

**US Senator Maria Cantwell**

**Medicaid Roundtable in Wenatchee with Rep. Schrier**

**April 17<sup>th</sup>, 2025**

**Senator Cantwell Opening Remarks**

**[\[AUDIO\]](#) [\[VIDEO\]](#)**

**Sen. Cantwell:** Well, Kim, thank you for allowing me to actually tag along today and be here. I think this discussion that is being played out in Washington, DC is an essential conversation that people throughout the country understand and give input on as -- and I'm so proud to work with Kim. You know, one of the great things I've been bugging you -- you probably think I've already forgotten our conversations, but we've had these conversations about how to make sure that we're having care for the whole central part of the state. And Okanogan did some interesting things to get physicians centralized in the county and then get the rotation. But Kim came up with a great program that you suggested that we author that would help train people in essential care that could be done in a shorter fashion and give us more people into communities. So, I love the fact that she's in the House of Representatives. It's really, really important to have people like her right now there, so I really appreciate her.

But, we've been doing these kinds of formats around the state, as I was mentioning earlier, we've had one in Seattle and Spokane and in the Tri-Cities, and obviously we're very concerned that both the House and Senate now have taken an action -- I'm not going to go through the arcane legislative process, other than to say they kind of basically both agree that now they're going to come up with this money.

And the direction was to get \$880 billion out of accounts that, literally, if you even take Medicare off the table, you're still talking about a significant impact -- unless you want to cut the Children's Health Insurance Program, which is also in there, or the Universal Service Fund, which is a broadband program, and obviously, that would affect this area. So, you're not going to do those things, and we don't want to see Medicaid cut.

So, I think the latest conversation is people are now saying somehow that there's a bunch of men playing games at home, that somehow are on Medicaid and shouldn't be, and they're going to figure out a way to get them back to work. When in reality, Medicaid has become a central part of the delivery system for us and the entire country with the Affordable Care [Act] and its expansion.

But in parts of the state like this, where you have a big Medicaid and Medicare population, it's really hard to serve if you don't continue to have -- I would assume here that we would hear that any kind of Federally Qualified Health Center would be very hard to serve if you had any kind of cut, *any kind of cut*, to the Medicaid budget.

And so, we are trying to get everybody woken up to this fact that even a few people could help make this decision. I was involved several years ago when Senator John McCain, Lisa Murkowski and Susan Collins basically said “No” to the block granting of Medicaid. And trust me, that was after the House of Representatives had passed it, didn't give it two thoughts, and literally, we went around our state, and I was hearing from Republican county commissioners who would show up and say, “Don't you dare cut that Medicaid budget, because then my jail isn't going to have the money, and my county isn't going to have the money, and how am I supposed to deal with this?”

And then we'd hear from hospitals like, “Don't you dare cut this money, because we're trying to see a population. You want everybody else to get sick? Because these people aren't going to be able to be served.”

And, you know, in this recent roundtable, it's probably somewhere on our website, a woman in Spokane, she just said, “I don't understand it. What is it they want us to do? Just die?” And she really just felt like: What it what are you trying to tell us? That you don't want to fund Medicaid.

And there isn't the money in Medicaid to -- if you ask me, Apple Health is such a great program here, and there are ways to expand affordability. But really it's almost like we have to have this conversation: Medicaid is even different than probably what people thought of it 20 years ago. It's a different program, but it's the lifeblood of the system, particularly in a region like this.

And I think the Federally Qualified Health [Centers] get 55% of their funding for Medicaid [in the 8<sup>th</sup> Congressional District]. Manuel, I don't know what your numbers are here, but Medicaid covers 70% of children and 24% of adults in the 4<sup>th</sup> Congressional District, which is south of here. In the 8<sup>th</sup> it's like 34% of children and 13% of adults.

So, it's a critical part of our health care delivery system. So, let's keep it working for us. There's no reason to cut this. Let's get our colleagues to understand that there is no sleight of hand. Come and listen to everybody, and listen to the health care providers, and they'll tell you what is essential here and why it's so essential, and don't try to give a tax break to billionaires on the backs of Medicaid recipients. It just makes no sense.

This part of our state is always going to -- in my opinion -- going to continue to grow. And the challenge of how the infrastructure of health care enables that and enables the quality of life here that everybody holds so dear. So, thank you for being here today, all the participants, and I look forward to hearing what you have to say and Manuel, thank you so much for hosting us.

## Senator Cantwell Closing Remarks

[\[AUDIO\]](#) [\[VIDEO\]](#)

**Sen. Cantwell:** Well, you're doing it. First of all, I wish I could take you with us because these are very convincing arguments from the front line that I don't think people are thinking about the consequence, as you just articulated about, it's kind of like it creates a spiral. First it affects the programs, then affects the hospital, then it affects the workforce, then you end up with shortages, then you end up with deserts, then you end up with who wants to have a business there. It keeps cascading, and this part of our state has done such a good job with Confluence and others, you know, brainstorming.

You missed a big effort in Congress where they wanted to basically change the rulings of people who were in Medicaid/Medicare institutions. We were able to stay that off. They were trying to target private practice care that delivered, and people were making -- yeah. Anyway...

**Participant:** You and Senator Murray, I believe, took care of that.

**Sen. Cantwell:** Yeah, we had a House colleague who was hellbent on something he thought was wasteful. I'm like, that's not what --

**Participant:** The Stark Rule.

**Sen. Cantwell:** Yeah. Pete Stark. So, I think we already are efficient because of that low Medicare reimbursement rate. I keep telling people if you want to do anything you should reward people. You should just have a baseline number, like a base number. And if you deliver a better care at lower cost, you should be rewarded. And if you deliver worse care at higher costs, you should be penalized until we get the system balanced. And we did a little bit of that in the Affordable Care Act, and then people went in and changed it through another process that kind of basically made the incentive so small, nobody wants to chase it.

But that doesn't mean that we still don't deliver better care at lower costs. We do, and we just got to figure out how to get the rest of the nation to follow suit on that. But this is a crazy idea. This is not a sledge hammer; this is like a ticking time bomb that's blowing up the foundation of the system. And we have to take your stories and go back there and convince these people that it's not even worth thinking about. It's not even worth the risk, and trying to villainize people in the system isn't really what this is about.

And I don't know -- I would love to see your report, because I'd love to get this -- you know, so many things have happened since 2009 and since we passed the Affordable Care Act, I don't think people really have had this historical look at what stabilization happened in the system because we did that.

Now, I also think if COVID wouldn't have happened, we would have been back to debating how well the exchanges have done in keeping costs down, and we would probably say not as much as

we would have liked, right? And what else could we have done? And we might have been back to the same question of saying more expansion, or -- I'm a big fan. I took our Basic Health Plan, I don't know if anybody remembers that, I took our Basic Health Plan and wrote that into the Affordable Care Act and said states who wanted to do that could provide insurance for up to 200% of the poverty line.

They held off on the rules for a long time, but New York, Minnesota, several states, did it. There are more than a million people in New York on the Basic Health Plan because they basically were able to get it implemented. And that's what we could have done as another expansion and driven down the cost because in that situation, everybody was winning. It was at an reimbursement rate above Medicaid, but it was at a very low cost to the individuals, and the facilities got the volume.

The exchange because you have to pick through it, as opposed to bundling -- I mean, the Basic Health Plan bundled up people and said, "Oh, do you want this customer base? I'll give you a discount." I call it the Costco model. And it worked. And we could have done more of that, right? But then all of a sudden, while we were probably starting to think of how well the act was doing, this 100-year event happened: COVID, right? And now I'm not even sure we're fully recovered from that, right?

Not really, from all the numbers you guys have just been sharing, right?

**Aaron Edwards, CEO of Lake Chelan Health:** Well, yeah, I mean, a lot of people left the industry.

**Sen. Cantwell:** Right. So this could have been the moment where we were discussing, "Okay, now what else to do to strengthen the health care delivery system?" Like that could have been the question, okay, we made it through this 100-year event that taxed all of us, and now let's peek back now at the Affordable Care Act, and what else could we be doing to strengthen the system? Instead of having that conversation, we're having this ridiculous undermining of the system conversation.