



U.S. SENATOR MARIA CANTWELL WASHINGTON

MAY 2025 MEDICAID SNAPSHOT

Medicaid Cuts Could Force Seniors Out of Their Homes, Devastate Washington's Highly-Ranked Long-Term Care System

This snapshot report includes new, exclusive data provided by groups representing home care workers, area agencies on aging, and nursing homes. Some of the new information includes:

- An exclusive new survey of Service Employees International Union (SEIU) 775 WA home care workers—**94%** of the 3,787 respondents said that their clients would likely need care at an ER if their home care stopped.
- New information on how crucial Medicaid funding is for our state's nursing homes—on average, WA nursing homes receive **52.3%** of their revenue from Medicaid.
- An exclusive new survey of 68 WA nursing homes, which found that **67 of 68** would cut services if Medicaid were cut by 5% or more, and **65%** would consider closing.
- Statewide data showing that **105,700** Washingtonians receive home-based long-term services and supports through Medicaid.

The State of Washington's long-term care system supports seniors and people with disabilities who cannot fully care for themselves.

The system's two largest components are home care and nursing home care. Home care workers help tens of thousands of Washingtonians stay in their homes.

Most people prefer to stay in their homes, which can save taxpayers money. When these Washingtonians need full-time care, they are transferred to lifesaving—but more expensive—nursing homes.

The AARP [ranks](#) Washington state's long-term care system #2 in the nation. But cuts to Medicaid seriously endanger this system.

HOME CARE

Medicaid, also known as Apple Health in Washington state, pays for home-based long-term services and supports for 105,700 Washingtonians.

Home care workers make sure people are eating right, have the medications they need, and are living in a safe space. This care helps these Washingtonians stay healthy and out of the hospital and gives them the choice to stay in their own home.

A new survey by SEIU 775 asked home care workers what would happen to their clients if they no longer had home care. Of the 3,787 respondents, 94% said their Medicaid clients would be extremely likely or somewhat likely to need care at an ER if their home health care stopped.

Jennifer Paine, a caregiver from Spokane, cares for a relative with lung cancer, COPD, multiple personalities, and schizophrenia. Paine says, **“I make sure she’s alive, taking her medication, and going to her chemo, radiation, CT scans, and doctor appointments. I make sure she has food and her house is clean. If Medicaid cuts happened, she will die. She will not be able to access life-saving medical care, oxygen therapy, mental health care, or medications, and the reality is, that those things keep her alive and well. She’s the rock for our family—she takes care of her grandchildren, and without her, the kids would have to go back to foster care.”**

Similarly, Vee Tausili, a caregiver in Bonney Lake, supports a relative with dementia and diabetes. Tausili helps her bathe, change diapers, and do physical therapy. Tausili says, **“I know I’m helping her to live a quality life. But if Medicaid cuts happen and she doesn’t have access to long-term or medical care, she will die.”**

IN-HOME PERSONAL CARE OR RESPITE CLIENTS – TOP 10 COUNTIES	
County	Client Count
King	18,915
Pierce	8,296
Snohomish	5,882
Spokane	5,589
Clark	5,102
Yakima	3,094
Thurston	2,306
Benton	2,273
Kitsap	1,754
Whatcom	1,594

Washington State Department of Social and Health Services, Nov 2024

That harsh reality could ring true for tens of thousands of Washingtonians. The table below shows that thousands of people rely on home-based long-term care in each of Washington state’s ten congressional districts.

Congressional Districts 4 and 5, which cover rural Central and Eastern Washington, have some of the highest numbers of Medicaid patients who receive home care. For these patients, Medicaid cuts could be especially dangerous, since rural residents tend to live further from clinics and hospitals.

HOME-BASED LONG-TERM SERVICES AND SUPPORTS BY CONGRESSIONAL DISTRICT		
District	Medicaid Clients	Total Paid (SFY 2024)
1	8,498	\$329 million
2	10,167	\$425 million
3	11,580	\$501 million
4	11,426	\$502 million
5	11,572	\$620 million
6	10,461	\$438 million
7	8,025	\$323 million
8	7,523	\$272 million
9	15,529	\$675 million
10	10,919	\$536 million
Total	105,700	\$4.66 billion

Source: Washington State Health Care Authority

ROLE OF AREA AGENCIES ON AGING

Washington state's Area Agencies on Aging (AAAs) underpin the state's home care system. AAA case managers identify the level of care that home care clients need and help them find a provider.

Washington state has 13 AAAs. That includes the Area Agency on Aging & Disabilities of Southwest Washington, which helps 6,000 seniors, people with disabilities, tribal elders, and family caregivers in Clark, Cowlitz, Klickitat, Skamania, and Wahkiakum counties. It currently has 13 contracted home care agencies and 38 Medicaid contracts with other types of providers.

King County is served by an AAA called Aging and Disability Services. In 2024, it served 17,079 clients with Medicaid funding. Of those clients, 20% were living alone, 77% were at or below 100% of the federal poverty level, and 20% were aged 85 or older. Director Mary Mitchell explains the benefits of these programs: **“The Medicaid Long-term Care program enables clients to receive care in their homes and communities, rather than more costly institutional settings, and produces huge savings for the state and better health outcomes for clients.”**

On the eastern side of the state, Aging and Long-Term Care of Eastern Washington served 5,697 Medicaid in-home care individuals in 2024 — and 64% of its budget comes from Medicaid.

This work helps entire families. Reza Pedram, a long-term care supervisor, helps 75-100 clients receive home care per year. She says, **“I cannot emphasize enough how the long-term care services not just benefit the client receiving the service but also the rest of the family as the family members are able to focus on their jobs, education, and take care of their younger children. This goes to say the impact of Medicaid goes beyond the primary recipient.”**

**“THE IMPACT OF MEDICAID
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RECIPIENT.”**

Reza Pedram, long-term care
supervisor

NURSING HOMES

Nursing homes (also known as skilled nursing facilities) care for Washingtonians who can no longer care for themselves. Approximately [15%](#) of adults who reach age 65 will need to spend at least two years in a nursing home. Because the average [cost](#) of a semi-private room at a WA nursing home is \$12,714 per month, even relatively well-off seniors may find their savings completely depleted as they age.

If seniors’ savings run out, Medicaid steps in. If Medicaid stopped paying for long-term care, a resident’s family would need to come up with the \$12,000/month needed to keep them safely in the nursing home, rather than at home without the proper care or even on the street.

According to the Washington State Health Care Authority, there are 39,581 Medicaid clients in our state's long-term health care facilities—including nursing homes, adult family homes, assisted living community settings, and residential habilitation centers. Medicaid paid \$2.29 billion to these facilities in total in state fiscal year 2023. The 5th Congressional District had the largest number of clients: 5,874 across 669 facilities that were paid \$354 million.

Statewide, Medicaid dollars account for more than half of all nursing home revenue:

NURSING HOME REVENUE BY CONGRESSIONAL DISTRICT, 2024			
Congressional District	Total Revenue	Revenue from Medicaid	% Revenue from Medicaid
1	\$108,299,268	\$42,560,412	39.3%
2	\$217,696,113	\$121,903,121	56.0%
3	\$162,492,054	\$69,792,164	43.0%
4	\$198,484,546	\$103,206,638	52.0%
5	\$244,901,820	\$105,323,956	43.0%
6	\$298,467,998	\$141,919,164	47.6%
7	\$218,792,645	\$119,508,762	54.6%
8	\$140,070,931	\$60,806,480	43.4%
9	\$263,144,219	\$194,068,942	73.8%
10	\$247,075,006	\$139,189,849	56.3%
Total	\$2,099,424,600	\$1,098,279,488	52.3%

Source: Washington Health Care Association

Cuts to reimbursements or eligibility would force nursing homes to reduce beds, cut staff or services, and even consider closing. The Washington Health Care Association conducted a new survey of 68 nursing homes, which collectively treat 3,221 patients:

EXCLUSIVE NEW SURVEY OF 68 WA NURSING HOMES		
Survey Question	Number Answering Yes	% Answering Yes
Would significant cuts (5% or greater) to Medicaid require you to cut staff or services?	67	98.5%
Would significant cuts (5% or greater) to Medicaid force you to consider reducing admissions/occupancy?	67	98.5%
Would significant cuts (5% or greater) to Medicaid force you to consider closing your facility?	44	64.7%

Source: Washington Health Care Association

If patients lose access to home care or preventive care and see their health deteriorate more quickly, nursing homes might not have the capacity to take in everyone who needs a bed, especially if nursing homes themselves must reduce services due to Medicaid cuts. Nursing home care can also be significantly more costly than home care.

“THERE ARE NOT ENOUGH NURSING HOME BEDS IN OUR REGION OR ACROSS THE STATE TO RESPOND TO THE NUMBER OF PEOPLE WHO WOULD END UP NEEDING SUPPORT.”

Lynn Kimball, Executive Director of Aging and Long-Term Care of Eastern Washington

That could cause a double crisis: more people needing to go to a nursing home, combined with fewer nursing home beds. According to Lynn Kimball, Executive Director of Aging and Long Term Care of Eastern Washington, **“there are not enough nursing home beds in our region or across the state to respond to the number of people who would end up needing support if Medicaid no longer funded home care.”**

IMPACT ON HOSPITALS AND EMERGENCY SERVICES

According to Eric Erickson, President of the Washington Home Care Coalition, **“many clients losing Medicaid in-home care, nursing home, and other long term care benefits would only be forced to seek care in emergency rooms and hospitals, inundating those systems and negating any savings to the overall health care system.”**

If older and disabled people can’t get home care or into a nursing home, they will end up going to hospitals or calling ambulances. Those systems do not have the capacity to accommodate that strain, especially if they too are grappling with Medicaid cuts. CEO Jonathan Hatfield of Klickitat Valley Health says that under Medicaid cuts, we will see **“unmanaged chronic conditions, overcrowded emergency rooms, higher costs, and worse outcomes. Our aging population would lose access to long-term and in-home care, creating unsafe discharge situations.”** At Klickitat Valley Health, 42% of patients rely on Medicaid.

Some might not be able to get to a hospital. Yakima’s Janie Navarro cares for someone who has lost a leg and vision in one eye. She says, **“I’m the person who makes sure he takes all of his medications, has good meals, and has transportation to his many doctor appointments. If Medicaid cuts happen, he won’t be able to go to the doctor and get necessary care, so his health will deteriorate very rapidly.”**

Global Medical Response (GMR) handles about half of the EMS transports in Washington state. They already sometimes have to transport patients long distances—such as from Yakima to Seattle—when there aren’t enough beds or physicians. GMR shared data about its transports exclusively for this report. Statewide, 26% of their transports were covered by Medicaid in 2024. GMR expects that any reductions to Medicaid to cause more strains on hospitals and EMS infrastructure.

2024 GLOBAL MEDICAL RESPONSE TRANSPORT PATIENTS BY REGION (EXCLUSIVE TO REPORT)			
Region	Medicaid	All Payors	% on Medicaid
Clark County	10,240	49,922	21%
Lewis/Thurston Counties	3,398	14,456	24%
King County	21,453	74,710	29%
Central Washington*	5,987	22,383	27%
Spokane County	20,447	70,796	29%
Total	61,525	232,267	26%

Source: Global Medical Response

*Note: Central Washington includes Yakima and Benton Counties, and small portions of southern Grant County and western Franklin County, based on GMR's service area.

Pat Songer, COO and Chief of EMS at Cascade Medical in Leavenworth, says, **“Stripping Medicaid coverage from individuals in long-term or home care settings forces EMS providers to become the safety net of last resort. Without access to routine care, vulnerable patients are left with no option but to call 911 for basic health needs—putting additional pressure on an already strained emergency medical system. This policy shift doesn’t save money; it shifts cost and care to frontline responders, undermining patient outcomes and EMS sustainability, especially in rural communities.”**

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Pat Songer, COO/Chief of EMS,
Cascade Medical

Even when people get to hospitals, they may face long wait times. Cherie Noble, Program Director at the home care agency Senior Life Resources in southeastern Washington, says, **“Clients receiving in home care generally have fewer trips to the hospital or doctor’s office. Our hospital waiting rooms already have long wait times. If our clients aren’t getting essential care like a nutritious meal, medication reminders or to help prevent falls and other things people go to the hospital for, I can see those wait times getting longer and impacting overall health care costs for everyone in southeastern Washington.”** Senior Life Resources cares for 1,400 clients, 1,167 of whom—83.3%—receive Medicaid-funded services.

LONG-TERM CARE EMPLOYMENT

According to the U.S. Bureau of Labor Statistics, 100,360 Washingtonians are employed as Home Health and Personal Care aides.

When asked in the new SEIU 775 poll of home care workers, “If Medicaid was cut and your client(s) no longer received Medicaid home care services, how much of your family household income would that impact?” 82.0% of 3,836 respondents said most or all of family income would be impacted. More than half (54.3%) said all of their household income would be impacted, and more than a quarter (27.7%) said most of their household income would be impacted.

Home care agencies are worried about employment impacts, too. Erickson, of the Washington Home Care Coalition, says, **“Depending on the severity of cuts to Medicaid in-home care services, tens of thousands of people across the State of Washington could lose their jobs and associated benefits.”** For example, Cherie Noble of Senior Life Resources says that her organization employs 800 home care workers. In rural areas, those jobs are difficult to replace once lost.

“TENS OF THOUSANDS OF PEOPLE ACROSS THE STATE OF WASHINGTON COULD LOSE THEIR JOBS.”

Eric Erickson, Washington Home Care Coalition President

Those workforce issues would have a negative impact on clients, too. Kimball of Aging and Long-Term Care of Eastern Washington notes that AAAs currently have 75 clients per case manager, but they’ve seen times where they’ve been forced to go up to 100 clients per case manager, making it harder to intervene and stabilize people. At her organization, Medicaid cuts could impact employment for over 135 staffers.

Mary Mitchell, Director of Aging & Disability Services (the King County AAA) says, **“Medicaid funding cuts will result in unsustainably high caseloads, which will impact the quality of care, the safety of clients, and the sustainability of the workforce.”** Aging & Disability Services employs about 230 staff, with over 180 people supporting long-term care.

WASHINGTON STATE'S SYSTEM WORKS — IF MEDICAID STAYS

Our state is rated one of the top places in the nation to grow old because of the system created by local government agencies, nursing homes, and home care agencies and workers. That system depends on reliable federal funding from Medicaid. Drastic cuts to Medicaid would permanently damage this successful system. We owe our seniors and people with disabilities better.

“In Eastern Washington, especially, older adults here have worked their whole lives,” says Kimball of Aging and Long-Term Care of Eastern Washington. **“They’ve given a lot to the community, to their kids, to their grandkids, to their jobs, and in retirement, they’re still active. They really have contributed a lot, and we should be taking care of them.”**