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The Honorable Mike Johnson
Speaker, U.S. House of Representatives
Washington, DC 20515

The Honorable John Thune
Majority Leader, U.S. Senate
Washington, DC 20510

The Honorable Hakeem Jeffries
Democratic Leader, U.S. House of Representatives
Washington, DC 20515

The Honorable Charles Schumer
Democratic Leader, U.S. Senate
Washington, DC 20510

Subject: Preserve Patients' Access to Nurses Through Medicaid

Dear Speaker Johnson, Leader Thune, Leader Jeffries, and Leader Schumer:

The American Nurses Association (ANA) and the undersigned nursing organizations urge Congress to protect the Medicaid program as it develops and considers legislation through the budget reconciliation process. We also welcome the opportunity to work with your offices and the committees of jurisdiction to identify sustainable solutions that strengthen Medicaid to ensure that our nation's most vulnerable patients have timely access to nurses and the high-quality health care services that they provide across the country.

Medicaid and the Children's Health Insurance Program (CHIP) provide health care coverage and access to [almost 80 million](#) low-income people in the United States, including children, pregnant women, adults, seniors, individuals with disabilities, and caregivers who support many of these individuals. Medicaid plays a vital role in providing access to maternity care, labor and delivery services, pediatric services, behavioral health support, primary and dental care, long-term services and support, home health services, and other critical services to our most vulnerable patients. In fact, Medicaid finances about [41% of all births](#), [more than half](#) of all long-term services and supports, and is the [single largest payer](#) of behavioral health services in the United States. A [2023 report](#) from the Inspector General of the Department of Health and Human Services found that Medicaid covers an estimated 40% of nonelderly adults with an opioid use disorder. According to a recently published [report](#), nonelderly adults and children in rural communities are more likely than their counterparts in metropolitan areas to depend on Medicaid and CHIP to pay for their healthcare needs. Medicaid is also the fourth largest financier for K-12 schools, supporting physical and behavioral health services for Medicaid-enrolled students with disabilities and the general education population.

Given the critical role that nurses play in the nation's health care delivery system, they know firsthand the devastating impact that misguided reforms to the Medicaid program could have on millions of patients, nurses, and communities across the United States. Our organizations have significant concerns about any policy changes that would shift more of the cost of providing care for Medicaid patients to states, as they will have little choice but to limit eligibility, coverage, and payments under their control to meet statutory budget constraints. Consequently, millions of vulnerable patients would lose coverage and access to important health care services—resulting in sicker patients and higher uncompensated care costs.

Medicaid policy changes could also have an adverse impact on our nation's nursing workforce, which is already in crisis. Hospitals, long-term care facilities, and other healthcare facilities may face financial strain, leading to reduced work hours, hiring freezes, and layoffs for nurses and other health care personnel. Often, it is the nurses who are left to shoulder the full patient care burden and face increased workloads and less time to devote to each patient due to higher patient volume. This only serves to further exacerbate existing nursing workforce challenges that lead to lower job satisfaction, nurse burnout and attrition, and worse patient outcomes. Cuts resulting from changes to Medicaid could also lead to already cash-strapped facilities limiting resources, limiting services, or simply having no choice but to close their doors.

Medicaid policy changes resulting in cuts will inevitably result in hospital, nursing home, and clinic closures across the country, especially in rural communities. Facilities that are heavily reliant on the program simply will not have the resources needed to serve their communities. Consequently, patients in these areas will have to travel longer distances to access a health care facility to receive necessary care from trusted nursing professionals. These closures would also result in reduced job opportunities for nurses in rural communities and take a toll on rural economies dependent on health care jobs.

Medicaid reductions likely will trigger an increased financial burden on nurses and their patients. States may target reductions in reimbursement rates for services—affecting advanced practice registered nurses (APRN), such as nurse practitioners, certified registered nurse anesthetists, certified nurse midwives, and clinical nurse specialists, who often face reimbursement rates that do not reflect the high-quality clinical care APRNs provide. With respect to patients that lose their Medicaid coverage, APRNs will likely see sicker patients who delay or forego care over financial concerns. These patients will still need care, especially if individual health conditions worsen. APRNs will then see greater uncompensated care costs that they simply cannot absorb.

In closing, ANA and the undersigned nursing organizations encourage Congress to analyze how modifications to the Medicaid program will affect patients and nurses in congressional districts across the country, and consider any potential economic fallout that may result in these communities. We stand ready to work closely with you to find sustainable solutions that allow the program to meet the current and future needs of our nation's most vulnerable patients. Please contact Tim Nanof, ANA's Executive Vice President of Policy and Government Affairs, at (301) 628-5081 or Tim.Nanof@ana.org with any questions.

Sincerely,

American Nurses Association
[Other endorsing organizations]

cc: House Energy & Commerce Committee, Chairwoman & Ranking Member
Senate Finance Committee, Chairman and Ranking Member