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June 12, 2025

Dear Senators Thune and Crapo:

On behalf of our hospitals and their thousands of providers serving millions of patients across 13 states, we are writing to urge you to move forward with the carefully negotiated Medicaid provider tax-related and Medicaid directed payment program provisions in the House-passed budget reconciliation bill (H.R. 1), specifically, Sections 44132, 44133, and 44134.

These sections reflect a balanced approach that recognizes the vital role Medicaid directed payments play in sustaining access to care, including a much-needed grandfather clause to allow continuation of existing state programs as well as those awaiting CMS approval. We have requested statutory language clarifications that will ensure that the intent of the House bill – to grandfather the existing state programs and financing mechanisms upon which our hospitals and our patients depend – will be fully effectuated and strengthened.

For many hospitals, especially those in rural and underserved communities, directed payments can constitute as much as 20% of their annual revenues. Weakening these critical sections at this pivotal stage would have severe consequences. We appreciate President Donald J. Trump's commitment to not cut Medicare or Medicaid benefits, and we need these critical provisions in HR 1 to ensure that our hospitals can provide healthcare services to patients entitled to those Medicare and Medicaid benefits. The House bill recognizes that continuation of these supplemental payment streams is vital to ensure access to our hospitals.

Hospitals across our states are facing unprecedented financial pressures. Chronic underpayment from Medicaid and Medicare, combined with increasing instances of commercial insurers failing to meet contracted obligations, has pushed many facilities to the brink. Directed payments help offset these shortfalls by leveraging provider taxes and other lawful funding mechanisms to support hospitals that serve a high volume of Medicaid patients. Without these supplemental payments, many hospitals would face immediate and difficult choices, including scaling back essential services or closing entirely. These consequences would fall hardest on the most vulnerable populations we serve.

We are committed to continuing to work on policies that ensure long-term sustainability for Medicaid. However, any additional changes to seek further cuts through these Medicaid provider tax-related provisions would jeopardize the fragile balance that has been struck and threaten the healthcare safety net in our communities.

We welcome the opportunity to further discuss the impact of Medicaid directed payments and provider taxes in our states and stand ready to provide supporting data and insights. Thank you for your consideration and continued leadership on behalf of the patients and providers who rely on a strong Medicaid program.

Sincerely,

Ann-Marie Alameddin

President & CEO

Arizona Hospital and Healthcare

Association

M. James Kaufman, PhD

President & CEO

West Virginia Hospital Association



Caylee Noggle President & CEO Georgia Hospital Association

Chris Mitchell President & CEO Iowa Hospital Association

Nancy Galvagni President & CEO

Kaney Galvagii

Kentucky Hospital Association

Thornton Kirby President & CEO

South Carolina Hospital Association

Rich Rasmussen President & CEO

Oklahoma Hospital Association

Lichard Lasmusso

Patrick Kelly President & CEO

Nevada Hospital Association

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Josh Dobson President & CEO

North Carolina Healthcare Association

Nicole Stallings President & CEO

Hospital and Health Association of

Pennsylvania

Wendy Long

President & CEO

Windy Long mo

Tennessee Hospital Association

Sean T. Connaughton

President & CEO

Virginia Hospital & Healthcare Association

Jon D. Doolittle President & CEO

Missouri Hospital Association