



To: House Committee on Natural Resources Republican Members
From: Republican Committee Staff; Ken Degenfelder
(Ken.Degenfelder@mail.house.gov) and Rob MacGregor
(Robert.MacGregor@mail.house.gov)
Date: July 26, 2021
Subject: Full Committee Oversight Hearing titled “The President’s FY22 Budget Priority for the Territories: Medicaid, SSI, and SNAP Parity”

The Committee on Natural Resources will hold a Full Committee Oversight Hearing titled “The President’s FY22 Budget Priority for the Territories: Medicaid, SSI, and SNAP Parity” on **Wednesday, July 28, 2021, at 1:00 p.m. EDT online via Cisco WebEx.**

Member offices are requested to notify Rob MacGregor (Robert.MacGregor@mail.house.gov) **by 4:30 p.m. EDT on Monday, July 26, 2021**, if their Member intends to participate from his/her laptop in 1324 LHOB or from another location. Submissions for the hearing record must be submitted through the Committee’s electronic repository at HNRCDocs@mail.house.gov. Please contact David DeMarco(David.DeMarco@mail.house.gov) or Everett Winnick (EverettWinnick@mail.house.gov) should any technical difficulties arise.

I. KEY MESSAGES

- Under longstanding rules of the House of Representatives, the Natural Resources Committee has no jurisdiction over social welfare programs, even as it applies to the U.S. Territories. Medicaid is under the jurisdiction of the Energy and Commerce Committee, the Supplemental Nutrition Assistance Program (SNAP) is under the jurisdiction of the Agriculture Committee, and Supplemental Security Income (SSI) is under the jurisdiction of the Ways and Means Committee.
- The federal agencies with the expertise in managing these social welfare programs have not been invited to testify.
- Puerto Rico has nearly 1.4 million Medicaid enrollees, American Samoa has 40,515 enrollees, Guam has 38,482 enrollees, Northern Maria Islands has 19,076 enrollees, and U.S. Virgin Islands has 18,036 enrollees.
- The CNMI is the only territory eligible for SSI benefits.



- Guam and the U.S. Virgin Islands are the only territories eligible for SNAP.
- Across the board, territories receive less funding for federal social welfare programs than states.

II. WITNESSES

- **The Honorable Luis Fortuno**, Former Governor, Commonwealth of Puerto Rico
[Republican Witness]
- **Judith Solomon**, Senior Fellow, Center on Budget & Policy Priorities, Washington, D.C.
- **The Honorable Donna Christensen**, Former Delegate to Congress, U.S. Virgin Islands, St Croix, U.S. Virgin Islands
- **The Honorable Christina Marie Sablan**, Representative, Northern Mariana Islands House of Representatives, Saipan, Northern Mariana Islands
- **Rodney J. Jacob**, Partner, Calvo Fisher & Jacob LLP, Hagatna, Guam

III. BACKGROUND

The Biden Administration's FY 2022 budget proposal calls to eliminate Medicaid funding caps in territories and align their matching rate with the states and work towards parity with the states for other federal social welfare programs like the Supplemental Nutrition Assistance Program (SNAP) and Supplemental Security Income (SSI).¹ The FY 2022 proposal does not include any specific funding recommendations to accomplish this objective.

On July 9, 2021, the House Energy and Commerce Committee announced a bipartisan agreement that would increase funding and extend the Federal Medical Assistance Percentage (FMAP) levels (76% for Puerto Rico and 83% for Guam, the U.S. Virgin Islands (USVI), the Northern Mariana Islands (CNMI), and American Samoa) for five years for Puerto Rico and eight years for the other four territories to address the cliff.² The House Agriculture Committee and the House Committee on Ways and Means have not held recent hearings regarding social welfare parity in the territories this Congress.

Medicaid in the Territories

Medicaid is a joint federal-state program that finances the delivery of healthcare to low-income individuals. Participation in Medicaid is voluntary in all states, the District of Columbia

¹ Office of Management and Budget, *Budget of the U.S. Government: Fiscal Year 2022*, June 2021, p. 24, https://www.whitehouse.gov/wp-content/uploads/2021/05/budget_fy22.pdf.

² E&C Leaders Announce Medicaid Funding Agreement for Puerto Rico and the U.S. Territories. <https://energycommerce.house.gov/newsroom/press-releases/ec-leaders-announce-medicaid-funding-agreement-for-puerto-rico-and-the-us>.

(D.C.), and all five territories.³ The Patient Protection and Affordable Care Act (ACA)⁴ included the Medicaid expansion, which expands Medicaid eligibility to non-elderly adults with incomes up to 133% of the federal poverty level (FPL).⁵ The FPL is \$26,500 for a family of four.⁶

Unlike all 50 states and D.C., the territories are not guaranteed a certain percentage of Medicaid resources in the federal government's annual budget. Instead, both the FMAP (fixed at 55 percent) and federal funding for Medicaid is capped by statute. Unless Congress modifies the FMAP or Medicaid caps, the territories are faced with funding shortfalls or a "Medicaid cliff".⁷

American Samoa and the CNMI operate their Medicaid programs under waiver authority provided in Section 1902(j) of the Social Security Act.⁸ Under these waivers, the only Medicaid requirements that may not be waived by the Secretary of Health and Human Services (HHS) are the FMAP rate, the annual federal capped funding, and the requirement that payments be made for certain services.⁹ In FY 2020, federal Medicaid spending in American Samoa was \$46.1 million¹⁰ and \$39.1 million in CNMI.¹¹

For Guam, Puerto Rico, and the USVI, most of the eligibility and benefit requirements for the states apply. However, it has been documented that these three territories do not cover all federally mandated coverage groups or benefits.¹² All five territories are permitted to establish income-based eligibility using a measure other than Federal Poverty Level (FPL). All three territories provide coverage to individuals with modified adjusted gross incomes up to 133 percent of their respective poverty levels. This equates to \$11,316 annually for a family of four in Puerto Rico,¹³ \$26,661 annually for a family of four in the USVI,¹⁴ and roughly \$18,432 for a family of four in Guam.¹⁵ USVI, Guam, and Puerto Rico use local poverty levels to establish eligibility. In FY 2020, federal Medicaid spending was \$77.8 million in the USVI,¹⁶ \$122.8

³ CRS. Medicaid Financing for the Territories. <https://crsreports.congress.gov/product/pdf/IF/IF11012>

⁴ P.L. 111-148

⁵ Congressional Research Service, *Medicaid Primer*, November 30, 2020, <https://crsreports.congress.gov/product/pdf/IF/IF10322>.

⁶ MACPAC, *Medicaid and CHIP in the U.S. Virgin Islands: Fact Sheet*, February 2021, <https://www.macpac.gov/wp-content/uploads/2018/02/Medicaid-and-CHIP-in-the-U.S.-Virgin-Islands.pdf>.

⁷ Javier Balmaceda, *Biden Budget Calls for Parity for Territories in Critical Safety Net Programs*, June 9, 2021, <https://www.cbpp.org/blog/biden-budget-calls-for-parity-for-territories-in-critical-safety-net-programs>.

⁸ 42 U.S.C. 1396a(j).

⁹ 42 U.S.C 1396d(a).

¹⁰ MACPAC, *Medicaid and CHIP in American Samoa: Fact Sheet*, February 2021, <https://www.macpac.gov/wp-content/uploads/2019/06/Medicaid-and-CHIP-in-American-Samoa.pdf>.

¹¹ MACPAC, *Medicaid and CHIP in the Commonwealth of the Northern Mariana Islands: Fact Sheet*, February 2021, <https://www.macpac.gov/wp-content/uploads/2019/06/Medicaid-and-CHIP-in-the-Commonwealth-of-the-Northern-Mariana-Islands.pdf>.

¹² CRS. Medicaid Financing for the Territories. <https://crsreports.congress.gov/product/pdf/IF/IF11012>

¹³ *Id.*

¹⁴ MACPAC, USVI.

¹⁵ MACPAC, Guam.

¹⁶ MACPAC, *Medicaid and CHIP in the U.S. Virgin Islands: Fact Sheet*, February 2021, <https://www.macpac.gov/wp-content/uploads/2018/02/Medicaid-and-CHIP-in-the-U.S.-Virgin-Islands.pdf>.

million in Guam,¹⁷ and \$2.5 billion in Puerto Rico.¹⁸ In American Samoa, federal Medicaid and Children’s Health Insurance Program (CHIP) funds pay for care in proportion to the population of residents with incomes that would have fallen below the Medicaid income eligibility threshold of 200% of the FPL. In CNMI, SSI income and asset standards determine eligibility for Medicaid.¹⁹

The five territories have the same FMAP rate of 55%, which is set in statute. In contrast, the FMAP for the 50 states and D.C. varies by state according to each state’s per capita income and can range from 50% to 83%.²⁰ Federal Medicaid funding to the states and D.C. is open-ended, but the Medicaid programs in the U.S. territories are subject to annual federal capped funding.²¹

The federal Medicaid funding for the territories comes from a few different sources. The permanent source of federal Medicaid funding is the annual capped funding, which has been supplemented by ACA funding since July 1, 2011.²² Puerto Rico and the USVI have requested and received funding in addition to ACA funding.²³

TABLE 1. Medicaid and CHIP Enrollment as a Share of the Population, June 2019

Territory	Number of enrollees	Approximate percentage of population enrolled in Medicaid or CHIP
American Samoa	37,829	68.4%
CNMI	16,336	28.6
Guam	35,499	21.2
Puerto Rico	1,209,026	37.9
USVI	29,033	27.2

Notes: CNMI is the Commonwealth of the Northern Mariana Islands. USVI is the U.S. Virgin Islands. Enrollment figures for American Samoa are estimates of the portion of the population below 200 percent FPL, the population for which Medicaid pays for health care services. American Samoa does not make individual eligibility determinations and does not have an enrolled population.

Source: MACPAC, *Medicaid and CHIP in the Territories: Fact Sheet*, February 2021, <https://www.macpac.gov/wp-content/uploads/2019/07/Medicaid-and-CHIP-in-the-Territories.pdf>.

¹⁷ MACPAC, *Medicaid and CHIP in Guam: Fact Sheet*, February 2021, <https://www.macpac.gov/wp-content/uploads/2019/06/Medicaid-and-CHIP-in-Guam.pdf>.

¹⁸ MACPAC, *Medicaid and CHIP in Puerto Rico: Fact Sheet*, February 2021, <https://www.macpac.gov/wp-content/uploads/2020/08/Medicaid-and-CHIP-in-Puerto-Rico.pdf>.

¹⁹ MAPAC, Testimony Medicaid and CHIP in the U.S. Territories. <https://www.macpac.gov/wp-content/uploads/2021/03/Testimony-Medicaid-and-CHIP-in-the-U.S.-Territories.pdf>.

²⁰ 42. U.S.C. 1308.

²¹ Congressional Research Service. “Medicaid Financing for the Territories.” (May 27, 2020). <https://crsreports.congress.gov/product/pdf/IF/IF11012>

²² *Id.*

²³ *Id.*

Annual Federal Capped Funding

The Medicaid programs in the territories are subject to annual federal capped funding.²⁴ The cap amounts vary by territory and increase annually according to the change in the medical component of the Consumer Price Index for all Urban Consumers.²⁵ After the cap has been reached, the territories assume the full cost of Medicaid services or, in some instances, may suspend services or cease payments to providers until the next fiscal year.²⁶

The ACA increased the traditional territory FMAP from 50% to 55% (plus 2.2 percentage points for 2014 to 2015) and provided the territories with a higher matching rate for non-disabled adults without children (87% in 2017). By contrast, Mississippi – a state with a per capita income of \$22,500 compared to Puerto Rico’s \$12,081- received a traditional FMAP of 74.63% in FY 2019.²⁷ If matching rates were calculated based on per capita income, like the states, all territories would receive a higher FMAP likely closer to or at the maximum allowable 83% matching rate.²⁸

ACA Funding

Prior to the ACA, all five territories typically exhausted their federal Medicaid annual federal capped funding before the end of the fiscal year.²⁹ Over the years, certain provisions have provided additional federal funding for Medicaid to the territories. On December 20, 2019, the Further Consolidated Appropriations Act (FCAA) of 2020 was enacted, which includes additional federal Medicaid funding for all the territories for FY 2020 and FY 2021, and was later increased through the Family First Coronavirus Response Act.³⁰ The territories will submit annual reports to Congress no later than 30 days after the end of FY 2020 and FY 2021 to describe how the additional funding provided by the FCAA increased access to health care under Medicaid.³¹

Effects of COVID-19 on Medicaid

Prior to the pandemic, residents of the U.S. territories were already experiencing a range of health disparities compared to the states, such as higher diabetes rate in Puerto Rico and USVI; higher infant mortality in Puerto Rico; and higher rates of obesity, high blood pressure, and

²⁴ Congressional Research Service. “Medicaid Financing for the Territories.” (May 27, 2020). <https://crsreports.congress.gov/product/pdf/IF/IF11012>

²⁵ *Id.*

²⁶ *Id.*

²⁷ Cornelia Hall, Robin Rudowitz and Kathleen Gifford (Health Management Associates) (Jan. 2019). “Medicaid in the Territories: Program Features, Challenges, and Changes. Kaiser Family Foundation. <https://www.kff.org/medicaid/issue-brief/medicaid-in-the-territories-program-features-challenges-and-changes/>.

²⁸ Lina Stolyar, Kendal Orgera and Robin Rudowitz (May 2021). Challenges in the U.S. Territories: COVID-19 and the Medicaid Financing Cliff. Kaiser Family Foundation. <https://www.kff.org/coronavirus-covid-19/issue-brief/challenges-in-the-u-s-territories-covid-19-and-the-medicaid-financing-cliff/>

²⁹ Congressional Research Service. “Medicaid Financing for the Territories.” (May 27, 2020). <https://crsreports.congress.gov/product/pdf/IF/IF11012>.

³⁰ *Id.*

³¹ *Id.*

smoking in American Samoa, CNMI, and Guam.³² Healthcare systems in the territories have faced longstanding challenges, including deferred repairs to hospital facilities, major provider shortage issues, and constraints that require patients to get care off-island.³³ These challenges were first exacerbated by natural disasters like typhoons, earthquakes, mudslides, and volcanic eruptions, and later worsened by the pandemic.³⁴

Temporary additional funding can provide short-term relief, but also create fiscal funding cliffs that require ongoing Congressional action. Territories occasionally have trouble putting up their share of funding that is necessary to draw down the federal funds, and loss of revenue from natural disasters and COVID-19 may worsen the difficulty.³⁵ Without Congressional action, there will be a major Medicaid financing cliff at the end of FY 2021 which will cause the U.S. territories to lose over 80% of their funding. Territories will need to make changes to the program to cut Medicaid provider payment rates, benefits, or eligibility criteria while still mitigating the effects of COVID-19.³⁶

Nutrition Assistance Programs in U.S. Territories

SNAP is a federally funded program that helps low-income people purchase food that state agencies run through local offices³⁷ and is administered by the United States Department of Agriculture (USDA) Food and Nutrition Service (FNS).³⁸ SNAP is available in all 50 States, D.C., Guam, and the USVI.³⁹ The Nutrition Assistance Program (NAP), also administered by FNS, provides block grants in lieu of SNAP to Puerto Rico, American Samoa, and the CNMI. The block grants are funded through federal SNAP funding.⁴⁰ A block grant is a fixed amount of federal spending that Congress authorizes each year for a program.⁴¹ Both NAP and SNAP provide food assistance to low-income households, but the fixed nature of NAP funding allows for less assistance than SNAP. Unlike SNAP, a federal entitlement program, NAP is a capped

³² Lina Stolyar, Kendal Orgera, and Rubin Rudowitz (May 2021). Challenges in the U.S. Territories: COVID-19 and the Medicaid Financing Cliff. Kaiser Family Foundation. <https://www.kff.org/coronavirus-covid-19/issue-brief/challenges-in-the-u-s-territories-covid-19-and-the-medicaid-financing-cliff/>.

³³ *Id.*

³⁴ *Id.*

³⁵ *Id.*

³⁶ *Id.*

³⁷ Social Security Administration (June 2019). Supplemental Nutrition Assistance Program (SNAP) Facts. Social Security Administration. <https://www.ssa.gov/pubs/EN-05-10101.pdf>.

³⁸ Peterson, A., Johnson, B., Moulton, B.E., Smith, E.O., Suchman, A., Wilson, C., Francisquini, S., Kauff, J., Ladinsky, J., & Castner, L. (2010). *Implementing SNAP in Puerto Rico: A Feasibility Study*. Prepared by Insight Policy Research under Contract No. AG-3198-C-09-0001. Alexandria, VA: United States Department of Agriculture, Food and Nutrition Service, p.i. <https://fns-prod.azureedge.net/sites/default/files/PuertoRico.pdf>.

³⁹ Center on Budget and Policy Priorities (June 25, 2019). Policy Basics: The Supplemental Nutrition Assistance Program (SNAP). Center on Budget and Policy Priorities. <https://www.cbpp.org/research/food-assistance/the-supplemental-nutrition-assistance-program-snap>.

⁴⁰ U.S. Department of Agriculture (na). Nutrition Assistance Program (NAP) Block Grants. Food and Nutrition Service. <https://www.fns.usda.gov/nap/nutrition-assistance-program-block-grants>

⁴¹ *Id.*

block grant and funding cannot automatically expand to meet increased demand for the program.⁴²

NAP in Puerto Rico

The Puerto Rico NAP block grant is authorized under section 19 of the Food and Nutrition Act of 2008.⁴³ Puerto Rico's block grant pays for 100% of the benefits to eligible participants and 50% of the administrative cost. The current block grant for FY 2021 is \$2.38 million and it serves nearly over 1.4 million people monthly.⁴⁴ In recent years, Congress has authorized additional funding to Puerto Rico's NAP in response to Hurricanes Irma and Maria, and COVID-19.⁴⁵ Puerto Rico's Administración de Desarrollo Socioeconómico de la Familia (ADSEF; Administration for Socioeconomic Development of the Family), administers the program. ADSEF is an agency under Puerto Rico's Department of Family Affairs.⁴⁶ The maximum income limit and benefit levels are lower in NAP as compared to SNAP and there is no gross income test.⁴⁷ In 2010, FNS conducted a feasibility study looking into implementing SNAP in Puerto Rico and concluded that the transition "would increase costs to both the U.S. Government and the government of Puerto Rico."⁴⁸ Unfortunately, the experts from FNS who administer these programs and authored this report were not invited to testify.

NAP in American Samoa

The American Samoa block grant is authorized under Section 19 of the Food and Nutrition Act of 2008. American Samoa's block grant pays for 100% of the benefits to eligible participants and 100% of administrative costs. The current block grant for FY 2021 is \$7.8 million and it serves on average 3,500 participants monthly.⁴⁹ In recent years, Congress has authorized additional funding to American Samoa NAP in response to Tropical Cyclone Gita and COVID-19.⁵⁰ American Samoa's Department of Human and Social Services (DHSS) administers the program.⁵¹ The eligibility criteria for American Samoa's NAP program differs from SNAP. Only low-income individuals over 60, the blind, or disabled individuals are eligible.⁵²

⁴² Brynne Keith-Jennings and Elizabeth Wolkomir (Nov. 3, 2020). How Does Household Food Assistance In Puerto Rico Compare to the Rest of the United States?. Center on Budget and Policy Priorities. <https://www.cbpp.org/research/food-assistance/how-does-household-food-assistance-in-puerto-rico-compare-to-the-rest-of>.

⁴³ Public Law 110-246

⁴⁴ United States Department of Agriculture (Mar. 2021). Summary of Nutrition Assistance Program- Puerto Rico (NAP). United States Department of Agriculture. <https://fns-prod.azureedge.net/sites/default/files/resource-files/Puerto%20Rico%20NAP%20Summary.pdf>.

⁴⁵ *Id.*

⁴⁶ *Id.*

⁴⁷ *Id.*

⁴⁸ Peterson et al, p. ii.

⁴⁹ United States Department of Agriculture (Mar. 2021). Summary of Nutrition Assistance Program- American Samoa (NAP). United States Department of Agriculture. <https://fns-prod.azureedge.net/sites/default/files/resource-files/American%20Samoa%20NAP%20Summary.pdf>.

⁵⁰ *Id.*

⁵¹ *Id.*

⁵² *Id.*

NAP in Commonwealth of Northern Mariana Islands (CNMI)

The CNMI NAP block grant is authorized by Public Law 96-597. CNMI's block grant pays for 100% of benefits to eligible participants and 100% of administrative costs. The current block grant for FY 2021 is \$12,148,000, and it serves almost 5,300 participants monthly.⁵³ In recent years, Congress has authorized additional funding for CNMI NAP in response to Typhoon Mangkhut, Typhoon Yutu, and COVID-19.⁵⁴ CNMI's Department of Community and Cultural Affairs (DCCA) administers the program.⁵⁵ CNMI's DCCA set NAP eligibility criteria to be similar to the SNAP program, but the maximum income and benefit levels are lower than SNAP.⁵⁶

SNAP in Guam and the U.S. Virgin Islands

Under federal rules, to qualify for SNAP benefits, a household must meet three criteria: (1) gross monthly income must be at or below 130% of the poverty line, (2) net monthly income must be less than or equal to the poverty line, and (3) assets must fall below certain limits.⁵⁷ States and territories have flexibility to adjust these limits based on their particular situation.⁵⁸ SNAP benefits are entitlements, meaning that anyone who qualifies under program rules can receive benefits.⁵⁹ SNAP benefits in Guam and the USVI are more generous than benefits in 48 other states and D.C. because income eligibility standards, maximum benefits, and deduction amounts are different for those territories.⁶⁰

In response to COVID-19, the FY 2021 Consolidated Appropriations Act provided the authority and funding for a 15% increase to FY 2021 maximum SNAP benefit amounts for January through June 2021, and the American Rescue Plan Act extended the increase through September 2021.⁶¹ Under these increases, the maximum SNAP allotment for Guam is \$345 for a one-person household with an additional \$259 increase for each additional person, and the maximum SNAP allotment for USVI is \$301 for a one-person household with an additional \$226 increase for each additional person.⁶² In contrast, the maximum SNAP allotment under the increases for 48 other states and D.C. is \$234 for a one-person household with an additional \$176

⁵³ USDA Summary of Nutrition Assistance Program - CNMI (NAP). (Mar. 2021). <https://fns-prod.azureedge.net/sites/default/files/resource-files/CNMI%20NAP%20Summary.pdf>.

⁵⁴ *Id.*

⁵⁵ *Id.*

⁵⁶ *Id.*

⁵⁷ Center on Budget and Policy Priorities (June 25, 2019). Policy Basics: The Supplemental Nutrition Assistance Program (SNAP). Center on Budget and Policy Priorities. <https://www.cbpp.org/research/food-assistance/the-supplemental-nutrition-assistance-program-snap>.

⁵⁸ *Id.*

⁵⁹ *Id.*

⁶⁰ *Id.*

⁶¹ Congressional Research Service (Mar. 2021). USDA Nutrition Assistance Programs: Response to the COVID-19 Pandemic. Congressional Research Service. <https://crsreports.congress.gov/product/pdf/R/R46681>.

⁶² Food and Nutrition Service (Mar. 12, 2021). Supplemental Nutrition Assistance Program (SNAP)—Extension of Temporary Increase in Maximum Allotments due to COVID-19. United States Department of Agriculture. <https://www.fns.usda.gov/snap/Extension-of-Temporary-Increase-in-Maximum-Allotments>.

increase for each additional person.⁶³ It is unclear if a push for parity with the United States would result in less SNAP benefits for Guam and the USVI.

Supplemental Security Income

Supplemental Security Income (SSI) is a Federal income supplement program funded by general tax revenues designed to help aged, blind, and disabled people who have little to no income.⁶⁴ Prior to the establishment of the SSI program by the Social Security Amendments of 1972, benefits were provided by the states and territories, with the exception of American Samoa, and financed by federal grants under Titles I, X, XIV, and XVI, of the Social Security Act.⁶⁵ In 1972, the system of grants was replaced with the federal SSI program, which excluded residents of the territories.⁶⁶ Guam, Puerto Rico, and USVI are not eligible for SSI, but are eligible for a federal block grant program called Aid for the Aged, Blind, and Disabled (AABD). Residents of American Samoa are not eligible for SSI or AABD.⁶⁷ Only residents of CNMI are eligible for SSI, as it was included in the 1976 covenant that established CNMI as a U.S. territory.⁶⁸ In May 2021, 1,038 residents of CNMI received SSI payments with an average monthly payment of \$662.57.⁶⁹

The AABD block grants available to Puerto Rico, Guam, and the USVI provide cash assistance to needy aged, blind, or disabled adults under title XVI of the Aid to the Aged, Blind, or Disabled program. AABD is funded through the Social Security Act.⁷⁰ The territories are responsible for establishing and managing their adult assistance programs as well as determining the aspects of their programs.⁷¹

Federal SSI benefits and administrative costs are financed from the general fund of the U.S. Treasury. In contrast, AABD programs are funded by federal matching grants and are ultimately territorial programs in which the territories are responsible for establishing and managing their adult assistance programs and determining the aspects of their programs. The AABD program is a joint-federal state program as long as the territory chooses to participate in it and adheres to the criteria specified in the Social Security Act.⁷²

⁶³ *Id.*

⁶⁴ Supplemental Security Income Home Page (2021). What is Supplemental Security Income?. Social Security Administration. <https://www.ssa.gov/ssi/>.

⁶⁵ U.S. House of Representatives Committee on Ways and Means (2018). Appendix A: Social Welfare Programs in the Territories. Committee on Ways and Means U.S. House of Representatives Green Book. <https://greenbook-waysandmeans.house.gov/2018-green-book/appendix-a-social-welfare-programs-in-the-territories>.

⁶⁶ *Id.*

⁶⁷ *Id.*

⁶⁸ *Id.*

⁶⁹ Social Security Research, Statistics, and Policy Analysis (June 2021). SSI Monthly Statistics, May 2021. Social Security Administration. https://www.ssa.gov/policy/docs/statcomps/ssi_monthly/2021-06/ssim-2021-06.pdf.

⁷⁰ *Id.*

⁷¹ *Id.*

⁷² *Id.*

Prior Congressional Action

In May of 2019, the House Committee on Natural Resources held a hearing titled “The Insular Area Medicaid Cliff.”⁷³ The hearing was in response to concerns with the statutory expiration of certain Medicaid dollars to the U.S. territories at the end of both the 2019 fiscal and calendar years, which were made available in the ACA. This hearing did not result in legislation authorizing a permanent change to the FMAP levels for territories.

⁷³ <https://naturalresources.house.gov/hearings/the-insular-areas-medicaid-cliff>.