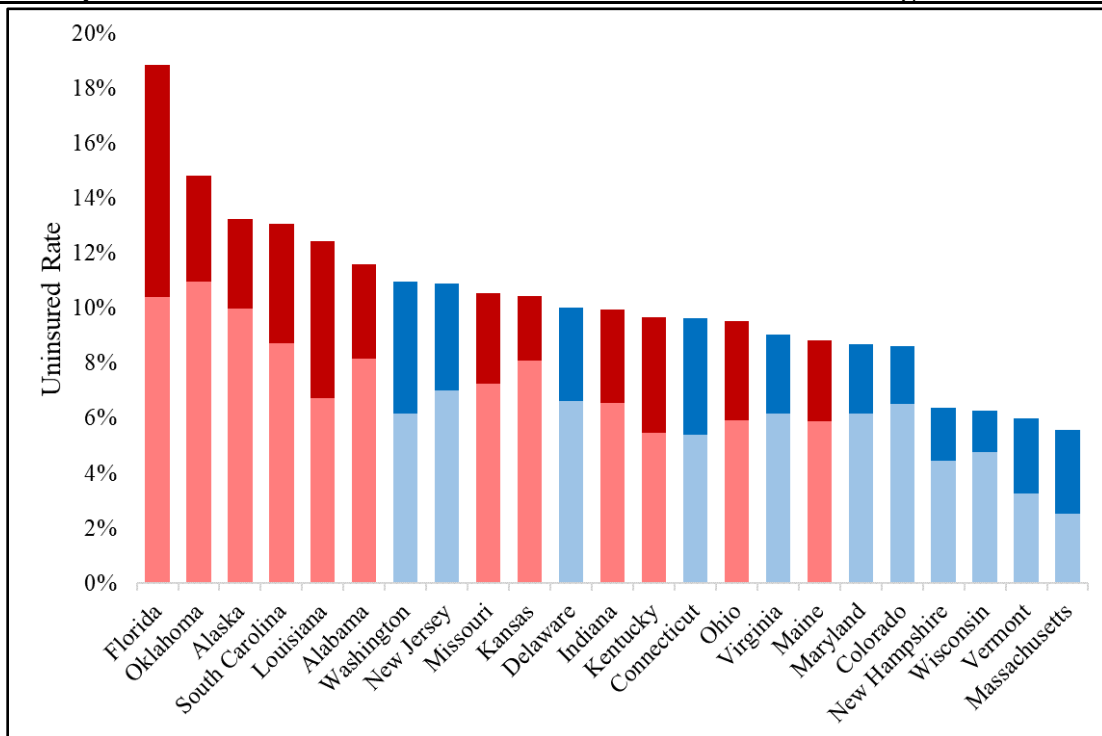


In Their Own Words: What Doctors, Nurses, Hospitals, and Other Providers Think About Republican Cuts to Health Care

I. Executive Summary

The Senate is rushing to pass the largest cuts to federal health care programs in the history of Medicaid and the Affordable Care Act (ACA). The Republican budget bill, which passed the House by only a single vote, would slash federal health care programs by over \$1 trillion. These cuts, along with the elimination of tax credits for ACA coverage, will take health care away from 16 million people. In some states, such as Florida, Louisiana, Massachusetts, and Washington, the Republican budget bill will nearly double the number of people without insurance.

Figure 1: Republican Bill Will Lead to a Massive Increase in Americans Losing Health Insurance



Each column displays the projected increase (represented by the shaded part of each bar) to the uninsured rate from 2023 to 2034 in HELP Committee States, as a result of the One Big Beautiful Bill Act. HELP Minority analysis of KFF data. See Appendix.

Remarkably, despite the major changes the Republican budget bill would make to our health care system, the Senate is moving towards passing the bill without a single hearing or vote in Committee. 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.

This month, Senator Bernie Sanders (I-Vt.), Ranking Member of the Senate Committee on Health, Education, Labor, and Pensions (HELP), asked health care providers across the country what this bill would mean for their patients. Over 750 health care providers from 47 states and the District of Columbia shared their serious concerns.

HELP Minority Staff reviewed these submissions from health care providers, as well as health policy research and other publicly available information, to document how the Republican budget bill would turn the crisis in American health care into a national emergency.

Health care providers expressed deep concerns that the bill would lead to more patients getting sick and dying; higher health care costs as patients delayed preventative care and visited more emergency rooms; and more hours spent on paperwork. Taken together, higher costs and lower reimbursement would cause providers to cut health services, lay off clinical staff, and close facilities entirely. This would impact everyone—not just those receiving health coverage through Medicaid and ACA.

Table 1: Health Care Providers Raise Serious Concerns About Republican Health Care Cuts

Concern	Provider Response
More patients will get sick and die	“If Medicaid is cut, my patients will die. I realize I am being dramatic. It is a dramatic situation. ” Dr. Helen Pope, Louisiana. “[T]hey are humans who are doing their best. Please don’t allow them to suffer more.”
	“ Patients will fall through the cracks , not because they’re unwilling to care for themselves, but because we’ve made the system too complicated, too conditional, and too punitive. In rural communities like mine, people already struggle with trust, stigma, and access. This bill risks making all three worse.” Bradley, Medical Student, Kentucky
	“Plainly said, children will die as a result of these cuts . Hospitals will cut back on ICU doctors, doctors will leave because of salary cuts, critical ancillary services will be reduced, more medical students will avoid going into pediatric residencies.” Dr. Farhan Malik, Florida
	“The proposed cuts to Medicaid will cause untold hardship and deaths among my patients. DON’T DO THIS! You don’t want the deaths of tens of thousands of Americans on your hands.” Dr. Sanjay Chaube, Louisiana
Costs will increase as sick patients delay care and visit emergency rooms	“ Outcomes are worse when care is less accessible. Few doctors, hospitals, clinics mean more visits to the emergency room with worse presentation and ultimately is more expensive.” Dr. Bonnie Sand, Maine
	“The provisions would ultimately make healthcare more expensive and less accessible while paradoxically making Medicaid unsustainable. When patients lose access to preventive care, they rely on emergency services and dangerous self-treatment, both driving up costs for everyone. Medicaid allows us to treat and prevent disabling conditions like diabetes and hypertension - without it, these become irreversible. ” Dr. Nikhil Kurapati, Ohio
	“If the proposed bill is passed and [my patients’] Medicaid insurance is cut, it doesn’t mean their asthma will go away. It will mean that in most cases they will not receive preventative care, and as a result, their asthma will worsen . . . Worse yet, they would be seen in the emergency room more often and admitted to the hospital. This care is more expensive, and less effective, than preventative care, and some children will die of their asthma. ” Dr. Gregory Omlor, Akron Children’s Hospital, Ohio
Providers will need to spend hours more to handle extra	“Our care managers and front-desk staff would likely spend an additional 10-15 hours per week assisting patients with insurance-related forms . . . In small clinics, that’s the equivalent of losing nearly half a staff member’s availability for patient support.” Trent Bourland, Regional VP of Rural Health, SSM Health Oklahoma

paperwork, including by hiring more staff	“These changes would dramatically increase the administrative burden on our care team . We would likely need to hire at least 1–2 full-time administrative staff just to track patient eligibility, navigate complex documentation requirements, and assist families with enrollment or appeals. This would divert already limited funding away from clinical care and impose new costs on our department.” Ashley, Social Worker, South Carolina
Facing higher costs and lower reimbursement, providers will be forced to cut health services, layoff staff, and even close facilities entirely	“These harmful proposals will impact access to all patients who are served by our nation’s hospitals and health systems. These cuts will strain emergency departments as they become the family doctor to millions of newly uninsured people . Finally, the proposal will force hospitals to reconsider services or potentially close, particularly in rural areas.” Rick Pollack, President and CEO, American Hospital Association
	“Louisiana’s rural hospitals and healthcare providers are already operating on razor-thin margins, struggling to keep their doors open while serving some of our most medically vulnerable communities. In Louisiana, 38% of hospitals operate on negative margins and 27% are currently vulnerable to closure. Medicaid cuts would worsen these losses, putting more hospitals at risk of shutting down entirely. ” Louisiana Rural Health Association
	“If our patients lose Medicaid coverage, they will still need our care and our hospital will provide it. But this will mean more uncompensated care and even worse bottom lines. The city will need to pull funding from elsewhere to help the hospital keep running as is, or we will be forced to cut staffing or services in order to stay open. ” Dr. Katrina Marie Green, Tennessee
	“ These cuts will cause rural hospitals in Texas to close entirely. As a neurologist, I am terrified that the closest hospital for many rural folks may then be hours away. During an ischemic stroke, there is only 3 hours of precious time . . . the increased travel time may cause unnecessary cases of paralysis and death.” Dr. Audrey Nath, Texas
	“The proposed cuts would require our organization to cut back on the number of clinical staff that serve our residents. It would also cause [us] to stop our plan to improve the physical plant improvements for our skilled nursing center that are designed to bring greater dignity, safety, and clinical effectiveness to our residents.” President & CEO of a provider organization, Kentucky
	“Our margin last year was -31%, burning through cash to see patients, the majority of whom are on Medicare or Medicaid. If they lose Medicaid, we’ll still take care of them because that’s what we do, but the bills won’t get paid. ” Tom Reinhardt, CEO, Cascade Medical Center, Cascade, Idaho
	“With significant cuts to Medicaid (and any cuts to HRSA or other grant funding for FQHCs), we may not be able to keep the doors open. We would potentially have to stop caring for many of our patients. ” Dr. Mia Henderson, Missouri

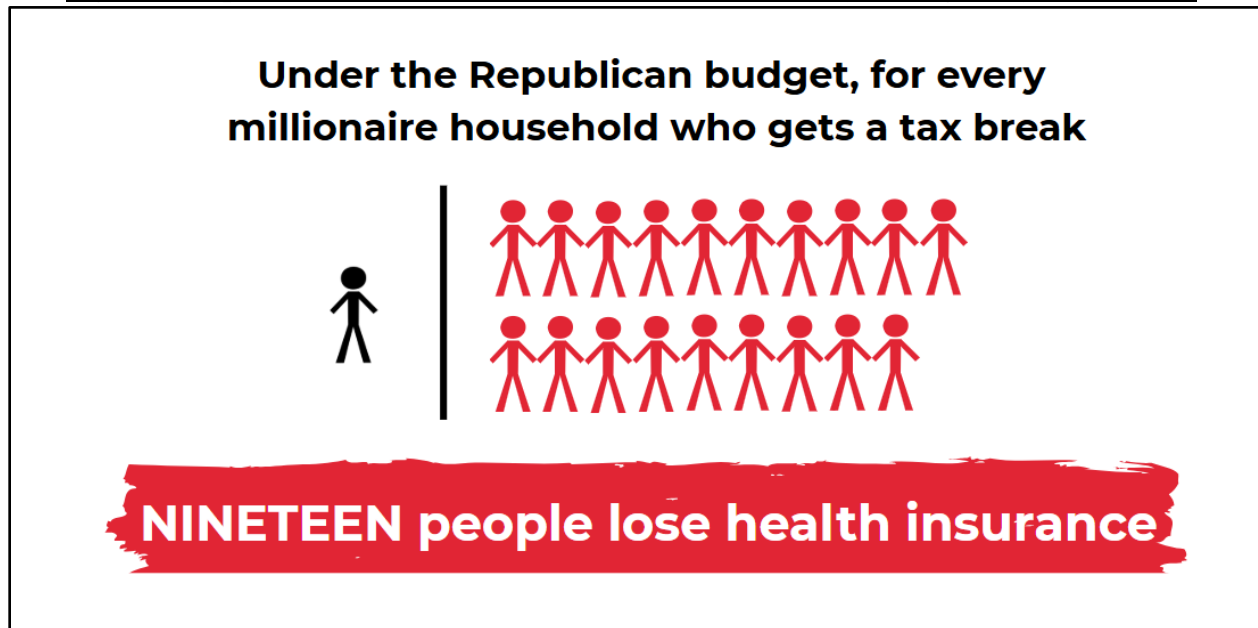
The responses included in the report represent a mere fraction of the responses reviewed by HELP Minority Staff raising concerns about the Republican health care cuts. Taken together, doctors, nurses, hospitals, and providers are clear about the immense harm the Republican health care cuts pose to their patients. The consequences also extend well beyond Medicaid and the Affordable Care Act. As one California doctor described it, “If Medicaid collapses, the entire health care system collapses.”¹

The American people should not be forced to lose their health insurance—or pay higher premiums, higher copays, and higher costs at the pharmacy counter—so that Republicans can pay for tax breaks for the wealthy. Consider, for example, that the one trillion-dollar cuts to health care in the bill are nearly equivalent to the \$1.1 trillion in tax breaks that households above \$500,000 will

¹ Katrina Saba, MD, California

receive from the legislation.² Or that the bill provides tax breaks to more than 800,000 millionaire households, while ripping health insurance away from 16 million people—a ratio of over 19 to 1.³

Figure 2: Republican Bill Pays for Tax Cuts for the Wealthy by Taking Away Health Care



When all the spending and tax cuts are put together, the Penn Wharton Budget Model finds that the 40 percent of Americans making \$51,000 or less would see their taxes go up in 2026 by hundreds of dollars, while those making at least \$4.3 million would see a tax cut of \$390,000.⁴

As one doctor from Maine notes: “We have an existential choice to make. The very wealthy want to steal from the less wealthy and poor Americans.”⁵ We cannot allow that to happen. This legislation must not pass.

² Calculated using ratios in the distributional tables for years included. Those same ratios are applied in adjacent years not covered in the table, but scored by JCT in their 10-year analysis. Joint Committee on Taxation, JCT-27-25 (2025). <https://www.jct.gov/publications/2025/jcx-27-25/>

³ Calculated using the percentage of those making over \$1 million times the number of tax returns. Joint Committee on Taxation, JCT-28-25, June 10, 2025. <https://www.jct.gov/publications/2025/jcx-28-25/>; 16 million from Congressional Budget Office, “Congressional Budget Office Estimated Effects on the Number of Uninsured People in 2034 Resulting From Policies Incorporated Within CBO’s Baseline Projections and H.R. 1, the One Big Beautiful Bill Act” (2025). https://www.cbo.gov/system/files/2025-06/wyden-Pallone-Neal_Letter_6-4-25.pdf

⁴ “The House-Passed Reconciliation Bill: Budget, Economic, and Distributional Effects.” Penn Wharton Budget Model (2025). <https://budgetmodel.wharton.upenn.edu/issues/2025/5/23/house-reconciliation-bill-budget-economic-and-distributional-effects-may-22-2025>

⁵ Peter K. Shaw, MD, Maine

II. Health Care Providers Say More Patients Will Get Sick and Die

The Republican budget bill will take health care away from 16 million Americans and increase costs for millions more.⁶ Millions of people will see their premiums go up, and working families who are struggling to get by will have to pay up to a \$35 “sick tax” when they need to go to the doctor or the hospital. Health care providers from across the country shared their concerns that more people will get sick and die as a result of these cuts.

Table 2: Health Care Providers Say More Patients Will Get Sick and Die

Provider Name	State	Response
Doctors for America	National	Without question, this bill will cause the American people to become sicker, lose lives and livelihoods, and lose trust in the healthcare system. This bill will further cause intense strain on an already fractured healthcare system and accelerate clinician burnout. We cannot afford these devastating changes.
Kenneth Lam, MD	Colorado	We have an aging population and a nursing home system that was designed to be a last resort already. Broad cuts to Medicaid will lead to death and suffering from neglect amongst our seniors.
Bradley, Medical Student	Kentucky	Patients will fall through the cracks, not because they’re unwilling to care for themselves, but because we’ve made the system too complicated, too conditional, and too punitive. In rural communities like mine, people already struggle with trust, stigma, and access. This bill risks making all three worse.
Helen Pope, MD	Louisiana	If Medicaid is cut, my patients will die. I realize I am being dramatic. It <i>is a dramatic situation</i> . They are humans who are doing their best. Please don’t allow them to suffer more.
Sanjay Chaube, MD	Louisiana	The proposed cuts to Medicaid will cause untold hardship and deaths among my patients. DON’T DO THIS! You don’t want the deaths of tens of thousands of Americans on your hands.
Lauren Parks-McGill, MSW, LSW	New Jersey	Medicaid is instrumental for these individuals who are typically suffering from complex, chronic, or terminal illnesses. For the majority of these patients/clients, Medicaid is often the only means of affording essential medications, medical visits, and supportive services that allow them to maintain their quality of life and dignity.
Abbie, PA	New York	To say our patients would be negatively impacted by cuts to Medicaid is an understatement — this would destroy lives and people will die. It is already difficult to care for them with the current system, much less one that will make it more expensive or difficult to obtain health insurance. Everything about my job will become more difficult. Patients will lose insurance so they will stop coming to their appointments. if they do come, it will be difficult to find medications, imaging, or specialist care that they can afford. Already on the current system, I have many patients who are on suboptimal treatment plans because these are the only medications they can afford. All these issues are only going to compound and get significantly worse with the proposed changes.
Doctor of Osteopathic Medicine	Washington	These cuts would force more clinics to reject Medicaid patients, leaving families without timely care—delaying treatment, worsening outcomes, and raising overall healthcare costs in a vicious cycle.

⁶ Congressional Budget Office Estimated Effects on the Number of Uninsured People in 2034 Resulting From Policies Incorporated Within CBO’s Baseline Projections and H.R. 1, the One Big Beautiful Bill Act (2025). https://www.cbo.gov/system/files/2025-06/wyden-Pallone-Neal_Letter_6-4-25.pdf

Their concerns are consistent with policy research. Scientists at the Yale School of Public Health and the Leonard Davis Institute of Health Economics at the University of Pennsylvania recently found that 51,000 additional people could die *every year* if the Republican budget bill passes.⁷ Specifically, the Yale and University of Pennsylvania researchers found that:

- 11,300 Americans would die as a result of working people losing health coverage from Medicaid and the Affordable Care Act (ACA);
- 18,200 Americans would die as a result of low-income seniors losing subsidies that reduce their prescription drug costs;
- 13,000 Americans would die as a result of the elimination of safe staffing requirements in nursing homes; and
- 8,811 Americans would die as a result of the failure to extend tax credits for ACA coverage.

Losing health insurance also makes people sicker, as they are unable to treat underlying conditions. Yale researchers found that the Republican budget bill coverage losses will lead to “substantial increases in uncontrolled chronic conditions” annually, including:

- 138,851 additional cases of uncontrolled diabetes;
- 165,165 cases of uncontrolled hypertension;
- and 46,200 cases of uncontrolled high cholesterol.⁸

III. Health Care Providers Say Costs Will Increase as Patients Delay Care and Visit Emergency Rooms

When patients lose their coverage, they do not stop needing health care. As a result, many patients will still turn up at emergency rooms and clinics, often with health needs that have further progressed, but without adequate health insurance to pay for their care. The care they will get in an emergency room is more expensive and less effective.⁹ The Urban Institute estimates that the House-passed legislation will force providers to offer \$278 billion in over the next ten years.

Table 3: Health Care Providers Say Costs Will Increase as Patients Delay Care and Visit Emergency Rooms

Provider Name	State	Response
California Primary Care Association	California	When people lose Medicaid coverage, they don’t stop needing care—they delay it, go without it, or end up in emergency rooms. That care is more expensive, less effective, and ultimately shifts costs to hospitals, providers, and taxpayers.

⁷ Proposed Changes to Medicaid, other health programs could lead to over 51,000 preventable deaths, researchers warn.” Yale School of Public Health (2025). <https://ysph.yale.edu/news-article/proposed-federal-budget-could-lead-to-over-51000-preventable-deaths-researchers-warn-in-letter-to-senate-leaders/>

⁸ Pandey et al. “Quantifying the Mortality and Morbidity Impact of Medicaid Retractions.” MedRxiv (2025). <https://www.medrxiv.org/content/10.1101/2025.05.19.25327564v1.full>

⁹ Victoria Udalova et al. “Most Vulnerable More Likely to Depend on Emergency Rooms for Preventable Care,” *United States Census Bureau* (2022). <http://www.census.gov/library/stories/2022/01/who-makes-more-preventable-visits-to-emergency-rooms.html>

Anadil Coria, MD	Louisiana	For no-charge clinics uncompensated care would rise dramatically, even as resources are cut. Patients will be left sicker, poorer, and more likely to end up in crisis care settings like the ER or inpatient units.
Bonnie Sand, MD	Maine	Outcomes are worse when care is less accessible. Few doctors, hospitals, clinics mean more visits to the emergency room with worse presentation and ultimately is more expensive.
Allison Zanaboni, MD	Missouri	Taking away insurance from many of the most vulnerable of our society will lead to reduced access to primary care and outpatient services, leaving patients to become sicker before being forced to present to the ED for care, where in many instances they may experience unnecessary complications because of delays in diagnosis or treatment. Many patients will be forced to choose between pursuing treatment of their medical conditions or affording other life necessities. People will die.
Gregory Omlor, MD	Ohio	If the proposed bill is passed and [my patients'] Medicaid insurance is cut, it doesn't mean their asthma will go away. It will mean that in most cases they will not receive preventative care, and as a result, their asthma will worsen . . . Worse yet, they would be seen in the emergency room more often and admitted to the hospital. This care is more expensive, and less effective, than preventative care, and some children will die of their asthma.
Nikhil Kurapati, MD	Ohio	The provisions would ultimately make healthcare more expensive and less accessible while paradoxically making Medicaid unsustainable. When patients lose access to preventive care, they rely on emergency services and dangerous self-treatment, both driving up costs for everyone. Medicaid allows us to treat and prevent disabling conditions like diabetes and hypertension - without it, these become irreversible.
Registered Nurse	Virginia	We simply can't sustain the health center if we provide ever increasing amount of services for which little...revenue is generated. If the cuts are passed as they stand now, we will be forced to reduce staff and locations.

IV. Health Care Providers Say They Will Need to Spend Hours More to Handle Extra Paperwork, Including by Hiring More Staff

The Republican budget bill introduces byzantine paperwork and verification requirements to make it harder for people to receive ACA and Medicaid coverage. This will make an already challenging process more confusing for people who are eligible for coverage. As one doctor from Ohio notes:

I can identify dozens of my own patients who struggle with medical literacy or basic literacy - additional paperwork requirements would be insurmountable barriers to their care, even when they do meet the eligibility requirements.¹⁰

In addition to receiving lower reimbursements and providing more uncompensated care for sicker patients, health care providers will face an influx of patients who need help navigating the new and complicated administrative requirements. Health care providers shared their concerns about the additional administrative work.

Table 4: Health Care Providers Say They Will Need to Spend Hours More to Handle Extra Paperwork, Including by Hiring More Staff

Provider Name	State	Response
Samuel Capouch, MD	Illinois	The Medicaid work requirements and more burdensome documentation requirements will create a labyrinth of bureaucracy that many folks are unable or equipped to navigate. These measures appear designed to intentionally sweep these safety nets from underneath my patients. It will reduce their access to my services, and I will be unable to reduce their risk of devastating neurological illnesses, and they will further slip through the cracks of our already fractured society.
Amanda Valliant, MD	Kansas	Depending on the requirements, we would likely need one to two additional staff members in addition to the people that we already hired to handle insurance companies and fight prior authorizations.
Marion Wineinger, LMSW	Louisiana	These are people who need help, not more burdens... People should not be punished for being poor. These aren't people who are sitting around doing nothing, they are trying desperately to change their circumstances.

¹⁰ Nikhil Kurapati, MD, MPH. Director of Bioinformatics in Celina, Ohio

Lisa Navracruz, MD	Ohio	As Medicaid *currently* stands, it is hard for many . . . low-literacy, very poor people to keep up with redetermination paperwork. Some of my eligible patients have waited nine or 10 months to be appropriately reinstated after a paperwork glitch. This leads to anxiety and delayed care on the patient side, immense time consuming work for our case managers sitting with patients on telephone holds that are often upwards of 5 hours, and loss of revenue for our health center. INSTITUTING DECEPTIVELY NAMED WORK REQUIREMENTS WILL EXACERBATE ALL OF THESE PROBLEMS.
Trent Bourland, Regional VP of Rural Health, SSM Health Oklahoma	Oklahoma	Our care managers and front-desk staff would likely spend an additional 10-15 hours per week assisting patients with insurance-related forms . . . In small clinics, that's the equivalent of losing nearly half a staff member's availability for patient support.
Fiona McClellan, MD	Pennsylvania	More burdensome documentation requirements will just make it more difficult for patients to enroll in needed coverage. We would have no capacity to hire specialized staff and our finances would be adversely affected.
Ashley, Social Worker	South Carolina	These changes would dramatically increase the administrative burden on our care team. We would likely need to hire at least 1–2 full-time administrative staff just to track patient eligibility, navigate complex documentation requirements, and assist families with enrollment or appeals. This would divert already limited funding away from clinical care and impose new costs on our department.
Audrey Nath, MD, PhD	Texas	As it is, clinics that take Medicaid patients generally do not have extra income to hire additional staff to address extra burdensome paperwork. Any current social workers will become overloaded, and the hard truth is that many patients will simply get cut out of their coverage for not realizing, or not having enough time, for this regulatory red tape.

The Republican budget bill will make it more difficult for people to stay enrolled in ACA coverage. People will no longer be able to automatically re-enroll in ACA coverage every year—unlike most consumers in private insurance.¹¹ For coverage year 2025, over half of enrollees automatically reenrolled in ACA coverage.¹² Under this bill, these people would now have to jump through numerous hoops to keep the same coverage that they paid for in the previous year. In addition, the bill proposes heightened paperwork requirements for all initial enrollees and limitations on the times in which people will enroll in coverage.

¹¹ Republicans to Terminate Health Care for Millions of Americans. Minority Staffs, Senate Finance Committee, Senate Budget Committee, Senate Aging Committee (2025). https://www.finance.senate.gov/imo/media/doc/051325_sfc_budget_aging_house_recon_caucus_fact_sheet_long_version3.pdf

¹² Health Insurance Exchanges 2025 Open Enrollment Report published by Centers for Medicare and Medicaid Services (2025). <https://www.cms.gov/files/document/health-insurance-exchanges-2025-open-enrollment-reportpdf508-compliant.pdf>

The central piece of the bill’s Medicaid cuts is a paperwork requirement masquerading as a work incentive program. The provision requires most adults enrolled in Medicaid to prove they are working at least 80 hours per month with a narrow list of exceptions. In those states that previously attempted work reporting requirements, the results were grim: states wasted money on administrative costs instead of providing health care and people lost coverage, accruing more medical debt.¹³

V. Health Care Providers Say They Will Be Forced to Cut Clinical Services, Lay Off Staff, and Even Close Facilities Entirely

As a result of the Republican budget bill, providers will face higher health care costs as patients delay preventative care and visit more emergency rooms. Meanwhile the legislation takes tools away from states to finance their share of Medicaid costs, which will force state governments to cut Medicaid provider payment rates. Taken together, higher costs and lower reimbursement will mean providers are forced to cut clinical services, lay off staff, and even close facilities entirely. This will impact everyone—not just those receiving health coverage through Medicaid and ACA.

Table 5: Health Care Providers Say They Will Be Forced to Cut Clinical Services, Lay Off Staff, and Even Close Facilities Entirely

Provider Name	State	Response
LeadingAge	National	If Medicaid payment for these services were reduced or eliminated, many of [nursing home] providers would have to close and they would not only close for the Medicaid recipients – they would close for all beneficiaries.
National Nurses United	National	The proposed Republican reconciliation bill will devastate hospital budgets, leading to major job cuts, worse staffing, service cuts, and even hospital closures—particularly in rural areas. Remaining hospitals would be even more overwhelmed.
Rick Pollack, President and CEO, American Hospital Association	National	These harmful proposals will impact access to all patients who are served by our nation’s hospitals and health systems. These cuts will strain emergency departments as they become the family doctor to millions of newly uninsured people. Finally, the proposal will force hospitals to reconsider services or potentially close, particularly in rural areas.
Ideen Tabatabai, MD	Colorado	We’ve already went on a hiring freeze due to the pending Medicaid and ACA cuts, and we haven’t been able to fill positions that have become open these last few months. More staff are being asked to do more with less. Quality of the care will go down. Patients will get worse care. All because we can’t appropriately staff our clinics and hospitals due to funding cuts.

¹³ For example, Georgia’s ongoing work reporting requirement has meant that just 3 percent of the quarter of a million people eligible for the program have actually enrolled in coverage. Georgia’s program has cost the federal government \$40 million, 80 percent of which has been spent on administration and consulting expenses to manage a complex matrix of paperwork requirements. To this day, Georgia has one of the highest uninsurance rates in the nation. Rayasam, et al. “The First Year of Georgia’s Medicaid Work Requirement Is Mired in Red Tape” KFF Health News (2024). <https://kffhealthnews.org/news/article/georgia-medicaid-work-requirement-red-tape/>

Farhan Malik, DO	Florida	Plainly said, children will die as a result of these cuts. Hospitals will cut back on ICU doctors, doctors will leave because of salary cuts, critical ancillary services will be reduced, more medical students will avoid going into pediatric residencies.
Tom Reinhardt, CEO, Cascade Medical Center, Cascade, Idaho	Idaho	Our margin last year was -31%, burning through cash to see patients, the majority of whom are on Medicare or Medicaid. If they lose Medicaid, we'll still take care of them because that's what we do, but the bills won't get paid.
Jason Marker, Clinic Medical Director, Memorial Hospital Family Medicine Residency, MD	Indiana	Our office has already been dealing with the patient anxiety that the passage of [House budget bill] has brought and is preparing ourselves for service line restrictions in the future. [The House budget bill] is already distracting physicians and patients from our core goals of delivering great care.
President & CEO of a provider organization	Kentucky	Further reimbursement cuts will simply not allow providers to properly care for Medicaid residents as we desire. It will cause more skilled nursing centers to shut down leaving many in a most vulnerable position.
Louisiana Rural Health Association	Louisiana	Louisiana's rural hospitals and healthcare providers are already operating on razor-thin margins, struggling to keep their doors open while serving some of our most medically vulnerable communities. In Louisiana, 38% of hospitals operate on negative margins and 27% are currently vulnerable to closure. Medicaid cuts would worsen these losses, putting more hospitals at risk of shutting down entirely.
Family Medicine Physician	Massachusetts	If the reimbursement amounts drop, there isn't room to go up on volume to maintain necessary revenue to pay staff. Furthermore, many safety net/community health systems are already functioning with skeletal administrative staff, limited social work, and limited interpreter services. Any Medicaid cuts would likely destroy many of these institutions and remove health care access for many already underserved people.
Mia Henderson, MD	Missouri	With significant cuts to Medicaid (and any cuts to HRSA or other grant funding for FQHCs), we may not be able to keep the doors open. We would potentially have to stop caring for many of our patients.
Samantha Rapuk, Executive Director, Lutheran SeniorLife St. John Community	Pennsylvania	We are at critical mass and something has got to give. Reducing our reimbursement is going to create a ripple effect throughout healthcare that we, as a country, may never recover from . . . Making Medicaid more difficult to obtain and keep will do nothing but create more work for everyone and result in the closure of more facilities.
Katrina Marie Green, MD	Tennessee	If our patients lose Medicaid coverage, they will still need our care and our hospital will provide it. But this will mean more uncompensated care and even worse bottom lines. The city will need to pull funding from elsewhere to help the hospital keep running as is, or we will be forced to cut staffing or services in order to stay open.
Rural hospital	Texas	Without urgent relief, the future of rural healthcare in Texas—and across the country—is in jeopardy.
Douglas Brown, MD Addiction Recovery Center of Virginia	Virginia	If this would occur it would shutdown my treatment center, which is 90% Medicaid. Please make all efforts to continue benefits for treatment of addiction and mental health. We would change from a crisis to epidemic.

Medicaid provides a lifeline to critical health care providers. Overall, Medicaid covers about 20 percent of hospital costs, 43 percent of community health center revenue, and 63 percent of nursing home residents.¹⁴ Cutting Medicaid and ACA coverage will mean facilities begin closing:

- **Rural Hospitals:** The Sheps Center for Health Services Research at the University of North Carolina estimates that at least 338 rural hospitals are at risk of closure.¹⁵ Louisiana, Kentucky, and Oklahoma are projected to see the largest number of rural hospital closures. Many hospitals that do not close will be forced to cut services they can no longer afford to fund. In recent years, hospitals have cut obstetrics units and behavioral health units first when facing financial distress.¹⁶ These consequences are serious: pregnant people could be forced to endure long drives to the hospital while in labor and families will have fewer options when trying to find care for a loved one experiencing a mental health crisis or struggling with a substance use disorder.
- **Community Health Centers:** Slashing Medicaid coverage will force community health centers to cut services, lay off doctors and nurses, and close their doors.¹⁷ Community health centers are required by law to provide high quality primary care to everyone regardless of their ability to pay. By kicking 16 million people off of their health insurance, even more Americans will be relying on health centers for affordable primary care. And yet, under the Republican budget bill, health centers stand to lose about \$32 billion in revenue over the five years after the implementation of the work reporting requirements alone.¹⁸ After years of chronic under-funding, many health centers are already on precarious financial footing: the average margin of health centers is negative 2.2 percent.¹⁹
- **Nursing Homes:** In response to the Republican budget bill, 27 percent of nursing homes say they would close while another 58 percent would be forced to lay off staff.²⁰ Proposed cuts to Medicaid would also exacerbate quality and staffing issues.

¹⁴ Burns et al. "10 Things to Know About Medicaid." KFF (2025). <https://www.kff.org/medicaid/issue-brief/10-things-to-know-about-medicaid/>; Pillai et al. "Community Health Center Patients, Financing, and Services." KFF (2025). <https://www.kff.org/medicaid/issue-brief/community-health-center-patients-financing-and-services/>; Priya Chidambaram & Alice Burns. "A Look at Nursing Facility Characteristics Between 2015 and 2024." KFF (2025). <https://www.kff.org/medicaid/issue-brief/a-look-at-nursing-facility-characteristics/>

¹⁵ The Sheps Center for Health Services Research at the University of North Carolina shared findings with Senators Charles Schumer, Ron Wyden, Edward Markey, and Jeffrey Merkley to inform Letter to Republican Leadership on Rural Hospitals (2025). https://www.markey.senate.gov/imo/media/doc/letter_on_rural_hospitals.pdf

¹⁶ "2025 Budget Stakes: Rural Communities Would Be Hurt by Proposed Policies and Cuts." Center on Budget and Policy Priorities (2025). <https://www.cbpp.org/research/federal-budget/2025-budget-stakes-rural-communities-would-be-hurt-by-proposed-policies-and>

¹⁷ "Reconciliation Bill Jeopardizes Care for Millions." National Association of Community Health Centers (2025). <https://www.nachc.org/reconciliation-bill-jeopardizes-care-for-millions/>

¹⁸ Rosenbaum et al. "Nearly 5.6 Million Community Health Center Patients Could Lose Medicaid Coverage Under New Work Requirements, with Revenue Losses Up to \$32 Billion." Commonwealth Fund (2025). <https://www.commonwealthfund.org/blog/2025/community-health-center-patients-medicaid-coverage-work-requirements>

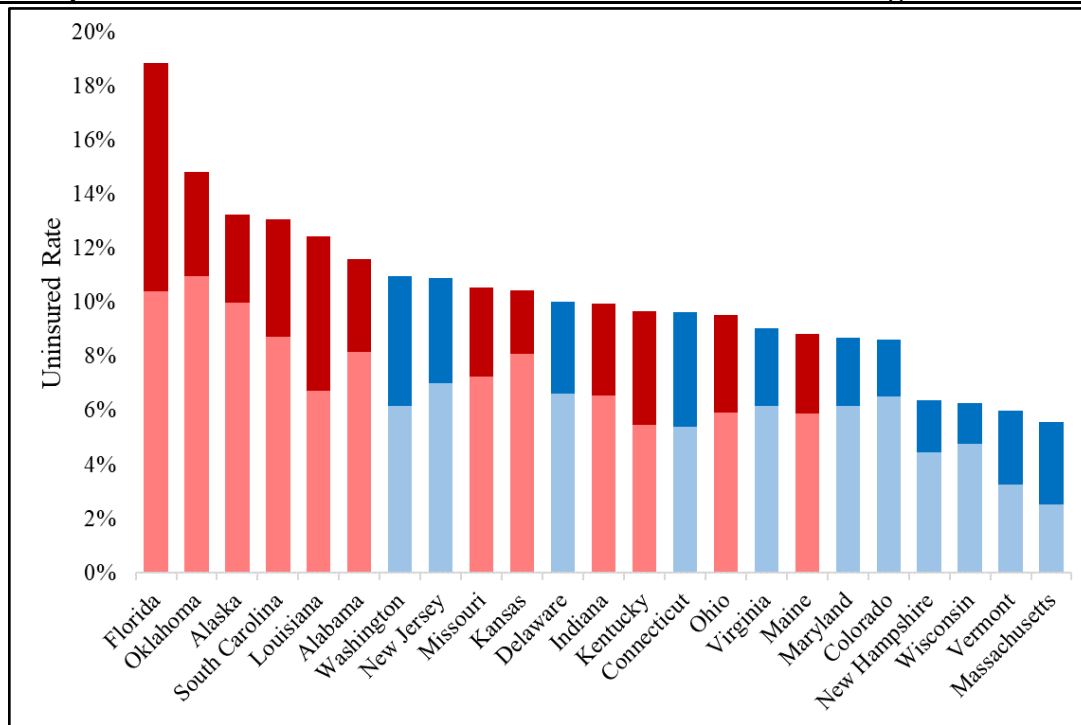
¹⁹ "Reconciliation Bill Jeopardizes Care for Millions." National Association of Community Health Centers (2025). <https://www.nachc.org/reconciliation-bill-jeopardizes-care-for-millions/>

²⁰ "New Survey Highlights Devastating Impact of Medicaid Reductions on Nursing Homes." American Health Care Association (2025). <https://www.ahcancal.org/News-and-Communications/Press-Releases/Pages/New-Survey-Highlights-Devastating-Impact-of-Medicaid-Reductions-on-Nursing-Homes.aspx>

VI. The Republican Budget Bill Cuts Health Care to Give Tax Breaks to the Wealthy

At the core of the Republican budget bill is a simple moral question. Is it moral for millions of Americans to lose health insurance—or be forced to pay higher premiums, co-pays, and higher costs at the pharmacy counter— so that the wealthy can get more tax breaks?

Figure 1: Republican Bill Will Lead to a Massive Increase in Americans Losing Health Insurance



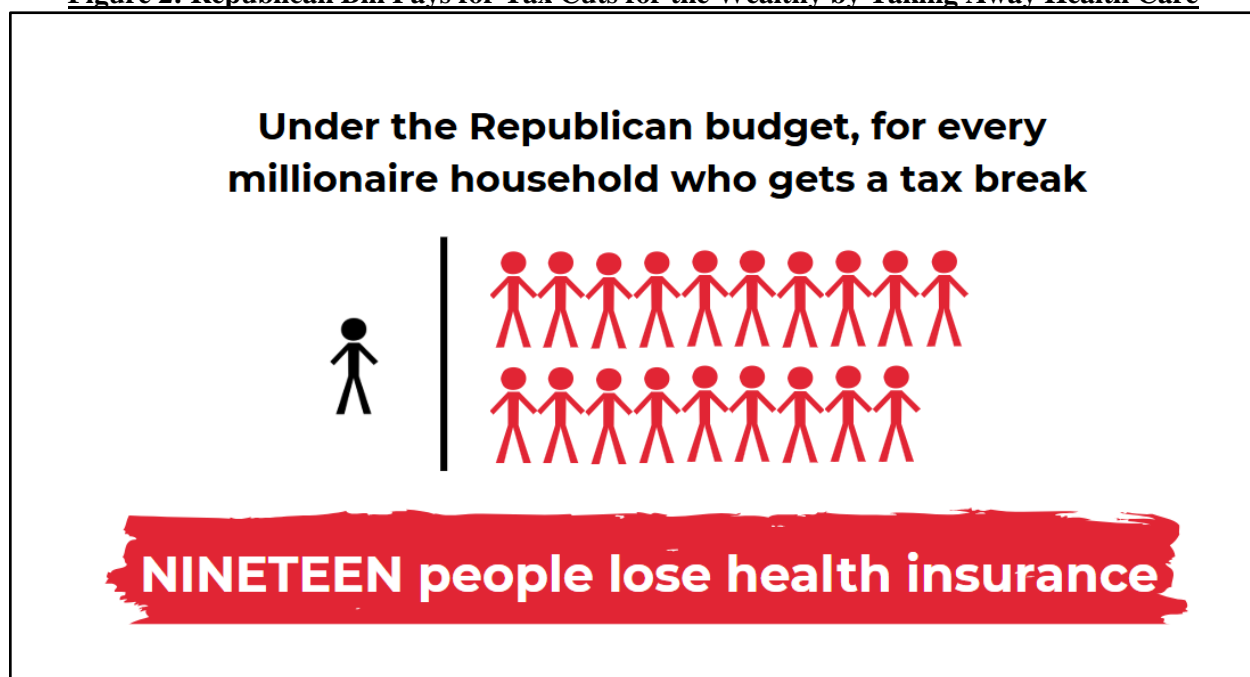
Each column displays the projected increase (represented by the shaded part of each bar) to the uninsured rate from 2023 to 2034 in HELP Committee States, as a result of the One Big Beautiful Bill Act. HELP Minority analysis of KFF data. See Appendix.

Consider, for example, that the one trillion-dollar cuts to health care in the bill are nearly equivalent to the \$1.1 trillion in tax breaks that households above \$500,000 will receive from the legislation.²¹ Or that the bill provides tax breaks to more than 800,000 millionaire households, while ripping health insurance away from 16 million people—a ratio of over 19 to 1.²²

²¹ Calculated using ratios in the distributional tables for years included. Those same ratios are applied in adjacent years not covered in the table, but scored by JCT in their 10-year analysis. Joint Committee on Taxation, JCT-27-25 (2025). <https://www.jct.gov/publications/2025/jcx-27-25/>

²² Calculated using the percentage of those making over \$1 million times the number of tax returns. Joint Committee on Taxation, JCT-28-25 (2025). <https://www.jct.gov/publications/2025/jcx-28-25/>; 16 million from Congressional Budget Office, “Congressional Budget Office Estimated Effects on the Number of Uninsured People in 2034 Resulting From Policies Incorporated Within CBO’s Baseline Projections and H.R. 1, the One Big Beautiful Bill Act” (2025). https://www.cbo.gov/system/files/2025-06/wyden-Pallone-Neal_Letter_6-4-25.pdf

Figure 2: Republican Bill Pays for Tax Cuts for the Wealthy by Taking Away Health Care



When all the spending and tax cuts are put together, the Penn Wharton Budget Model finds that the 40 percent of Americans making \$51,000 or less would see their taxes go up in 2026 by hundreds of dollars, while those making at least \$4.3 million would see a tax cut of \$390,000.²³

Health care providers are clear in their belief this is not moral, that these cuts are unacceptable. As one doctor from Maine notes: “We have an existential choice to make. The very wealthy want to steal from the less wealthy and poor Americans.”²⁴ The choice is clear. This legislation must not pass.

²³ “The House-Passed Reconciliation Bill: Budget, Economic, and Distributional Effects”. Penn Wharton Budget Model (2025). <https://budgetmodel.wharton.upenn.edu/issues/2025/5/23/house-reconciliation-bill-budget-economic-and-distributional-effects-may-22-2025>

²⁴ Peter K. Shaw, MD, Maine

VII. Appendix

HELP Minority Staff used KFF data to estimate the increase in the uninsured rate from 2023 to 2034 as a result of the One Big Beautiful Bill Act.²⁵ A 100 percent increase means the number of uninsured doubled.

Table 6: Republican Bill Will Lead to a Massive Increase in Americans Losing Health Insurance

State	2023 Uninsured Rate	2034 Uninsured Rate	Percent Increase
Alabama	8.2%	11.6%	46%
Alaska	10.0%	13.3%	35%
Arizona	9.6%	13.4%	50%
Arkansas	8.9%	13.1%	48%
California	6.2%	10.2%	74%
Colorado	6.5%	8.6%	50%
Connecticut	5.4%	9.6%	77%
Delaware	6.6%	10.0%	60%
District of Columbia	2.6%	7.3%	229%
Florida	10.4%	18.8%	98%
Georgia	11.1%	16.7%	61%
Hawaii	2.7%	4.9%	99%
Idaho	8.8%	10.2%	28%
Illinois	6.0%	10.4%	74%
Indiana	6.6%	10.0%	55%
Iowa	4.9%	7.6%	61%
Kansas	8.1%	10.5%	32%
Kentucky	5.5%	9.7%	81%
Louisiana	6.7%	12.4%	91%
Maine	5.9%	8.8%	49%
Maryland	6.2%	8.7%	50%
Massachusetts	2.5%	5.6%	135%
Michigan	4.3%	7.6%	78%
Minnesota	3.9%	6.8%	84%
Mississippi	10.1%	15.7%	54%
Missouri	7.3%	10.6%	47%
Montana	8.3%	11.7%	48%
Nebraska	6.2%	8.4%	44%

²⁵ To compute the 2023 uninsured rate, HELP Minority Staff divided the KFF estimate of the number of uninsured people in each state by the U.S. Census's estimate of state's population. To compute the 2034 uninsured rate, staff added the KFF estimate of the increase in uninsured population per state, which used CBO estimates, to the 2023 uninsured population and divided by the KFF's projected 2034 population, which uses data from the Weldon Cooper Center for Public Service. To compute the percent increase in uninsured population, staff divided the projected increases in uninsured population by the 2023 uninsured population. "How Will the 2025 Reconciliation Bill Affect the Uninsured Rate in Each State? Allocating CBO's Estimates of Coverage Loss," KFF (2025). <https://www.kff.org/affordable-care-act/issue-brief/how-will-the-2025-reconciliation-bill-affect-the-uninsured-rate-in-each-state-allocating-cbos-estimates-of-coverage-loss/>

Nevada	10.5%	11.9%	27%
New Hampshire	4.4%	6.4%	47%
New Jersey	7.0%	10.9%	63%
New Mexico	8.7%	13.0%	51%
New York	4.7%	8.8%	100%
North Carolina	8.9%	13.0%	54%
North Dakota	4.0%	6.0%	73%
Ohio	5.9%	9.5%	63%
Oklahoma	11.0%	14.8%	38%
Oregon	5.3%	9.5%	97%
Pennsylvania	5.2%	8.2%	59%
Rhode Island	4.3%	8.2%	98%
South Carolina	8.7%	13.1%	58%
South Dakota	8.3%	10.0%	26%
Tennessee	9.0%	12.5%	45%
Texas	16.0%	20.0%	39%
Utah	7.6%	11.3%	69%
Vermont	3.3%	6.0%	85%
Virginia	6.2%	9.0%	56%
Washington	6.2%	11.0%	102%
West Virginia	5.8%	10.0%	68%
Wisconsin	4.8%	6.3%	34%
Wyoming	10.2%	12.2%	20%