



FROM EXAM ROOM TO PUBLIC SQUARE: PROMOTING HEALTH EQUITY

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COMMITTEE TO PROTECT HEALTH CARE



Building Physician Power for Patient Outcomes:

Organizing and equipping physicians with the tools, platforms, and support needed to advocate effectively for policies that improve patient care and health equity.



Shaping the Narrative for Health Equity:

Amplifying physician voices to educate the public, stakeholders, and policymakers on critical health care issues.



Encouraging Civic Participation:

Mobilizing physicians to connect with their communities, engage with policymakers, and participate in grassroots advocacy efforts that protect and expand access to quality health care, and improves health equity

What is “Health Equity”?



“The absence of avoidable or remediable differences among groups of people” - **World Health Organization**



“Health equity is the state in which everyone has a fair and just opportunity to attain their highest level of health. Achieving this requires focused and ongoing societal efforts to address historical and contemporary injustices; overcome economic, social, and other obstacles to health and healthcare; and eliminate preventable health disparities.” - **Centers for Disease Control and Prevention**

What are the “Social Determinants of Health”?



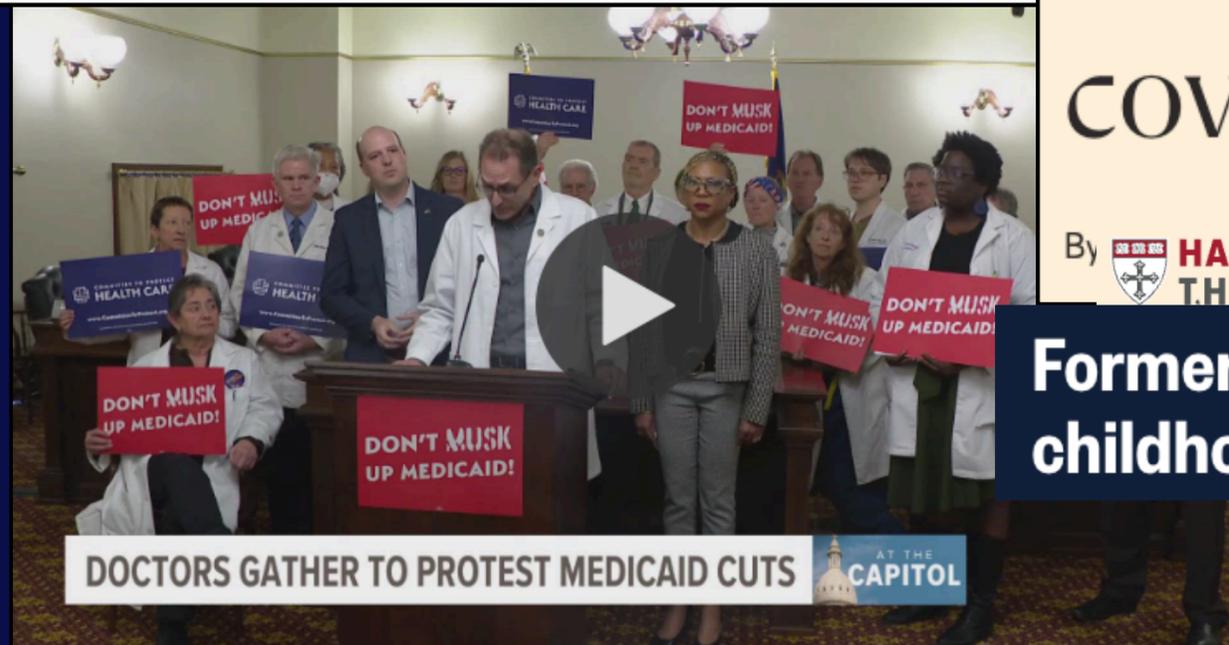
“The conditions in which people are born, grow, live, work and age, and people’s access to power, money and resources... At all levels of income, health and illness follow a social gradient: the lower the socioeconomic position, the worse the health.” - **World Health Organization**



“The nonmedical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, worship, and age. These conditions include a wide set of forces and systems that shape daily life such as economic policies and systems, development agendas, social norms, social policies, and political systems.” - **Centers for Disease Control and Prevention**

A Critical Moment for Public Health

Thousands of doctors urge Congress to exclude Medicaid cuts from 'big, beautiful bill'



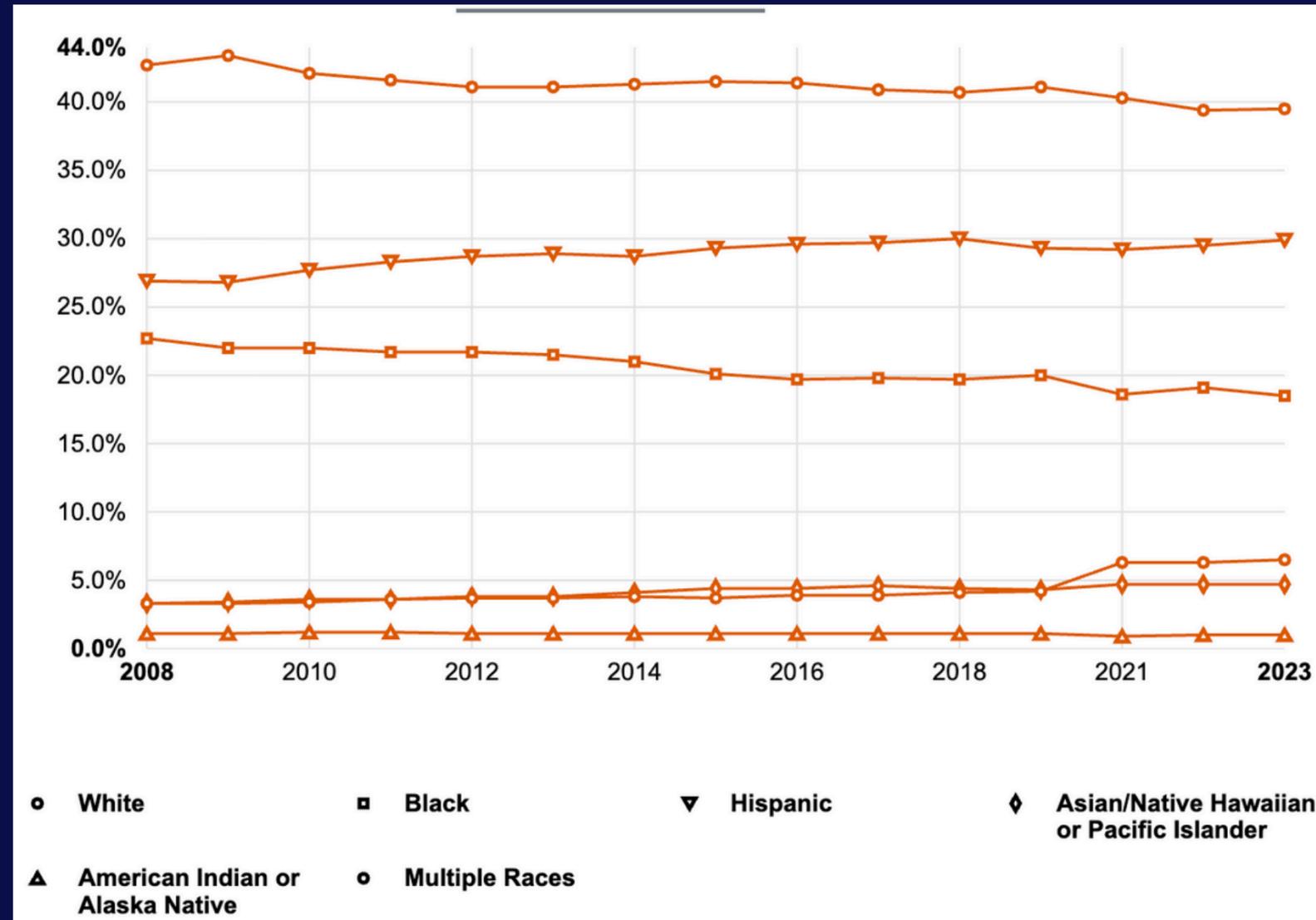
How Medicaid cuts could lead to loss of coverage for millions

By HARVARD T.H. CHAN SCHOOL OF PUBLIC HEALTH

Former CDC director warns about changes to childhood vaccine schedule at hearing

Medicaid in the U.S.

U.S. Medicaid Enrollment by Race/Ethnicity ('08-'23)



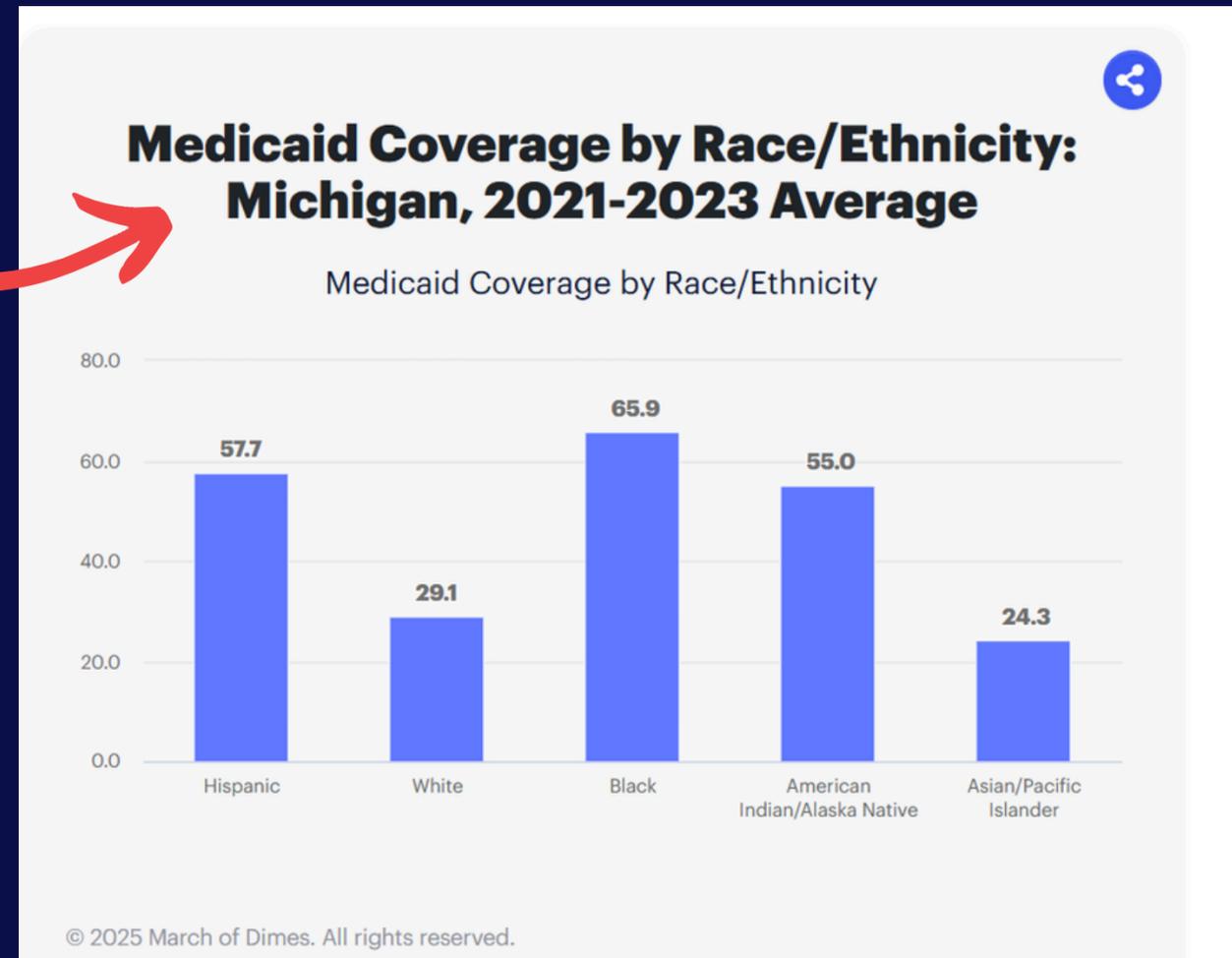
1. KFF. (n.d.). *Distribution of people ages 0-64 with Medicaid by race/ethnicity* [Data table]. KFF State Health Facts.

Medicaid in Michigan

Coverage for Childbirths

Medicaid percentages indicate a woman was insured with Medicaid at the time of her birth.

- In 2023, about 1 in 19 women of childbearing age (5.2%) was uninsured in Michigan.
- In 2023, about 1 in 34 children less than 19 years of age (3.0%) was uninsured in Michigan.



HR1 (2025)

'One Big, Beautiful Bill Act'

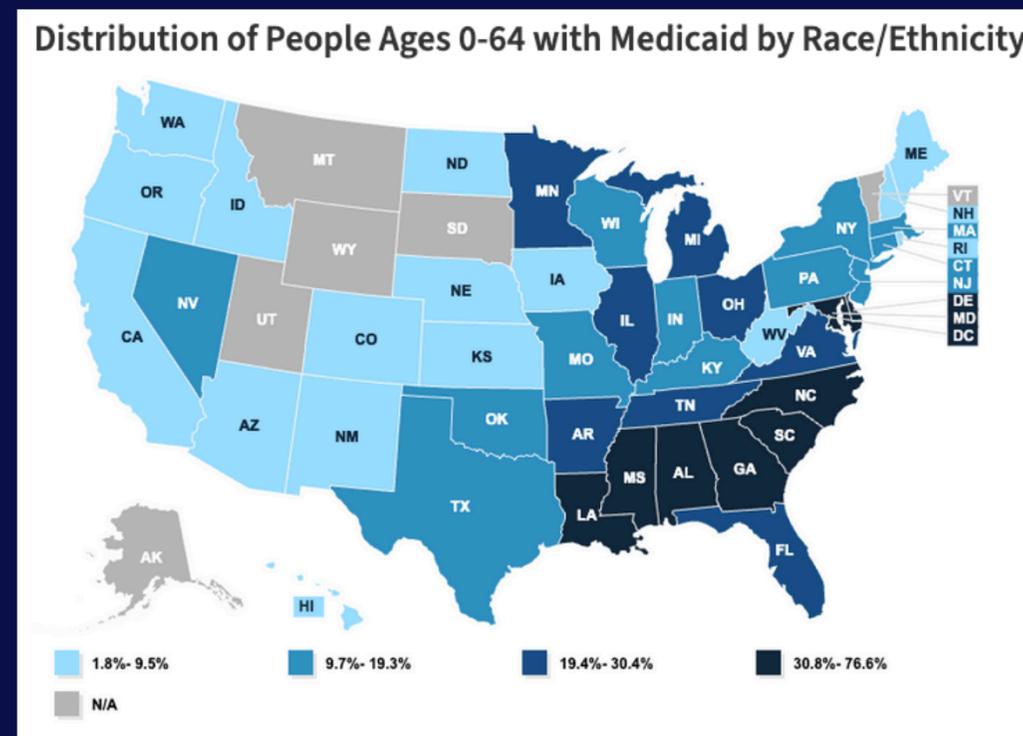


- Cuts over **\$1 trillion from health programs**, including: Medicaid, Medicare, and the Affordable Care Act
- Cuts at least **\$120B from SNAP benefits**, devastating the food assistance program for low-income families
- Est. loss of coverage: **10 million people**

Center for Medicare Advocacy. (2025, August 7). *H.R. 1 "Big Bill" even worse than expected*. <https://medicareadvocacy.org/h-r-1-big-bill-even-worse-than-expected/>

HR1 (2025)

Medicaid Cuts and Impact on Black Communities



- **18.4% of Medicaid enrollees are Black** (14% of total U.S. population)
- **More than 50% of Black children** access health care via Medicaid
- Medicaid covers **65% of Black births**

1. KFF. (n.d.). *Distribution of people ages 0-64 with Medicaid by race/ethnicity [Data table]*. KFF State Health Facts.
2. Community Catalyst. (2025, September). *The Big Bad Bill Is Now Law: What It Means for Black Health and Wealth (H.R. 1)*.

HR1 (2025)

Medicaid Cuts and Impact on Latino & Rural Communities

- **Nearly 1/3 of Hispanic people (29.6%)** relied on Medicaid for health insurance in 2023.
 - That equals more than **19 million people** who could see their benefits reduced/cut
- **1.8 million Americans in rural areas** will lose Medicaid coverage by 2034

1. Cid-Martinez, I., Moore, K. K., & Maye, A. A. (2025, April 2). *Cuts to Medicaid will disproportionately hurt people of color and children*. Economic Policy Institute.

2. American Hospital Association. (2025, June). *Rural hospitals at risk: Cuts to Medicaid would further threaten access*.

HR1 (2025)

New Bureaucratic Hurdles to Care

He built Michigan's Medicaid work requirement system. Now he's warning other states

AUGUST 8, 2025 · 9:43 AM ET

 **Michigan Public** npr

But even so, estimates suggested between **80,000** and **100,000** Michiganders were going to be booted off the rolls within the year.

"That's the population of the city of Flint who were on track to lose their insurance," said Gordon, who led the state health department until 2021. "We're implementing this about as well as this thing can be implemented, and it is still going to be pretty catastrophic."

The new tax-and-spending law signed by President Trump in July will mandate a vast expansion of Medicaid work requirements to most states.

These systems will lead to 4.8 million more people becoming uninsured by 2034, according to [estimates](#) from the Congressional Budget Office.

- **New work requirements** for childless adults without disabilities
 - Enrollees must prove 80-hours of work/month
- **Ignores socioeconomic realities** in marginalized communities
- People of color at **greatest risk** of losing coverage

Center on Budget and Policy Priorities. (n.d.). *Expanding work requirements would make it harder for people to meet them.*

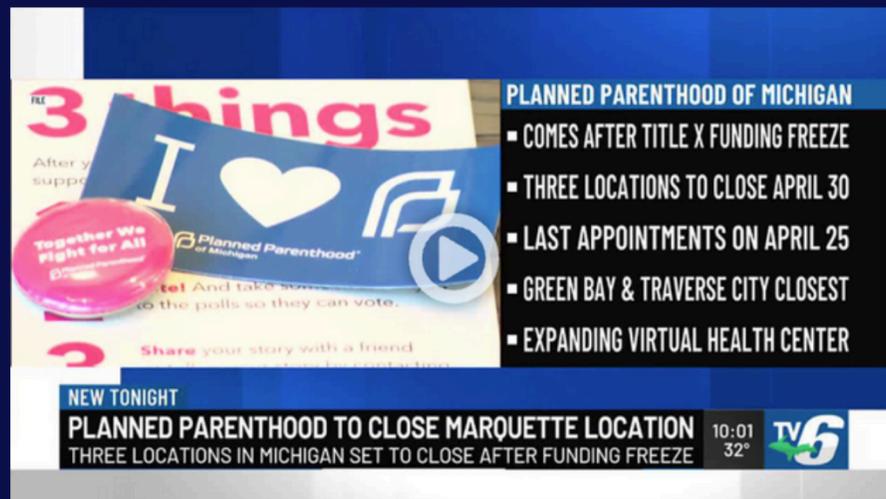
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New Bureaucratic Hurdles to Care



- Required to **re-enroll every 6 months** (instead of annually)
- Limited access to internet, computer literacy, and inconsistent addresses **exacerbate bureaucratic hurdles**
- Case Study: Arkansas Work Requirements
 - 25% of people subject to work requirement lost coverage in the first 7 months
 - Only 13% of people who lost coverage were actually not meeting the work requirement

HR1 (2025) Hospital/Facility Closures



- Medicaid accounts for **20% of hospital** revenue
 - For some, 40-50% of hospital revenue
- Facilities in Black and rural neighborhoods are approx. **4 times more likely to close**
- Increased **care-deserts** in marginalized communities

1. Rosen, A. (2025, July 30). *How new federal legislation will affect health care costs and access for Americans: The changes coming to the ACA, Medicaid, and Medicare*. Johns Hopkins Bloomberg School of Public Health.
2. Tung, E. L., Bruch, J. D., Chin, M. H., Menconi, M., Peek, M. E., & Huang, E. S. (2024). Associations of U.S. hospital closure (2007–2018) with area socioeconomic disadvantage and racial/ethnic composition. *Annals of Epidemiology*, 92, 40–46.

HR1 (2025)

Hospital/Facility Closures: Rural Impact

- Of 195 rural U.S. hospital closures since 2005, 3 have closed in MI
- Rural hospitals already face staffing shortages due to older average age in the communities
- 37 of 41 Michigan counties with over 20% Medicaid enrollee rates are rural
- Over 80% of the total rural Black population lives in the South - from Virginia to Texas

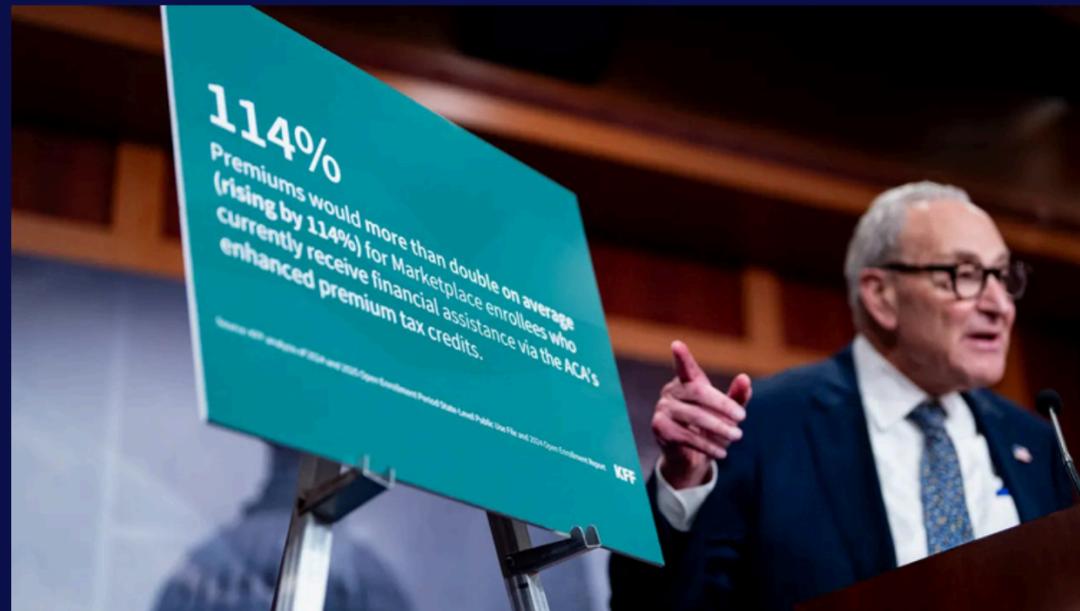
1. Sheps Center for Health Services Research. (n.d.). *Rural hospital closures*. University of North Carolina at Chapel Hill.

2. National Rural Health Association. (n.d.). *About rural health care*.

3. Michigan League for Public Policy. (2025, April 11). *The stakes are high: Protect Medicaid in 2025*.

HR1 (2025)

Failure to Extend ACA Tax Credits



- ACA enhanced premium **tax credits expire** at the end of 2025 (No renewal in HR1)
- Premiums increase an **average of 114%**
- **1.1 million Black Americans** could lose coverage
- **49% of Hispanic/Latino** enrollees are expected to leave the Marketplace
- 15 percent of rural Americans **could lose coverage (37% increase in the uninsured)**

1. Lo, J., Ortaliza, J., McGough, M., Wager, E., & Cox, C. (2025, September 19). *Premium payments if enhanced premium tax credits expire*.
2. *Community Catalyst*. (2025, September). *The Big Bad Bill Is Now Law: What It Means for Black Health and Wealth (H.R. 1)*.
3. Schultz, R., Kaczmarek, P., Bao, J., & Rienstra, J. (2024, September). *Impact of enhanced tax credits on ACA coverage by race*. Oliver Wyman.
4. Rise Health. (n.d.). *Federal government shutdown: What it means for Medicare, telehealth, ACA premiums and rural health*.

HR1 (2025)

Impact on Medical Student Loans

- Removes ability for medical students to receive **certain federal loans**
- **Caps amount** that can be borrowed for school
- Limits new federal student loan borrowers to **only two repayment options**
- Could result in even **fewer Black medical students** in the future

HEALTH CARE

More Black students are headed to medical school, but finances are still a major issue

JANUARY 15, 2022 · 7:59 AM ET



1. Duncan, J. (2024, November 22). Why the U.S. medical field is pushing for more Black doctors. *CBS News*.
2. *Community Catalyst*. (2025, September). *The Big Bad Bill Is Now Law: What It Means for Black Health and Wealth (H.R. 1)*.

HR1 (2025) Slashing SNAP Benefits

Four Ways the Harmful Republican Megabill Takes Away Food Assistance



Slashes federal funding for states' SNAP programs, forcing unaffordable costs on them and risking deep cuts or even some states ending SNAP entirely



Takes food away from millions of people, including families with children aged 14+, older adults aged 55-64, and veterans, by expanding harsh, ineffective, and red tape-laden work requirements



Ends food assistance for many people with a lawful immigration status based on humanitarian need



Cuts food benefits by preventing SNAP from keeping pace with the cost of a healthy diet and increasing paperwork to prove other expenses

Result

Cuts SNAP by about 20 percent through 2034. About 4 million people, including about 1 million children, would lose all or a substantial amount of the food assistance they need to afford groceries.

CENTER ON BUDGET AND POLICY PRIORITIES | CBPP.ORG

- Cuts Supplemental Nutrition Assistance Program (SNAP) by **\$120 billion**
- **Reduces food assistance** for low-income families
- **27% of child** and adult recipients are Black

MEDICAID IN MICHIGAN: FY26 BUDGET

State Budget FY26

Filling the Gaps left by HR1

- HB 4706 Passed Oct 3
- Includes:
 - Full funding for Medicaid, Healthy Michigan, SNAF, food assistance
 - Access to health care for patients across all communities will be maintained

Advocacy to Advance Health Equity



Michigan Lawmakers:

- Call your representatives and thank them for funding Medicaid to ensure our most vulnerable populations do not lose coverage

U.S. Congress:



- Call and urge them to extend the ACA enhanced premium tax credits without delay
- Call and urge them to reverse the Medicaid cuts in HR1