

U.S. Senator Maria Cantwell
Harborview Uncompensated Care Press Event

October 20, 2026

[VIDEO]

Sen. Cantwell: Well, thank you. That was a very powerful statement from Diana, and [I] really appreciate her participating in this event in that policy manner. So, really, best wishes to her. I want to thank the other presenters here as well.

Sommer, thank you for your leadership here at Harborview for many years, and your articulation of how this institution plays a lot of different roles. And if it wasn't here or was undermined in some way that challenged its ferocity, we would all, all suffer.

And I mean – I don't even mean us just in the state of Washington. I mean the whole Northwest region who counts on Harborview, so thank you. Mike, thank you so much for being here from Jefferson Healthcare and giving a different perspective, a little bit more on the rural side.

Dr. Vrablik, thank you so much. Dr. Vrablik talked about just the emergency timing and all the challenges that they face. And Lisa, HealthPoint – the reason why we have these clinics and access is to provide care. Why? Because it makes sense. Because it lowers the costs.

So why are we taking away one of the fundamental tools? And Dr. Whiteside, thank you for emphasizing how much this is all tied into how well we do with opioid treatment [at] large. It's just one big microcosm of what you have to do here, but it affects a lot of different things, and if we undermine that, we're undermining our response to a pretty big health crisis.

So thank you for all of you being here, and I know this is a lot of meat and substance here, but this is why this is worth doing. I want to thank the Washington State Hospital Association and [the Washington] Association [for] Community Health for also helping us release a report today.

That report is based on the impact to Washington state of not receiving compensation for care that is going to undermine our entire healthcare system. Not only does that undermine people like Diana and the care, because someone thinks while she's going through metastatic breast cancer treatment, she can also try to fulfill a work requirement.

If you ask me, that's a ridiculous thought. And we are showing the impact across Washington state. The new data shows that these decisions made in H.R. 1 will cost Washington hospitals \$5.84 billion over the next seven years. This is a price that we are all going to pay because of ballooning [Healthcare costs].

If you have private insurance, you can expect to see higher premiums because of these cuts. Already, healthcare costs for employer-sponsored insurance are set to rise at least 8.2 percent next year, and 22.2 percent for Washingtonians on the marketplace.

So we all know this: when you drive down the cost of uncompensated care, you help keep healthcare costs in check. When you don't do that, you are literally driving up the cost on all of us. When hospitals are left to absorb these losses, they have to make difficult decisions.

Services will be cut, hospitals will be closed. Our report shows that's already happening. Providence and MultiCare have closed 11 outpatient clinics, including 10 in the Spokane area, and there will be more. The results on these are terrible policies, and we have to fight back.

Today, in collaboration with Washington [State] Hospital Association and the Washington Association of Community Health, this report shows the staggering financial tolls of these Medicaid cuts and asks us to fight back so that we can change these outcomes.

Washington and the state hospitals will lose approximately, as I said, \$5.84 billion by 2033, [primarily] from care provided to patients who can't pay. Let me make this clear: places like Harborview or these other clinics, you continue to see patients whether you're compensated or not.

You have a requirement to serve, so it is not as if they are denying them care. They are just trying to figure out how to absorb the cost, and that is why uncompensated care affects all of our costs.

In the Seattle area alone, hospitals are expected to lose \$1.85 billion over the next seven years, and health centers – nonprofit organizations who provide primary and behavioral health care to low-income communities – are also expected to lose \$118 million just next year alone.

So why are we continuing to allow our healthcare system to be undermined by the cuts of H.R. 1? The problem is simple: when you don't have insurance, they turn up in the emergency room, and the federally qualified [health] centers, as I said, are required to serve patients regardless of their ability to pay.

With limited access to primary care, they show up sicker, which means they've delayed their care, which means the care is going to be more costly. So the resulting costs are not sustainable for our healthcare centers.

When we have to foot the bill for uninsured patients, everything, including private payers, end up charging more. These costs are passed on to all of us. Additionally, hospitals in financial trouble often merge with larger systems, and that means competition shrinks.

Private payers are forced to pay more as a result from a premium yield because there is less competition for care. It's already happening. Estimates for the next year predict an eight to 11 percent increase in healthcare costs per employee – the largest increase since 2003.

This could mean larger premium increases for working families, and Washingtonians already grappling with the high cost of everything. And it's not just employer-sponsored coverage. 250,000 Washingtonians use the marketplace, and they're going to be hit especially hard.

They're small businesses and people who work who are self-employed. Next year, their premiums will increase by a staggering 22.2 percent. This follows an increase of 21 percent last year. So, if something doesn't change, these costs are going to continue to snowball.

As you pay more, you will get less, and the healthcare choices that they will be forced to make to cutting services will not be good. Your ER rooms will be overcrowded, just as Dr. Vrablik talked about the choices she had to make with one particular patient.

The truth is, many hospitals and clinics already are operating on small margins. When they lose billions in uncompensated care – because of uncompensated care, they'll have to make even more difficult decisions. We don't have to be doing it this way.

We should reverse the things that came out of H.R. 1. In our report, Mary Ann Keane, the CEO of Ocean Beach Healthcare in Ilwaco, said, "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, resources, and for our patients, the practical consequence could be fewer local options, longer travel for care, in emergencies or during a serious illness, that additional distances can matter." End quote.

So why are we here today? Because these numbers are starting to become clear. The voices of Diana and others who are basically trying to face these work requirements and the costs that they are being impacted with are becoming clear now. We need to reverse this.

That is why we're going to continue to fight to make sure that we head in the opposite direction. We want to show that this investment in healthcare is actually a good thing.

I'd like to bring up former Kentucky Governor Steve Beshear, who used to talk about the incredible impact of Medicaid expansion in his state. He said that it helped him drop unemployment from 20 percent to 7.5 percent, and a net positive impact that injected \$30 billion into the state's economy over eight years.

So taking care of healthcare and covering healthcare is a good economic strategy. Cutting people off to have that uncompensated care rise the cost on all of us is the wrong idea. We need to reverse H.R. 1. Thank you.