



**U.S. Senator
Maria Cantwell**
Washington

SNAPSHOT REPORT

Higher Costs, Less Care: How Medicaid Cuts Impact Washingtonians

Executive Summary

Last year, Republicans in Congress narrowly passed a massive spending bill, H.R. 1, that cut funding for Medicaid and created new eligibility requirements that begin next year – which could contribute to skyrocketing healthcare costs for Washingtonians.

The **new rules are expected to knock approximately 200,000 Washingtonians off of Apple Health (Medicaid in Washington state) beginning on January 1, 2027**, on top of the 11,000 who have already lost eligibility due to H.R. 1. Moreover, Republicans in Congress also let healthcare subsidies expire – the Affordable Care Act's Enhanced Premium Tax Credits – which caused approximately 40,000 Washingtonians to lose health insurance beginning in January 2026.

Washingtonians who lose insurance still need healthcare – and someone must pay for it. By kicking hundreds of thousands off of health insurance, everyone will experience the cost in higher premiums, fewer services, and longer wait times. Already, Washingtonians purchasing coverage through ACA exchanges face an average **22% increase in health insurance premiums** next year. Nationally in 2027, employers expect the **largest increase in health benefit costs since 2003**, which experts warn will lead to higher costs for workers.

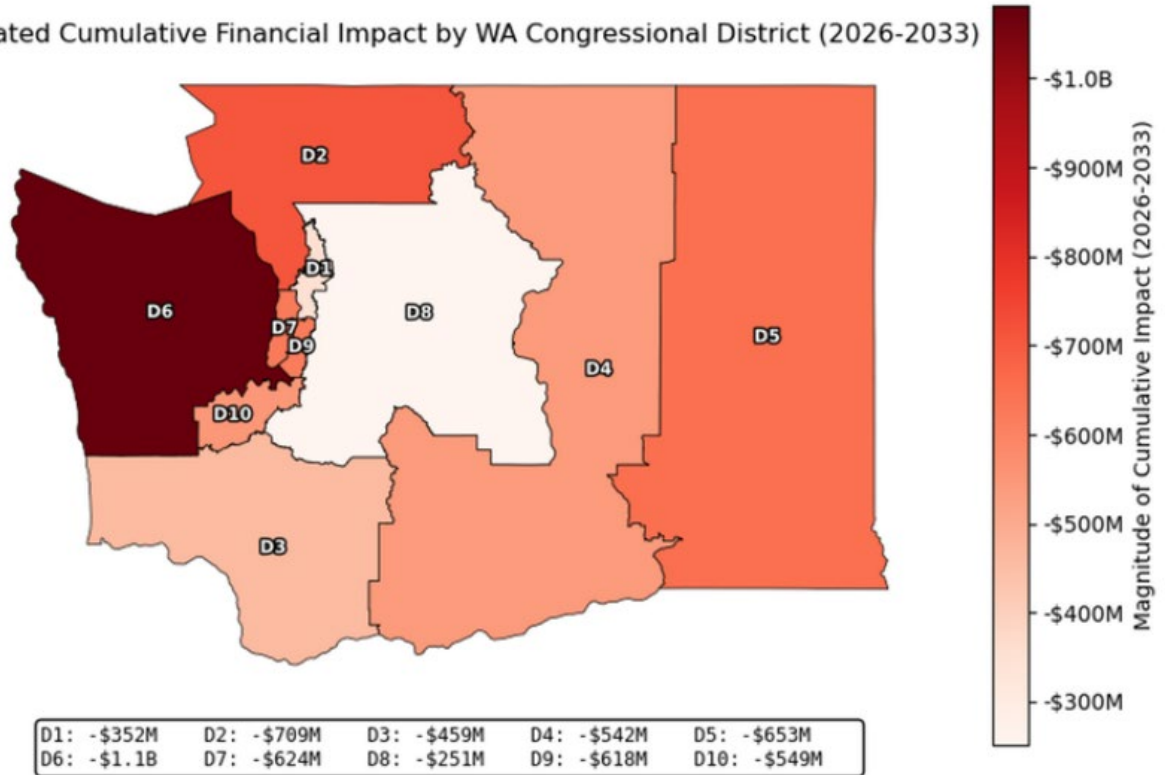
"As H.R. 1 increases uncompensated care while cutting hospital funding, hospitals will have fewer resources for the staff, beds and services every patient depends on," said Washington State Hospital Association (WSHA) President and CEO Cassie Sauer. **"That means these cuts could affect your ability to access needed health care services, even if you have excellent health insurance."**

This report shows how H.R. 1 will cost Washington's healthcare providers billions in lost revenue, threatening healthcare access for Washingtonians across the state. New estimates detailed here show:

- Washington's hospitals expect to **lose \$5.8 billion** in revenue by 2033 because of H.R. 1's Medicaid cuts.
- Federal Qualified Health Centers (FQHCs) across the state anticipate losing up to \$118 million in Medicaid reimbursements in 2027 due to H.R. 1.

- The lost revenue will strain hospitals' finances, resulting in service cuts, longer wait times at the emergency room (ER), and even hospital closures that will affect **everyone in Washington state**, not just Medicaid recipients. Due to H.R. 1's dire financial impacts, Washingtonians will travel further, wait longer to access healthcare, and see their insurance premiums rise.

Estimated Cumulative Financial Impact by WA Congressional District (2026-2033)



Source: Washington State Hospital Association (September 2026)

Background on H.R. 1

Under H.R. 1's new [work requirements](#), adult recipients of Medicaid – or Apple Health in Washington state – must prove that they are working, volunteering, or attending school 80 hours/month starting in January 2027. Furthermore, Apple Health recipients will have to re-confirm they meet work requirements **or qualify for an exemption** every six months – creating a new layer of federal paperwork and bureaucracy for thousands of Washingtonians already dealing with debilitating conditions.

Washington state expects that over 200,000 residents will lose Apple Health coverage due to H.R. 1's new work requirements. The hundreds of thousands of uninsured Washingtonians will still need care.

"As a nurse in a rural community, I see firsthand how cuts to Medicaid and other critical funding sources under HR 1 threaten access to care. In rural areas, hospitals and community health clinics are often the only source of essential health services and are already stretched thin. With HR 1, more people will lose coverage, patients will have to drive even farther to get care, service lines will be reduced or eliminated, and some

doors will close altogether,” said Jacob Garcia, a member of the WSNA Board of Directors and an acute care nurse in Sunnyside. **“Treatment will be delayed, and conditions that could have been managed early will become acute. Those patients will show up in the emergency department where we are required to treat them, but much of that care will go uncompensated. That drives costs up for everyone, including hospitals, employers, and families with insurance. Meanwhile, nurses will be asked to deliver safe, quality care with fewer resources and greater demand than we currently face. Our communities deserve better. Every patient deserves safe, timely, quality care, and that requires adequately funded health care systems. Without them, lives will be lost.”**

Hospital emergency rooms and Community Health Clinics (CHCs) are required by federal law to accept patients regardless of their ability to pay. CHCs serve about 1 in 6 Washingtonians, with 27 clinics and 431 service sites across the state.

“We will do our best with fewer resources to continue to serve as many patients as we can, even if they lose their coverage,” says Dave Pearson, CEO, Washington Community Health Centers. **“When people lose their insurance, they often delay care, which leads to worsening conditions and increased stress on hospital emergency departments. We fear a growing number of community members won’t get their preventive care, such as cancer screenings or blood pressure checks. It’s a damaging blow to the primary care safety net that makes for a healthier Washington.”**

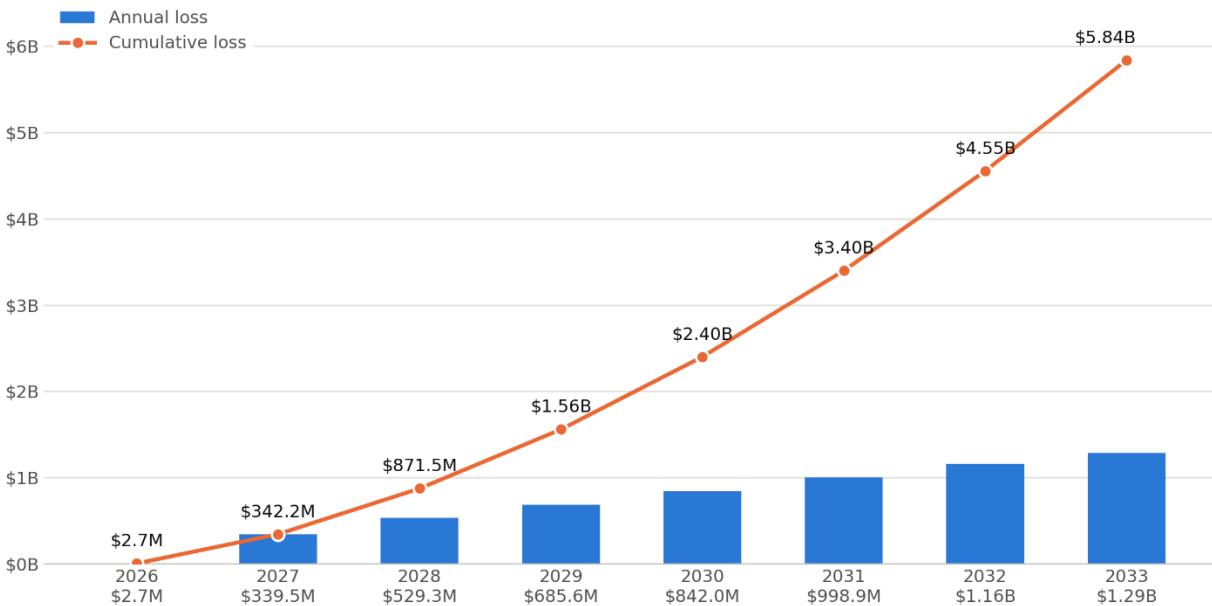
Washington Community Health Centers (CHCs) estimates that at least 82,000 of their patients statewide will lose health coverage due to HR1, leading to a reduction of 214,000 to 257,000 visits by Medicaid-enrolled patients annually. They estimate that their centers across the state will suffer an annual loss of **\$98.4 million to \$118 million** in Medicaid reimbursement for covered services, representing a 7-8% loss in CHCs’ annual Medicaid reimbursement.

The costs to treat these uninsured patients – called “uncompensated care” – are projected to create massive deficits for hospitals across our state, especially in rural areas that tend to have higher percentages of Medicaid recipients. But H.R. 1 also put new caps on how much insurance companies can reimburse providers for services to Medicaid patients.

Washington state agencies have warned that H.R. 1’s Medicaid cuts could drive up commercial insurance rates by increasing hospitals’ uncompensated care costs. Peer-reviewed studies back this up: lower Medicaid reimbursements can lead to hospitals charging higher prices for insured patients. In addition, hospitals in financial trouble often merge with large health systems, which can lead to less competition and higher prices for patients.

Projected Hospital Revenue Losses From Medicaid Cuts, Washington State, 2026-2033

Annual loss (bars; value under each year) and cumulative loss (line), all ten congressional districts combined



Source: Washington State Hospital Association, analysis conducted September 2026. Figures are projections.

Medicaid recipients who are too sick to work can apply for limited exemptions from Medicaid's new work requirements. However, beginning in 2028, these "medically frail" individuals will have to prove they are unable to work due to their illness. In practice, this could result in patients with cancer or Alzheimer's having to track down paperwork or doctors to prove they can't work. It is still unclear what criteria the Trump Administration will use for these determinations. It is also unclear what recourse patients will have if the Trump Administration wrongly denies their claims.

Notably, some individuals have already lost coverage due to H.R. 1. Starting on October 1, 2026, approximately 11,000 legal immigrants in Washington state became ineligible for Medicaid. This includes refugees, asylees, domestic violence self-petitioners, and victims of human trafficking.

Impacts to Northwest Washington (CD-2)

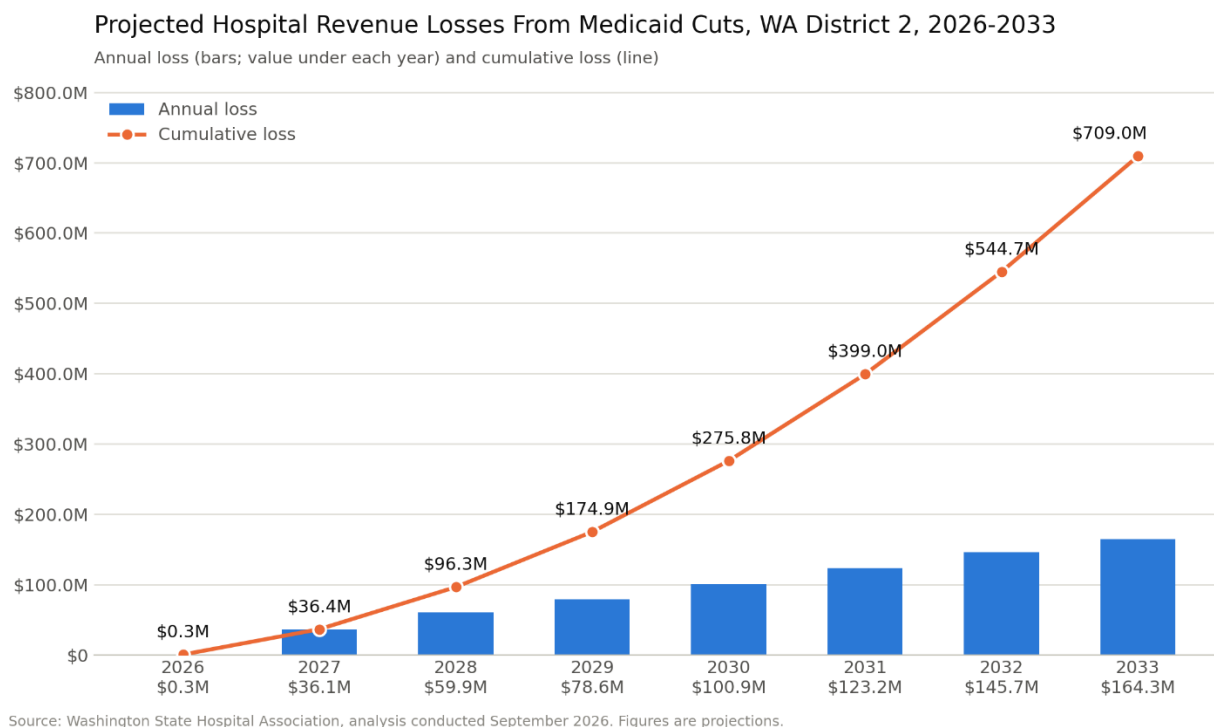
Medicaid enrollment	Hospitals	Community Health Clinics
171,200 (21.7% of all residents in Congressional District 2)	8	32

Medicaid enrollment by group: children 66,100; **expansion adults 58,500**; adults 18,300; seniors 15,900; disabilities 12,500.

(Note: The "expansion adult" group will be newly impacted by work requirements and these adults are most likely to be disqualified from Apple Health. "Expansion adults" are people aged 19-65 with incomes at or below 138% of the federal poverty level. Currently, a single person in Washington must earn less than \$1,835/month (\$22,020/year) to be eligible.)

Northwest Washington’s Second Congressional District has eight hospitals serving an estimated 789,531 Washingtonians. Everett's Providence Regional Medical Center and Bellingham's PeaceHealth St. Joseph Medical Center are two major hubs for care in Snohomish and Whatcom Counties. Island Health in Anacortes is a crucial access point for residents of the San Juan Islands, most of whom can only access emergency care by ferry or medevac. Skagit Regional Health operates hospitals in Arlington and Mount Vernon. PeaceHealth United General Medical Center in Sedro-Woolley provides critical access for residents of towns along Highway 20.

By 2030, hospitals in Northwest Washington will lose an estimated \$100 million per year due to the impacts of H.R. 1. By 2033, these hospitals will have accumulated \$709 million in total revenue losses from H.R. 1's impacts.



“Nearly one in four people in our congressional district relies on Medicaid,” says Brian Ivie, CEO of Skagit Regional Health, which operates hospitals in Arlington and Mount Vernon. **“Losing coverage doesn’t eliminate the need for care. It often means people wait longer to seek it and arrive with more serious health needs. That puts additional pressure on our emergency rooms and on the caregivers serving a growing region.”**

“Medicaid coverage loss creates a personal crisis for individuals and families and reduces the overall resources available for health care services,” says Chuck Prosper, CEO of PeaceHealth St. Joseph Medical Center. **“Our hospitals and providers will very challenged by increases in the number of uninsured patients and the corresponding uncompensated care that will result from the Medicaid provisions of H.R. 1. PeaceHealth has been working both internally and with our community partner organizations for the past year to ensure that access to health care services can be preserved for our northwest Washington communities.”**

Impacts to Central Puget Sound (Washington's 1st, 7th, 8th, and 9th CDs)

Medicaid enrollment	Hospitals	Community Health Clinics
583,100 (18.3% of all residents in Congressional Districts 1, 7, 8, and 9)	28	154

*Enrollment by group: children 220,600; **expansion adults 204,700**; adults 63,600; seniors 57,300; disabilities 36,900.*

(Note: The "expansion adult" group will be newly impacted by work requirements and these adults are most likely to be disqualified from Apple Health. "Expansion adults" are people aged 19-65 with incomes at or below 138% of the federal poverty level. Currently, a single person in Washington must earn less than \$1,835/month (\$22,020/year) to be eligible.)

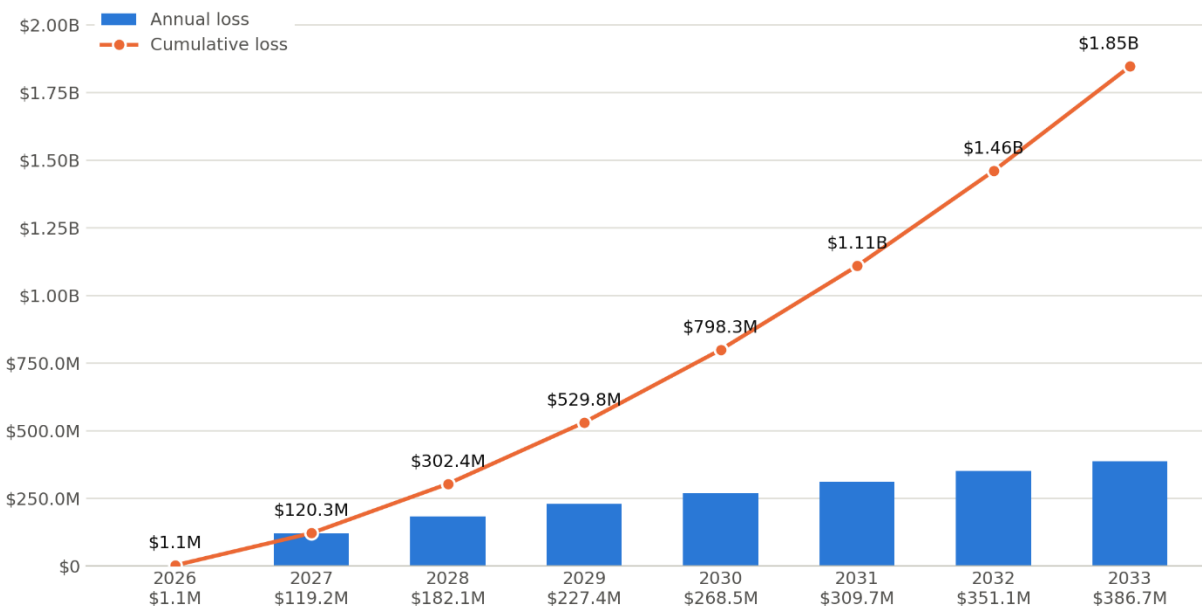
Central Puget Sound's First, Seventh, Eighth, and Ninth Congressional Districts have a combined 28 hospitals serving an estimated 3,192,865 Washingtonians. The area is a destination for world-class healthcare. Harborview Medical Center is Washington state's only Adult Trauma I Center. Seattle Children's Hospital is the only Pediatric Trauma I Center. Fred Hutchinson Cancer Center is the state's only comprehensive cancer center. These facilities serve the entire state and the broader Pacific Northwest region.

In Seattle, Providence Swedish and Virginia Mason Franciscan Health also provide specialty services to the region. Overlake Medical Center and EvergreenHealth Kirkland serve the Eastside and Valley Medical Center serves South King County. On the rural eastern side of King County, residents and outdoor recreationalists depend on Snoqualmie Valley Hospital, the only hospital east of Issaquah, and EvergreenHealth Monroe, the primary hospital for residents of the towns along Highway 2 and Stevens Pass.

Starting in 2027, hospitals in the Puget Sound region **will lose over \$100 million per year due to the impacts of H.R. 1**. Losses will escalate to more than \$300 million annually by 2032. In total, these hospitals will need to absorb **\$1.85 billion in total revenue losses from H.R. 1's impacts** through 2033.

Projected Hospital Revenue Losses From Medicaid Cuts, WA Districts 1, 7, 8 & 9, 2026-2033

Annual loss (bars; value under each year) and cumulative loss (line)



Source: Washington State Hospital Association, analysis conducted September 2026. Figures are projections.

Already, hospitals are cutting healthcare services due to H.R. 1's financial impacts. This is reducing access to healthcare for Central Puget Sound residents.

Hospital System	H.R. 1-Related Service Closure	Public Statement
Providence Swedish	Closed an outpatient clinic in Issaquah and eliminated 296 positions at Swedish Issaquah, First Hill, Cherry Hill, and Ballard	Swedish press release: "Providence Swedish, like many hospital systems, is responding to multiple headwinds, including state and federal Medicaid cuts... The recently passed H.R.1 (the One Big Beautiful Bill Act) will further impact vital safety-net programs, adding to these challenges. " (Swedish)

"When people in Monroe lose Apple Health coverage, their need for care does not disappear," says Dr. Ettore Palazzo, CEO, Evergreen Health Monroe Medical Center. **"Rising uncompensated care, combined with lower Medicaid funding, will put greater pressure on the staff, services and emergency capacity our entire community depends on. Even people with good insurance could face longer waits or fewer local options if these federal changes weaken the health care system around them."**

"For the patients and families we serve, Medicaid means access to care, financial stability, and peace of mind," says Lisa Yohalem, CEO of HealthPoint, a Federally-Qualified Health Center with 20 locations in King County. **"When people lose coverage, their health care needs do not disappear. Community health centers like HealthPoint will continue to care for our patients, but these changes will make it harder for families to get the care**

they need, harder for providers to connect patients to services, and harder for our health care system to keep people healthy before a problem becomes a crisis.”

“Rural hospitals don’t have an unlimited ability to absorb care that goes unpaid. We already lose money on services provided to Medicaid patients because the program doesn’t cover the cost of care,” says Aaron Edwards, CEO of Lake Chelan Health. “Adding even more charity care means making harder decisions about where limited resources go. Our responsibility is to keep essential care available in this community, but continued financial pressure makes that increasingly difficult.”

“HR 1 puts critical Medicaid funding at risk, threatening Seattle Children’s ability to sustain highly specialized pediatric care close to home,” said Dr. Christopher Longhurst, CEO of Seattle Children’s Hospital. “Families across Washington and the region depend on us when their child needs expertise that often isn’t available in their community. Without appropriate protections, these funding reductions threaten pediatric care across our region. We must ensure that federal policy does not undermine the very safety net that children and families depend on when they need it most.”

Impacts to Southwest Washington (CD-3)

Medicaid enrollment	Hospitals	Community Health Clinics
199,200 (24.8% of all residents in Congressional District 3)	8	38

*Medicaid enrollment by group: children 80,600; **expansion adults 63,900**; adults 21,400; seniors 16,400; disabilities 16,900.*

(Note: The “expansion adult” group will be newly impacted by work requirements and these adults are most likely to be disqualified from Apple Health. “Expansion adults” are people aged 19-65 with incomes at or below 138% of the federal poverty level. Currently, a single person in Washington must earn less than \$1,835/month (\$22,020/year) to be eligible.)

Southwest Washington’s Third Congressional District has eight hospitals serving an estimated 802,855 Washingtonians.

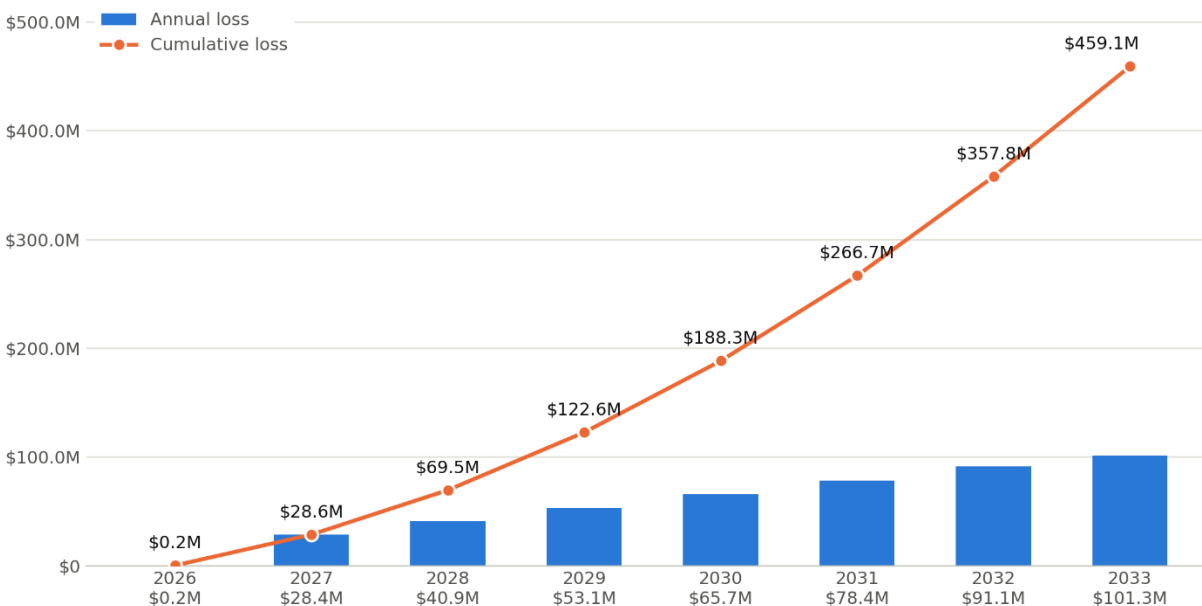
The region’s primary locations for specialty care are Legacy Salmon Creek Medical Center and PeaceHealth Southwest Medical Center in Vancouver. Some patients may also cross the border to Oregon for specialty care if the timing or location is more convenient for them.

Providence Centralia Hospital serves Lewis County, and Longview’s PeaceHealth St. John Medical Center serves Cowlitz County. Residents of the rural eastern part of the district may cross over to hospitals in White Salmon or Hood River, OR. In Pacific County along the coast, Willapa Harbor Hospital in North Bend serves the northern part of the county, while Ilwaco’s Ocean Beach Health serves the southern part.

By 2029, hospitals in Southwest Washington will be **losing \$50 million per year due to the impacts of H.R. 1**. In total, these hospitals will need to **absorb \$459.1 million in total revenue losses from H.R. 1’s impacts** through 2033.

Projected Hospital Revenue Losses From Medicaid Cuts, WA District 3, 2026-2033

Annual loss (bars; value under each year) and cumulative loss (line)



Source: Washington State Hospital Association, analysis conducted September 2026. Figures are projections.

“For people living on the Long Beach Peninsula, local access to hospital and clinic care is essential,” says Merry-Ann Keane, CEO of Ocean Beach Health. **“When coverage is lost and uncompensated care rises, a small rural hospital has fewer places to spread those costs. That creates difficult choices about staffing, services and the resources available around the clock. For our patients, the practical consequence could be fewer local options and longer travel for care. In an emergency or during a serious illness, that additional distance can matter.”**

Impacts to Central Washington (CD-4)

Medicaid enrollment	Hospitals	Community Health Clinics
267,700 (33.7% of all residents in Congressional District 4)	18	86

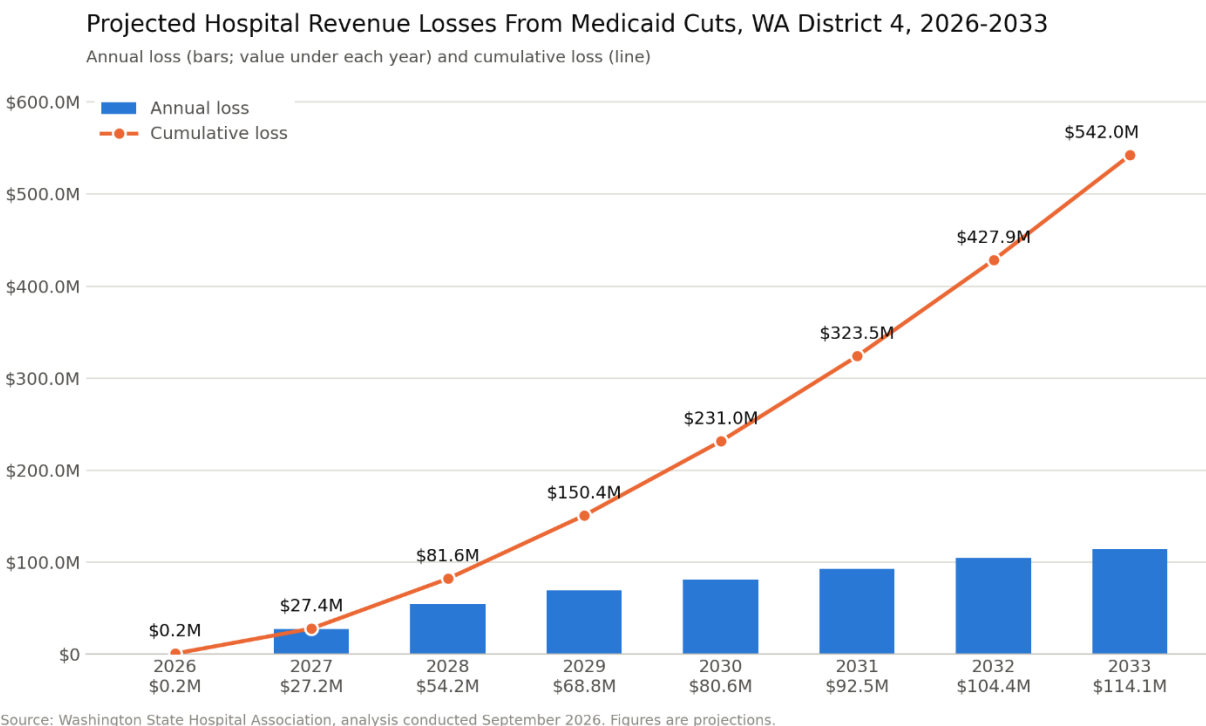
*Medicaid enrollment by group: children 127,900; **expansion adults 75,000**; adults 29,300; seniors 18,200; disabilities 17,400.*

(Note: The “expansion adult” group will be newly impacted by work requirements and these adults are most likely to be disqualified from Apple Health. “Expansion adults” are people aged 19-65 with incomes at or below 138% of the federal poverty level. Currently, a single person in Washington must earn less than \$1,835/month (\$22,020/year) to be eligible.)

Central Washington’s Fourth Congressional District has 18 hospitals serving an estimated 794,949 Washingtonians. Richland's Kadlec Regional Medical Center (Providence) is the major specialty care provider in the region and the only level II trauma center. MultiCare Yakima

Memorial Hospital is also a key provider in the area, operating the only perinatal center in Central Washington region. The other small towns and counties across this vast area depend on rural hospitals and clinics for primary and emergency care. Some of these crucial small hospitals include Skyline Health in White Salmon, Samaritan in Moses Lake, Klickitat Valley Health in Goldendale, Coulee Medical Center in Grand Coulee, and Mid Valley Hospital in Omak.

By 2028, hospitals in Central Washington will be **losing \$50 million per year due to the impacts of H.R. 1**. In total, these hospitals will need to **absorb \$542 million in total revenue losses** from H.R. 1's impacts through 2033.



“Thirty-eight percent of the people in our congressional district are enrolled in Medicaid, the highest share of any district in Washington,” says Andy Bertapelle, CEO, Mid-Valley Hospital. **“Federal changes that reduce coverage will hit communities like ours especially hard. Small rural hospitals have limited ability to absorb additional uncompensated care without eventually facing difficult choices about how we deliver care.”**

“The changes impacting Apple Health insurance coverage eligibility are creating stress and uncertainty for our patients and their families,” says Kristy Needham, CEO, Tri-Cities Community Health, a Federally-Qualified Health Center. **“The new requirements to prove the severity of their illness or their work status are burdensome. Many patients are worried that they may lose their health insurance, placing them at real risk of disruptions in the care they’re receiving as they try to meet all of these criteria.”**

Impacts to Eastern Washington (CD-5)

Medicaid enrollment	Hospitals	Community Health Clinics
220,600 (27.5% of all residents in Congressional District 5)	22	45

*Medicaid enrollment by group: children 84,100; **expansion adults 74,100**; adults 23,100; seniors 18,000; disabilities 21,400.*

(Note: The “expansion adult” group will be newly impacted by work requirements and these adults are most likely to be disqualified from Apple Health. "Expansion adults" are people aged 19-65 with incomes at or below 138% of the federal poverty level. Currently, a single person in Washington must earn less than \$1,835/month (\$22,020/year) to be eligible.)

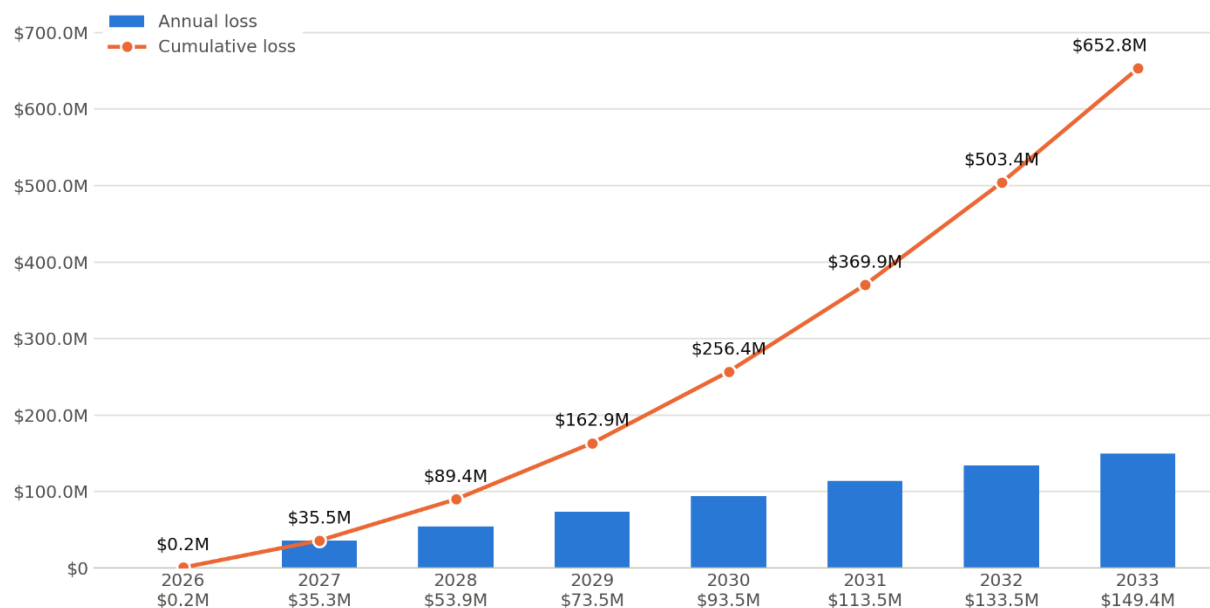
Eastern Washington's Fifth Congressional District has 22 hospitals serving an estimated 801,690 Washingtonians. The region's primary medical facilities are in Spokane, which has three major hospitals: Providence Sacred Heart Medical Center & Children's Hospital, MultiCare Deaconess Hospital, and Providence Holy Family Hospital.

There are also many smaller hospitals serving rural communities, such as Garfield County Hospital in Pomeroy, East Adams Rural Health Care in Ritzville, and Columbia County Health in Dayton. Because of the region's dangerous winter driving conditions, it's crucial that rural hospitals stay in business. Notably, this region is in an especially precarious position as it [takes on the added challenges of Idaho's uninsured population](#), which has been linked to increased charity care costs for hospitals up and down the border.

By 2028, hospitals in Eastern Washington will be **losing \$50 million per year due to the impacts of H.R. 1**. In total, these hospitals will need to **absorb \$652.8 million in total revenue losses** from H.R. 1's impacts through 2033.

Projected Hospital Revenue Losses From Medicaid Cuts, WA District 5, 2026-2033

Annual loss (bars; value under each year) and cumulative loss (line)



Source: Washington State Hospital Association, analysis conducted September 2026. Figures are projections.

Already, Eastern Washington residents are seeing cuts in health care service due to H.R. 1.

Hospital System	H.R. 1-Related Service Closure	Public Statement
MultiCare Health System	Closing six medical clinics in Spokane County (Spokane, North Spokane, Spokane Valley, Rockwood) by end of 2026	MultiCare spokesperson: "...the nonprofit faces a major Medicaid funding reduction of \$1.5 billion over the next eight years, the spokesperson told the Puget Sound Business Journal." (Spokane Business Journal ; Spokesman-Review)
Providence Inland Northwest	Closed four medical clinics in Spokane, Spokane Valley, and Chewelah in 2025	Providence spokesperson: " These headwinds will only intensify when the cuts to vital safety-net programs that were included in the recently passed H.R. 1, also known as the One Beautiful Bill Act, go into effect." (Spokane Public Radio)

"Our patient resources team is fielding questions every day from nervous community members who are worried about what options they'll have once federal changes fully go into effect," says Aaron Wilson, CEO of CHAS Health, a Federally-Qualified Health Center that serves one in five residents of Spokane County. **"CHAS Health and our communities have made incredible progress in improving the overall health of the Inland Northwest, increasing access to behavioral health care, and helping our community manage chronic**

conditions. These coverage losses are a huge step backward, and we are worried that much of that progress will be lost.”

“Hospitals in Spokane already care for patients from a wide geographic region, including people who cross the Idaho border because they cannot obtain or afford the care they need closer to home,” said Wade Hunt, President of MultiCare Deaconess Spokane. “As coverage restrictions expand, we expect more patients to arrive after delaying care. That will strain our capacity and the effect is felt by every patient, regardless of where they live or what insurance card they carry.”

Impacts to South Sound / Olympic Peninsula (Washington’s 6th & 10th CDs)

Medicaid enrollment	Hospitals	Community Health Clinics
364,700 (23.1% of all residents in Congressional Districts 6 and 10)	18	83

*Enrollment by group: children 139,400; **expansion adults 121,400**; adults 39,900; seniors 32,100; disabilities 31,900.*

(Note: The “expansion adult” group will be newly impacted by work requirements and these adults are most likely to be disqualified from Apple Health. “Expansion adults” are people aged 19-65 with incomes at or below 138% of the federal poverty level. Currently, a single person in Washington must earn less than \$1,835/month (\$22,020/year) to be eligible.)

The Sixth and Tenth Congressional Districts encompass the South Sound and Olympic Peninsula. Combined, these districts have 18 hospitals that serve an estimated 1,576,290 Washingtonians.

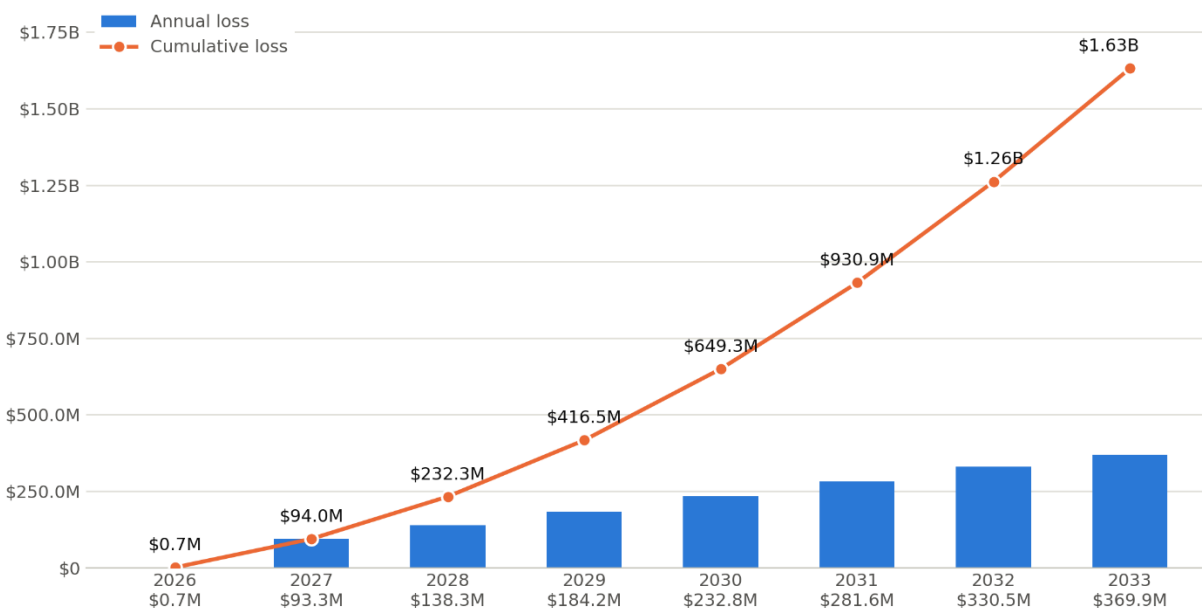
In the South Sound, Tacoma is the regional center of care with St. Joseph’s Medical Center (Virginia Mason Franciscan Health), Tacoma General Hospital (MultiCare), and Mary Bridge Children’s Hospital (MultiCare). Virginia Mason Franciscan Health also operates St. Anthony’s Hospital in Gig Harbor. Many of the military families in the area access care at Joint Base Lewis-McChord.

On the rural Olympic Peninsula, health care can be more difficult to access. Jefferson Healthcare in Port Townsend, Olympic Medical Center in Port Angeles, and St. Michael Medical Center in Silverdale are crucial access points, along with Harbor Regional Health in Aberdeen and Summit Pacific in Elma. These are the only nearby hospitals for thousands of Olympic Peninsula residents.

Starting next year, hospitals in the South Sound and on Olympic Peninsula will be **losing \$90 Million per year due to the impacts of H.R. 1**. In total, these hospitals will need to **absorb \$1.6 Billion in total revenue losses** from H.R. 1’s impacts through 2033

Projected Hospital Revenue Losses From Medicaid Cuts, WA Districts 6 & 10, 2026-2033

Annual loss (bars; value under each year) and cumulative loss (line)



Source: Washington State Hospital Association, analysis conducted September 2026. Figures are projections.

“We are facing an estimated \$6 million to \$8 million reduction in Medicaid funding at the same time we are working to sustain Medicaid-dependent services like obstetrics and community dental care that already operate at a loss,” says Mike Glenn, CEO, Jefferson Healthcare. **“Rural hospitals have very little room to absorb cuts of this size without consequences for services and access.”**

“Hospitals cannot indefinitely absorb the combined impact of Medicaid funding cuts and rising uncompensated care. We have already had to make difficult decisions, including reducing outpatient physical, occupational and speech therapy services,” said Will Calliccoat, president of MultiCare Capital Medical Center in Olympia. **“Those choices have real consequences for patients and families. Rising uncompensated care will only make decisions about staffing, services and access more difficult.”**

“Nearly one in four people in our district is covered by Medicaid. The impact of these changes won’t stop with people who lose coverage,” said Deepak Devasthali, president of St. Joseph Medical Center in Tacoma. **“When hospitals have fewer resources and emergency departments are under greater pressure, access becomes harder for everyone. You can have excellent insurance and still be affected if the hospital bed or clinical team you need isn’t available.”**

Conclusion

Tens of thousands of Washingtonians have already lost health insurance due to H.R. 1 and the end of Affordable Care Act's healthcare subsidies, which Republicans in Congress allowed to expire.

In the coming months, over 200,000 Washingtonians are expected to lose their health insurance due to H.R. 1's new work requirements for Apple Health (Medicaid). Those requirements will also hit seriously ill individuals – such as cancer patients – with new paperwork and bureaucracy, as they must prove eligibility for work requirement exemptions every six months to get Medicaid beginning in 2028.

Uninsured patients still need healthcare. H.R. 1 sticks hospitals and clinics with the bill. In their scramble to stay afloat, they will be forced to reduce services for everyone. Providers that can't make the numbers work will shift the costs onto private payers, or in dire cases, look to merge with larger organizations. Health care consolidation has proven to reduce competition, resulting in higher charges to private payers and higher premiums for everyone.

In just a few months, consumers will get hit with the bill. In 2027, employers report that they expect to see the largest jump in health benefit costs in 24 years, coming in at 8.2% higher cost per employee on average. Health insurance premiums are already set to rise an average of 22% for Washingtonians purchasing coverage through ACA exchanges next year.

Already, hospitals are buckling under the strain of uncompensated care. Providence and MultiCare have closed a combined 11 outpatient clinics and laid off 300 staff in anticipation of uncompensated care costs driven by H.R. 1. We have seen family residency slots cut – which will eventually mean fewer family medicine providers when we already have a shortage.

Now, hospitals are warning that more closures could be coming. The Washington State Hospital Association projects \$5.8 billion in lost revenue through 2033. Washington's Community Health Clinics expect \$118 million in losses next year alone because of H.R. 1.

If clinics continue to close as H.R. 1's financial costs escalate, countless Washingtonians – not just Medicaid recipients – will be hurt. Patients will have to drive further and wait longer for healthcare, as local providers close and ERs fill up with uninsured patients.

ER patients already wait an average of 2 hours and 31 minutes for care in Washington state. Because of H.R. 1, anyone with a broken bone, or chest pain, or a frightening allergic reaction, can expect to wait even longer for care.

These dire impacts were foreseeable. Senator Cantwell [spoke out](#) about H.R. 1's far-reaching impacts on the Senate floor and voted against the legislation. But Republicans pushed the bill forward, with Vice President JD Vance repeatedly casting tie-breaking votes to advance and pass the bill.

Now, Republicans in Congress and President Donald Trump must reverse course before H.R. 1 causes even more damage. They can act to prevent uncompensated care from swallowing up healthcare providers, closing clinics, and cutting healthcare access for Washingtonians.

Senator Cantwell has [called on](#) the Trump Administration to withdraw its Medicare work requirement rule, which goes far beyond H.R. 1. Additionally, Congress has the power to act before people lose coverage. Senator Cantwell is an original cosponsor of the Protecting Health Care and Lowering Costs Act, which would repeal harmful Medicaid cuts created by H.R. 1.

Sources & Methodology

Projected hospital revenue losses due to Medicaid cuts: These estimates, an analysis by the Washington State Hospitals Association are based on Washington State Health Care Authority estimates of the number of Washingtonians expected to lose Apple Health coverage, multiplied by the average cost of uncompensated care for an uninsured patient.

Projected Community Health Center losses due to Medicaid cuts: These estimates, an analysis by Washington Community Health Centers (CHCs) are based on patient demographic data, the Washington State Health Care Authority coverage loss estimates, and an estimated number of visits per patient. For background information on CHCs in Washington state:
<https://geigergibson.publichealth.gwu.edu/sites/g/files/zaxdzs4421/files/2025-02/chc-medicaid-factsheet-wa-013025.pdf>

Anticipated 2027 premiums for Washingtonians on the ACA individual marketplace:
<https://www.seattletimes.com/business/wa-approves-double-digit-rate-hike-for-individual-health-insurance-plans/>

Anticipated 2027 health benefit costs for employers: survey by Marsh reported in The Washington Post: <https://www.washingtonpost.com/business/2026/09/02/health-insurance-costs-projected-spike-next-year-by-82-percent/>

Impact of Medicaid cuts on commercial insurance rates: WA-specific information: <https://www.dshs.wa.gov/media/7469/download?inline&utm>; Peer-reviewed studies: <https://pubmed.ncbi.nlm.nih.gov/30062792/>; & <https://pubmed.ncbi.nlm.nih.gov/16403754/>

Impact of hospital finances on mergers with large health systems:
<https://www.chiefhealthcareexecutive.com/view/hospital-mergers-hit-15-year-low>

Medicaid enrollment per district, total and by group: [Kaiser Family Foundation \(KFF\), Congressional District Interactive Map: Medicaid Enrollment by Eligibility Group](#). Note: Figures are rounded to the nearest 100.

Percentage of residents on Medicaid: Derived by dividing KFF Medicaid enrollment by [2024 U.S. Census American Community Survey](#) population; total congressional district populations derived from same data.

Hospitals per district: [KFF, Mapping Hospitals By Congressional District](#) (Based on American Hospital

Association data as of May 7, 2025; federal hospitals such as VA hospitals are excluded).

Clinics per district: National Association of Community Health Centers' [state-level health center data and maps](#) (Based on U.S. Health Resources and Services Administration data, November 2024).