — we try to intervene as early as possible to teach them skills and coping mechanisms for future success. If these are taken away, it will cause more classroom interruptions and less success for the overall classroom instruction time. An example: Students with speech issues would lose the early interventions. We would not be able to help them, and future success would be harder and create bigger gaps in their reading, math and social skills for lack of ability to communicate properly.”

— *Speech and Language Paraprofessional, Rural District, Nevada*

“Medicaid cuts will cause districts to shift focus from students with mental and behavioral health needs since schools cannot manage needs with decreased funds. This will lead to an uptick in absenteeism, disciplinary issues (due to unmet needs), and need for alternative options. For students with mental/behavioral health needs but without family support, incarceration is more likely. This increases costs to our community.”

— *Director of Student Services, Rural District, Wisconsin*

## **Reduced Preventive Care and Reduced Availability of Care**

“Medicaid is a cost saver not a costly entity. Students who do not have primary care will end up with costly hospitalizations. Schools assist to keep our diabetics and asthmatics from going into hospitals.”

— *Physical Therapist, Urban District, Florida*

“We need more Medicaid funding, not less. Preventive care in schools will make all the difference for our community.”

— *Medicaid Coordinator, Urban District, Kansas*

“A significant portion of Alaska's student population relies on Medicaid as their lone source of healthcare access. Alaska currently relies heavily on emergency departments and short-term interventions for mental health. Medicaid is being leveraged to move to a preventive model that will reduce risk, but without it, systems will continue to be reactive and strained beyond capacity.”

— *Medicaid Coordinator, Urban District, Alaska*

## **Family Financial and Emotional Strain**

“When there are strains on families, schools fill in the gaps and swoop in to support the student. Not only would the decrease in direct funding to school programs and personnel impact us, the cuts to our families' budgets increase the needs at school. Families won't be able to feed their students, send them with school supplies, provide them with winter attire, etc. We already support families in this way, and cuts to Medicaid will exacerbate this situation, pushing the burden onto schools to fill in the gaps.”

— *School Business Official, Rural District, Michigan*

“Parents would be left scrambling to have their child receive related services. Undue hardship would be placed on school districts, who are fighting for federal dollars.”

— *School Business Official, Rural District, Texas*

“Families are worried. It is hard enough to care for and support a student who has significant needs. Parents should not have to worry about losing financial support for necessary therapy services and access to appropriate medical care.”

— *Speech Language Pathologist, Rural District, Wisconsin*





## Impact of Medicaid Cuts on Students With Disabilities

*“... vitally important to each child's development and educational services”*

Asked what impact Medicaid cuts would have on students with disabilities, many respondents described the critical role Medicaid plays in helping districts provide student services in compliance with the Individuals with Disabilities Education Act (IDEA).

Some respondents noted that Medicaid cuts would reduce services and staffing. Others commented on how the quality or type of services available would be dramatically affected if cuts were implemented.

**“We would not have the capacity to support students with mental and physical health services and purchase supplies needed to aid in education.”**

*School Business Official, Urban District, Pennsylvania*



# Survey Responses: Impact of Medicaid Cuts on Students With Disabilities

“Medicaid ensures that our students have the services they need to be successful at school. Services that we utilize Medicaid reimbursements for include speech/language services, physical therapy and occupational therapy. These students come from low-income families, many without transportation. Medicaid bill-back ensures that these students are able to receive services in the school setting; families do not have to worry about getting their children to and from services.”

— *Superintendent, Rural District, Missouri*

“It would deeply affect the level of care and success the students receive in the classroom.”

— *Special Education Teacher, Rural District, Arkansas*

“We would not have the capacity to support students with mental and physical health services and purchase supplies needed to aid in education.”

— *School Business Official, Urban District, Pennsylvania*

“Students with speech disabilities, for example, are at a greater disadvantage without speech services. They have more trouble learning to read and be successful in school, which impacts how much of a productive member of society they will become. Many children need help with coordination and dexterity that impacts their everyday life. Without Medicaid, they would be hindered in adult life and less likely to have a good job. Many of these students wouldn't receive these services if they couldn't get them during school because their parents work and can't take them during the day to therapy. Children who do go to therapy during the school day miss a significant amount of in-school time, which has an impact on their education.”

— *Special Education Teacher, Urban District, Arkansas*

“Students with disabilities accessing Medicaid are significantly disadvantaged, and providing the services needed to support educational services that meet their individual needs is vitally important to each child's development and educational services.”

— *School Business Official, Rural District, Missouri*

“With other federal programs being cut, Medicaid to schools funding is a critical resource for districts in meeting the needs of students with disabilities who require medically necessary services to access their education.”

— *Director of Student Services, Rural District, New Hampshire*



## Impact of Medicaid Cuts on Student Behavioral & Mental Health Needs

*“It would be nothing more than tragic, and could result in students facing severe (tier 3) mental health emergencies...”*

Asked to describe how Medicaid cuts would affect students with mental and behavioral health needs, many respondents described significant, negative impacts for students, especially given the increase in mental and behavioral health challenges that students are facing and the possibility of reductions in services. Some raised concerns that Medicaid cuts would jeopardize student safety and lead to more serious mental and behavioral health issues.

**“A reduction in mental health providers will directly impact access of care for all students, reduced achievement, higher drop-out rates, risk of court involvement, and higher risk of suicide and self-harm.”**

*School Psychologist, Rural District, Michigan*

# Survey Responses:

## Impact of Medicaid Cuts on Student Behavioral & Mental Health Needs

"These cuts will hurt the growing crisis of mental health issues among students and families. It is imperative that they receive early and immediate services as they arise."

— *Superintendent, Rural District, Alabama*

"Mental and behavioral health have become a significant need for students regardless of grade level or age. A lack of funding will impact budget operations to employ school psychologists to evaluate and provide therapeutic services for students. Without funding to support much-needed staffing requirements, parents of students in need of mental and behavioral health will have to resort to services outside of the school district. Hence, our most vulnerable children will likely never get the needed therapy because their parents will not have the funds to support transportation costs, services and needed resources."

Furthermore, it should be noted that many of our Medicaid-eligible students' parents likely do not have secure jobs that will excuse them from work responsibilities as paid time off. As a result, parents will opt to work and get paid rather than take their child to a mental and behavioral health center. In the end, our students' mental health is neglected."

— *Director of Special Programs, Rural District, Texas*

"We will have to cut positions that assist with our students with mental/behavioral health needs. Students that may have mental/health needs that are not in an IEP will not be able to have their needs met."

— *School Business Official, Suburban District, Indiana*

"We would likely cut a program that is having the most significant positive impact on our students with the most challenging behaviors."

— *School Business Official, Rural District, North Dakota*

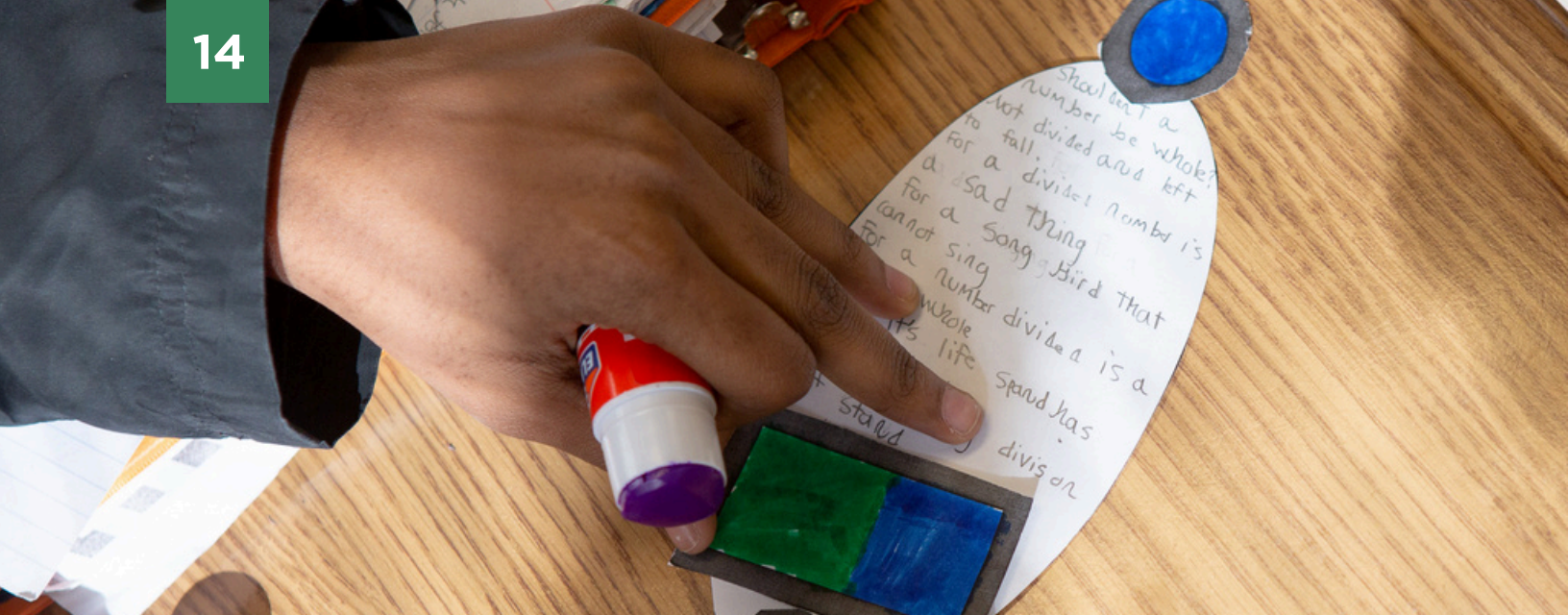
"Local education agencies (LEAs) will need to cut mental health and outreach programs. There is a mental health crisis and these students and their families require the support that mental health specialists provide. If this is cut, we will see higher rates of violence, more suicides, more homelessness and more incarceration as they become adults. What does this say about our society and taking care of our citizens?"

— *Medicaid Coordinator, Suburban District, Pennsylvania*

"It would require us to cut critical mental health staff and services that our students absolutely depend on. In this time, it would be nothing more than tragic, and could result in students facing severe (tier 3) mental health emergencies, self-harm, threats and suicidality."

— *Medicaid Lead Tech, Suburban District, Colorado*



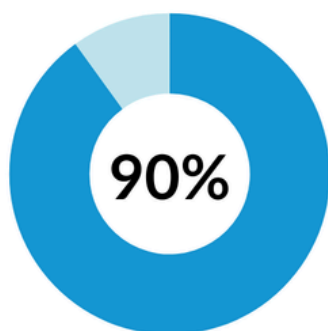


## Impact of Medicaid Cuts on District Budgets

*"The ripple effect could be felt across families, schools, and communities, with long-term consequences..."*

90% of respondents agree with the statement, "Cuts to Medicaid funding would lead to other, non-health-related reductions in my district's budget." Only 3% disagreed and 7% responded that cuts would have a "neutral" impact.

**90% of respondents: Medicaid cuts would force school districts to cut other areas of the budget.**



Source: Healthy Schools Campaign, 2025

Note: This analysis removes skipped or "unknown" responses.

“

**Lower Medicaid reimbursement simply shifts the burden onto local taxpayers**

*Superintendent, Rural District, Iowa*

”

In added comments, respondents described how cuts in Medicaid funding would lead to reductions across other areas of their district budget. Many respondents said that budget gaps would require districts to draw from general education funds to cover services mandated under the Individuals with Disabilities Education Act (IDEA).

Some respondents raised the potential of tax increases to offset costs resulting from decreased federal funding. Many districts rely on Medicaid reimbursement to cover personnel costs for special education programs. A loss in Medicaid dollars could lead to deficits, requiring property tax increases that shift the burden to local communities and taxpayers.

**“Special education mandates already are not fully funded, so districts must make up the shortfall by drawing from general education budgets. So reducing Medicaid funding will not only reduce health and educational services needed by children with disabilities, but it will also force districts to draw more revenue from general education, thereby increasing class sizes and negatively impacting educational attainment, staff and student safety and the health of our communities.”**

*Billing Specialist, Rural District, Minnesota*



# Survey Responses: Impact of Medicaid Cuts on District Budgets

“Loss of an annual \$300k+ will require difficult decisions but since the majority of students with disabilities services are required, the regular ed program and support services will bear the brunt of the impact.” — *School Business Official, Urban District, North Carolina*

“With Medicaid cuts, the salaries for the current related services staff would then have to be taken out of the general fund, which has a negative ripple effect on all student services.”  
— *Director of Special Education, Suburban District, Arizona*

“Increased property taxes for our property owners. We are required to provide the services. Lower Medicaid reimbursement simply shifts the burden onto local taxpayers.”  
— *Superintendent, Rural District, Iowa*

“Cuts to Medicaid would likely worsen the situation for students with mental health and behavioral needs, making it harder for them to access the support and services they need to thrive in school. The ripple effect could be felt across families, schools and communities, with long-term consequences for the mental health of students and the overall educational system. Effective mental health and behavioral support is critical for these students to succeed, and Medicaid is a vital tool in ensuring that support is accessible.”  
— *Superintendent, Rural District, Pennsylvania*

“There will be less money for general education programs and staff without significant increases in the property taxes. We will have less time available for these professional service providers to go into classrooms or meet in small groups with students who do not have IEPs. Services like OTs helping students learn how to hold pencils properly in the kindergarten classroom. Lunch and recess groups for children to work on social skills and communication. These professionals will have to concentrate only on the services in IEPs. It would be a great loss to all students.”  
— *Medicaid Coordinator, Rural District, New Hampshire*



## Impact of Medicaid Cuts on Rural Districts

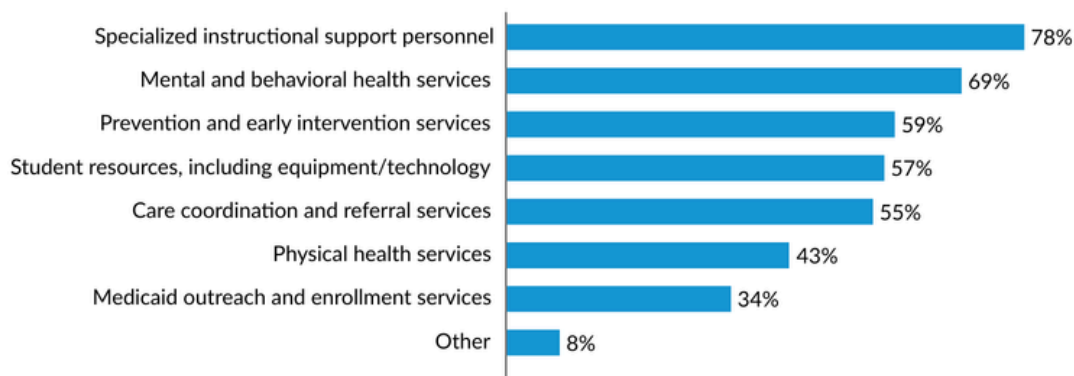
*“This will be a devastating loss to all our students, especially our students with special needs.”*

The majority of responses came from staff in rural school districts, where Medicaid cuts would have a significant impact: 86% of respondents reported that Medicaid funds are used largely for SISP salaries; 79% reported that Medicaid cuts would lead to staffing reductions; and 68% reported that cuts would lead to reductions in mental and behavioral health services.

Rural districts were slightly more likely than urban and suburban districts to report that Medicaid cuts would reduce access to preventive services and screenings, highlighting the essential role rural schools play in providing preventive care. While these findings are similar to overall survey findings, the impact will be felt more deeply where resources and funding are often more limited.

### What Impact Would Medicaid Cuts Have on School Health Staff and Services in Rural School Districts?

% of rural district respondents who said health services and staff would be reduced in the following areas...



Source: Healthy Schools Campaign, 2025

Note: Reduction of specialized instructional support personnel may include staff layoffs or reduced hours. Prevention and early intervention services includes screenings.

# Survey Responses: Impact of Medicaid Cuts on Rural Districts

“Due to the remote area we serve, our students have little to no access to medical services other than those provided in schools. Loss of Medicaid funding would severely hamper our ability to support our students.”

— *Superintendent, Rural District, Michigan*

“In rural Oklahoma, there are not adequate services for students outside the school system, especially for students with Medicaid. Their families are on limited budgets, and if the service happens to be in our community, they often do not take SoonerCare [Oklahoma’s Medicaid program]. Parents and students rely on the school districts to provide these services.” — *School Psychologist, Rural District, Oklahoma*

“Students in our area already have extremely limited access to behavioral and mental health services, so these cuts will have a devastating impact on resources and assistance in our area.”

— *Director of Special Education Services, Rural District, Kansas*

“Students with disabilities are already underserved in our rural area. This will be a devastating loss to all our students, especially our students with special needs.”

— *School Nurse, Rural District, New Mexico*

“Students will have less access to medical and mental health services. Our small rural county has a very high number of students who receive Medicaid benefits. It would have a devastating impact on our children. Many of our students who qualify for Medicaid stop receiving the services privately when they qualify for school-based services. To decrease the funding at the school level would have a devastating impact on school budgets.”

— *Exceptional Student Education and Student Services Director, Rural District, Florida*

“New Mexico is an underserved state, and our area is in additional need in the heart of the Navajo Reservation. This would drastically cut necessary funding for our safety staff, health staff, mental health staff, supplies, trainings, bus safety and staff, technology, equipment.”

— *Medicaid Coordinator, Rural District, New Mexico*

“We are using our Medicaid program specifically to increase access to mental health care and school safety. As a rural school that is hours from a trauma center, if we had a school shooting or other mass casualty event, our community would not be able to access care.”

— *District Level Administrator, Rural District, Nevada*

## Conclusion

**“Less funds, less opportunities, less support. Cuts to Medicaid would have an impact across all services.”** — *School Business Official, Rural District, Wisconsin*

The survey data and comments highlight Medicaid’s integral role in schools and school districts. Respondents indicated that Medicaid funding is “life-saving” and “essential” for student health and school district budgets.

Medicaid cuts would lead to job losses and reductions in vital services for students, especially those with disabilities and mental and behavioral health needs. Reduced funding would mean reduced access to health equipment and assistive technology services and cuts to preventive health screenings.

School district leaders were clear: Since some services are mandated, Medicaid cuts would lead to school district budget gaps, which could mean tax increases for communities.

Cutting Medicaid is equivalent to cutting school district budgets. Congress, therefore, must reject all proposals to reduce Medicaid funding. To do otherwise is to reduce protections for our country’s most vulnerable students. As many school leaders and health professionals have said, protecting Medicaid protects students, schools and communities.

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## Appendix: Survey Results by District Type

### How Do School Districts Use School Medicaid Reimbursement Funds?

*% of respondents who said their district uses Medicaid funds in each area of school health ...*

	Overall	Rural	Suburban	Urban
Salaries for school-district employed staff	86%	87%	85%	85%
Mental/behavioral health contracted services	59%	59%	58%	59%
Technology/Equipment	46%	41%	52%	49%
Care coordination and referral services	42%	41%	41%	47%
Medicaid outreach and enrollment services	28%	25%	29%	33%
Telehealth	16%	17%	13%	18%
Other	15%	11%	18%	17%

**Source:** Healthy Schools Campaign, 2025

**Note:** School/district-employed staff refers to specialized instructional support personnel, such as occupational therapists, speech-language pathologists, school nurses, school social workers and school psychologists. Mental and behavioral health contracted services refer to services provided by community-based providers working in a school setting, such as social work, therapy, counseling and psychological services. This analysis removes skipped and “unknown” responses as well as responses from those who selected “other” when asked the typology of their district (i.e., rural, urban, suburban).



## What Impact Would Medicaid Cuts Have on School Health Staff and Services?

% of respondents who said school health services and providers would be reduced in the following areas ...

	Overall	Rural	Suburban	Urban
Specialized instructional support personnel	79%	79%	78%	80%
Physical health services	47%	43%	47%	55%
Mental and behavioral health services	69%	70%	67%	72%
Prevention and early intervention services	57%	59%	54%	56%
Care coordination and referral services	55%	55%	52%	60%
Medicaid outreach and enrollment services	38%	34%	40%	47%
Student resources, including equipment and technology	62%	57%	63%	69%
Other	8%	8%	9%	7%

Source: Healthy Schools Campaign, 2025

**Note:** Reduction of specialized instructional support personnel may include staff layoffs or reduced hours. Prevention and early intervention services includes screenings. This analysis removes skipped and “unknown” responses as well as responses from those who selected “other” when asked the typology of their district (i.e., rural, urban, suburban).