U.S. Senator Maria Cantwell

Virtual Press Conference on Medicaid Cuts

June 27, 2025

Sen. Cantwell Opening Remarks

[VIDEO]

Sen. Cantwell: Well thanks, Calley. And I want to thank all of the participants in today's call. Steve Hobbs, Executive Director of the Missouri Association of Counties and former Missouri State Rep. for the 21st District. Ray Ward, Representative from Utah's 19th District in the state legislature and a practicing family physician. Kevin Leonard, Executive Director of North Carolina's Association of County Commissioners. Wendy Sisk, the CEO of Peninsula Behavioral Health in Washington. And Tristan Twohig, an emergency department-registered nurse at Providence Sacred Heart Medical Center in Spokane, Washington.

So thank you for being participants in today's call. We're here, obviously, because we're concerned about the harmful effects of the Medicaid proposals in the budget reconciliation act and how they will impact our communities. The current version being debated in the Senate includes $800 billion in Medicaid cuts. The non-partisan Congressional Budget Office estimates that that would have 16 million Americans losing health insurance because of the practices and policies of this bill.

Right now, we know that this is not a partisan issue. It's an issue of us basically saying, let's not cut Medicaid. This is ultimately about the responsibility to take care of constituents and our health care. And the fallout would be particularly hard on state government, so I appreciate our colleagues from local government being on this call, because the challenges that you already face in having a balanced budget, and then these implications on top of that, make the delivery of healthcare and affordability a real challenge.

Policies in this legislation hamper the abilities to states to fund their Medicaid program. They make it much more difficult to access federal dollars, and as a result, states will be forced to find ways to fill the budget with fewer resources. And the options they face are also going to be more difficult. To make up for lost federal dollars, state governments will have to consider cutting reimbursements to providers, cutting types of services, cutting people from Medicaid roles, or raising everyone's taxes.

All these decisions lead to poor health outcomes. They increase the cost for taxpayers and strain our healthcare system.

We believe all of this should be avoided. We know that the expansion of health care has provided more citizens to be covered by insurance, and it has helped us lower the cost of uncompensated care. Our hospitals and providers, we know in this current proposal, will bear the financial burden. So it's no surprise that without insurance, people will wait to see a provider until they're sicker or go to the emergency room at a later date, but just shifting the cost to more expensive care. At some point, their condition gets worse and also more expensive.

Hospital uncompensated care will increase by at least $42 billion in the next decade because of this legislation, according to an analysis by the American Essential Hospitals. And another analysis done by a

think tank, The Third Way, shows that 5.4 million Americans will incur medical debt, and total medical debt that Americans owe will increase by $50 billion.

[16 million], as I mentioned, are people that will become uninsured, according to CBO, but that raises premiums on all of us because of the out-of-pocket expenses of having more people uninsured and the cost of providing insurance.

According to the Center for American Progress, a family of four on Medicaid making $33,000 a year could see an additional $1,600 in annual out-of-pocket expenses. This is due to the implementation in the legislation of a $35 copay service, along with the cost of sharing for prescription drugs and other critical services.

And a 60-year-old couple who may be in the ACA market today, making $85,000 a year, could see their annual premiums increase by as much as $15,000 a year through a change in the policy that affects how much people can receive in the premium tax credits. A low-income Medicare recipient also qualifying for Medicaid could also face an additional $8,340 in cost.

So why are we doing this? Why are we trying to make healthcare more expensive when we know making it more affordable has helped families, helped our economy, and helped our entire system.

So we need to try to shine a light on why these tradeoffs make no sense for American families and our communities. So I appreciate the individuals on this call for being with us today, because they are the ones who are on the front lines of either delivering the service or making the tough decisions that will come after this legislation has passed.

So now I'd like to turn it over to Steve Hobbs, Executive Director for the Missouri Association of Counties, and as I mentioned earlier, a former State Rep.

Missouri Association of Counties Executive Director and former Missouri State Rep. Steve Hobbs Opening Remarks

[VIDEO]

Steve Hobbs: Well, thank you, Senator. I apologize, I'm actually on the farm today. I'm a farmer as well, and needed some help with running the skid-steer today, so I'm doing that. So I'm sitting in a skid-steer loader doing this call.

Yes, we have concerns in Missouri. Fortunately, the State of Missouri administers all the programs for Medicaid. But where it really concerns us as counties is the fact that we have a dramatic shortage of mental health beds in our state, and our jails have come become the largest repository for individuals with mental illness.

We're also concerned about the changes in the SNAP program, also concerned about changes in eligibility for able bodied citizens. When they go off Medicaid and transition to private insurance, they lose their case management, which is a critical part if they're struggling with mental illness or addiction of one form or another.

And then probably the last piece that is most concerning is any changes to the premium tax would have a huge impact on our rural hospitals -- all of our hospitals, our nursing homes, and so we're really concerned about those changes as well.

Utah State Rep. Ray Ward (R-19) Opening Remarks

[VIDEO]

Ray Ward: Hey, thank you so much for having me. I have two concerns. One concern is just a frontline concern. I'm a primary care doctor in my day job -- saw 18, no, maybe 15 patients this morning, and have a couple more this afternoon. On a day-to-day basis -- I mean, I'm not a charity care clinic, I'm just a for profit clinic -- but I see people who benefit because they have Medicaid coverage -- and who would do worse if they didn't have that coverage.

Back before we expanded Medicaid here in Utah, I had a patient in her 40s who died of her breast cancer because at the time it was diagnosed, was a time right when she was in between jobs, and caring for her parents. And so she could not afford the follow up, thought she was okay, but she wasn't okay. It came back and it killed her. And that sticks in your mind, right, when something like that happens.

I treat patients in my clinic as one of the things I do with Suboxone, so people who have troubles with opioid use disorder, and you see their lives go okay, you see them go well, you see them become stable -- and you see them go badly, quickly, when they don't have access to that service.

So on a front line, one-at-a-time basis, I really don't want to see a bunch of those folks kicked off.

From a state budget perspective, because I sit on the committees at the legislature that tries to balance those budgets out, I'm also very worried about it.

In Utah's budget right now, our total spend per year on Medicaid is $5.5 billion. That counts the federal plus the state. So our state spend per year is $1.7 billion here in Utah, about a third, probably typical for many other states.

If you look at the cuts -- mixing the cuts in funds that come and the cuts that are people who would be taken off because of federal funds -- the total cut to Utah is about $1 billion per year on an amount where we currently are putting in $1.7 billion.

So it's huge to us. It's not small to us. And that will get parsed out in different ways. Some of that will be people off services. Some of it will be the hospital shifting costs. Some of it will be programs that get cut. Some of it will be providers that don't get paid as much so they no longer provide the service.

No one knows exactly where the shrapnel will fall, but it will be a very large change to our state budget and the services that we can provide. So I'm really hoping we can find some other, better way forward.

Kevin Leonard, North Carolina Association of County Commissioners Executive Director Opening Remarks

[VIDEO]

Kevin Leonard: Thank you so much, Senator. You know, I could echo a lot of the things that the other speakers, especially Steve, has mentioned, but I appreciate the opportunity to give you the perspective from North Carolina and our counties here.

In North Carolina, our county departments of social services, they're on the front lines of delivering critical public assistance like Medicaid and SNAP. Our organization, which is a non-partisan organization, represents all 100 of our counties. So we want to be clear that our members care deeply about supporting our residents that need these benefits and at the same time making sure that these benefits are used most effectively and efficiently.

Our deep concerns about the revisions to the eligibility checks and the work requirements for Medicaid and SNAP are rooted in the administrative strain and pressures that these changes are going to create at the county level. In North Carolina, our counties administer Medicaid and SNAP on behalf of the state. We're a county delivered state supervised system, and that means when eligibility checks increase, it's our county staff who must perform that level of work.

So, the proposed provisions would require more frequent and intensive redeterminations of eligibility, including verifying work requirements, income fluctuations, and reporting changes with little or no administrative funding to come along with those requests.

So, from our standpoint, this is a pure cost shift to the North Carolina counties. It's an unfunded mandate from the federal government down to the county governments and county budget. It's an unfunded mandate from the federal government down to the county governments. And county budgets in North Carolina are going to feel the impacts of these changes, and in North Carolina, counties can only raise revenues through property tax and sales taxes, and of course, the other option includes cutting programs that currently exist.

So, our DSS teams are already stretched thin. The vacancy rates for eligibility case workers are high, case loads are heavy, and the new mandates in this bill will significantly increase workloads without adding the tools, the technology, the time and the resources to do that job. Well, I feel like I need to say this again, because I want to make the point that this isn't about resisting work requirements for a lot of our members. It's really about ensuring that we don't break down the systems that we rely on to serve the most vulnerable people, like the children, the seniors, the local low-income workers, while trying to enforce those requirements that are being asked of us.

So, we appreciate all that you're doing. We would ask that your colleagues would pause, reconsider and at a minimum, target flexibility for states like North Carolina, where counties administer these programs. You know, in North Carolina, we say if you've been to one county, you've been to one county. And you can just apply that to states. If you've been to one state, you've been to one state. So we all need the flexibility to adjust to these changes.

So Senator, thanks so much for the opportunity to share the viewpoint from North Carolina. We appreciate your efforts.

Wendy Sisk, CEO of Peninsula Behavioral Health, Opening Remarks

[VIDEO]

Wendy Sisk: Thanks, Senator Cantwell, I appreciate you having me on today.

So, we are a community mental health center in Port Angeles, Washington, and our role is really just to serve people predominantly with serious and persistent mental illness-- illnesses like schizophrenia, bipolar disorder and people with substance use disorders who are at great risk of overdose.

Medicaid is really the backbone of the community behavioral health system, and because of the conditions we treat and the level of disability that our participants have, more than 85% of my organization's budget comes from Medicaid. And the way this bill is structured, we would anticipate somewhere between a 25% and 45% cut in our Medicaid revenues, if this bill were to move forward.

We don't have the same robust private insurance payer mix that Dr. Ward alluded to that many clinics have in the healthcare system. Community behavioral health is really largely dependent on Medicaid services. So if this bill moves forward with these Medicaid cuts, it would just be devastating to the community behavioral health system.

The safety net behavioral health providers would probably be forced to lay off staff. We'd have to close life-saving programs. We'd have to institute wait lists. Smaller agencies would be likely to collapse, resulting in rural areas in our state and across the nation having no access to services, and even urban areas facing serious limits, when we see that the need is continuing to surge.

And we know from past experience, as was mentioned earlier, that when we don't have robust outpatient services, we see increased overdose deaths, we see increased law enforcement contacts, we see increased homelessness, and people have to access care in the most expensive and traumatic places such as emergency departments, jails, and inpatient facilities.

Right now, I'm heartbroken. Each day I'm getting calls from participants in our programs asking if they lose their Medicaid, will we still help them? People call and say, “If I lose my Medicaid, am I going to get kicked out of my housing? What am I supposed to do?”

It's distressing because we've made lot of progress in the last few years in stabilizing the outpatient behavioral health system, and this change has the potential to totally destabilize all that work that we've done. Our staff are overburdened already; adding additional requirements to help people with additional eligibilities -- it's a lot of extra work on our end, as well as at the state level. So, we serve one of the most vulnerable populations in this nation, and this bill would likely unravel huge strides that we've made and cause life-saving services that we provide to our community to be extracted.

So, we appreciate all the senators and representatives who are trying to protect care for these most vulnerable citizens in our communities. Thank you.

Sen. Cantwell: Thank you. And Wendy, you guys attacked that problem to deal with the Fentanyl crisis, right? You built more capacity in your community to help fight the Fentanyl crisis.

Sisk: Absolutely, and we're seeing those numbers of overdose -- Clallam County used to be one of the highest overdose counties in the state of Washington -- and we have moved far down that list, in part because of our efforts to reach out to people and engage them in that life-saving care.

Sen. Cantwell: Thank you. Thank you for that.

Tristan Twohig, Washington State Nurses Association, Opening Remarks

[VIDEO]

Thank you, Senator Cantwell, for your continued leadership and for protecting patient care and for inviting the frontline healthcare workers into this conversation.

My name is Tristan, I'm a board-certified emergency nurse in Spokane and represent the Labor Executive Council for the Washington State Nurses Association. And I'm here on behalf of nurses across the state who carry the weight of these policies in real time, with real patients.

And in the emergency department, I don't think we see just patients -- we see people in crisis, and we see patients who have skipped the doctor's visits because they couldn't afford them. We see older adults whose medications have run out, and we've seen illnesses that could have been treated with a simple prescription, but after delays in care now require hospital administrations.

And these cases happen every day -- disproportionately more so in some rural areas and in critical access facilities -- but they often result in a delay in care of a healthcare system that's already in a delicate state.

When Medicaid is threatened, it's not just numbers on a spreadsheet that shift -- it's access, it's timing, it's options for patients, and without accessible coverage, people tend to delay care. They're choosing between groceries and medicine. And when they show up to the hospital, they show up sicker, and their recoveries are harder, and that could have been managed by preventable diseases and primary care, but often becomes much more complex in their treatments. These delays don't just cost more, they leave patients and families with fewer options.

Medicaid remains one of the few systems that helps ensure that some of our most vulnerable neighbors receive the best care based on need. And we want a healthcare system that functions. We have to protect it, but to protect it for patients, for providers, and for the communities from which we serve.

Nurses just want to provide safe, compassionate care, and we believe that the proposed cuts to Medicaid would be detrimental to the people who are members of the communities that we care for. So I appreciate your time and I appreciate your initiatives.