

U.S. Senator Maria Cantwell

Senator Cantwell at Protect Medicaid Roundtable in Spokane

March 19th, 2025

Opening Statement

[\[VIDEO\]](#)

Sen. Cantwell: Okay, well, Aaron, thank you so much. And thanks everybody here. I can't wait to hear from each of you. I want to thank Toni, obviously from the NATIVE Project, for being here, and look forward to what you have to say, and Desiree from New Health, who we have visited North of here, but both represent very, also significant contributions to the healthcare community. And Dr. Haney, I can't wait to hear what you have to say about the healthcare delivery system. And I think that's Amber down there that I haven't met yet. So Amber, thank you so much. And then the individuals who are speaking, Julie Sparkman, Gail Halverson and Don Hall, thank you so much. And Alicia Ann, oh, she's on the video, yay!

Thank you. Thank you all for being here and speaking. Sitting here waiting for us to get started, I feel like I should just get up and block these two words, because this: "Medicaid on the chopping block," is really happening.

And somehow, we have to communicate that to the rest of really, the United States, but certainly here in Spokane, we need to communicate that to everybody, so that they'll call their representatives, call the White House and say, "Don't put Medicaid on the chopping block."

The proposal that is before us in the House of Representatives in the United States Senate is to find \$880 billion in savings when [93%] of the accounts they're looking at are Medicaid [excluding Medicare]. Even if you took the other 7% and eliminated them, which is the Children's Health Insurance Program, which I don't want to eliminate, the Universal Service Fund, which I don't want to eliminate, and other things you'd still be taking the majority of the money out of Medicaid.

The effect of that [is] this clinic wouldn't be here. Our healthcare facilities wouldn't be here. And certainly the people on Medicaid wouldn't get the care that has been not just lifesaving care, but cost effective care, in the amount of coverage that is provided through Medicaid.

This isn't just the Affordable Care Act expansion, but clearly the Affordable Care Act expansion was a godsend to Spokane and this region because so many people qualified for Medicaid.

So we are issuing a report that shows what these percentages mean for each part of the state, but here in Eastern Washington: 30% of Eastern Washington is covered by Medicaid. In Central Spokane, 55% of children, 27% [of adults] are on Apple Health. That's what we call our Medicaid program here. Who knows how people understand this, but it's either Medicaid or Apple Health. In Spokane Valley and Liberty Lake, 56% of kids get their health care from Medicaid and Apple Health, and 22% of adults. And a little bit north of here, in the area that

Desiree covers, 73% of children and 25% of adults get their health care through Medicaid, the Apple Health Program.

So the notion that this is even on the table for discussion is wrong. Medicaid is a cost effective way to deliver health care and have people covered by these institutions, whether they are CHAS, the health clinic, or any of the hospitals here in town, or any of the care that so many people provide in the Spokane region.

We all know that Spokane is a health care hub. When you think about that, what devastation would that do to Spokane, in general, to the economy of Spokane, if the very hub of Spokane also was decimated with health care funds.

Yesterday, we were at Harborview hospital to talk about the same impacts, and were joined by individual patients, health care advocates, and the regional health care system, Evergreen Hospital [Health], all very, very concerned about this attack on Medicaid.

So we're here today and Friday in the Tri Cities to try to urge Washingtonians to pay attention to the fact that we cannot afford these cuts to Medicaid.

I've called it a tsunami, because I really think that it is. And it's not a drill. In April, when we return to the United States Congress, the 2026 Budget will be the discussion point. And in that is this big proposal.

So we need people to speak up today, and I want to take the stories that I hear today back with me to share with my colleagues about how we can't afford these cuts for low income seniors, for people on disabilities, for pregnant women who need access to health care, for families that don't have any other option but need access to health care, even for non-emergency situations Medicaid cuts would be devastating.

We've been here in Spokane and at this facility before to talk about the fentanyl problem. Even the fentanyl treatment is delivered through the Medicaid system. What would we do about that if we didn't have Medicaid?

The Federally Qualified Health Centers like CHAS in this district receive 44% of their money from Medicaid. What would you do if Medicaid was devastated? You just wouldn't be here.

So without the stability of these Medicaid payments, local clinics would have to make very hard decisions to even figure out how they could stay open and do the very important access to treatment on preventative services, on substance abuse, diabetes, and older American checkups, a whole list of things that we're putting at risk.

We don't have to do this. We just need Americans and Washingtonians to speak up and be loud about this and tell them "We're not cutting Medicaid. We're not devastating Medicaid."

Please don't take something that is the lifeblood of healthcare to our nation and disrupt it all for what reason? To give a tax break to rich corporations? There's no reason to do this.

So thank you again for being here. I hope that everybody will help us tell this story, but I appreciate you sharing your own personal stories, because I think that's what people need to hear to understand why this program is so essential. So thank you very much, Aaron.

Mid-Roundtable Remarks

Sen. Cantwell: Thank you. This is amazing. First of all, everyone of you said something so amazing and I deal with this all the time. So I'm just saying. Every one of you hit a nail on the head about the impacts of this from having to move, or not getting specialty care, that's so important, or just not even being able to survive, to the system itself, and why it's such an economic part of success, to -- I can't believe you had 500,000 encounters, [meaning?] services.

So if you had 500,000 encounters here, that means you are the lifeblood of the delivery system for healthcare right here. And the fact that you could disappear as a result of this, I don't even know what they're thinking! I can't even imagine what they're thinking, this is so ridiculous, but it is what's on the table.

And that's why we have to fight. And that's why we have to make everybody realize that you can't just take this money out of the system. And it is working. And I think it's interesting, Aaron, that you said it's the key to prosperity. And that prosperity is a lifeline to people, to say nothing of those fifteen hundred people.

So first of all, I want to say that the Spokane Police Chief was testifying before our committee on what we need to do to better attack fentanyl in the nation, but particularly here in Spokane. And because you're transportation hub of sorts the disbursement of that product -- it has many avenues. And that's what we're trying to fight and that's what he was trying to articulate.

But just think about this center that you've created as an ancillary tool to try to deal with this in the most cost effective way. You would have no money for that. Fifteen hundred people, you'd have no money for that.

I don't know what you would do. You'd have no money. So if you're saying the deaths are still going up, which we want to tackle because we want to try to get better detection and better resources at our transportation hubs -- we had a big bust in Seattle that was all around the airport and big transportation systems and we think that's probably a similar thing here -- but no way that rate is going to go down if you get rid of Medicaid support. I mean there's no way.

We feel like we're in a crisis on fentanyl now you would be in a mega crisis, if you didn't have Medicaid to deal with this treatment and population.

And there are efficient things. We're putting things on the table. We're saying, first of all, Medicaid under the Affordable Care Act was an expansion and we think that expansion paid for itself in the reduction of the uncompensated care and the covering of a population, and getting for the health care delivery system, a payment that basically people could cost effectively deliver care for.

And I think you could go back and look at even further expansion under the Affordable Care Act similar to what we had in the basic health plan where you're bundling up people who can't get access to care and creating a bundle for them. This is what I asked Dr. Oz. He wants to run the Medicaid and Medicare services for our nation. And so I said, "Everybody wants to know, are

you going to cut Medicaid?" He didn't really answer that question, so we'll see what he comes up with in his written responses.

But I'm convinced that you could have even a larger expansion similar to the Basic Health Plan, and even have a reduction in those big expensive Silver Plans by more cost, effectively dealing with the public and have some savings. I mean, Gayle 's point is, yeah, people here are willing to, you know, help out here. But, like, not this. Way. No way. I mean, just doesn't even make sense. So I did. I did want to say to Doctor Haney, you know, we're we're so proud that Spokane is. Mean is this hub of healthcare? Why do you think that we're not? Why do? Think we're even in this situation of having to explain how how cost effective this has been. Why?

How much time do we? It's such a complex story, but what we know is that if you look at the evidence, the more access to primary care that we have built in these partners across the table are providing access to primary care. That the better health outcomes are. And the total cost of care actually goes down by a significant margin. Plenty of evidence to do that. Is part like doing that like this gets back to the system and if we eliminate insurance it gets worse. Like if you think about the access to primary care that our nation has.

Thirty.

And then we cut. We reduce that access by a significant margin and so that's the financial thing. One of the things I was thinking about that really touched me and. Patient stories is I don't remember the exact quote scale you made about. Are we just expected to?

I.

Wrote it down.

And.

What are we going to? You're just going to expect us to die.

And I think about.

It was Gale. It was heartfelt. It was.

My stories as a. My stories of all the clinicians I know of, the nursing colleagues I have, almost every one of us can describe the story of having to sit with patients. While they die because they don't have access to care or not be able to actually.