

RAND PAUL, OF KENTUCKY
SUSAN M. COLLINS, OF MAINE
LISA MURKOWSKI, OF ALASKA
MARKWAYNE MULLIN, OF OKLAHOMA
ROGER MARSHALL, OF KANSAS
TIM SCOTT, OF SOUTH CAROLINA
JOSH HAWLEY, OF MISSOURI
TOMMY TUBERVILLE, OF ALABAMA
JIM BANKS, OF INDIANA
JON HUSTED, OF OHIO
ASHLEY MOODY, OF FLORIDA

BERNARD SANDERS, OF VERMONT
PATTY MURRAY, OF WASHINGTON
TAMMY BALDWIN, OF WISCONSIN
CHRISTOPHER MURPHY, OF CONNECTICUT
TIM KAINE, OF VIRGINIA
MARGARET WOOD HASSAN, OF NEW HAMPSHIRE
JOHN W. HICKENLOOPER, OF COLORADO
EDWARD J. MARKEY, OF MASSACHUSETTS
ANDY KIM, OF NEW JERSEY
LISA BLUNT ROCHESTER, OF DELAWARE
ANGELA D. ALSOBROOKS, OF MARYLAND

MATT GALLIVAN, MAJORITY STAFF DIRECTOR
WARREN GUNNELS, MINORITY STAFF DIRECTOR

www.help.senate.gov

United States Senate

COMMITTEE ON HEALTH, EDUCATION,
LABOR, AND PENSIONS

WASHINGTON, DC 20510-6300

June 12, 2025

To: All Interested Health Care Providers

The Senate is currently considering the largest cuts to federal health care programs in the history of Medicaid and the Affordable Care Act (ACA). These cuts—outlined in the budget reconciliation bill that just passed the House—will slash federal health care programs by over \$1 trillion¹ and eliminate enhanced premium tax credits, causing 16 million people to lose their health insurance.²

The bill could turn the crisis in American health care into a national emergency. Researchers at the Yale School of Public Health and the Leonard Davis Institute of Health Economics at the University of Pennsylvania estimate that, as a result of these cuts and other provisions in the bill, over 51,000 people will die unnecessarily every year.³ Seniors will see their premiums go up,⁴ children and people with disabilities will lose their health insurance,⁵ and working families who are struggling to get by will have to pay a \$35 “sick tax” when they need to go to the doctor or the hospital.⁶

Remarkably, despite the major changes contemplated, the Senate is poised to pass the reconciliation bill without the benefit of a single committee hearing or markup. No doctor, nurse, hospital, community health center, or nursing home has been formally consulted to help explain to the American people what these proposed changes would actually mean. In contrast, when Congress enacted the ACA, the Senate Health, Education, Labor, and Pensions Committee (HELP Committee) held the longest markup in its history, considering hundreds of amendments from members of both parties and soliciting feedback from hospitals, community health centers, and nursing homes.

For this reason, I am seeking input from health care providers across the country. The HELP Committee needs to hear from the nation’s providers about what this means for organizations and their patients. I ask that you submit answers to the following questions to providerinput@help.senate.gov by June 20, 2025:

¹ <https://www.cbo.gov/publication/61461>

² https://www.cbo.gov/system/files/2025-06/Wyden-Pallone-Neal_Letter_6-4-25.pdf

³ <https://www.sanders.senate.gov/wp-content/uploads/LDI-Yale-Letter-Final-1.pdf>

⁴ https://www.cbo.gov/system/files/2025-05/Wyden-Pallone_Letter.pdf

⁵ <https://ccf.georgetown.edu/2025/05/06/rescinding-the-eligibility-and-enrollment-rule-would-thwart-efforts-to-improve-efficiency-in-medicaid-and-efforts-to-reduce-improper-payments/>

⁶ Section 44142 of the [One Big Beautiful Bill Act](#) as passed by the House of Representatives on May 22, 2025

1. How would the health care provisions in the House reconciliation bill impact your ability to care for patients?
2. Would the proposed cuts to Medicaid and the ACA require you to cut back on clinical staff, services, or care delivery? Please explain if possible.
3. What do you think will be the overall effect of the health care provisions in the House reconciliation bill on the American people?

The House reconciliation bill also contains a series of technical provisions that will seriously impact patient care. If appropriate, I ask that you also answer the following specific questions:

1. Would Medicaid work requirements, more frequent Medicaid eligibility reviews, and more burdensome documentation requirements associated with enrollment in ACA coverage require you to hire specialized administrative staff? If so, how many staff members do you anticipate hiring?
2. How many additional hours of paperwork do you anticipate having to complete on behalf of patients to help them keep their insurance coverage?
3. How do you anticipate the moratorium on Medicaid provider taxes will affect access to care and payment rates for struggling providers in your state?
4. What will be the impact of changing the financing of the ACA's cost-sharing reductions from "silver loading" to direct payment? Will it result in more uninsured residents or more bad debt for providers?
5. How will rescinding the eligibility and enrollment regulations impact seniors, people with disabilities, and children? Will it result in higher premiums, higher out-of-pocket costs, and higher uninsured rates for these populations?

Thank you in advance for your thoughtful responses to these questions.

Sincerely,



Bernard Sanders
Ranking Member
U.S. Senate Committee on Health, Education, Labor, and Pensions