

The background of the page features a large, light gray watermark of the Seal of the State of Michigan Senate. The seal is circular, with the words "STATE OF MICHIGAN" at the top and "SENATE" at the bottom, separated by stars. In the center is the coat of arms of Michigan, which includes an eagle with wings spread, a shield with a figure holding a bow and arrow, and a banner with the motto "E PLURIBUS UNUM". Below the shield is another banner with the motto "SI QUÆRIS PENINSULAM AMENAM".

REPORT ON IMPACTS OF PROPOSED FEDERAL MEDICAID CUTS

**An Investigation Into the Harm Facing
Our People, Our Communities, and
Our Economy**

**Senate Health Policy Committee and
Senate DHHS Appropriations Subcommittee**

*Chaired by Sen. Kevin Hertel, Health Policy
Committee and Sen. Sylvia Santana, DHHS
Appropriations Subcommittee*

Tuesday, June 24, 2025

LETTER FROM THE CHAIRS

Since assuming power, President Donald Trump and his Republican allies in Congress have been laying the groundwork to make extensive, indiscriminate cuts to Medicaid. This work most recently culminated in the U.S. House passing a spending bill that slashes \$535 billion from the program over the next decade, threatening to kick hundreds of thousands of Michiganders off their health insurance — all to afford a \$4 trillion tax break for billionaires and corporations.

Coupled with massive layoffs, a freeze in federal spending, and erratic tariff policies, these proposed Medicaid cuts have only served to further fuel the chaos and uncertainty facing families here in Michigan and across the country. As a result, we and our colleagues have heard too many stories from community members worried about how to make ends meet, put groceries on their table, or afford a visit to the doctor's office. Knowing silence is not an option in this moment, we listened to these troubling concerns and set out to get real answers about what these Medicaid cuts will mean for Michiganders — our children, our seniors, and everyone in between.

In a nation as wealthy as ours, ensuring our neighbors, especially our most vulnerable, have access to health care can not be a political or partisan issue. Here in Michigan, 2.6 million people rely on Medicaid for critical health insurance. That's one out of every four Michiganders. The program's reach, however, goes far beyond those it directly serves, as it supports health care workers, hospitals, and patients — even those with private insurance.

As former-Republican Gov. Rick Snyder said, a robust Medicaid program

“ makes sense for the physical and fiscal health of Michigan.”

Included in this report are lots of facts and figures showing how many children and veterans are covered by Medicaid, the role it plays in rural hospitals, and the number of nursing home patients that it covers. But the benefits of this program are far more than just numbers on a page, and the cuts proposed in Washington represent real harm to real people.

Through countless conversations with community members, meetings with care providers, and a series of committee hearings examining what this assault on residents' health care will mean for our state, the clear and resounding response we heard:

Medicaid cuts of this size will have utterly devastating effects on both the health of Michigan residents and the economy.

These cuts will mean many of our neighbors will go uninsured and could be only one illness away from having to choose between devastating medical debt or continuing without care. Nursing home residents will face reduced support, and seniors and veterans who rely on home care won't be able to age with dignity in their homes. And hospitals, especially rural ones, will be forced to drastically reduce their staff or close their doors altogether — jeopardizing reliable healthcare for all patients, even those with private insurance.

This report seeks to build upon the one prepared by the Michigan Dept. of Health and Human Services by weaving in stories and testimony from those on the frontline of this fight, including Medicaid recipients, doctors, hospitals and local clinics, advocacy organizations and more. It also serves as a call-to-action for all those who represent our great state — whether in Lansing or Washington, D.C. — to fight for the health and dignity of every Michigander. We urge you to read this not just as a policy document, but as a reflection of the real people who will be impacted by these cuts. Their stories remind us what is at stake for our families, our communities, and the future of our state.

Sincerely,



Sen. Kevin Hertel
Chair, Senate Health Policy Committee



Sen. Sylvia Santana
Chair, DHHS Appropriations Subcommittee

INTRODUCTION

Since 1965, Medicaid has given states the ability to provide much needed health care coverage to people who fall within distinct categories. In 2014, Michigan expanded Medicaid coverage (under the Affordable Care Act) by creating the Healthy Michigan Plan (HMP). Then Governor Rick Snyder and future Gov. Gretchen Whitmer championed this bipartisan expansion effort. Today, Medicaid and HMP provide vital coverage to 2.6 million Michiganders, including two in five children, three in five nursing home residents, and 45% of births.

The Medicaid cuts Washington Republicans propose would have a devastating impact on people's health, with the Michigan Dept. of Health and Human Services estimating that more than 500,000 Michiganders would lose coverage — largely due to burdensome administrative hurdles and bureaucratic red tape. If Medicaid funding is cut, hospitals and care providers and the workers and patients that depend on them — are all at risk.

“I never thought I'd be here, but without Medicaid, I don't know how my children and I would survive. It only takes one moment for everything to change, and every Michigan family deserves to know that if the worst happens, there's a safety net there to catch them.”

– Rose, Grosse Pointe

“Cuts of this magnitude go far beyond waste, fraud and abuse and will drastically harm Michiganders, as well as hospitals and healthcare providers,”

– Brian Peters, CEO, Michigan Health & Hospital Association



Dr. Lindsay Admon, University of Michigan, Michigan Medicine, provides testimony at Senate Health Policy Committee, June 4, 2025.

THE FACTS ABOUT MEDICAID IN MICHIGAN

According to a recent report from the Michigan Dept. of Health and Human Services, Medicaid is the nation's largest health insurance program and serves a central role in Michigan's health care system, providing comprehensive coverage to more than one in four Michiganders each month. Totaling 2.6 million individuals, the state's Medicaid beneficiaries include more than 1 million children and over a third of people in rural areas. Jointly funded by the state and federal government, Michigan's Fiscal Year 2025 Medicaid budget is approximately \$27.8 billion.

A majority of this funding — around 70%, or \$19 billion — comes from the federal government.

Medicaid is also one of the most cost-efficient forms of health coverage. It has lower total and per-capita costs than all other major health programs, including Medicare and private health insurance. Since 2003, Michigan Medicaid spending per enrollee increased only 18% compared to over 100% growth in private health insurance premiums, national health expenditures per capita, and Medicare spending per enrollee.

Across Michigan, Medicaid patients make up on average 22% of hospital patient volume.

The stability Medicaid provides also supports a workforce of over 217,000 hospital employees. According to the Michigan Health & Hospital Association, the state's health care industry is the largest private sector employer, generating \$77 billion annually.

The state's Federal Medical Assistance Percentage (FMAP) for traditional Medicaid enrollees is 65%, meaning that for every dollar the state invests in Medicaid, the federal government contributes an additional \$1.87, covering 65% of the total cost. Meanwhile, the FMAP for Michigan's Medicaid expansion program (known as the Healthy Michigan Plan, or HMP), is even higher at 90%. Under this enhanced match, Michigan only has to contribute 10 cents for every \$1 spent. This favorable match has allowed Michigan and other states to expand access to care, improve health outcomes for Medicaid beneficiaries, and reduce uncompensated care costs for hospitals and health systems. But our state's higher match rate also puts Michigan at greater risk should the proposed Medicaid cuts take effect.

Michigan's Medicaid Program has a Vast Reach



Medicaid covers one in five individuals living in the U.S. In Michigan, the coverage rate is even higher — **1 in 4 Michiganders**.

In FY24, Michigan's Medicaid program afforded health coverage to more than **2.6 million Michiganders** each month, including:

- **1 million children;**
- **300,000 people** living with **disabilities;**
- **168,000 seniors;** and,
- **750,000 adults** in **Healthy Michigan Plan.**

45% of births in Michigan are covered by Medicaid.

In Michigan, Medicaid Covers:

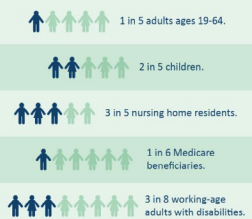


Figure 1 – MDHHS Presentation, Senate Health Policy Committee, June 4, 2025

Michigan Medicaid Budget



- Michigan's FY25 Medicaid budget is approximately \$27.8 billion and 34% of the state's overall budget.
- **More than 70% of the Medicaid budget comes from federal funding.**
- Federal match rates are higher for states with lower per-capita income.
 - Michigan's federal match rate is ~65%.
- **For every dollar Michigan spends, the federal government contributes an additional \$1.87.**
- For every dollar Michigan cuts, \$2.87 is lost for people and providers.

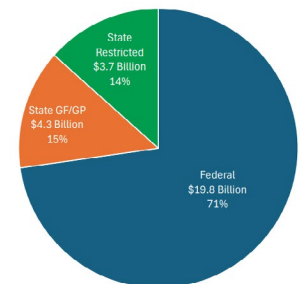


Figure 2 - MDHHS Presentation, Senate Health Policy Committee, June 4, 2025

POTENTIAL IMPACTS OF FEDERAL CUTS TO MEDICAID

As multiple sources have shown, Michigan's Medicaid program has long been recognized for its cost effectiveness, providing high-quality coverage to millions while maintaining per-enrollee spending below the national average. However, this efficiency means the program has less room to cut. The Medicaid cuts Washington Republicans propose would have a devastating impact on people's health, with the Michigan Dept. of Health and Human Services estimating that more than 500,000 Michiganders would lose coverage — primarily due to Congress's push for more administrative burdens and bureaucratic barriers, many of which have previously been tried at the state level and proven to be detrimental to the program and to cost-cutting efforts.

“Losing Medicaid wouldn't just be a policy change — it would be a catastrophe for my family and so many others. We can't afford to let that happen.”

– Katie, Ypsilanti

With a system that can already be difficult to manage for families with complex medical needs, wrapping additional red tape around the health care they need could have dire consequences. Not only could it devastate their family budgets, but it could be tragic for vulnerable individuals unable to access the care they need simply to live. Families like Katie O'Neal's in Ypsilanti and others who provided testimony, who constantly navigate the benefits system to ensure their children's health care needs are met. Their children's lives, and the lives of the hundreds of thousands of other children in need of care, are not fraud, waste or abuse, but get caught up in the chaos and uncertainty caused by the proposed cuts.

Medicaid benefits those enrolled in the program and all people who seek health care — including those with private insurance — as Medicaid funding serves a central role in Michigan's health care system. Medicaid patients make up an average of 22% of hospital patient volume, and since the launch of Medicaid expansion in 2014, Michigan has seen uncompensated hospital care fall by more than 50%, easing financial pressures on hospitals and allowing them to keep essential services open.

Ultimately, without the influx of federal Medicaid funding, hospitals and care providers will be forced to downsize or close entirely, laying off workers and forcing all patients — including those with private insurance — to travel farther and wait longer to receive care.

Outside of traditional hospitals, Medicaid also provides over \$8.6 billion to the mental health system, nursing homes, home- and community-based health services, and emergency care services in Michigan. These dollars are critical in providing physical and mental health care to residents, particularly those in low-income and rural communities where services are limited.



Jeremiah Hodshire, President and CEO of Hillsdale Hospital, and Adam Carlson of the Michigan Health & Hospitals Association give testimony on the impact of Medicaid cuts on rural health care to the Senate Health Policy Committee on June 24, 2025.

In rural areas, Medicaid recipients are particularly essential to keeping hospital doors open as they make up nearly 40% of patient volume. According to the American Hospital Association, nearly half of rural hospitals already operate at a financial loss and many communities will lose vital health care services as these hospitals lose crucial Medicaid funding and have to limit their services or close their doors entirely. Hospital administrators like Jeremiah Hodshire of Hillsdale Hospital in Hillsdale, Michigan warn that with continued attacks on Medicaid the entire rural health care system will come to a grinding halt. With hospitals like Hillsdale also serving as some of the largest employers in these areas, the very fabric of these communities will disintegrate when their doors close.

The proposed cuts could also blow a \$2 billion hole into the state budget, as 70% of the state's spending on Medicaid comes from federal sources. With a General Fund operating budget that totals \$14 billion, there is no way the state can absorb the loss of funds without making painfully deep cuts. This would force state leaders to choose between funding: Michiganders' health care or education, roads, and public safety.

“Local economies, specifically in Michigan will be devastated. Our community hospitals often represent the largest employer base in their regions.”

– Jeremiah Hodshire,
President & CEO,
Hillsdale Hospital

Eligibility Provisions



What's at stake for Michigan:

- Estimated **\$155 million** in implementation costs.
- Potential loss of coverage for over **500,000** individuals.

Significance of these changes:

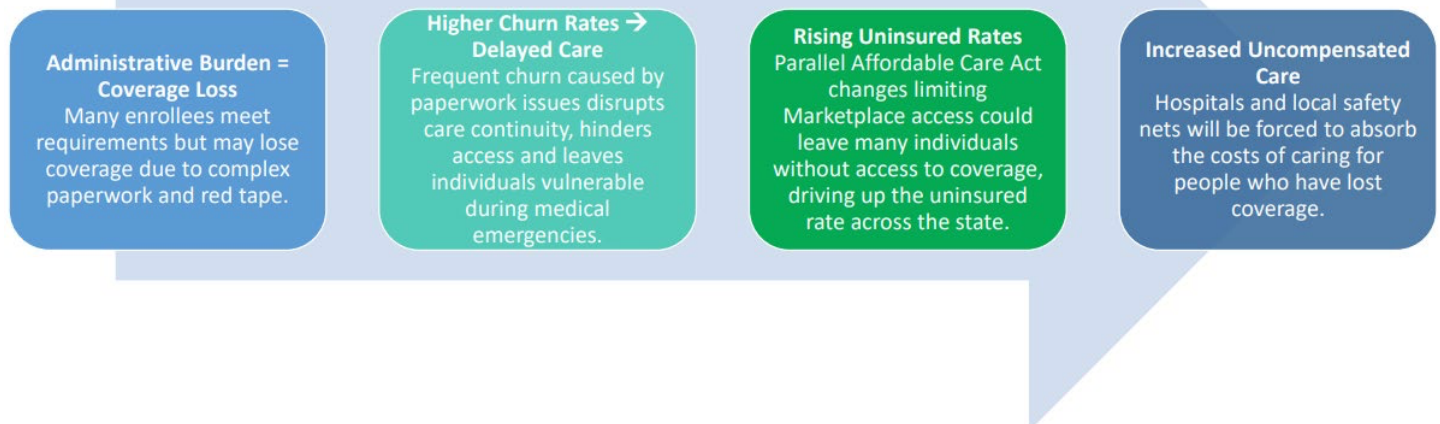


Figure 3 - MDHHS Presentation, Senate Health Policy Committee, June 4, 2025

LEGISLATIVE FINDINGS

The House-passed bill to slash \$535 billion from Medicaid represents a betrayal of Michigan families and communities. Rather than addressing real inefficiencies or improving health outcomes, this legislation imposes arbitrary funding caps and bureaucratic red tape that will rip coverage away from more than half a million Michiganders — children, mothers, seniors, veterans, people with disabilities, working families, and rural residents alike. No community in Michigan would be left untouched by these harmful cuts. It is an act of cruelty designed to finance massive tax breaks for billionaires and corporations at the direct expense of people's health and dignity.

The proposed cuts threaten to destabilize Michigan's entire health care system. They would gut funding that supports not only traditional hospitals, but also behavioral health, emergency services, nursing homes, and community clinics. In rural communities, where nearly 40% of patients rely on Medicaid, these cuts are an existential threat to local hospitals — often the largest employer and provider in the region. The long-term effects would be catastrophic: longer wait times, facility closures, layoffs, and worsened health outcomes for all Michiganders, including those with private insurance.

“Cutting this funding isn’t just a trivial budgetary choice. It’s a choice that will be a death sentence for millions of Americans, including countless Michiganders who rely on the program for essential health care access.”

– Sen. Santana



Melissa Fasburg provides testimony regarding her family's experience with Medicaid during the Senate Health Policy Committee on June 4, 2025.

In addition to the human cost, this bill would blow a \$2 billion hole in Michigan's state budget, forcing state leaders to choose between maintaining Medicaid coverage or funding other core priorities like public education, infrastructure, and public safety. The fiscal math simply does not add up, and the consequences are unconscionable.

Michigan Medicaid is one of the most efficient programs in the country, with lower per-enrollee spending growth than private insurance or Medicare. The proposed federal cuts are not fiscal responsibility — it is deliberate sabotage of the state's most essential health safety net.

RECOMMENDATIONS & CONCLUSION

We urge the Michigan Legislature, the governor, and Michigan’s congressional delegation to forcefully and unequivocally oppose this legislation and any similar proposals that seek to dismantle Medicaid and rip health care coverage away from hardworking Michigan families. We call on our federal representatives to reject the House-passed bill and any budget framework that relies on slashing Medicaid to finance tax breaks for billionaires.

“Let’s be clear: gutting Medicaid to bankroll tax breaks for billionaires is a direct assault on the health and dignity of Michiganders.”

– Sen. Hertel



Meghan Groen and Erin Emerson of MDHHS present data on the impacts of federal cuts to Medicaid in front of the Senate Health Policy Committee on June 4, 2025.

Healthcare is not a line item to be traded for billionaire tax breaks.

Medicaid is infrastructure vital to protecting public health, providing a lifeline to families building economic stability, and central to the economies of communities across our great state. And dismantling it to the tune of \$535 billion in cuts, as proposed in Trump’s so-called “Big Beautiful Bill,” will destroy lives and communities.

Though some may seek to downplay the impacts of the reconciliation bill and blindly follow President Trump and congressional Republicans off this economic and health care cliff, the Michigan State Senate will not be silent. We will fight for the health and dignity of every person who calls this state home. And we hope Michigan’s congressional delegation will stand beside us in support of Michiganders’ health and well-being, not billionaire tax breaks.

Report on Impacts of Proposed Federal Medicaid Cuts

APPENDIX

Sources:

- 1 Kaiser Family Foundation – “Medicaid in Michigan” Fact Sheet
- 3 American Hospital Association – “Rural Hospitals at Risk” Fact Sheet
- 4 Sheps Center for Health Services Research – Report on Vulnerable Rural Hospitals
- 21 MDHHS – Report Executive Directive 2025-3
- 35 MDHHS – Presentation “Michigan Medicaid Program”
- 39 MDHHS – FY 23 Medicaid & HMP Enrollment Payments and Cost by Legislative District
- 42 MDHHS – December 2024 Medicaid & HMP Enrollment by Legislative District
- 44 Letters Submitted to Health Policy Committee from Individuals Opposed to Medicaid Cuts
- 79 Letters Submitted to Health Policy Committee from Organizations Opposed to Medicaid Cuts
- 91 Letters Submitted to Health Policy Committee from Organizations within Protect MI Care Coalition Opposed to Medicaid Cuts
- 139 List of Organizations in Protect MI Care Coalition

2,387,000 children and adults are enrolled in Michigan Medicaid

Among all Medicaid enrollees in Michigan:

3 in 8 (36%) are children

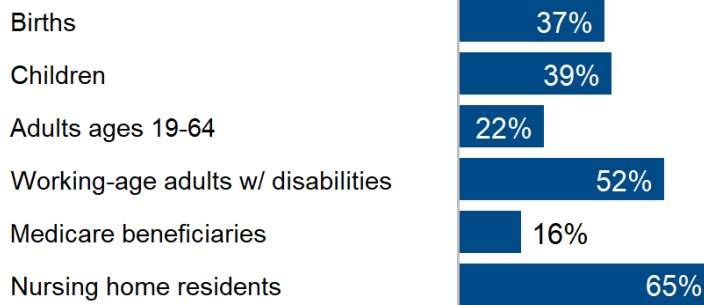
1 in 6 (18%) live in a rural area

1 in 6 (17%) have three or more chronic conditions

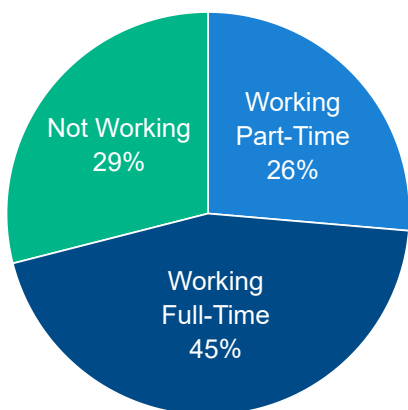
MI expansion status: Adults in expansion group:

Adopted 742,000

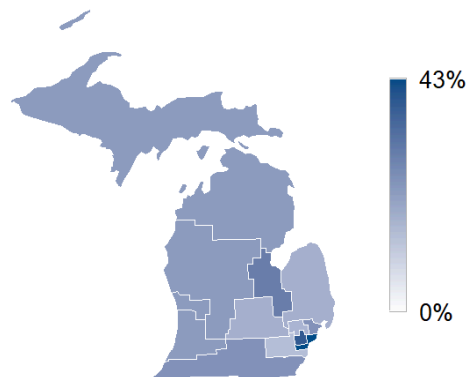
In Michigan, Medicaid covers...



A majority (71%) of Medicaid adults are working in Michigan

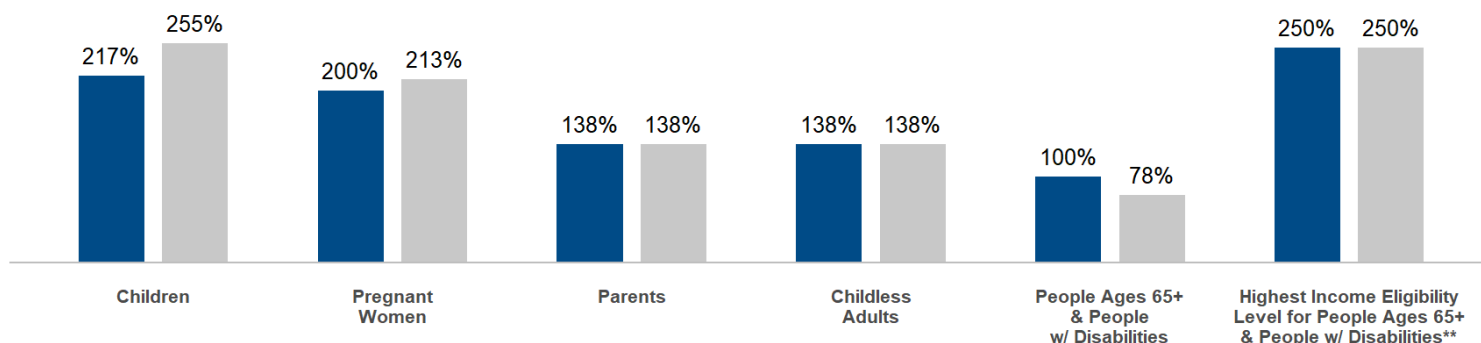


Medicaid covers from 14% to 43% of people in MI's congressional districts



Medicaid eligibility limits as a percent of the federal poverty level (FPL)*

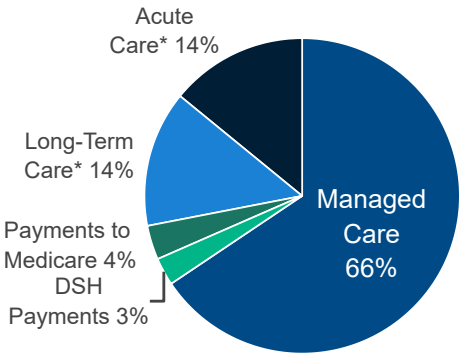
Michigan U.S. Median



*The FPL in 2025 is \$26,650 for a family of three and \$15,650 for an individual.

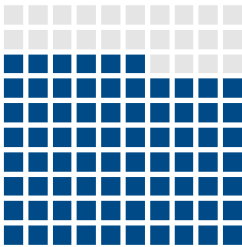
**To qualify for Medicaid at the higher income eligibility levels, individuals must meet requirements for the buy-in program for working age people with disabilities.

Total Medicaid spending in Michigan is \$23.4 billion



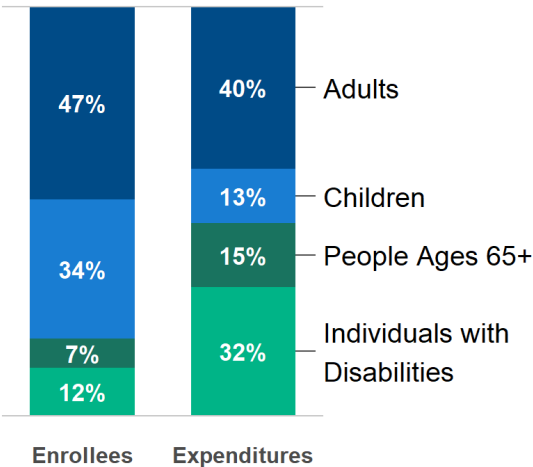
*Fee-for-Service

Financing for Medicaid is shared by states and the federal government; Michigan receives \$17.8 billion in federal Medicaid funding



Federal funding is 76% of total Medicaid spending in Michigan

In Michigan Medicaid, people ages 65+ and people with disabilities are 19% of enrollees but account for 47% of spending

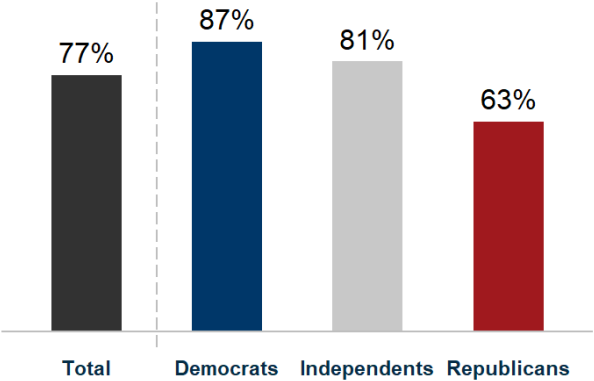


Per enrollee Medicaid spending is higher for individuals receiving institutional care

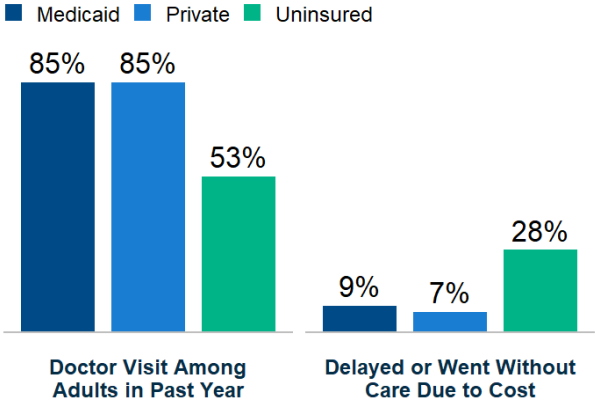
	Home care	Institutional care
Per-enrollee spending	\$19,518	\$46,879
Number of enrollees	106,800	35,700
People on waiting lists*	2,299	

*A waiting list includes people who are interested in, but are not receiving, home care.

Most Americans hold favorable views of Medicaid



Nationally, access to care is similar for adults with Medicaid and private insurance



Rural Hospitals at Risk: Cuts to Medicaid Would Further Threaten Access

Medicaid, which covers over 16 million people in rural communities, helps address barriers to health care and sustain rural hospitals. But many in Congress are considering Medicaid cuts that would have a devastating impact on rural hospitals and patients.

The One Big Beautiful Bill Act (H.R. 1) would result in 1.8 million individuals in rural communities losing their Medicaid coverage by 2034. In addition, select Medicaid provisions in H.R. 1 would result in a \$50.4 billion reduction in federal Medicaid spending on rural hospitals over 10 years.¹ See the chart on the next page for a state-by-state breakdown of rural spending and coverage losses.

Rural Hospitals Are Already Struggling:

- **48%** of rural hospitals operated at a financial loss in 2023.²
- **92** rural hospitals have closed their doors or been unable to continue providing inpatient services over the past 10 years.³
- Rural hospitals lose money on several **critical service lines**, including behavioral health, pulmonology, obstetrics, and burns and wounds.⁴

Medicaid is Critical to Rural Hospitals:

- **16.1 million** people living in rural communities are covered by Medicaid.⁵
- In nine states, **over 50%** of the Medicaid population lives in rural communities: Montana, South Dakota, Wyoming, Mississippi, Vermont, Kentucky, North Dakota, Alaska and Maine.⁶
- **47%** of rural births in the U.S. are covered by Medicaid.⁷
- **65%** of nursing home residents in rural counties are covered by Medicaid.⁸

Medicaid Already Pays Rural Hospitals Far Less Than the Cost of Care:

- Medicaid paid rural hospitals **approximately 63 cents on the dollar** for inpatient obstetrics care in 2024.⁹
 - There has been a **16%** decline in rural counties with hospital-based obstetric care services over the last decade.¹⁰
- Similarly, Medicaid payments covered approximately just **70%** of costs for behavioral health services in hospital settings, which include substance use disorder treatment.¹¹

End Notes:

- 1 Modeling of select H.R. 1 Medicaid provisions conducted by Manatt Health Strategies, LLC. This analysis accounts for the following H.R. 1 Medicaid provisions: (1) mandatory community engagement (work) requirements, (2) increasing frequency of eligibility redeterminations for certain individuals, (3) ban on new or increased provider taxes, (4) revising the payment limit for state directed payments (SDPs), (5) reduction in the expansion FMAP in states providing coverage to certain undocumented immigrants and (6) the repeal of rules relating to eligibility and enrollment in Medicaid, CHIP, the Medicare Savings Programs (MSPs) and the Basic Health Program (BHP).
- 2 AHA analysis of RAND Hospital Cost Report data.
- 3 AHA analysis of data from Cecil G. Sheps Center for Health Services Research.
- 4 AHA analysis of industry benchmark data from Strata Decision Technology LLC.
- 5 Kaiser Family Foundation (KFF).
- 6 KFF.
- 7 AHA analysis of data from CDC Wonder.
- 8 Rural Policy Research Institute.
- 9 AHA analysis of industry benchmark data from Strata Decision Technology LLC.
- 10 University of Minnesota Rural Health Research Center.
- 11 AHA analysis of industry benchmark data from Strata Decision Technology LLC.

June 10, 2025

The Honorable Edward Markey
United States Senate
Washington, DC 20510

The Honorable Ron Wyden
United States Senate
Washington, DC 20510

The Honorable Jeffrey Merkley
United States Senate
Washington, DC 20510

The Honorable Charles Schumer
United States Senate
Washington, DC 20510

Dear Minority Leader Schumer and Ranking Members Markey, Merkley, and Wyden:

We are writing in response to your June 4th, 2025 request for information regarding the House-passed budget reconciliation package and its potential impact on rural hospitals.

The three questions outlined in the information request are provided below. Our responses follow in bold font.

1. Which U.S. rural hospitals treat the highest share of Medicaid recipients? Please identify these hospitals by name, state, and congressional district.

As requested, we have created a sortable Microsoft Excel file that provides Medicaid payer mix for U.S. rural hospitals. The Excel file identifies hospitals by name, state, and congressional district. Aggregated findings in the Excel file also tabulate the number of top-decile Medicaid payer mix rural hospitals by state and congressional district. The methodology used to calculate these results is summarized in the “Notes” tab of the Excel file.

2. How many rural hospitals are currently in financial distress or at risk of closure? Please identify these hospitals by state and congressional district and whether these hospitals are eligible for any Medicare rural hospital designation.

Many—if not most—of the more than 2,000 rural hospitals in the United States face some level of financial distress. However, the degree of risk varies substantially, and multiple methods exist to assess and quantify this risk. In responding to this request, we focused on hospitals most at risk of closure, using available financial data and established indicators of financial vulnerability.

We used two measures to assess rural hospital financial distress and risk of closure. The first measure indicates whether a given hospital has experienced three consecutive years of negative total margin (i.e., three consecutive years of unprofitability). Total margin is a simple, but effective, indicator of rural hospital financial performance.¹ The second measure leverages recent research¹ to identify rural hospitals at highest risk of financial distress (relative to peer hospitals). Our analysis found that 133 rural hospitals, or 6.2% of hospitals with available data, experienced three consecutive years of negative total margin

¹ [Malone TL, Pink GH, Holmes GM. An Updated Model of Rural Hospital Financial Distress. *Journal of Rural Health*. 2025; 41\(2\): e12882.](#)

Findings in the following worksheets are based primarily on recent data from the Centers for Medicare and Medicaid Services (CMS) Healthcare Cost Report Information System (HCRIS) and research by Malone, Pink, and Holmes (2025) on the rural hospital Financial Distress Index. More information on this research can be found at the following link: <https://doi.org/10.1111/jrh.12882>

Additional information on Medicare payment type is derived from the CMS Inpatient Provider Specific File. A payment type of "PPS" indicates a Prospective Payment System hospital with no additional special payment classifications.

Results are calculated for general acute care hospitals in rural locations, with "rural" defined based on criteria established by the Federal Office of Rural Health Policy in the Health Resources and Services Administration (<https://www.hrsa.gov/rural-health/about-us/what-is-rural>). Hospitals must also have a cost report covering a period of 360-370 days. After applying inclusion criteria, our sample included 2,170 rural hospitals.

Congressional District**	Number (%)* of Rural Hospitals With...		
	Top 10% Medicaid Payer Mix	Three Consecutive Years of Negative Total Margin	Highest Relative Risk Per Financial Distress Index***
AK-00	4 (44%)	1 (10%)	0 (0%)
AL-01	0 (0%)	0 (0%)	1 (17%)
AL-02	1 (9%)	1 (10%)	2 (25%)
AL-03	0 (0%)	0 (0%)	0 (0%)
AL-04	0 (0%)	2 (18%)	2 (18%)
AL-05	0 (0%)	0 (0%)	Suppressed
AL-06	0 (0%)	0 (0%)	Suppressed
AL-07	1 (10%)	0 (0%)	3 (33%)
AR-01	0 (0%)	0 (0%)	2 (11%)
AR-02	0 (0%)	0 (0%)	Suppressed
AR-03	0 (0%)	0 (0%)	Suppressed
AR-04	0 (0%)	1 (5%)	1 (5%)
AZ-02	3 (43%)	0 (0%)	0 (0%)
AZ-06	0 (0%)	0 (0%)	Suppressed
AZ-07	2 (100%)	0 (0%)	Suppressed
AZ-09	0 (0%)	0 (0%)	Suppressed
CA-01	6 (60%)	0 (0%)	1 (10%)
CA-02	4 (44%)	0 (0%)	0 (0%)
CA-03	2 (20%)	0 (0%)	0 (0%)
CA-04	2 (50%)	1 (25%)	Suppressed
CA-05	0 (0%)	1 (25%)	Suppressed
CA-13	2 (100%)	0 (0%)	Suppressed
CA-18	2 (100%)	0 (0%)	Suppressed
CA-20	2 (67%)	0 (0%)	Suppressed
CA-21	1 (100%)	0 (0%)	Suppressed
CA-23	4 (100%)	0 (0%)	Suppressed
CA-24	0 (0%)	0 (0%)	Suppressed
CA-25	1 (100%)	0 (0%)	Suppressed
CA-42	0 (0%)	0 (0%)	Suppressed
CO-02	0 (0%)	0 (0%)	Suppressed
CO-03	4 (22%)	1 (5%)	0 (0%)
CO-04	1 (8%)	0 (0%)	0 (0%)
CO-07	0 (0%)	0 (0%)	Suppressed
CT-02	0 (0%)	0 (0%)	Suppressed
CT-05	0 (0%)	1 (50%)	Suppressed
DE-00	0 (0%)	1 (33%)	Suppressed
FL-02	0 (0%)	0 (0%)	0 (0%)
FL-03	0 (0%)	0 (0%)	Suppressed
FL-04	0 (0%)	0 (0%)	Suppressed
FL-06	0 (0%)	0 (0%)	Suppressed
FL-18	0 (0%)	0 (0%)	Suppressed
FL-20	1 (100%)	0 (0%)	Suppressed
FL-28	0 (0%)	0 (0%)	Suppressed
GA-01	0 (0%)	0 (0%)	Suppressed
GA-02	1 (11%)	0 (0%)	0 (0%)
GA-03	0 (0%)	0 (0%)	0 (0%)
GA-08	1 (6%)	1 (5%)	3 (18%)
GA-09	0 (0%)	1 (12%)	2 (29%)
GA-10	0 (0%)	0 (0%)	0 (0%)
GA-11	0 (0%)	0 (0%)	Suppressed
GA-12	0 (0%)	1 (8%)	0 (0%)
GA-14	0 (0%)	0 (0%)	Suppressed
HI-02	5 (42%)	1 (8%)	1 (17%)
IA-01	0 (0%)	1 (6%)	0 (0%)
IA-02	0 (0%)	0 (0%)	0 (0%)
IA-03	0 (0%)	0 (0%)	0 (0%)
IA-04	1 (3%)	0 (0%)	0 (0%)
ID-01	0 (0%)	0 (0%)	0 (0%)
ID-02	3 (18%)	0 (0%)	No hospitals with valid data

NC-08	0 (0%)	0 (0%)	Suppressed
NC-09	0 (0%)	1 (20%)	Suppressed
NC-10	0 (0%)	0 (0%)	Suppressed
NC-11	0 (0%)	1 (10%)	2 (20%)
NC-13	0 (0%)	0 (0%)	Suppressed
ND-00	3 (9%)	0 (0%)	0 (0%)
NE-01	0 (0%)	0 (0%)	0 (0%)
NE-02	0 (0%)	0 (0%)	Suppressed
NE-03	0 (0%)	2 (3%)	0 (0%)
NH-01	0 (0%)	0 (0%)	Suppressed
NH-02	0 (0%)	1 (7%)	0 (0%)
NJ-03	0 (0%)	0 (0%)	Suppressed
NM-01	1 (100%)	0 (0%)	Suppressed
NM-02	3 (43%)	0 (0%)	0 (0%)
NM-03	11 (73%)	0 (0%)	2 (14%)
NV-02	1 (11%)	1 (11%)	0 (0%)
NV-04	0 (0%)	0 (0%)	Suppressed
NY-18	1 (33%)	0 (0%)	Suppressed
NY-19	1 (11%)	0 (0%)	1 (17%)
NY-21	3 (19%)	2 (12%)	0 (0%)
NY-22	0 (0%)	0 (0%)	Suppressed
NY-23	0 (0%)	1 (9%)	1 (17%)
NY-24	1 (11%)	2 (22%)	No hospitals with valid data
OH-02	3 (25%)	0 (0%)	0 (0%)
OH-04	0 (0%)	0 (0%)	0 (0%)
OH-05	2 (14%)	0 (0%)	0 (0%)
OH-06	1 (11%)	2 (22%)	0 (0%)
OH-07	0 (0%)	0 (0%)	Suppressed
OH-08	1 (50%)	0 (0%)	Suppressed
OH-09	0 (0%)	0 (0%)	0 (0%)
OH-12	1 (14%)	0 (0%)	0 (0%)
OH-14	0 (0%)	0 (0%)	Suppressed
OH-15	1 (33%)	0 (0%)	Suppressed
OK-02	6 (24%)	5 (20%)	4 (17%)
OK-03	2 (6%)	6 (19%)	4 (13%)
OK-04	2 (20%)	1 (11%)	0 (0%)
OK-05	0 (0%)	0 (0%)	Suppressed
OR-01	0 (0%)	1 (33%)	Suppressed
OR-02	2 (15%)	0 (0%)	0 (0%)
OR-03	0 (0%)	0 (0%)	Suppressed
OR-04	0 (0%)	0 (0%)	0 (0%)
OR-05	1 (50%)	1 (50%)	Suppressed
OR-06	0 (0%)	0 (0%)	Suppressed
PA-08	0 (0%)	0 (0%)	Suppressed
PA-09	0 (0%)	0 (0%)	0 (0%)
PA-13	0 (0%)	0 (0%)	0 (0%)
PA-14	1 (17%)	0 (0%)	0 (0%)
PA-15	0 (0%)	2 (15%)	1 (11%)
PA-16	0 (0%)	2 (22%)	0 (0%)
SC-01	0 (0%)	0 (0%)	Suppressed
SC-03	0 (0%)	2 (33%)	0 (0%)
SC-05	0 (0%)	1 (25%)	Suppressed
SC-06	0 (0%)	1 (14%)	0 (0%)
SC-07	0 (0%)	1 (14%)	1 (14%)
SD-00	1 (2%)	1 (2%)	0 (0%)
TN-01	0 (0%)	1 (14%)	2 (29%)
TN-02	0 (0%)	0 (0%)	Suppressed
TN-03	0 (0%)	0 (0%)	Suppressed
TN-04	0 (0%)	0 (0%)	0 (0%)
TN-05	0 (0%)	1 (33%)	Suppressed
TN-06	0 (0%)	3 (30%)	3 (38%)
TN-07	0 (0%)	1 (17%)	1 (20%)
TN-08	0 (0%)	3 (30%)	3 (33%)

Hospital Payment Type	Number (%)* of Rural Hospitals With...		
	Top 10% Medicaid Payer Mix	Three Consecutive Years of Negative Total Margin	Highest Relative Risk Per Financial Distress
Critical Access Hospital	124 (10%)	47 (4%)	27 (2%)
Medicare Dependent Hospital	15 (13%)	18 (15%)	15 (14%)
Prospective Payment System**	36 (13%)	29 (11%)	22 (10%)
Rural Referral Center***	16 (7%)	14 (6%)	1 (1%)
Sole Community Hospital	22 (8%)	25 (9%)	18 (8%)
Total	213 (10%)	133 (6%)	83 (4%)

* Percentage based on rural hospitals within payment type with available data for a particular variable; rounded to nearest percentage point

** "Prospective Payment System" refers to PPS hospitals without additional special payment classifications

*** Includes RRCs with additional special payment classifications

040041	ST. MARYS REGIONAL MEDICAL CENTER	1808 WEST MAIN STREET	RUSSELLVILLE	72801	AR-04	AR	RRC	14.4089744	0	0
040047	FIVE RIVERS MEDICAL CENTER	2801 MEDICAL CENTER DRIVE	POCAHONTAS	72455	AR-01	AR	SCH	8.684021925	0	0
040050	OUACHITA COUNTY MEDICAL CENTER	638 CALIFORNIA	CAMDEN	71701	AR-04	AR	SCH	12.0563962	0	0
040051	DREW MEMORIAL HOSPITAL INC	778 SCROGIN DRIVE	MONTICELLO	71655	AR-04	AR	SCH	15.37425963	0	0
040067	MAGNOLIA REGIONAL HEALTH SYSTEM INC	807 N JACKSON	MAGNOLIA	71753	AR-04	AR	SCH	12.4081983	0	0
040069	GREAT RIVER MEDICAL CENTER	1520 NORTH DIVISION ST	BLYTHEVILLE	72315	AR-01	AR	SCH/RRC	11.99236177	0	0
040071	JEFFERSON REGIONAL MEDICAL CENTER	1600 WEST 40TH AVENUE	PINE BLUFF	71603	AR-04	AR	SCH	11.62548993	0	0
040072	BHMC- STUTTGART	1703 NORTH BUEKLE	STUTTGART	72180	AR-01	AR	MDH	11.34898847	0	0
040076	BAPTIST HEALTH MEDICAL CENTER - HSC	1001 SCHNIEDER DRIVE	MALVERN	72104	AR-04	AR	MDH	15.84511417	0	0
040085	HELENA REGIONAL MEDICAL CENTER	1801 MARTIN LUTHER KING DRIVE	HELENA	72342	AR-01	AR	SCH	23.17033235	0	0
040088	MEDICAL CENTER OF ARKANSAS	700 WEST GROVE	EL DORADO	71731	AR-04	AR	SCH/RRC	14.56207713	0	0
040119	WHITE RIVER MEDICAL CENTER	1710 HARRISON STREET	BATESVILLE	72501	AR-01	AR	SCH/RRC	8.75049518	0	0
040153	WADLEY MEDICAL CENTER AT HOPE	2001 SOUTH MAIN	HOPE	71801	AR-04	AR	PPS	18.87281432	0	1
041300	MERCY HOSPITAL PARIS	500 EAST ACADEMY	PARIS	72855	AR-04	AR	CAH	16.26846875	0	0
041302	DARDANELLE HOSPITAL	300 NORTH THIRD	DARDANELLE	72834	AR-04	AR	CAH	7.46571996	0	0
041303	MERCY HOSPITAL OZARK	801 WEST RIVER	OZARK	72949	AR-04	AR	CAH	17.33397742	0	0
041304	EUREKA SPRINGS HOSPITAL	24 NORRIS STREET	EUREKA SPRINGS	72632	AR-03	AR	CAH	3.992714393	0	0
041305	MERCY HOSPITAL WALDRON	1341 WEST 6TH ST.	WALDRON	72958	AR-04	AR	CAH	19.48794608	0	0
041307	CROSSBRIDGE COMMUNITY HOSPITAL	310 SOUTH FALLS BLVD	WYNNE	72395	AR-01	AR	CAH	8.828143862	0	0
041308	MCGEEHEE HOSPITAL	GREEN MEADOW ADDITION	MCGEEHEE	71854	AR-01	AR	CAH	13.58378563	0	0
041309	LAWRENCE MEMORIAL HOSPITAL	1309 W. HWY 25	WALNUT RIDGE	72476	AR-01	AR	CAH	11.87540559	0	0
041310	STONE COUNTY MEDICAL CENTER	HWY 14 EAST	MOUNTAIN VIEW	72560	AR-01	AR	CAH	9.633910597	0	0
041311	HOWARD MEMORIAL HOSPITAL	130 MEDICAL CIRCLE	NASHVILLE	71852	AR-04	AR	CAH	10.6534162	0	0
041312	BHMC-HEBER SPRINGS	1800 BYPASS ROAD	HEBER SPRINGS	72543	AR-02	AR	CAH	7.248181183	0	0
041313	OZARK HEALTH INC	HIGHWAY 65	CLINTON	72031	AR-02	AR	CAH	8.590786121	0	0
041314	DEWITT HOSPITAL & NURSING HOME INC	HIGHWAY 1 & MADISON	DEWITT	72042	AR-01	AR	CAH	7.909108806	0	0
041316	SMC MEDICAL CENTER	LEE & GRANDVIEW STREETS	OSCEOLA	72370	AR-01	AR	CAH	15.44108601	0	0
041317	DALLAS COUNTY MEDICAL CENTER	201 NORTH CLIFTON	FORDYCE	71742	AR-04	AR	CAH	3.500034323	0	0
041318	MERCY HOSPITAL BOONEVILLE	880 WEST MAIN	BOONEVILLE	72327	AR-04	AR	CAH	19.58574054	0	0
041320	LITTLE RIVER MEMORIAL	5TH & LOCKE STREET	ASHDOWN	71622	AR-04	AR	CAH	8.935269745	0	0
041321	BAPTIST HEALTH MED CTR ARKADAPHA	3050 TWIN RIVERS	ARKADAPHA	71923	AR-04	AR	CAH	14.91861981	0	0
041322	FULTON COUNTY HOSPITAL	679 N. MAIN STREET	SALEM	72576	AR-01	AR	CAH	6.125943191	0	0
041323	ASHLEY COUNTY MEDICAL CENTER	1015 UNITY ROAD	CROSSETT	71635	AR-04	AR	CAH	9.682754895	0	0
041324	ST. VINCENT MORRILTON	#4 HOSPITAL DRIVE	MORRILTON	72110	AR-02	AR	CAH	17.1903209	0	0
041326	DELTA MEMORIAL HOSPITAL	811 HWY 65 SOUTH	DUMAS	71639	AR-01	AR	CAH	10.46403372	0	0
041327	BRADLEY COUNTY MEDICAL CENTER	404 S BRADLEY	WARREN	71671	AR-04	AR	CAH	15.81148743	0	0
041328	CHICOT MEMORIAL MEDICAL CENTER	CHICOT MEMORIAL MEDICAL CENTER	LAKE VILLAGE	71653	AR-01	AR	CAH	8.958128637	0	0
041329	MERCY HOSPITAL BERRYVILLE	214 CARTER STREET	BERRYVILLE	72518	AR-03	AR	CAH	18.72335547	0	0
041330	PIGGOTT COMMUNITY HOSPITAL	1208 HIGHWAY 62	PIGGOTT	72454	AR-01	AR	CAH	3.244386648	0	0
050006	ST. JOSEPH HOSPITAL - EUREKA	2700 DOLBEER	EUREKA	95501	CA-02	CA	RRC	25.88943366	0	0
050013	ADVENTIST HEALTH ST. HELENA	10 WOODLAND ROAD	ST. HELENA	94574	CA-04	CA	PPS	16.41117552	0	0
050014	SUTTER AMADOR HOSPITAL	200 MISSION BLVD	JACKSON	95642	CA-05	CA	SCH	20.88161856	0	0
050028	MAD RIVER COMMUNITY HOSPITAL	3800 JANES ROAD	ARCATA	95521	CA-02	CA	PPS	30.77748823	1	0
050030	OROVILLE HOSPITAL	2767 OLIVE HIGHWAY	OROVILLE	95966	CA-01	CA	PPS	29.72469264	1	0
050042	ST ELIZABETH COMMUNITY HOSPITAL	2550 SISTER MARY COLUMBIA DRIVE	RED BLUFF	96080	CA-01	CA	SCH	31.19729701	1	0
050090	SONOMA VALLEY HEALTH CARE DISTRICT	347 ANDRIEUX STREET	SONOMA	94576	CA-04	CA	PPS	18.55555797	0	0
050150	SIERRA NEVADA MEMORIAL HOSPITAL	155 GLASSON WAY	GRASS VALLEY	95945	CA-03	CA	RRC	17.82749358	0	0
050182	ADVENTIST HEALTH REEDLEY	372 WEST CYPRESS	REEDLEY	93854	CA-21	CA	PPS	65.77537302	1	0
050254	MARSHALL HOSPITAL	1100 MARSHALL WAY	PLACERVILLE	95667	CA-05	CA	PPS	20.032648	0	0
050279	HI - DESERT MEDICAL CENTER	8601 WHITE FEATHER ROAD	JOSHUA TREE	92252	CA-23	CA	SCH	46.78165613	1	0
050298	BARSTOW COMMUNITY HOSPITAL	555 SOUTH SEVENTH STREET	BARSTOW	92311	CA-23	CA	SCH	47.43385607	1	0
050301	ADVENTIST HEALTH UKIAH VALLEY	275 HOSPITAL DRIVE	UKIAH	95482	CA-02	CA	SCH/RRC	30.76971126	0	0
050335	ADVENTIST HEALTH SONORA	1000 GREENLEY ROAD	SONORA	95370	CA-05	CA	SCH/RRC	16.45713648	0	0
050342	PIONEERS MEM. HOSPITAL	207 W. LEGION RD.	BRAWLEY	92227	CA-25	CA	PPS	38.66534923	0	0
050352	BARTON MEMORIAL HOSPITAL	2170 SOUTH AVENUE	SOUTH LAKE TAHOE	96156	CA-03	CA	SCH	22.18170945	0	0
050417	SUTTER COAST HOSPITAL	800 EAST WASHINGTON	CRESCENT CITY	95531	CA-02	CA	SCH	26.40705951	0	0
050423	PALO VERDE HOSPITAL	250 NORTH FIRST STREET DRAWER 2	BLTYHE	92225	CA-25	CA	SCH	13.1026371	0	0
050498	SUTTER AUBURN FAITH HOSPITAL	11815 EDUCATION STREET	AUBURN	95604	CA-03	CA	PPS	48.6599275	1	0
050528	MEMORIAL HOSPITAL - LOS BANOS	520 WEST I STREET	LOS BANOS	93635	CA-13	CA	SCH	21.35393838	0	0
050783	COLUSA MEDICAL CENTER	189 E WEBSTER ST	COLUSA	95932	CA-01	CA	SCH	40.67283873	0	0
051300	EASTERN PLUMAS HEALTH CARE	500 FIRST AVENUE	PORTOLA	96122	CA-03	CA	CAH	37.50851242	1	0
051301	ADVENTIST HEALTH TEHACHAPI VALLEY	115 W. E ST.	TEHACHAPI	93581	CA-20	CA	CAH	49.60080895	1	0
051302	SOUTHERN INYO HOSPITAL	501 E. LOCUST STREET	LONE PINE	93545	CA-03	CA	CAH	20.18139252	0	0
051303	SOUTHERN MONO HEALTH CARE DISTRICT	85 SIERRA PARK ROAD	MAMMOTH LAKES	93546	CA-03	CA	CAH	11.62155052	0	0
051304	JOHN C. FREMONT HEALTHCARE DISTRICT	5189 HOSPITAL ROAD	MARIPOSA	95338	CA-05	CA	CAH	45.41111788	1	0
051305	MAYERS MEMORIAL HOSPITAL	43563 HIGHWAY 299 EAST	FALL RIVER MILLS	96028	CA-01	CA	CAH	26.54472044	0	0
051306	GLENN MEDICAL CENTER	1133 WEST SYCAMORE STREET	WILLOWS	95988	CA-01	CA	CAH	0.140855886	0	0
051307	CATALINA ISLAND MEDICAL CENTER	100 FALLS CANYON ROAD	AVOLON	90704	CA-42	CA	CAH	48.68597267	1	0
051308	SURPRISE VALLEY HEALTH CARE DISTRICT	MAIN AND WASHINGTON	CEDARVILLE	95104	CA-01	CA	CAH	27.56066032	0	0
051309	JEROLD PHELPS COMMUNITY HOSPITAL	733 CEDAR STREET	GARBERVILLE	95442	CA-02	CA	CAH	50.0525761	1	0
051310	HOWARD MEMORIAL HOSPITAL	ONE MARCELLA DRIVE	WILLITS	95490	CA-02	CA	CAH	42.41052912	0	0
051311	BIGGS-GRIDLEY MEMORIAL HOSPITAL	240 SPRUCE STREET	GRIDLEY	95948	CA-01	CA	CAH	51.79072047	1	0
051312	MOUNTAINS COMMUNITY HOSPITAL	29101 HOSPITAL ROAD	LAKE ARROWHEAD	92352	CA-23	CA	CAH	34.63305747	0	0
051314	KERN VALLEY HEALTHCARE DISTRICT	6412 LAUREL AVENUE	LAKE ISABELLA	93240	CA-20	CA	CAH	29.30707699	1	0
051315	TRINITY HOSPITAL	60 EASTER AVENUE	WEAVERVILLE	98093	CA-02	CA	CAH	43.10896449	0	0
051316	FAIRCHILD MEDICAL CENTER	444 BRUCE STREET	YREKA	96097	CA-01	CA	CAH	26.94387528	1	0
051317	ADVENTIST HEALTH CLEARLAKE	18TH AVENUE & HI-WAY 53	CLEARLAKE	95422	CA-04	CA	CAH	23.9555231	0	0
051318	REDWOOD MEMORIAL HOSPITAL	3300 RENNER DRIVE	PORTUNA	95540	CA-02	CA	CAH	27.4987086	0	0
051319	MERCY MEDICAL CENTER MT. SHASTA	914 PINE STREET	MT. SHASTA	95087	CA-01	CA	CAH	27.13874242	0	0
051320	BANNER LASSEN MEDICAL CENTER	1800 SPRING RIDGE DRIVE	SUSANVILLE	96130	CA-01	CA	CAH	19.18057256	0	0
051323	COLORADO RIVER MEDICAL CENTER	1401 BAILEY AVE.	NEEDLES	92363	CA-25	CA	CAH	31.97805791	1	0
051324	NORTHERN INYO HOSPITAL	150 PIONEER LANE	BISHOP	93514	CA-03	CA	CAH	43.25803307	0	0
051325	ADVENTIST HEALTH MENDOCINO COAST	700 RIVER ROAD	FT BRAGG	95437	CA-02	CA	CAH	14.76370375	0	0
051326	PLUMAS DISTRICT HOSPITAL CAH	1065 BUCKS LAKE RD.	QUINCY	95971	CA-03	CA	CAH		0	0
051327	SENECA DISTRICT HOSPITAL	130 BRENTWOOD DRIVE	CHESTER	98020	CA-03	CA	CAH		0	0
051328	TAHOE FOREST HOSPITAL	10121 PINE AVENUE	TRUCKEE	95160	CA-03	CA	CAH		0	0
051329	SUTTER LAKESIDE HOSPITAL	5176 HILL ROAD EAST	LAKEPORT	95453	CA-04	CA	CAH		1	0
051330	MODOC MEDICAL CENTER	11111 N NAGLE STREET	ALTURAS	96101	CA-01	CA	CAH		1	0
051331	SANTA YNEZ VALLEY COTTAGE HOSPITAL	2050 VIBORG ROAD	SOLVANG	93463	CA-24	CA	CAH		0	0

110051	UNION GENERAL HOSPITAL	130 HOSPITAL CIRCLE SUITE B	BLAIRSVILLE	30512 GA-09	GA	SCH	11.1284321	0	0
110071	APPLING GENERAL HOSPITAL	301 EAST TOLLISON STREET	BAXLEY	31513 GA-01	GA	SCH	11.06041316	0	0
110073	DORMINY MEDICAL CENTER	200 PERRY HOUSE ROAD	FITZGERALD	31750 GA-08	GA	PPS	12.93688704	0	0
110075	EAST GEORGIA REGIONAL MEDICAL CENTER	1499 FAIR ROAD	STATESBORO	30458 GA-12	GA	SCH/RRRC	17.11160406	0	0
110086	WASHINGTON CO REG MED CTR	610 SPARTA RD	SANDERSVILLE	31082 GA-12	GA	SCH	7.684934335	0	1
110089	COFFEE REGIONAL MEDICAL CENTER	1101 OCILLA ROAD	DOUGLAS	31533 GA-08	GA	SCH	14.52544098	0	0
110092	DODGE COUNTY HOSPITAL	901 GRIFFIN AVENUE	EASTMAN	31023 GA-08	GA	PPS	15.07187715	0	0
110095	TIFF REGIONAL MEDICAL CENTER	801 EAST 18TH STREET	TIFTON	31793 GA-08	GA	RRRC	11.21964773	0	0
110100	JEFFERSON HOSPITAL	1087 PEACHTREE STREET	LOUISVILLE	30434 GA-12	GA	SCH	6.964928034	0	0
110101	SOUTHWELL MEDICAL	260 NJ TAYLOR ROAD	ADEL	31620 GA-08	GA	PPS	2.52657672	0	0
110104	CRISP REGIONAL HOSPITAL INC.	902 7TH STREET NORTH	CORDELE	31015 GA-08	GA	SCH	12.65151287	0	0
110105	COLQUITT REGIONAL MEDICAL CENTER	3131 SOUTH MAIN STREET	MOULTRIE	31768 GA-08	GA	SCH/RRRC	11.21620482	0	0
110109	EMANUEL MEDICAL CENTER	117 KITE ROAD	SWAINSBORO	30401 GA-12	GA	SCH	13.89549306	0	0
110111	UNIVERSITY HOSPITAL MCDUFFIE	2460 WASHINGTON RD NE	THOMSON	30824 GA-12	GA	PPS	12.77648915	0	0
110113	BURKE MEDICAL CENTER	351 LIBERTY STREET	WAYNESBORO	30630 GA-12	GA	PPS	2.364980544	0	0
110121	GRADY GENERAL HOSPITAL	1155 5TH ST SE	CAIRO	39828 GA-02	GA	PPS	17.3565208	0	0
110124	WAYNE MEMORIAL HOSPITAL	865 SOUTH FIRST STREET	JESUP	31545 GA-01	GA	SCH	13.75349253	0	0
110125	FAIRVIEW PARK HOSPITAL	200 INDUSTRIAL BLVD	DUBLIN	31021 GA-12	GA	RRRC	17.14318481	0	0
110128	MEADOWS REGIONAL MEDICAL CENTER	1 MEADOWS PARKWAY	VIDALIA	30474 GA-12	GA	SCH	18.00721069	0	0
110130	IRWIN COUNTY HOSPITAL	710 NORTH IRWIN AVENUE	OCILLA	31774 GA-08	GA	PPS	32.67390286	1	1
110132	MEMORIAL HOSPITAL	1500 EAST SHOTWELL STREET	BAINBRIDGE	39819 GA-02	GA	PPS	18.98713311	0	0
110135	TAYLOR REGIONAL HOSPITAL	222 PERRY HIGHWAY	HAWKINSVILLE	31036 GA-08	GA	PPS	6.432642832	0	0
110142	EVANS MEMORIAL HOSPITAL	200 NORTH RIVER STREET	CLAXTON	30417 GA-12	GA	PPS	3.48243893	0	0
110146	SGHS - CAMDEN CAMPUS	2000 DAN PROCTOR DRIVE	ST. MARYS	31556 GA-01	GA	SCH	12.03727846	0	0
110150	ATRIUM HEALTH NAVICENT BALDWIN	821 N. COBB STREET	MILLEDGEVILLE	31061 GA-08	GA	RRRC	14.66658576	0	0
110189	FANNIN REGIONAL HOSPITAL	2855 OLD HIGHWAY 5 NORTH	BLUE RIDGE	30513 GA-09	GA	MDH	11.41501492	0	0
110190	FLINT RIVER COMMUNITY HOSPITAL	509 SUMTER STREET	MONTEZUMA	31053 GA-02	GA	PPS	89.41442518	1	1
110194	DONALSONVILLE HOSPITAL	102 HOSPITAL CIRCLE	DONALSONVILLE	31759 GA-08	GA	PPS	16.28815937	0	0
110209	TURNING POINT HOSPITAL	319 EAST BYPASS	MOULTREE	31759 GA-08	GA	PPS	10.35165089	0	0
110225	PIEDMONT MOUNTAINSIDE HOSPITAL INC.	1286 515 SOUTH	JASPER	30143 GA-11	GA	PPS	11.06342569	0	0
110234	SGMC BERRIEN CAMPUS	1121 MCPHERSON STREET	NASHVILLE	31639 GA-08	GA	PPS	13.364895	0	0
110237	NGMC LUMPKIN LLC	227 MOUNTAIN DRIVE	DAHLONEGA	30533 GA-09	GA	PPS	9.891356886	0	0
111302	BLECKLEY MEMORIAL HOSPITAL	145 PEACOCK STREET	COCHRAN	31014 GA-08	GA	CAH	5.499198743	0	0
111303	JASPER MEMORIAL HOSPITAL	898 COLLEGE STREET	MONTICELLO	31054 GA-10	GA	CAH	11.62288543	0	0
111304	MORGAN MEDICAL CENTER	1740 LIONS CLUB ROAD	MADISON	30650 GA-10	GA	CAH	14.51473808	0	0
111305	MILLER COUNTY HOSPITAL	209 N CUTHBERT ST	COLQUITT	39837 GA-02	GA	CAH	10.93405844	0	0
111308	CLINCH MEMORIAL HOSPITAL	1050 VALDOSTA HIGHWAY	HOMERVILLE	31534 GA-08	GA	CAH	9.09913739	0	0
111311	JENKINS COUNTY MEDICAL CENTER	931 EAST WINTHORPE AVENUE	MILLEN	30442 GA-12	GA	CAH	9.177429659	0	0
111312	SCREVEN COUNTY HOSPITAL	215 MIMS ROAD	SYLVANIA	30467 GA-12	GA	CAH	11.85276093	0	0
111313	PUTNAM GENERAL HOSPITAL	101 LAKE OCONEE PARKWAY	EATONTON	31024 GA-10	GA	CAH	7.325540133	0	0
111314	LIFEBRITE COMMUNITY HOSPITAL OF EARL	11470 COLUMBIA STREET	BLAKELY	39823 GA-02	GA	CAH	12.41530527	0	0
111316	WARM SPRINGS MEDICAL CENTER	5995 SPRING STREET	WARM SPRINGS	31830 GA-03	GA	CAH	20.71714408	0	0
111318	MONROE COUNTY HOSPITAL	88 MARTIN LUTHER KING JR DRIVE	FORSYTH	31029 GA-08	GA	CAH	14.18395788	0	0
111319	SYLVAN GROVE HOSPITAL	1050 MCDONOUGH ROAD	JACKSON	30233 GA-10	GA	CAH	4.768377301	0	0
111320	HIGGINS GENERAL HOSPITAL	200 ALLEN MEMORIAL DRIVE	BREMEN	30110 GA-03	GA	CAH	17.86991892	0	0
111323	TATTNALL HOSPITAL COMPANY LLC	ROUTE 1 BOX 121	REIDSVILLE	30453 GA-12	GA	CAH	8.392845405	0	0
111324	CHATTAUGE REGIONAL HOSPITAL	110 N MAIN STREET	HIWASSEE	30545 GA-09	GA	CAH	8.297144132	0	0
111325	WILLS MEMORIAL HOSPITAL	120 GORDON STREET	WASHINGTON	30673 GA-12	GA	CAH	9.375675175	0	0
111326	SGMC LANIER CAMPUS	116 W. THIGPEN AVENUE	LAKELAND	31635 GA-08	GA	CAH	13.10721669	0	0
111327	BACON COUNTY HOSPITAL	302 SOUTH WAYNE STREET	ALMA	31510 GA-01	GA	CAH	7.120836179	0	0
111328	PHOEBE WORTH MEDICAL CENTER	807 ISABELLA STREET	SYLVESTER	31791 GA-08	GA	CAH	23.33335601	0	0
111329	ST MARYS GOOD SAMARITAN	5401 LAKE OCONEE PARKWAY	GREENSBORO	30642 GA-10	GA	CAH	10.71464705	0	0
111330	POLK MEDICAL CENTER	2360 ROCKMART HWY	CEDARTOWN	30125 GA-14	GA	CAH	14.38948481	0	0
111331	MITCHELL COUNTY HOSPITAL	90 STEPHENS STREET	CAMILLA	31730 GA-02	GA	CAH	7.405128159	0	0
111332	BROOKS COUNTY HOSPITAL	903 N COURT ST	QUITMAN	31643 GA-08	GA	CAH	11.62101981	0	0
111333	JEFF DAVIS	163 S TALLAHASSEE ST	HAZLEHURST	31539 GA-08	GA	CAH	17.00411484	0	0
111334	CANDLER COUNTY HOSPITAL	400 CEDAR STREET	METTER	30439 GA-12	GA	CAH	11.08514223	0	0
111336	MOUNTAIN LAKES MEDICAL CENTER	162 LEGACY POINT	CLAYTON	30525 GA-09	GA	CAH	26.851917	0	0
111337	ELBERT MEMORIAL HOSPITAL	4 MEDICAL DRIVE	ELBERTON	30635 GA-10	GA	CAH	18.08405483	0	0
120005	HILO MEDICAL CENTER	1190 WAIAHUA AVENUE	HILO	96720 HI-02	HI	SCH	26.45455237	0	0
120014	WILCOX MEMORIAL HOSPITAL	3-3420 KUHIO HIGHWAY	LIHUE	96766 HI-02	HI	SCH	18.19299231	0	0
120019	KONA COMMUNITY HOSPITAL	79-1019 HAUKAPILA STREET	KEALAKEKUA	96750 HI-02	HI	SCH	26.14875957	0	0
120028	NORTH HAWAII COMMUNITY HOSPITAL	67-1125 MAMALAHOA HIGHWAY	KAMUELA	96743 HI-02	HI	SCH	32.18017167	1	0
121300	KAUAI VETERANS MEMORIAL HOSPITAL	4643 WAIMEA CANYON ROAD	WAIMEA KAUAI	96796 HI-02	HI	CAH	60.53861971	0	0
121301	KAU HOSPITAL	1 KAMANI STREET	PAHALA	96777 HI-02	HI	CAH	30.62016404	0	0
121302	KOHALA HOSPITAL	54-383 OLD HOSPITAL ROAD	KAPAAU	96755 HI-02	HI	CAH	17.76163538	0	0
121303	MOLOKAI GENERAL HOSPITAL	280 HOME OLU PLACE	KAUANAKAI	96748 HI-02	HI	CAH	10.0191074	0	0
121304	KAHUKU MEDICAL CENTER	HAWAII	KAHUKU	96731 HI-02	HI	CAH	37.5484434	0	0
121305	LANAI COMMUNITY HOSPITAL	628 7TH STREET	LANAI	96763 HI-02	HI	CAH	71.66339713	1	0
121306	SAMUEL MAHELOA MEMORIAL HOSPITAL	4800 KAWAIHAU ROAD	KAPAA KAUAI	96746 HI-02	HI	CAH	23.26097344	0	0
121307	HALE HOOLA HAMA KUA	45 - 547 PLUMERIA STREET	HONOKAA	96727 HI-02	HI	CAH	24.59470519	0	0
130002	ST LUKES MAGIC VALLEY REG MED CTR	801 POLE LINE ROAD WEST	TWIN FALLS	83301 ID-02	ID	SCH/RRRC	20.08151132	0	0
130025	MADISON MEMORIAL HOSPITAL	450 EAST MAIN ST	REXBURG	83440 ID-02	ID	PPS	20.5100436	0	0
130073	GROVE CREEK MEDICAL CENTER	350 NORTH MERIDIAN STREET	BLACKFOOT	93221 ID-02	ID	PPS	16.4723495	0	0
131301	BOUNDARY COMMUNITY HOSPITAL	6640 KANIKSU	BONNERS FERRY	83805 ID-01	ID	CAH	29.71554032	1	0
131302	NORTH CANYON MEDICAL CENTER	267 NORTH CANYON DRIVE	GODDING	83330 ID-02	ID	CAH	13.42268612	0	0
131303	ONEIDA COUNTY HOSPITAL	150 NORTH 200 WEST	MALAD CITY	83252 ID-03	ID	CAH	19.8341028	0	0
131304	POWER COUNTY HOSPITAL DISTRICT	110 ROOSEVELT	AMERICAN FALLS	83211 ID-02	ID	CAH	15.32796833	0	0
131305	STEELE MEMORIAL MEDICAL CENTER	203 S. DAISY STREET	SALMON	83467 ID-02	ID	CAH	12.74620445	0	0
131307	MEMORIAL HOSPITAL	645 E FIFTH STREET	WEISER	83672 ID-01	ID	CAH	31.93123143	0	0
131308	CASCADE MEDICAL CENTER	402 OLD STATE HIGHWAY	CASCADE	83611 ID-01	ID	CAH	21.95612003	0	0
131309	CARIBOU MEMORIAL HOSPITAL	300 SOUTH THIRD WEST	SODA SPRINGS	83276 ID-02	ID	CAH	13.77134078	0	0
131310	ST. LUKES JEROME LTD	709 N. LINCOLN AVE	JEROME	83338 ID-02	ID	CAH	12.04686964	0	0
131311	ST. LUKES ELMORE MEDICAL CENTER	895 N. SIXTH EAST	MOUNTAIN HOME	83647 ID-02	ID	CAH	23.16540048	0	0
131312	ST. LUKES MCCALL	1000 STATE STREET	MCCALL	83638 ID-01	ID	CAH	12.49028626	0	0
131313	TETON VALLEY HOSPITAL	120 EAST HOWARD	DRIGGS	83422 ID-02	ID	CAH	20.26651737	0	0
131314	SHOSHONE MEDICAL CENTER	25 JACOBS GULCH	KEILOGG	83837 ID-01	ID	CAH		0	0
131315	SYRINGA GENERAL HOSPITAL	607 W. MAIN STREET	GRANGEVILLE	83530 ID-01	ID	CAH		0	0
131316	BEAR LAKE MEMORIAL HOSPITAL	164 SOUTH 5TH	MONTPELIER	83254 ID-02	ID	CAH		0	0

150045	PARKVIEW - DEKALB HEALTH	1316 EAST 7TH STREET	AUBURN	46705	IN-03	IN	PPS	8.533462747	0	0
150048	REID HOSPITAL & HEALTH CARE SERVICES	1401 CHESTER BOULEVARD	RICHMOND	47374	IN-06	IN	SCH/RRRC	20.05595586	0	0
150061	DAVIES COMMUNITY HOSPITAL	1314 E. WALNUT STREET	WASHINGTON	47501	IN-08	IN	PPS	20.63065266	0	1
150065	SCHNECK MEDICAL CENTER	411 WEST TIPTON STREET	SEYMOUR	47274	IN-09	IN	PPS	20.25265944	0	0
150069	KINGS DAUGHTERS HOSPITAL	1373 EAST SR 62	MADISON	47250	IN-09	IN	SCH/RRRC	16.40470581	0	0
150072	MEMORIAL HOSPITAL LOGANSPO	1101 MICHIGAN AVENUE	LOGANSPO	46947	IN-04	IN	SCH	23.4849449	0	1
150075	BLUFFTON REGIONAL MEDICAL CENTER	303 S. MAIN STREET	BLUFFTON	46714	IN-03	IN	RRRC	20.32782912	0	0
150078	ST. JOSEPHS REG MED CENTER PLYMOUTH	1915 LAKE AVENUE	PLYMOUTH	46563	IN-02	IN	PPS	18.75776448	0	0
150086	ST. ELIZABETH DEARBORN	500 WILSON CREEK ROAD	LAWRENCEBURG	47025	IN-09	IN	PPS	20.23670348	0	0
150091	HUNTINGTON MEMORIAL HOSPITAL	2001 STULTS ROAD	HUNTINGTON	46750	IN-03	IN	PPS	11.33432526	0	0
150101	WHITLEY MEMORIAL HOSPITAL	1260 E. STATE ROAD 205	COLUMBIA CITY	46725	IN-03	IN	PPS	8.341757411	0	0
150102	STARKE MEMORIAL HOSPITAL	102 EAST CULVER RD	KNOX	46534	IN-02	IN	MDH	27.72103241	0	0
150104	WITHAM MEMORIAL HOSPITAL	2605 N. LEBANON STREET	LEBANON	46052	IN-04	IN	PPS	13.97517975	0	0
150115	MEMORIAL HOSP & HEALTH CARE CTR	800 WEST 9TH STREET	JASPER	47546	IN-08	IN	RRRC	9.572963778	0	0
150133	KOSCIUSKO COMMUNITY HOSPITAL	2101 EAST DUBOIS DRIVE	WARSAW	46580	IN-02	IN	MDH/RRRC	14.17447952	0	0
150146	COMMUNITY HOSPITAL OF NOBLE CTY INC	401 SAWYER ROAD	KENDALLVILLE	46755	IN-03	IN	MDH	8.855908558	0	0
151300	COMMUNITY HOSPITAL OF BREMEN INC.	1020 HIGH RD	BREMEN	46508	IN-02	IN	CAH	11.7363323	0	0
151301	ASCENSION ST. VINCENT RANDOLPH	473 GREENVILLE AVE.	WINCHESTER	47394	IN-03	IN	CAH	32.37851983	1	0
151302	IU HEALTH BLACKFORD HOSPITAL	410 PILGRIM STREET	HARTFORD CITY	47349	IN-03	IN	CAH	24.28327151	0	0
151303	ASCENSION ST. VINCENT JENNINGS	301 HENRY STREET	NORTH VERNON	47265	IN-09	IN	CAH	35.59857092	1	0
151304	RUSH MEMORIAL HOSPITAL	1300 NORTH MAIN STREET	RUSHVILLE	46173	IN-06	IN	CAH	17.53244663	0	0
151305	PULASKI MEMORIAL HOSPITAL	618 EAST 13TH	WINAMAC	46996	IN-02	IN	CAH	14.62919991	0	0
151308	IU HEALTH PAOLI HOSPITAL	642 WEST HOSPITAL ROAD	PAOLI	47454	IN-08	IN	CAH	25.89058934	0	0
151307	ASCENSION ST. VINCENT WILLIAMSPORT	412 NORTH MONROE	WILLIAMSPORT	47993	IN-04	IN	CAH	20.22572422	0	0
151308	ASCENSION ST. VINCENT MERCY	1331 SOUTH A ST.	ELWOOD	46036	IN-05	IN	CAH	24.43746452	0	0
151309	ASCENSION ST. VINCENT CLAY	1208 EAST NATIONAL AVENUE	BRAZIL	47834	IN-08	IN	CAH	28.96235042	1	0
151310	PARKVIEW WABASH HOSPITAL INC.	10 JOHN KISSINGER DR	WABASH	46992	IN-02	IN	CAH	7.134901145	0	0
151311	IU HEALTH TIPTON HOSPITAL	1000 SOUTH MAIN STREET	TIPTON	46072	IN-05	IN	CAH	20.33542097	0	0
151312	IU HEALTH WHITE HOSPITAL	720 SOUTH SIXTH STREET	MONTICELLO	47960	IN-04	IN	CAH	16.50439119	0	0
151313	WOODLAWN HOSPITAL	1400 EAST 8TH STREET	ROCHESTER	46975	IN-02	IN	CAH	16.41446257	0	0
151314	ASCENSION ST VINCENT SALEM	911 N. SHELBY STREET	SALEM	47167	IN-09	IN	CAH	29.07055591	1	0
151315	CAMERON MEMORIAL COMMUNITY HOSPITAL	416 E MAUMEE STREET	ANGOLA	46703	IN-03	IN	CAH	16.04716331	0	0
151316	IU HEALTH FRANKFORT HOSPITAL	1300 SOUTH JACKSON STREET	FRANKFORT	46041	IN-04	IN	CAH	24.2188995	0	0
151317	GREENE COUNTY GENERAL HOSPITAL	R.R. 1	LINTON	47441	IN-08	IN	CAH	27.05198937	0	0
151318	DUKES MEMORIAL HOSPITAL	275 WEST 12TH STREET	PERU	46970	IN-02	IN	CAH	26.43971813	0	0
151319	DEACONESS GIBSON	1800 SHERMAN DRIVE	PRINCETON	47670	IN-08	IN	CAH	15.87263834	0	1
151320	IU HEALTH JAY HOSPITAL	500 W. VOTAW	PORTLAND	47371	IN-03	IN	CAH	23.28112254	0	0
151322	PERRY COUNTY HOSPITAL	8885 SR 237	TELL CITY	47586	IN-08	IN	CAH	13.26100997	0	0
151323	PARKVIEW LAGRANGE HOSPITAL	207 NORTH TOWNLINE ROAD	LAGRANGE	46761	IN-03	IN	CAH	7.537689979	0	0
151324	FRANCISCAN HEALTH RENSSELAER	1104 EAST GRACE STREET	RENSSELAER	47978	IN-04	IN	CAH	16.98822766	0	0
151326	UNION HOSPITAL CLINTON	801 SOUTH MAIN STREET	CLINTON	47842	IN-08	IN	CAH	22.58542827	0	0
151327	SULLIVAN COUNTY COMMUNITY HOSPITAL	2200 NORTH SECTION STREET	SULLIVAN	47882	IN-08	IN	CAH	28.73209241	1	0
151328	INDIANA UNIVERSITY HEALTH BEDFORD	2900 WEST SIXTEENTH STREET	BEDFORD	47421	IN-09	IN	CAH	17.22135904	0	0
151329	MARGARET MARY COMMUNITY HOSPITAL	321 MITCHELL	BATESVILLE	47006	IN-09	IN	CAH	11.3115509	0	0
151330	ADAMS MEMORIAL HOSPITAL	1100 MERCER AVENUE	DECATUR	46733	IN-03	IN	CAH	18.72939965	0	1
151331	HARRISON COUNTY HOSPITAL	1141 ATWOOD STREET	CORYDON	47112	IN-09	IN	CAH	24.56289569	0	0
151332	DECATUR CO. MEMORIAL HOSPITAL	720 NORTH LINCOLN STREET	GREENSBURG	47240	IN-09	IN	CAH	22.7384494	0	0
151333	PUTNAM COUNTY HOSPITAL	1542 SOUTH BLOOMINGTON ST	GREENCASTLE	46135	IN-04	IN	CAH	22.78427422	0	0
151334	SCOTT MEMORIAL HOSPITAL	1451 NORTH GARDNER	SCOTTSBURG	47170	IN-09	IN	CAH	25.82004053	0	0
160001	UNITYPOINT HEALTH-MARSHALLTOWN	3 SOUTH 4TH AVENUE	MARSHALLTOWN	50158	IA-04	IA	SCH/RRRC	16.94083347	0	0
160005	ST. ANTHONY REGIONAL HOSPITAL	311 SOUTH CLARK STREET	CARROLL	51401	IA-04	IA	SCH	11.48738267	0	0
160013	TRINITY MUSCATINE	1518 MULBERRY	MUSCATINE	52761	IA-01	IA	SCH	19.34414109	0	0
160016	TRINITY REGIONAL MEDICAL CENTER	802 KENYON ROAD	FORT DODGE	50501	IA-04	IA	SCH/RRRC	17.59614421	0	0
160032	MERCYONE - NEWTON MEDICAL CENTER	204 N 4TH AVE E	NEWTON	50208	IA-01	IA	MDH	17.02395521	0	1
160057	SOUTHEAST IOWA REGIONAL MEDICAL CTR	1221 SOUTH GEAR AVENUE	WEST BURLINGTON	52855	IA-01	IA	SCH/RRRC	22.20610734	0	0
160064	MERCYONE NORTH IOWA MEDICAL CENTER	1000 4TH STREET	MASON CITY	50401	IA-02	IA	SCH/RRRC	13.79980536	0	0
160080	MERCYONE CLINTON MEDICAL CENTER	1410 N FOURTH STREET	CLINTON	52732	IA-01	IA	SCH/RRRC	16.77761222	0	0
160089	OTTUMWA REGIONAL HEALTH CENTER	1001 PENNSYLVANIA	OTTUMWA	52501	IA-03	IA	SCH/RRRC	21.65707152	0	0
160112	SPENCER MUNICIPAL HOSPITAL	1200 FIRST AVENUE EAST	SPENCER	51301	IA-04	IA	MDH	11.17768387	0	0
160124	LAKES REGIONAL HEALTHCARE	HIGHWAY 71 SOUTH	SPIRIT LAKE	51360	IA-04	IA	MDH	12.77424736	0	0
160147	GRINNELL REGIONAL MEDICAL CENTER	210 FOURTH AVE	GRINNELL	50112	IA-02	IA	PPS	17.03393031	0	0
161300	MERCYONE PRIMGHAR MEDICAL CENTER	235 N WELCH AVE	PRIMGHAR	51245	IA-04	IA	CAH	10.21361081	0	0
161301	IOWA SPECIALTY HOSPITAL - BELMOND	403 FIRST STREET SE	BELMOND	50421	IA-04	IA	CAH	19.21797739	0	0
161302	IOWA SPECIALTY HOSPITAL - CLARION	1316 SOUTH MAIN	CLARION	50525	IA-04	IA	CAH	21.00878469	0	0
161303	GRUNDY COUNTY MEM. HOSPITAL	201 EAST J AVENUE	GRUNDY CENTER	50638	IA-02	IA	CAH	14.04071319	0	0
161304	CHI HEALTH MERCY CORNING	603 ROSARY DRIVE	CORNING	50841	IA-03	IA	CAH	13.93642569	0	0
161305	POCAHONTAS COMMUNITY HOSPITAL	606 NW 7TH STREET	POCAHONTAS	50874	IA-04	IA	CAH	14.88435998	0	0
161306	JONES REGIONAL MEDICAL CTR	1795 HIGHWAY 64 EAST	ANAMOSA	52205	IA-01	IA	CAH	11.78411405	0	0
161307	HANDOCK COUNTY HEALTH SYSTEM	531 SECOND STREET NORTHWEST	BRITT	50423	IA-04	IA	CAH	14.36594402	0	0
161308	FRANKLIN GENERAL HOSPITAL	1720 CENTRAL AVE EAST	HAMPTON	50441	IA-04	IA	CAH	13.17386445	0	0
161309	CHI HEALTH - MISSOURI VALLEY	631 N 8TH STREET	MISSOURI VALLEY	51555	IA-04	IA	CAH	14.77248713	0	0
161310	ADAIR COUNTY MEMORIAL HOSPITAL	609 SE KENT STREET	GREENFIELD	50849	IA-03	IA	CAH	13.55007945	0	0
161311	HAWARDEN REGIONAL HEALTHCARE	1111 11TH STREET	HAWARDEN	51023	IA-04	IA	CAH	9.434555573	0	0
161312	GUTTENBERG MUNICIPAL HOSPITAL	2ND AND MAIN STREETS	GUTTENBERG	52052	IA-02	IA	CAH	11.76810545	0	0
161313	GENESIS MEDICAL CENTER - DEWITT	1118 ELEVENTH ST	DEWITT	52742	IA-01	IA	CAH	12.98458568	0	0
161314	GUTHRIE COUNTY HOSPITAL	710 NORTH 12TH STREET	GUTHRIE CENTER	50115	IA-03	IA	CAH	10.14321652	0	0
161315	KEOKUK COUNTY HEALTH CENTER	23019 HIGHWAY 149	SIGOURNEY	52591	IA-01	IA	CAH	20.69820283	0	0
161316	PALMER LUTHERAN HEALTH CENTER	112 JEFFERSON STREET	WEST UNION	52175	IA-02	IA	CAH	19.8990708	0	0
161317	COMPASS MEMORIAL HEALTHCARE	300 WEST MAY STREET	MARENGO	52301	IA-01	IA	CAH	12.5956936	0	0
161318	VETERANS MEMORIAL HOSPITAL	40 FIRST ST. S.E.	WAUKON	52172	IA-02	IA	CAH	11.79090004	0	0
161319	MERCYONE ELKADER MEDICAL CENTER	901 DAVIDSON STREET NW	ELKADER	52043	IA-02	IA	CAH	10.27753817	0	0
161320	COMMUNITY MEMORIAL HOSPITAL	909 WEST 1ST STREET	SUMNER	50674	IA-02	IA	CAH	10.3553373	0	0
161321	AVERA MERRILL PIONEER HOSPITAL	1100 S 10TH AVE	ROCK RAPIDS	51246	IA-04	IA	CAH	8.906743859	0	0
161322	DALLAS COUNTY HOSPITAL	10TH STREET AND IOWA	PERRY	50220	IA-03	IA	CAH	18.45825076	0	0
161323	MITCHELL COUNTY REGIONAL HEALTH CENT	618 N. 8TH STREET	OSAGE	50461	IA-02	IA	CAH	6.312456209	0	0
161324	GRAPE COMMUNITY HOSPITAL - HAMBURG	275 HWY NORTH	HAMBURG	51640	IA-04	IA	CAH	10.16224175	0	0
161325	GREENE COUNTY MEDICAL CENTER	1000 WEST LINCOLNWAY	JEFFERSON	50129	IA-03	IA	CAH	13.74832842	0	0
161326	MADISON COUNTY MEMORIAL HOSPITAL	300 HUTCHINGS	WINTERSSET	50273	IA-03	IA	CAH	13.02343416	0	0
161327	DAVIS COUNTY HOSPITAL	509 N MADISON	BLOOMFIELD	52537	IA-03	IA	CAH	14.86835294	0	0

171314	FW HUSTON MEMORIAL HOSPITAL	408 DELAWARE	WINCHESTER	66097	KS-01	KS	CAH	2,46195314	0	0
171315	NEMAHA VALLEY COMMUNITY HOSPITAL	1600 COMMUNITY DRIVE	SENECA	66538	KS-02	KS	CAH	4,046675838	0	0
171316	ANDERSON COUNTY HOSPITAL	421 SOUTH MAPLE	GARNETT	66032	KS-03	KS	CAH	10,46410966	0	0
171317	EDWARDS COUNTY HOSPITAL	620 W 6TH	KINSLEY	67547	KS-04	KS	CAH	3,843490432	0	0
171318	SEDAN CITY HOSPITAL	300 W NORTH STREET	SEDAN	67361	KS-04	KS	CAH	10,45886675	0	0
171319	HOLTON COMMUNITY HOSPITAL	1110 COLUMBINE DRIVE	HOLTON	66436	KS-01	KS	CAH	7,778224534	0	0
171321	MEADE DISTRICT HOSPITAL	510 E. CARTHAGE	MEADE	67864	KS-01	KS	CAH	14,47699943	0	0
171322	HAMILTON COUNTY HOSPITAL	700 N HUSER ST	SYRACUSE	67878	KS-01	KS	CAH	21,92912746	0	0
171323	STAFFORD COUNTY HOSPITAL	502 SOUTH BUCKEYE	STAFFORD	67878	KS-04	KS	CAH	7,74704857	0	0
171324	SATANTA DISTRICT HOSPITAL	401 CHEYENNE	SATANITA	67870	KS-01	KS	CAH	5,892913054	0	0
171325	GRAMHAM COUNTY HOSPITAL	304 PROUT	HILL CITY	67842	KS-01	KS	CAH	7,106283159	0	0
171326	LOGAN COUNTY HOSPITAL	211 CHERRY	OAKLEY	67748	KS-01	KS	CAH	4,457826652	0	0
171327	ELLSWORTH COUNTY MEDICAL CENTER	1604 AYLWARD	ELLSWORTH	67439	KS-01	KS	CAH	5,947370992	0	0
171328	GREAT PLAINS OF OTTAWA COUNTY INC	215 EAST EIGHTH	MINNEAPOLIS	67467	KS-01	KS	CAH	3,679094121	0	0
171329	CALDWELL REGIONAL MEDICAL CENTER	761 W 175TH ST S	CALDWELL	67022	KS-04	KS	CAH	7,863653167	0	0
171330	HOSPITAL DIST NO 1 OF RICE COUNTY	619 S CLARK	LYONS	67554	KS-01	KS	CAH	10,95197129	0	0
171331	KIOWA DISTRICT HOSPITAL	1002 S. 4TH STREET	KIOWA	67070	KS-04	KS	CAH	7,483674169	0	1
171332	KIOWA COUNTY MEMORIAL HOSPITAL	721 W. KANSAS	GREENSBURG	67054	KS-04	KS	CAH	10,26808216	0	0
171333	CLARA BARTON HOSPITAL ASSOCIATION	250 WEST NINTH	HOISINGTON	67544	KS-01	KS	CAH	6,186847304	0	0
171334	MEDICINE LODGE MEMORIAL HOSPITAL	710 N WALNUT	MEDICINE LODGE	67104	KS-04	KS	CAH	5,32192343	0	0
171335	STEVENS COUNTY HOSPITAL	1006 S JACKSON	HUGOTON	67951	KS-01	KS	CAH	4,586563095	0	0
171336	NESS COUNTY HOSPITAL DISTRICT #2	312 CUSTER	NESS CITY	67580	KS-01	KS	CAH	12,91317571	0	0
171337	WAMEGO HOSPITAL ASSOCIATION	711 GENN DRIVE	WAMEGO	66547	KS-01	KS	CAH	6,694805569	0	0
171338	GREAT PLAINS OF SABETHA INC.	603 S. 14TH	SABETHA	66534	KS-02	KS	CAH	5,199332077	0	0
171339	GREENWOOD COUNTY HOSPITAL	100 WEST 16TH	EUREKA	67045	KS-04	KS	CAH	6,292575641	0	0
171341	HIAWATHA COMMUNITY HOSPITAL	300 UTAH	HIAWATHA	66434	KS-02	KS	CAH	15,00838971	0	1
171342	RUSH COUNTY MEMORIAL HOSPITAL	801 LOCUST	LACROSSE	67548	KS-01	KS	CAH	5,16006873	0	0
171343	STANTON COUNTY HOSPITAL	404 NORTH CHESTNUT STREET	JOHNSON	67855	KS-01	KS	CAH	20,88558997	0	0
171344	WILSON MEDICAL CENTER	2600 OTTAWA ROAD	NEODESHA	65757	KS-02	KS	CAH	11,42948407	0	0
171345	PAWNEE VALLEY COMMUNITY HOSPITAL	923 CARROLL	LARNED	67550	KS-01	KS	CAH	9,255401315	0	0
171346	PATTERSON HEALTH CENTER	485 NORTH KANSAS HIGHWAY 2	ANTHONY	67003	KS-04	KS	CAH	9,130981139	0	0
171347	SHERIDAN COUNTY HEALTH COMPLEX	828 18TH STREET	HOXIE	67740	KS-01	KS	CAH	10,26388534	0	1
171348	NORTON COUNTY HOSPITAL	102 E. HOLME	NORTON	67654	KS-01	KS	CAH	10,83223092	0	0
171349	CLOUD COUNTY HEALTH CENTER	1100 HIGHLAND DRIVE	CONCORDIA	66901	KS-01	KS	CAH	6,812757814	0	0
171350	RUSSELL REGIONAL HOSPITAL	200 SOUTH MAIN	RUSSELL	67665	KS-01	KS	CAH	8,142870749	0	0
171351	WASHINGTON COUNTY HOSPITAL	304 E. 3RD STREET	WASHINGTON	66968	KS-01	KS	CAH	4,889448261	0	0
171352	DECATUR COUNTY HOSPITAL	810 WEST COLUMBIA	OBERLIN	67749	KS-01	KS	CAH	7,234715603	0	0
171353	PHILLIPS COUNTY HOSPITAL	1150 STATE ST	PHILLIPSBURG	67661	KS-01	KS	CAH	5,607752521	0	0
171355	TREGO COUNTY LEWKE MEMORIAL HOSPITAL	320 13TH STREET	WAKEENEY	67672	KS-01	KS	CAH	3,385491673	0	0
171356	ST. LUKE HOSPITAL	535 SOUTH FREEBORN	MARION	66861	KS-02	KS	CAH	5,192586814	0	0
171357	HILLSBORO COMMUNITY HOSPITAL	101 INDUSTRIAL BLVD	HILLSBORO	67063	KS-02	KS	CAH	3,24110558	0	0
171358	LINDSBORG COMMUNITY HOSPITAL	605 WEST LINCOLN	LINDSBORG	67456	KS-01	KS	CAH	9,783099946	0	0
171359	GREELEY COUNTY HEALTH SERVICES	508 THIRD STREET	TRIBUNE	67879	KS-01	KS	CAH	6,69325251	0	0
171360	LINCOLN COUNTY HOSPITAL	624 NORTH SECOND	LINCOLN	67455	KS-01	KS	CAH	6,848190807	0	0
171361	GREAT PLAINS OF REPUBLIC CO., INC	2420 G STREET	BELLEVILLE	66935	KS-01	KS	CAH	7,138495972	0	0
171362	CITIZENS MEDICAL CENTER	100 E. COLLEGE DRIVE	COLBY	67701	KS-01	KS	CAH	7,380172827	0	0
171363	COMMUNITY MEMORIAL HEALTHCARE INC.	708 NORTH 16TH STREET	MARYSVILLE	66509	KS-01	KS	CAH	5,560572586	0	0
171364	OSBORNE COUNTY MEMORIAL HOSPITAL	237 WEST HARRISON ST	OSBORNE	67473	KS-01	KS	CAH	1,140650793	0	0
171365	HANOVER HOSPITAL	205 S. HANOVER	HANOVER	66945	KS-01	KS	CAH	13,43623461	0	0
171367	GOVE COUNTY MEDICAL CENTER	520 WEST 5TH	QUINTER	67752	KS-01	KS	CAH	10,98131728	0	0
171368	MINNEOLA DISTRICT HOSPITAL	212 MAIN ST	MINNEOLA	67865	KS-01	KS	CAH	8,904440426	0	0
171369	HODGEMAN COUNTY HEALTH CENTER	809 WEST BRAMLEY	JETMORE	67854	KS-01	KS	CAH	6,0302837	0	0
171370	GOODLAND REGIONAL MEDICAL CENTER	220 WEST 2ND STREET	GOODLAND	67735	KS-01	KS	CAH	6,342680946	0	0
171371	CLAY COUNTY MEDICAL CENTER	517 LIBERTY	CLAY CENTER	67432	KS-01	KS	CAH	7,874574413	0	0
171372	SCOTT COUNTY HOSPITAL INC.	201 E. ALBERT	SCOTT CITY	67871	KS-01	KS	CAH	11,98649743	0	0
171373	ALLEN COUNTY REGIONAL HOSPITAL	3066 N. KENTUCKY STREET	IOLA	66749	KS-02	KS	CAH	13,00557583	0	0
171374	FREDONIA REGIONAL HOSPITAL	1527 MADISON	FREDONIA	65735	KS-02	KS	CAH	7,022941299	0	0
171375	MITCHELL CO HOSP HEALTH SYSTEMS	400 W. 8TH	BELOIT	67420	KS-01	KS	CAH	10,43356338	0	0
171376	HOSPITAL DISTRICT #1 CRAWFORD COUNTY	302 NORTH HOSPITAL DRIVE	GIRARD	66743	KS-02	KS	CAH	7,73305037	0	1
171377	GREAT PLAINS OF SMITH CO. INC	921 E. HIGHWAY 36	SMITH CENTER	66967	KS-01	KS	CAH	6,289622562	0	0
171378	NINNESCAH VALLEY HEALTH SYSTEMS	750 AVENUE D WEST	KINGMAN	67068	KS-04	KS	CAH	7,395278875	0	0
171379	MORRIS COUNTY HOSPITAL	600 NORTH WASHINGTON	COUNCIL GROVE	66846	KS-02	KS	CAH	13,34955113	0	0
171380	NEOSHO MEMORIAL REGIONAL MED CTR	629 SOUTH PLUMMER	CHANUTE	66720	KS-02	KS	CAH	13,05741532	0	0
171382	ATCHISON HOSPITAL ASSOCIATION	800 RAVEN HILL DRIVE	ATCHISON	66002	KS-02	KS	CAH	14,77602062	0	0
171383	WILLIAM NEWTON MEMORIAL HOSPITAL	1300 EAST FIFTH	WINFIELD	67156	KS-04	KS	CAH	10,32398713	0	0
171384	NEWMAN REGIONAL HEALTH	1201 W. 12TH AVE	EMPORIA	66801	KS-02	KS	CAH	11,41184786	0	0
171385	COFFEY COUNTY HOSPITAL	801 NORTH FOURTH	BURLINGTON	66839	KS-02	KS	CAH	29,58492353	0	1
180002	WHITESBURG ARH	240 HOSPITAL ROAD	WHITESBURG	41858	KY-05	KY	SCH	26,09204208	0	0
180004	MUHLLENBERG COMMUNITY HOSPITAL	440 HOPKINSVILLE STREET	GREENVILLE	42345	KY-02	KY	PPS	31,25465773	0	1
180005	HIGHLANDS REGIONAL MEDICAL CENTER	US 23 NORTH	PRESTONSBURG	41653	KY-05	KY	RRC	25,55088126	0	0
180011	SAINT JOSEPH LONDON	1001 SAINT JOSEPH LANE	LONDON	40741	KY-05	KY	RRC	20,52617285	0	1
180016	UOFL HEALTH-SHELBYVILLE	727 HOSPITAL DRIVE	SHELBYVILLE	40065	KY-04	KY	MDH	39,62465302	1	0
180017	T.J. SAMSON COMMUNITY HOSPITAL	1301 NORTH RACE STREET	GLASGOW	42141	KY-02	KY	SCH/RRC	25,45911293	0	0
180018	ST. CLAIRE MEDICAL CENTER	222 MEDICAL CIRCLE	MOREHEAD	40351	KY-05	KY	SCH/RRC	32,41147229	0	1
180019	MEADOWVIEW REGIONAL MEDICAL CENTER	999 WEST HIGHWAY 10	MAYSVILLE	41066	KY-04	KY	SCH	31,16874539	0	0
180020	MIDDLESBORO ARH	3600 WEST CUMBERLAND AVE.	MIDDLESBORO	40965	KY-05	KY	PPS	20,32782951	0	0
180024	SPRING VIEW HOSPITAL	320 LORETO ROAD	LEBANON	40033	KY-01	KY	PPS	17,76988802	0	0
180025	FLAGET MEMORIAL HOSPITAL	4305 NEW SHEPARDVILLE RD	BARSTOWN	40004	KY-02	KY	PPS	27,41458753	0	1
180027	MURRAY CALLOWAY COUNTY HOSPITAL	803 POPLAR STREET	MURRAY	42071	KY-01	KY	MDH/RRC	31,57576189	0	0
180029	HAZARD ARH	100 MEDICAL CENTER DR	HAZARD	41701	KY-05	KY	RRC	24,98479342	0	0
180043	ADVENTHEALTH MANCHESTER	210 MARIE LANGDON DRIVE	MANCHESTER	40962	KY-05	KY	SCH/RRC	40,95376384	1	0
180044	PIKEVILLE MEDICAL CENTER	911 BYPASS ROAD	PIKEVILLE	41501	KY-05	KY	SCH/RRC	16,89748978	0	0
180046	BOURBON COMMUNITY HOSPITAL	9 LINNVILLE DRIVE	PARIS	40381	KY-06	KY	PPS	24,13758909	0	0
180048	EPHRAIM MCDOWELL REG MED CTR	217 3RD STREET	DANVILLE	40422	KY-01	KY	MDH/RRC	36,24282805	0	1
180049	BAPTIST HEALTH RICHMOND	801 EASTERN BYPASS	RICHMOND	40476	KY-06	KY	RRC	24,13152141	0	0
180050	HARLAN ARH	81 BALL PARK ROAD	HARLAN	40831	KY-05	KY	SCH/RRC	29,42445057	0	0
180051	JENNIE STUART MEDICAL CENTER	320 WEST 18TH STREET	HOPKINSVILLE	42240	KY-01	KY	SCH	27,99191553	1	1
180056	DEACONESS HENDERSON HOSPITAL	1305 NORTH ELM STREET	HENDERSON	42420	KY-01	KY	PPS			
180064	SAINT JOSEPH MOUNT STERLING	STERLING AVENUE	MT. STERLING	40353	KY-08	KY	PPS			

191312	CHRISTUS COUSHATTA HEALTH CARE CTR	1635 MARVEL STREET	COUSHATTA	71019	LA-04	LA	CAH	29.70354478	1	0
191313	RIVERSIDE MED CTR	1900 MAIN STREET	FRANKLINTON	70438	LA-05	LA	CAH	25.43003731	0	0
191314	MADISON PARISH HOSPITAL	19	TALLULAH	71282	LA-05	LA	CAH	47.89401816	1	0
191315	HARDTNER MEDICAL CENTER	1102 N. PINE ROAD	OLLA	71465	LA-05	LA	CAH	26.33214903	0	0
191316	POINTE COUPEE GENERAL HOSPITAL	2202 FALSE RIVER	NEW ROADS	70760	LA-05	LA	CAH	26.15394908	0	0
191317	JACKSON PARISH HOSPITAL	165 BEECH SPRINGS ROAD	JONESBORO	71251	LA-05	LA	CAH	24.67459329	0	0
191318	TRINITY MEDICAL	1700 EE WALLACE BOULEVARD NORTH	FERRIDAY	71334	LA-05	LA	CAH	28.85901524	0	1
191319	ACADIA-ST. LANDRY HOSPITAL	810 SOUTH BROADWAY	CHURCH POINT	70525	LA-03	LA	CAH	23.52724782	0	0
191320	BIENVILLE MEDICAL CENTER	1175 PINE STREET SUITE 200	ARCADIA	71001	LA-04	LA	CAH		1	0
191321	LALLIE KEMP REGIONAL MEDICAL CENTER	5279 HIGHWAY 51 SOUTH	INDEPENDENCE	70443	LA-05	LA	CAH	45.96127198	1	1
191322	OCHSNER - ABROM KAPLAN MH	1310 WEST 7TH STREET	KAPLAN	70548	LA-03	LA	CAH	26.15315475	0	0
191323	RICHLAND PARISH HOSPITAL NO. 1 A	407 CINCINNATI ST	DELHI	71232	LA-05	LA	CAH	17.13874475	0	0
191325	LADY OF SEA HOSPITAL MEDICARE	200 WEST 134TH PLACE	CUT OFF	70345	LA-01	LA	CAH	24.96336999	0	0
191326	REEVES MEMORIAL MEDICAL CENTER	401 FIRST ST.	BERNICE	71222	LA-04	LA	CAH	16.12728752	0	0
200018	THE AROOSTOOK MEDICAL CENTER	140 ACADEMY STREET	PRESQUE ISLE	04769	ME-02	ME	MDH	18.38080767	0	1
200021	MID COAST HOSPITAL	123 MEDICAL CENTER DRIVE	BRUNSWICK	04011	ME-01	ME	PPS	10.09833087	0	0
200031	CARY MEDICAL CENTER	163 VAN BUREN ROAD STE 2	CARIBOU	04738	ME-02	ME	MDH	16.23536251	0	0
200037	FRANKLIN MEMORIAL HOSPITAL	111 FRANKLIN HEALTH COMMONS	FARMINGTON	04938	ME-02	ME	SCH	14.87944568	0	0
200039	MAINEGENERAL MEDICAL CENTER	35 MEDICAL CENTER PARKWAY	AUGUSTA	04330	ME-02	ME	RRC	18.07828522	0	0
200041	INLAND HOSPITAL	200 KENNEDY MEMORIAL DRIVE	WATERVILLE	04901	ME-01	ME	MDH		0	0
200050	MAINE COAST MEMORIAL HOSPITAL	50 UNION STREET	ELLSWORTH	04650	ME-02	ME	SCH	17.2325271	0	1
200052	NORTHERN MAINE MEDICAL CENTER	194 EAST MAIN STREET	FORT KENT	04743	ME-02	ME	SCH	16.83944266	0	0
200063	PENOBSCOT BAY MEDICAL CENTER	6 GLEN COVE DRIVE	ROCKPORT	04856	ME-01	ME	SCH	15.4452526	0	0
201300	BLUE HILL MEMORIAL HOSPITAL	PO BOX 1029	BLUE HILL	04614	ME-02	ME	CAH	11.12730853	0	0
201301	CHARLES A DEAN MEMORIAL HOSPITAL	PRITHAM AVENUE	GREENVILLE	04441	ME-02	ME	CAH	17.96299045	0	0
201302	LINCOLNHEALTH	6 ST. ANDREWS LANE	BOOTHBAY HARBOR	04538	ME-01	ME	CAH	12.90550586	0	0
201303	PENOBSCOT VALLEY HOSPITAL	7 TRANSALPINE ROAD	LINCOLN	04457	ME-02	ME	CAH	17.84427553	0	0
201304	MOUNT DESERT ISLAND HOSPITAL	10 WAYMAN LANE	BAR HARBOR	04508	ME-02	ME	CAH	8.23462798	0	0
201305	CALAIS COMMUNITY HOSPITAL	24 HOSPITAL LANE	CALAIS	04619	ME-02	ME	CAH	20.33832137	0	0
201306	RUMFORD HOSPITAL	420 FRANKLIN STREET	RUMFORD	04276	ME-02	ME	CAH	17.39859632	0	0
201307	MILLINOCKET REGIONAL HOSPITAL	200 SOMERSET STREET	MILLINOCKET	04462	ME-02	ME	CAH	12.90521482	0	0
201308	HOULTON REGIONAL HOSPITAL	20 HARTFORD STREET	HOULTON	04730	ME-02	ME	CAH	23.11952271	0	0
201309	MAYO REGIONAL HOSPITAL	897 WEST MAIN STREET	DOVER-FOXCROFT	04428	ME-02	ME	CAH	21.94453573	0	0
201310	BRIDGTON HOSPITAL	10 HOSPITAL DRIVE	BRIDGTON	04009	ME-01	ME	CAH	18.99929793	0	0
201311	DOWN EAST COMMUNITY HOSPITAL	UPPER COURT STREET	MACHIAS	04654	ME-02	ME	CAH	18.77262972	0	0
201312	WALDO COUNTY GENERAL HOSPITAL	118 NORTHPORT AVENUE	BELFAST	04915	ME-02	ME	CAH	18.13508329	0	0
201313	SEBASTIGOOK VALLEY HOSPITAL	99 GROVE STREET	PITTSFIELD	04967	ME-02	ME	CAH	18.5345487	0	0
201314	REDINGTON-FAIRVIEW GENERAL HOSPITAL	48 FAIRVIEW AVENUE	SKOWHEGAN	04978	ME-02	ME	CAH	17.61831368	0	0
201315	STEPHENS MEMORIAL HOSPITAL - CAH	181 MAIN STREET	NORWAY	04288	ME-02	ME	CAH	17.88747864	0	0
210027	UPMC-WESTERN MARYLAND CORP	12500 WILLOWBROOK ROAD	CUMBERLAND	21502	MD-06	MD	SCH		0	0
210030	CHESTER RIVER HOSPITAL CENTER	100 BROWN STREET	CHESTERTOWN	21620	MD-01	MD	PPS		0	0
210037	MEMORIAL EASTON	MEMORIAL HOSPITAL AT EASTON	219 SOUTH WASHINGTON STREET	21601	MD-01	MD	PPS		0	0
210061	ATLANTIC GENERAL HOSPITAL	9733 HEALTHWAY DRIVE	BERLIN	21811	MD-01	MD	PPS	15.04466152	0	0
220016	BAYSTATE FRANKLIN MEDICAL CENTER	164 HIGH STREET	GREENFIELD	01301	MA-02	MA	PPS	21.70359417	0	1
220177	NANTUCKET COTTAGE HOSPITAL	57 PROSPECT STREET	NANTUCKET	02554	MA-09	MA	SCH	14.9082246	0	0
221300	MARTHAS VINEYARD HOSPITAL	ONE HOSPITAL ROAD	OAK BLUFFS	02557	MA-09	MA	CAH		0	0
221302	FAIRVIEW HOSPITAL	29 LEWIS AVE	GREAT BARRINGTON	01230	MA-01	MA	CAH	16.2321693	0	0
221303	ATHOL MEMORIAL HOSPITAL	2033 MAIN STREET	ATHOL	01531	MA-02	MA	CAH	13.00869855	0	0
230005	PROMEDICA HICKMAN HOSPITAL	5840 NORTH ADRIAN HIGHWAY	ADRIAN	49221	MI-05	MI	MDH	16.07031788	0	0
230015	THREE RIVERS HEALTH	701 S. HEALTH PARKWAY	THREE RIVERS	49093	MI-05	MI	PPS	26.82477285	0	0
230022	COMMUNITY HEALTH CENTER BRANCH	274 EAST CHICAGO STREET	COLDWATER	49036	MI-05	MI	RRC	23.02763062	0	0
230030	MYMICHIGAN MEDICAL CENTER ALMA	300 E. WARWICK DRIVE	ALMA	48801	MI-02	MI	MDH/RRC	18.59626467	0	0
230035	SPECTRUM HEALTH UNITED MEMORIAL	615 SOUTH BOWER	GREENVILLE	48838	MI-02	MI	PPS	17.07458206	0	0
230036	MYMICHIGAN MEDICAL CENTER ALPENA	1501 W CHISHOLM	ALPENA	49707	MI-01	MI	SCH/RRC	13.55661745	0	0
230037	HILLSDALE HOSPITAL	168 SOUTH HOWELL STREET	HILLSDALE	49242	MI-05	MI	RRC	19.51011584	0	0
230054	MARQUETTE GENERAL HOSPITAL	850 W BARAGA	MARQUETTE	49655	MI-01	MI	SCH/RRC	13.00470189	0	0
230055	DICKINSON COUNTY HEALTHCARE SYSTEM	1721 S. STEPHENSON AVENUE	IRON MOUNTAIN	49801	MI-01	MI	SCH	13.67299134	0	0
230058	MUNSON HEALTHCARE GRAYLING HOSPITAL	1110 MICHIGAN AVE	GRAYLING	49738	MI-01	MI	SCH	16.17022201	0	0
230080	MCLAREN CENTRAL MICHIGAN	1221 SOUTH DRIVE	MT PLEASANT	48658	MI-02	MI	RRC	14.04732393	0	1
230081	MUNSON HEALTHCARE CADILLAC HOSPITAL	400 HOBART ST	CADILLAC	49501	MI-02	MI	SCH	17.29354315	0	0
230085	BRONSON SOUTH HAVEN HOSPITAL	955 S. BAILEY	SOUTH HAVEN	49090	MI-04	MI	PPS	23.77517596	0	0
230093	SPECTRUM HEALTH BIG RAPIDS	805 OAK STREET	BIG RAPIDS	49307	MI-02	MI	SCH	21.26218459	0	0
230095	MYMICHIGAN MEDICAL CTR - WEST BRAN	2463 S M-30	WEST BRANCH	48661	MI-01	MI	SCH	18.56720627	0	0
230096	STURGIS HOSPITAL INC.	916 MYRTLE STREET	STURGIS	49091	MI-05	MI	PPS	21.47148826	0	0
230097	MUNSON MEDICAL CENTER	1105 SIXTH STREET	TRAVERSE CITY	49684	MI-01	MI	SCH/RRC	11.88826328	0	0
230100	ASCENSION ST. JOSEPH HOSPITAL	200 HELMOCKM-55	TAWAS	48764	MI-01	MI	SCH	16.39439684	0	0
230105	MCLAREN NORTHERN MICHIGAN	416 CONNABLE AVENUE	PETOSKEY	49770	MI-01	MI	SCH/RRC	12.66708515	0	0
230108	PORTAGE HEALTH SYSTEM	500 CAMPUS DRIVE	HANCOCK	49930	MI-01	MI	SCH	15.49908225	0	0
230110	SPECTRUM HEALTH LUDINGTON	ONE ATKINSON DRIVE	LUDINGTON	49431	MI-02	MI	SCH	14.21385435	0	0
230121	MEMORIAL HEALTHCARE	826 WEST KING STREET	OWOSSO	48867	MI-07	MI	PPS	15.23746088	0	0
230133	OTSEGO MEMORIAL HOSPITAL	825 N CENTER AVENUE	GAYLORD	49735	MI-01	MI	SCH	17.88502938	0	0
230180	MYMICHIGAN MEDICAL CENTER-CLARE	703 N. MCEWAN STREET	CLARE	48817	MI-02	MI	MDH	20.03173258	0	0
230193	MCLAREN LAPEER REGION	1375 NORTH MAIN STREET	LAPEER	48446	MI-09	MI	MDH	15.76914212	0	0
230208	CARSON CITY HOSPITAL	406 EAST ELM STREET	CARSON CITY	48811	MI-02	MI	RRC	16.78352343	0	1
230217	OAKLAWN HOSPITAL	200 NORTH MADISON STREET	MARSHALL	49058	MI-05	MI	PPS	17.28984452	0	0
230239	MYMICHIGAN MEDICAL CENTER SAULT	500 OSBORNE BOULEVARD	SAULT STE. MARIE	49783	MI-01	MI	SCH	17.26807286	0	0
230303	MUNSON HEALTHCARE MANISTEE HOSPITAL	1465 E. PARKDALE AVE	MANISTEE	49650	MI-02	MI	SCH	18.75709557	0	0
231300	PAUL OLIVER MEMORIAL HOSPITAL	224 PARK AVENUE	FRANKFORT	49635	MI-01	MI	CAH	13.56833079	0	0
231301	KALKASKA MEMORIAL HEALTH CENTER	419 CORAL STREET	KALKASKA	49646	MI-01	MI	CAH	16.50077218	0	0
231303	SCHOOLCRAFT MEMORIAL HOSPITAL	7870W US HWY 2	MANISTIQUE	49854	MI-01	MI	CAH	19.67297017	0	0
231304	HELEN NEWBERRY JOY HOSPITAL	502 W HARRIE	NEWBERRY	49888	MI-01	MI	CAH	15.07475923	0	0
231305	ASCENSION STANDISH HOSPITAL	805 WEST CEDAR STREET	STANDISH	48858	MI-01	MI	CAH	17.79323632	0	0
231306	MACKINAC STRAITS HEALTH SYSTEM INC	1140 NORTH STATE STREET	ST. IGNACE	49781	MI-01	MI	CAH	11.18603324	0	0
231307	BARAGA COUNTY MEMORIAL HOSPITAL	18341 U.S. HIGHWAY 41	LANSE	49946	MI-01	MI	CAH	15.49011752	0	0
231308	MUNISING MEMORIAL HOSPITAL	1500 SAND POINT ROAD	MUNISING	49692	MI-01	MI	CAH	13.93717151	0	0
231309	ASPIRUS ONTONAGON HOSPITAL	601 SOUTH SEVENTH STREET	ONTONAGON	48953	MI-01	MI	CAH	16.0374156	0	1
231310	SCHUELER HOSPITAL	170 NORTH CASEVILLE ROAD	PIGEON	48755	MI-09	MI	CAH	8.789598221	0	0
231311	DECKERVILLE COMMUNITY HOSPITAL	3559 PINE STREET	DECKERVILLE	48427	MI-09	MI	CAH	19.29533336	0	0
231312	SHERIDAN COMMUNITY HOSPITAL	301 N MAIN ST	SHERIDAN	48884	MI-02	MI	CAH	14.69430703	0	0

241354	ASTERA HEALTH	415 JEFFERSON STREET NORTH	WADENA	56482	MN-07	MN	CAH	14.93754264	0	0
241355	GLENCOE REGIONAL HEALTH SERVICES	705 EAST 18TH STREET	GLENCOE	55336	MN-07	MN	CAH	16.38431188	0	0
241356	MILLE LACS HOSPITAL	200 NORTH ELM ST	ONAMIA	56359	MN-08	MN	CAH	21.75445227	0	0
241357	FIRST CARE MEDICAL SERVICES	900 HILLGOSS BOULEVARD SE	FOSSSTON	56542	MN-07	MN	CAH	19.66081673	0	0
241359	AVERA MARSHALL REGIONAL MEDICAL CTR	300 SOUTH BRUCE STREET	MARSHALL	56258	MN-07	MN	CAH	15.1388855	0	0
241360	DEER RIVER HEALTHCARE CENTER INC.	115 10TH AVENUE NE	DEER RIVER	56636	MN-08	MN	CAH	17.67408808	0	0
241363	STEVENS COMMUNITY MEDICAL CENTER	400 EAST 1ST STREET	MORRIS	56267	MN-07	MN	CAH	13.0448895	0	0
241364	COMMUNITY MEMORIAL HOSPITAL	512 SKYLINE BOULEVARD	CLOQUET	55720	MN-08	MN	CAH	14.58049053	0	0
241365	SWIFT COUNTY - BENSON	1815 WISCONSIN AVE	BENSON	56215	MN-07	MN	CAH	21.16149442	0	0
241366	WEEKER COUNTY MEMORIAL HOSPITAL	612 SIBLEY AVENUE SOUTH	LITCHFIELD	55355	MN-07	MN	CAH	17.28575528	0	0
241367	WELIA HEALTH	301 HIGHWAY 65 SOUTH	MORA	55051	MN-08	MN	CAH	25.48258085	0	0
241368	CCH - SAUK CENTRE	125 NORTH ELM STREET	SAUK CENTRE	56378	MN-07	MN	CAH	18.8770901	0	0
241369	UNITED HOSPITAL DISTRICT	515 SOUTH MOORE STREET	BLUE EARTH	56013	MN-01	MN	CAH	17.64790966	0	0
241370	ST. GABRIELS HOSPITAL	815 SE 2ND STREET	LITTLE FALLS	56345	MN-07	MN	CAH	23.82678929	0	0
241371	SANFORD HOSPITAL LIVERNE	1600 N. KNISS	LIVERNE	56155	MN-01	MN	CAH	11.43126789	0	0
241372	MADISON HEALTHCARE SERVICES	900 SECOND AVENUE	MADISON	56258	MN-07	MN	CAH	9.940453246	0	0
241373	PERHAM MEMORIAL HOSPITAL AND HOME	1000 CONEY STREET WEST	PERHAM	56573	MN-07	MN	CAH	1.946936689	0	0
241374	PIPESTONE COUNTY MEDICAL CENTER	916 4TH AVENUE SW	PIPESTONE	56164	MN-07	MN	CAH	1.697447595	0	0
241375	MINNESOTA VALLEY HEALTH CENTER INC.	621 SOUTH FOURTH STREET	LE SUEUR	56058	MN-02	MN	CAH	1.173883142	0	0
241376	GLACIAL RIDGE HOSPITAL	10 FOURTH AVENUE SE	GLENWOOD	56334	MN-07	MN	CAH	12.21164413	0	0
241377	ST. FRANCIS MEDICAL CENTER	2400 ST. FRANCIS DRIVE	BRECKENRIDGE	56520	MN-07	MN	CAH	1.7169134	0	0
241378	NEW ULM MEDICAL CENTER	1324 FIFTH STREET NORTH	NEW ULM	56073	MN-01	MN	CAH	1.338671008	0	0
241379	PRAIRIE RIDGE HOSPITAL	1411 HIGHWAY 79 EAST	ELBOW LAKE	56531	MN-07	MN	CAH	18.59455597	0	0
241380	ST. JOSEPHS AREA HEALTH SERVICES	600 PLEASANT DRIVE	PARK RAPIDS	56470	MN-07	MN	CAH	13.00164868	0	0
241381	SANFORD THIEF RIVER FALLS	3001 SANFORD PARKWAY	THIEF RIVER FALLS	56701	MN-07	MN	CAH	9.182730726	0	0
250002	TISHOMINGO HEALTH SERVICES	1777 CURTIS DRIVE	IUKA	38852	MS-01	MS	SCH/RR	10.39857225	0	0
250004	NORTH MISSISSIPPI MEDICAL CENTER	830 SOUTH GLOSTER STREET	TUPELO	38801	MS-01	MS	PPS	12.99514476	0	0
250006	BAPTIST MEM HOSPITAL UNION COUNTY	HIGHWAY 30 WEST	NEW ALBANY	38652	MS-01	MS	PPS	6.882880526	0	0
250009	MAGNOLIA HOSPITAL	611 ALCORN DRIVE	CORINTH	38634	MS-01	MS	RRC	12.43145182	0	0
250012	ALLIANCE HEALTHCARE SYSTEM	1430 HWY 4 EAST	HOLLY SPRINGS	38634	MS-01	MS	SCH	2.750974347	0	0
250017	TRACE REGIONAL HOSPITAL	HIGHWAY 8 EAST	HOUSTON	38851	MS-01	MS	MDH	0.803708893	0	0
250018	JASPER GENERAL HOSPITAL	15 SOUTH 6TH STREET	BAY SPRINGS	39422	MS-03	MS	PPS	12.04170942	0	0
250020	WEBSTER HEALTH SERVICES	70 MEDICAL PLAZA	EUPORA	39744	MS-01	MS	SCH	21.0111882	0	0
250025	MONROE HEALTH SERVICES INC.	1105 EARL FRYE BLVD	AMORY	38821	MS-01	MS	PPS	16.40976628	0	0
250027	WINSTON MEDICAL CENTER	17550 EAST MAIN STREET	LOUISVILLE	39339	MS-03	MS	SCH	21.04000452	0	0
250031	MERIT HEALTH RIVER REGION	2100 HIGHWAY 61 NORTH	VICKSBURG	39183	MS-02	MS	SCH/RR	10.21410723	0	0
250034	BAPTIST MEM HOSPITAL NORTH MISS	1100 BELK BOULEVARD	OXFORD	38855	MS-01	MS	RRC	20.02481238	0	0
250036	GEORGE COUNTY HOSPITAL	305 WINTER STREET	LUCEDALE	39452	MS-04	MS	SCH	30.73678409	1	0
250042	DELTA HEALTH-NORTHWEST REGIONAL	1970 HOSPITAL DRIVE	CLARKSDALE	38514	MS-02	MS	SCH/RR	16.40858417	0	0
250043	NESHOBA COUNTY GENERAL HOSPITAL	1001 HOLLAND AVENUE	PHILADELPHIA	39350	MS-03	MS	SCH	9.56961339	0	0
250044	BAPTIST MEM HOSPITAL BOONEVILLE	100 HOSPITAL STREET	BOONEVILLE	38829	MS-01	MS	MDH	14.21608849	0	0
250049	BEACHAM MEMORIAL HOSPITAL	N. MYRTLE STREET	MAGNOLIA	38652	MS-03	MS	MDH	13.83356524	0	0
250050	OKTIBBEHA COUNTY HOSPITAL	HOSPITAL ROAD	STARKVILLE	39759	MS-03	MS	PPS	14.1275725	0	0
250057	KINGS DAUGHTERS MEDICAL CENTER	427 HIGHWAY 51 NORTH	BROOKHAVEN	39601	MS-03	MS	SCH	8.938974563	0	0
250058	SOUTH CENTRAL REGIONAL MEDICAL CTR	1220 JEFFERSON STREET	LAUREL	39441	MS-04	MS	SCH/RR	4.739970991	0	0
250060	JEFFERSON COUNTY HOSPITAL	809 S. MAIN STREET	FAYETTE	39069	MS-02	MS	PPS	17.29057467	0	0
250061	YALOBUSHA GENERAL HOSPITAL	630 SOUTH MAIN STREET	WATER VALLEY	38865	MS-01	MS	MDH	14.04010383	0	0
250067	CLAY COUNTY MEDICAL CORPORATION	835 MEDICAL CENTER DRIVE	WEST POINT	39773	MS-02	MS	PPS	16.2628869	0	0
250069	RUSH FOUNDATION HOSPITAL	1314 19TH AVENUE	MERIDIAN	39301	MS-03	MS	RRC	0.001096056	0	0
250077	WAYNE GENERAL HOSPITAL	950 MATTHEW DRIVE	WAYNESBORO	39367	MS-04	MS	SCH	17.46661528	0	0
250081	ANDERSON REGIONAL MED CTR-SOUTH CAM	1102 CONSTITUTION AVENUE	MERIDIAN	39301	MS-03	MS	RRC	22.18598874	0	0
250082	DELTA HEALTH-THE MEDICAL CENTER	1400 EAST UNION STREET	GREENVILLE	38704	MS-02	MS	SCH/RR	13.25517111	0	0
250084	NATCHEZ REGIONAL MEDICAL CENTER	54 SOUTH SEARGENT PRENTISS DRIVE	NATCHEZ	39120	MS-02	MS	SCH	22.23182958	0	0
250085	MARION GENERAL HOSPITAL	1560 SUMRALL	COLUMBIA	39429	MS-03	MS	MDH	17.07491841	0	0
250093	BOLIVAR MEDICAL CENTER	901 EAST SUNFLOWER ROAD	CLEVELAND	38732	MS-02	MS	SCH	15.83025532	0	0
250095	SOUTH SUNFLOWER COUNTY HOSPITAL	121 EAST BAKER STREET	INDIANOLA	38751	MS-02	MS	SCH	18.71350492	0	0
250097	SOUTHWEST MS REGIONAL MED CENTER	215 MARION AVENUE	MCCOMB	39648	MS-03	MS	RRC	11.25450483	0	0
250099	GREENWOOD LEFLORE HOSPITAL	1401 RIVER ROAD	GREENWOOD	38935	MS-02	MS	RRC	12.01026158	0	0
250100	BAPTIST MEM HOSPITAL GOLDEN TRIANGLE	2520 FIFTH STREET NORTH	COLUMBUS	39701	MS-01	MS	RRC	17.97473208	0	1
250104	JEFF ANDERSON REGIONAL MEDICAL CENTE	2124 14TH STREET	MERIDIAN	39301	MS-03	MS	RRC	18.30442173	0	1
250117	HIGHLAND COMMUNITY HOSPITAL	130 HIGHLAND PARKWAY	PICAYUNE	39466	MS-04	MS	PPS	31.65063863	1	1
250124	MAGEE GENERAL HOSPITAL	300 S.E. THIRD AVENUE	MAGEE	39111	MS-03	MS	PPS	17.95362625	0	0
250128	PANOLA MEDICAL CENTER	303 MEDICAL CENTER DRIVE	BATESVILLE	38605	MS-02	MS	PPS	12.994927	0	0
250163	PATIENTS CHOICE MED CNT-SMITH CNTY	347 MAGNOLIA DRIVE	RALEIGH	39153	MS-03	MS	PPS	23.77945559	0	0
250188	UMMC-GRENADA	980 AVENT DRIVE	GRENADA	38901	MS-02	MS	PPS	3.258637727	0	0
251300	S.E. LACKEY MEMORIAL HOSPITAL	330 NORTH BROAD STREET	FOREST	39074	MS-03	MS	CAH	9.342217908	0	0
251302	MONROE REGIONAL HOSPITAL	400 SOUTH CHESTNUT ST	ABERDEEN	39730	MS-01	MS	CAH	9.380370205	0	0
251304	TALLAHATCHIE CRITICAL ACCESS HOSPITA	141 DR TT LEWIS DRIVE	CHARLESTON	38921	MS-02	MS	CAH	11.28184801	0	0
251305	LAWRENCE COUNTY HOSPITAL	1065 EAST BROAD STREET	MONTICELLO	39654	MS-03	MS	CAH	10.87482592	0	0
251307	NOXUBEE COUNTY HOSPITAL	78 HOSPITAL DR	MACON	39341	MS-03	MS	CAH	11.30844059	0	0
251308	PONTOTOC HEALTH SERVICES	176 SOUTH MAIN	PONTOTOC	38863	MS-01	MS	CAH	16.49101081	0	0
251309	FIELD MEMORIAL COMMUNITY HOSPITAL	178 HIGHWAY 24	CENTREVILLE	39631	MS-02	MS	CAH	11.94148001	0	0
251312	TYLER HOLMES MEMORIAL HOSPITAL	TYLER HOLMES MEMORIAL HOSPITAL	WINONA	38957	MS-02	MS	CAH	12.36108974	0	0
251313	BAPTIST MEDICAL CENTER - YAZOO	823 GRAND AVENUE	YAZOO CITY	39194	MS-02	MS	CAH	6.72311587	0	0
251315	BAPTIST MEDICAL CENTER - LEAKE INC.	1100 HIGHWAY 16 EAST	CARTHAGE	39061	MS-02	MS	CAH	21.87142547	0	0
251316	H.C. WATKINS MEMORIAL HOSPITAL	605 S. ARCHUSA AVENUE	QUITMAN	38355	MS-03	MS	CAH	13.32653167	0	0
251317	SIMPSON GENERAL HOSPITAL CAH	1842 SIMPSON HWY 148	MENDENHALL	39114	MS-03	MS	CAH	13.95059843	0	0
251318	NORTH SUNFLOWER COUNTY HOSPITAL	N/A	RULEVILLE	38771	MS-02	MS	CAH	15.07866988	0	0
251319	UNIVERSITY HOSPITAL & CLINICS - HOLM	239 BOWLING GREEN ROAD	LEXINGTON	39095	MS-02	MS	CAH	15.68438719	0	0
251320	CLAIBORNE COUNTY HOSPITAL	123 MCCOMB AVE	PORT GIBSON	39150	MS-02	MS	CAH	7.418347257	0	0
251322	LAIRD HOSPITAL	25117 HWY 15	UNION	39365	MS-03	MS	CAH	10.13696202	0	0
251323	SCOTT REGIONAL HOSPITAL	317 HIGHWAY 13 SOUTH	MORTON	39117	MS-03	MS	CAH	15.34547358	0	0
251324	WALTHAM COUNTY GENERAL HOSPITAL	100 HOSPITAL DRIVE	TYLERTOWN	39657	MS-03	MS	CAH	6.917406787	0	0
251325	COVINGTON COUNTY HOSPITAL	803 GERALD MCRANEY DRIVE	COLLINS	39428	MS-03	MS	CAH	3.678180239	0	0
251326	JEFFERSON DAVIS GENERAL HOSPITAL	1102 ROSE STREET	PRENTISS	39474	MS-03	MS	CAH	9.198271774	0	0
251327	COPIAH COUNTY MEDICAL CENTER	27190 HWY 28	HAZLEHURST	39083	MS-02	MS	CAH		0	0
251328	GREENE COUNTY HOSPITAL	1017 JACKSON AVENUE	LEAKESVILLE	39451	MS-04	MS	CAH		0	0
251330	FRANKLIN COUNTY HOSPITAL	HOSPITAL ROAD	MEADVILLE	39653	MS-02	MS	CAH		0	0
251331	BMH - CALHOUN	140 BURKE CALHOUN CITY ROAD	CALHOUN	38916	MS-01	MS	CAH		0	0

271323	CLARK FORK VALLEY HOSPITAL	10 KRUGER ROAD	PLAINS	59859	MT-01	MT	CAH	17.98860774	0	0
271324	LOGAN HEALTH CONRAD	105 SUNSET BLVD	CONRAD	59425	MT-02	MT	CAH	8.366467891	0	0
271325	ST LUKE COMMUNITY HOSPITAL	107 6TH AVENUE SOUTHWEST	RONAN	59854	MT-01	MT	CAH	23.34861306	0	0
271326	BEARTOOTH BILLINGS CLINIC	2525 NORTH BROADWAY	RED LODGE	59068	MT-02	MT	CAH	11.90736846	0	0
271327	ROSEBUD COMMUNITY HOSPITAL	3	FORSYTH	59327	MT-02	MT	CAH	9.478546076	0	0
271328	LOGAN HEALTH SHELBY	640 PARK DRIVE	SHELBY	59474	MT-02	MT	CAH	22.18540539	0	0
271329	MADISON VALLEY MEDICAL CENTER	305 NORTH MAIN	ENNIS	59729	MT-01	MT	CAH	7.490118355	0	0
271330	STILLWATER BILLINGS CLINIC	710 N. 11TH STREET	COLUMBUS	59019	MT-02	MT	CAH	6.737406459	0	0
271331	MINERAL COMMUNITY HOSPITAL	1208 6TH AVE EAST	SUPERIOR	59872	MT-01	MT	CAH	22.73173807	0	0
271332	GLENDOVE MEDICAL CENTER INC	202 PROSPECT DRIVE	GLENDIVE	59330	MT-02	MT	CAH	17.91946003	0	0
271333	BILLINGS CLINIC BROADWATER	110 NORTH OAK STREET	TOWNSEND	59844	MT-02	MT	CAH	7.626479178	0	0
271335	COMMUNITY HOSPITAL OF ANACONDA	401 WEST PENNSYLVANIA	ANACONDA	59711	MT-01	MT	CAH	20.48383507	0	0
271336	LOGAN HEALTH WHITEFISH	1600 HOSPITAL WAY	WHITEFISH	59937	MT-01	MT	CAH	15.44935394	0	0
271337	LOGAN HEALTH CUTBANK	802 SECOND STREET SE	CUTBANK	59427	MT-01	MT	CAH	37.08410882	1	0
271338	BIG HORN HOSPITAL	17 NORTH MILES AVENUE	HARDIN	59034	MT-02	MT	CAH	53.51012816	1	0
271340	MARCUS DALY MEMORIAL HOSPITAL	1200 WESTWOOD DRIVE	HAMILTON	59840	MT-01	MT	CAH	15.97815133	0	0
271341	NORTHEAST MONTANA HEALTH SERVICES	315 KNAPP STREET	WOLF POINT	59201	MT-02	MT	CAH	30.95385107	0	1
271342	DANIELS MEMORIAL HOSPITAL	106 5TH AVENUE	COBEE	59263	MT-02	MT	CAH	15.68418419	0	0
271343	PROVIDENCE ST JOSEPH MEDICAL CTR	8 13TH AVE E	POLSON	59880	MT-01	MT	CAH	20.62171325	0	1
271344	SIDNEY HEALTH CENTER	216 14TH AVENUE S.W.	SIDNEY	59270	MT-02	MT	CAH	10.59473954	0	0
271345	CENTRAL MONTANA MEDICAL CENTER	408 WENDELL AVENUE	LEWISTOWN	59457	MT-02	MT	CAH	14.85939443	0	0
271346	ROUNDUP MEMORIAL HEALTHCARE	1202 3RD STREET WEST	ROUNDUP	59072	MT-02	MT	CAH	23.69898204	0	0
271347	HOLY ROSARY HEALTHCARE	2800 WILSON STREET	MILES CITY	59301	MT-02	MT	CAH	14.85325064	0	0
271389	BIG SKY MEDICAL CENTER	334 TOWN CENTER AVE	BIG SKY	59716	MT-01	MT	CAH	7.328243018	0	1
280009	CHI HEALTH GOOD SAMARITAN	10 E 31ST STREET	KEARNEY	68847	NE-03	NE	RRC	15.79300561	0	0
280032	MARY LANNING MEMORIAL HOSPITAL ASSOC	715 NORTH ST. JOSEPH AVENUE	HASTINGS	68801	NE-03	NE	PPS	14.36054813	0	0
280061	REGIONAL WEST MEDICAL CENTER	4021 AVENUE B	SCOTTSSBLUFF	69361	NE-03	NE	SCHRRRC	16.21808899	0	0
280065	GREAT PLAINS HEALTH	601 W LEOA ST	NORTH PLATTE	69101	NE-03	NE	SCHRRRC	13.20533868	0	0
280077	FREMONT HEALTH	450 EAST 23RD ST	FREMONT	68025	NE-01	NE	SCH	14.23480073	0	0
280111	COLUMBUS COMMUNITY HOSPITAL	4800 38TH STREET	COLUMBUS NEBRASKA	68602	NE-01	NE	SCH	11.60216878	0	0
280125	FAITH REGIONAL HEALTH SERVICES	1500 KOENIGSTEIN AVE	NORFOLK	68701	NE-01	NE	SCH	10.8865409	0	0
280134	KEARNEY REGIONAL MEDICAL CENTER	804 22ND AVE	KEARNEY	68845	NE-03	NE	PPS	7.004102764	0	0
281300	HARLAN COUNTY HEALTH SYSTEM	717 NORTH BROWN	ALMA	68920	NE-03	NE	CAH	7.770357188	0	0
281301	FILLMORE COUNTY HOSPITAL	1900 F STREET	GENEVA	68361	NE-03	NE	CAH	8.29136902	0	0
281302	PAWNEE COUNTY MEMORIAL HOSPITAL	800 I STREET	PAWNEE CITY	68420	NE-03	NE	CAH	7.512537722	0	0
281303	NIOBRARA VALLEY HOSPITAL	HIGHWAY 12 & FIFTH STREET	LYNCH	68746	NE-03	NE	CAH	8.60629778	0	0
281304	THAYER COUNTY HEALTH SERVICES	120 PARK AVENUE	HEBRON	68370	NE-03	NE	CAH	10.3892907	0	0
281305	KIMBALL COUNTY HOSPITAL	905 SOUTH BURG	KIMBALL	69145	NE-03	NE	CAH	14.95445382	0	0
281306	KEARNEY COUNTY HEALTH SERVICES	727 EAST 1ST STREET	MINDEN	68959	NE-03	NE	CAH	9.634845838	0	0
281307	SAUNDERS COUNTY HEALTH SERVICES	1760 CO. RD. J	WAHOO	68066	NE-02	NE	CAH	6.019598432	0	0
281308	HENDERSON HEALTH CARE SERVICES	1621 FRONT STREET	HENDERSON	68371	NE-03	NE	CAH	6.219853984	0	0
281309	SYRACUSE AREA HEALTH	2731 HEALTHCARE DR	SYRACUSE	68446	NE-03	NE	CAH	4.797142174	0	0
281310	REGIONAL WEST GARDEN COUNTY HOSPITAL	1100 WEST 2ND ST	OSHKOSH	69154	NE-03	NE	CAH	8.705759727	0	0
281311	FRANKLIN COUNTY MEMORIAL HOSPITAL	1406 Q STREET	FRANKLIN	68939	NE-03	NE	CAH	7.962849807	0	0
281312	GENOA COMMUNITY HOSPITAL	709 EWING AVE	GENOA	68640	NE-03	NE	CAH	4.093671083	0	0
281313	GOTHENBURG MEMORIAL HOSP	910 20TH STREET	GOTHENBURG	69138	NE-03	NE	CAH	7.448536794	0	0
281314	ANNIE JEFFREY MEM. CNTY HLTH. CTR.	531 BEEBE	OSCEOLA	68651	NE-01	NE	CAH	9.688059102	0	0
281315	BRODSTONE MEMORIAL HOSPITAL	520 EAST 10TH STREET	SUPERIOR	68978	NE-03	NE	CAH	10.73895717	0	0
281316	WEBSTER COUNTY COMMUNITY HOSPITAL	6TH & FRANKLIN ST	RED CLOUD	68970	NE-03	NE	CAH	13.42675945	0	0
281318	MORRILL COUNTY COMMUNITY HOSPITAL	1313 S STREET	BRIDGEPORT	69336	NE-03	NE	CAH	14.85329085	0	0
281319	JEFFERSON COMMUNITY HEALTH CENTER	2200 NORTH H STREET	FAIRBURY	68352	NE-03	NE	CAH	5.457771224	0	0
281320	MEMORIAL COMMUNITY HEALTH INC.	1423 7TH STREET	AURORA	68818	NE-03	NE	CAH	5.726435351	0	0
281322	SAINT FRANCIS MEMORIAL HOSPITAL	430 NORTH MONITOR STREET	WEST POINT	68788	NE-01	NE	CAH	14.4821405	0	0
281323	CHI HEALTH SCHUYLER	104 WEST 17TH STREET	SCHUYLER	68661	NE-01	NE	CAH	8.897648339	0	0
281324	NEMAHA COUNTY HOSPITAL	2022 13TH STREET	AUBURN	68305	NE-03	NE	CAH	8.298786263	0	0
281325	BROWN COUNTY HOSPITAL	945 EAST ZERO	AINSWORTH	69210	NE-03	NE	CAH	9.919372618	0	0
281326	ANTELOPE MEMORIAL HOSPITAL	102 WEST 9TH STREET	NELOUGH	68756	NE-03	NE	CAH	8.37592906	0	0
281327	COZAD COMMUNITY HOSPITAL	300 EAST 12TH STREET	COZAD	69130	NE-03	NE	CAH	11.86581027	0	0
281328	MERRICK MEDICAL CENTER	2802 28TH STREET	CENTRAL CITY	68826	NE-03	NE	CAH	8.342307540	0	0
281329	AVERA ST. ANTHONYS HOSPITAL	300 N 2ND STREET	ONEILL	68763	NE-03	NE	CAH	8.403767559	0	0
281330	WARREN MEMORIAL HOSPITAL	905 2ND ST	FRIEND	68359	NE-03	NE	CAH	5.292762034	0	1
281331	AVERA CREIGHTON HOSPITAL	1503 MAIN STREET	CREIGHTON	68729	NE-03	NE	CAH	8.26645033	0	0
281332	BUTLER COUNTY HEALTH CARE CENTER	372 SOUTH 9TH STREET	DAVID CITY	68632	NE-01	NE	CAH	5.552202825	0	0
281333	ROCK COUNTY HOSPITAL	102 EAST SOUTH STREET	BASSETT	68714	NE-03	NE	CAH	8.491295845	0	0
281334	BOONE COUNTY HEALTH CENTER	723 WEST FAIRVIEW	ALBION	68620	NE-03	NE	CAH	7.254559254	0	0
281335	CALLAWAY DISTRICT HOSPITAL	211 EAST KIMBALL	CALLAWAY	68825	NE-03	NE	CAH	7.718193972	0	0
281336	YORK GENERAL HOSPITAL INC.	2222 LINCOLN AVENUE	YORK	68467	NE-03	NE	CAH	8.612271131	0	0
281338	HOWARD COUNTY MEDICAL CENTER	1113 SHERMAN STREET	SAINT PAUL	68873	NE-03	NE	CAH	6.306602082	0	0
281339	MEMORIAL HEALTH CARE SYSTEMS	300 NORTH COLUMBIA AVENUE	SEWARD	68434	NE-01	NE	CAH	11.38817973	0	0
281340	DUNDY COUNTY HOSPITAL	1313 NORTH CHEYENNE STREET	BENKELMAN	69021	NE-03	NE	CAH	11.04566914	0	0
281341	CHADRON COMMUNITY HOSPITAL	825 CENTENNIAL DRIVE	CHADRON	69337	NE-03	NE	CAH	11.79369492	0	0
281342	SAINT MARYS HOSPITAL	1301 GRUNDMAN BLVD	NEBRASKA CITY	68410	NE-03	NE	CAH	7.311253426	0	0
281343	WEST HOLT MEMORIAL HOSPITAL	406 WEST NEELY STREET	ATKINSON	68713	NE-03	NE	CAH	9.307324916	0	0
281344	CHERRY COUNTY HOSPITAL	510 NORTH GREEN STREET	VALENTINE	69201	NE-03	NE	CAH	8.234945355	0	0
281345	PROVIDENCE MEDICAL CENTER	1200 PROVIDENCE ROAD	WAYNE	68767	NE-03	NE	CAH	9.146119236	0	0
281348	CHI HEALTH PLAINVIEW	704 N 3RD STREET	PLAINVIEW	68769	NE-03	NE	CAH	5.219037702	0	0
281349	OSMOND GENERAL HOSPITAL	402 NORTH MAPLE	OSMOND	68765	NE-03	NE	CAH	10.90274715	0	0
281349	TRI VALLEY HEALTH SYSTEM	WEST HIGHWAY 8 AND 34	CAMBRIDGE	69022	NE-03	NE	CAH	8.050340615	0	0
281349	PENDER COMMUNITY HOSPITAL DISTRICT	100 HOSPITAL DRIVE	PENDER	68047	NE-03	NE	CAH	6.082412794	0	0
281350	JOHNSON COUNTY HOSPITAL	202 HIGH STREET	TECUMSEH	66450	NE-03	NE	CAH	7.786901717	0	0
281351	CHASE COUNTY COMMUNITY HOSPITAL	600 WEST 12TH STREET	IMPERIAL	69033	NE-03	NE	CAH	9.35423441	0	0
281352	COMMUNITY MEDICAL CENTER INC.	3307 BARADA STREET	FALLS CITY	68355	NE-03	NE	CAH	9.438332133	0	0
281353	VALLEY COUNTY HEALTH SYSTEM	2707 L STREET	ORD	68862	NE-03	NE	CAH	12.65592202	0	0
281354	CRETE AREA MEDICAL CENTER	2910 BETTEN DRIVE	CRETE	68333	NE-03	NE	CAH	12.5916259	0	1
281355	OGALLALA COMMUNITY HOSPITAL	2801 NORTH SPRUCE	OGALLALA	68153	NE-03	NE	CAH	5.799128447	0	0
281356	PERKINS COUNTY HEALTH SERVICES	902 CENTRAL AVENUE	GRANT	69140	NE-03	NE	CAH	16.51216387	0	0
281357	SIDNEY REGIONAL MEDICAL CENTER	1000 POLE CREEK CROSSING	SIDNEY	69162	NE-03	NE	CAH	16.25764617	0	0
281358	GORDON MEMORIAL HOSPITAL DISTRICT	300 E 8TH STREET	GORDON	69343	NE-03	NE	CAH		0	0
281359	MEMORIAL COMMUNITY HOSPITAL	810 N 22ND ST	BLAIR	68008	NE-03	NE	CAH		0	0

330239	UPMC CHAUTAUQUA AT WCA	207 FOOTE AVENUE	JAMESTOWN	14701	NY-23	NY	PFS	24.50178819	0	0
330250	CHAMPLAIN VALLEY PHYSICIANS HOSPITAL	75 BEEKMAN STREET	PLATTSBURGH	12901	NY-21	NY	SCH/RRR	8.320945557	0	0
330276	NATHAN LITTAUER HOSPITAL & NURSING H	99 EAST STATE STREET	GLOVERSVILLE	12078	NY-21	NY	MDH	25.58131064	0	0
330277	CORNING HOSPITAL	1 GUTHRIE DRIVE	CORNING	14830	NY-23	NY	PPS	16.79139291	0	0
330386	GARNET HEALTH MEDICAL CENTER - CATSK	68 BUSHVILLE ROAD	HARRIS	12742	NY-19	NY	SCH/RRR	30.02778852	1	0
331301	CUBA MEMORIAL HOSPITAL INC	140 W MAIN ST	CUBA	14727	NY-23	NY	CAH	20.42627293	0	0
331302	ELIZABETHTOWN COMMUNITY HOSPITAL	75 PARK STREET	ELIZABETHTOWN	12932	NY-21	NY	CAH	11.67203376	0	0
331303	GARNET HEALTH MEDICAL CENTER - CATSK	8881 STATE RT 97	CALLICOON	12723	NY-19	NY	CAH	13.57928551	0	0
331304	MARGARETVILLE HOSPITAL	42084 STATE HIGHWAY	MARGARETVILLE	12455	NY-19	NY	CAH	26.63378701	0	0
331305	O'CONNOR HOSPITAL	460 ANDES ROAD	DELHI	13753	NY-19	NY	CAH	14.40078684	0	0
331307	CLIFTON-FINE HOSPITAL	1014 OSWEGATCHIE TRAIL	STAR LAKE	13690	NY-21	NY	CAH	31.13360212	1	0
331309	RIVER HOSPITAL	4 FULLER STREET	ALEXANDRIA BAY	13607	NY-21	NY	CAH	23.90291995	0	0
331310	ELLENVILLE REGIONAL HOSPITAL	10 HEALTH WAY	ELLENVILLE	12428	NY-18	NY	CAH	24.95787625	0	0
331311	LITTLE FALLS HOSPITAL	140 BURWELL STREET	LITTLE FALLS	13365	NY-21	NY	CAH	23.81092878	0	0
331312	DELAWARE VALLEY HOSPITAL	1 TITUS PLACE	WALTON	13856	NY-19	NY	CAH	23.90961905	0	0
331313	SCHUYLER HOSPITAL	220 STEUBEN ST	MONTOUR FALLS	14885	NY-23	NY	CAH	24.42902767	0	0
331314	SOLDIERS & SAILORS MEMORIAL HOSPITAL	418 NORTH MAIN STREET	PENN YAN	14527	NY-24	NY	CAH	17.45632191	0	0
331315	GOUVERNEUR HOSPITAL	77 WEST BARNEY STREET	GOUVERNEUR	13642	NY-21	NY	CAH	37.80939785	0	0
331316	COMMUNITY MEMORIAL HOSPITAL	150 BROAD ST	HAMILTON	13346	NY-22	NY	CAH	18.82704814	0	0
331317	LEWIS COUNTY GENERAL HOSPITAL	7785 N. STATE STREET	LOWVILLE	13357	NY-21	NY	CAH	16.55388882	0	1
331319	MEDINA MEMORIAL HOSPITAL	200 OHIO STREET	MEDINA	14103	NY-24	NY	CAH	23.24528527	0	0
331320	BASSETT HOSPITAL OF SCHOHARIE COUNTY	178 GRANDVIEW DRIVE	COBLESKILL	12043	NY-21	NY	CAH	18.68509139	0	0
340003	NORTHERN HOSP OF SURRY CO	830 ROCKFORD STREET	MOUNT AIRY	27030	NC-05	NC	MDH	12.40436666	0	0
340008	SCOTLAND MEMORIAL HOSPITAL	500 LAUCHWOOD DRIVE	LAURINBURG	28352	NC-09	NC	PPS	22.67282833	0	0
340013	RUTHERFORD HOSPITAL INC.	288 S. RIDGECREST AVENUE	RUTHERFORDTON	28139	NC-11	NC	SCH/RRR	4.82910955	0	0
340016	HARRIS REGIONAL HOSPITAL	68 HOSPITAL ROAD	SYLVA	28778	NC-11	NC	PPS	14.94091308	0	0
340020	CENTRAL CAROLINA HOSPITAL	1135 CARTHAGE STREET	SANFORD	27330	NC-09	NC	PPS	16.87149531	0	0
340021	ATRIUM HEALTH CLEVELAND	201 EAST GROVER STREET	SHELBY	28150	NC-10	NC	RRR	17.99868219	0	0
340024	SAMPSON REGIONAL MEDICAL CENTER	607 BEAMAN STREET	CLINTON	28328	NC-03	NC	MDH	16.25048381	0	0
340027	LENOIR MEMORIAL HOSPITAL	100 AIRPORT ROAD	KINSTON	28501	NC-03	NC	SCH/RRR	18.06634928	0	0
340050	S.E. REGI. MEDICAL CENTER	300 W. 27TH STREET	LUMBERTON	28358	NC-07	NC	SCH/RRR	18.61347423	0	0
340051	WATAUGA MEDICAL CENTER	336 DEERFIELD ROAD	BOONE	28607	NC-05	NC	SCH/RRR	2.399294831	0	0
340080	UNC ROCKINGHAM HOSPITAL	117 EAST KINGS HWY	EDEN	27288	NC-06	NC	PPS	13.55989385	0	1
340084	WRMC HOSPITAL OPERATING CORPORATION	1370 WEST D STREET	NORTH WILKESBORO	28659	NC-05	NC	PPS	13.28019206	0	0
340086	COLUMBUS REGIONAL HEALTHCARE SYSTEM	500 JEFFERSON STREET	WHITEVILLE	28472	NC-07	NC	RRR	4.832727703	0	0
340071	HARNETT HEALTH SYSTEM	800 TILGHMAN DRIVE	DUNN	28334	NC-13	NC	PPS	20.0932838	0	0
340084	ATRIUM HEALTH ANSON	2301 US HIGHWAY 74 WEST	WADESBORO	28170	NC-08	NC	PPS	24.84781055	0	0
340087	THE MCDOWELL HOSPITAL	430 RANKIN DRIVE	MARION	28752	NC-11	NC	PPS	17.14501353	0	0
340090	JOHNSTON HEALTH	559 NORTH BRIGHTLEAF BLVD	SMITHFIELD	27577	NC-13	NC	PPS	15.07401406	0	0
340097	HUGH CHATHAM MEMORIAL HOSPITAL	100 PARKWOOD DRIVE	ELKIN	28621	NC-05	NC	MDH	11.25904084	0	0
340099	VIDANT ROANOKE CHOWAN HOSPITAL	500 SOUTH ACADEMY STREET	AHOSKIE	27910	NC-01	NC	SCH	17.37620594	0	0
340107	VIDANT EDGEcombe HOSPITAL	111 HOSPITAL DRIVE	TARBORO	27886	NC-01	NC	PPS	16.06180758	0	0
340109	SENTARA ALBEMARLE REGL. MED CTR LLC	1144 NORTH ROAD STREET	ELIZABETH CITY	27809	NC-01	NC	SCH/RRR	14.22351451	0	0
340115	FIRSTHEALTH MOORE REGIONAL HOSPITAL	35 MEMORIAL DRIVE	PINEHURST	28374	NC-09	NC	RRR	11.03278	0	0
340119	ATRIUM HEALTH STANLY	301 YADKIN STREET	ALBEMARLE	28001	NC-08	NC	PPS	16.68197355	0	0
340120	DUPLIN GENERAL HOSPITAL	HIGHWAY 11 NORTH MAIN STREET	KENANSVILLE	28349	NC-03	NC	PPS	19.84535631	0	0
340123	AMERICAN HEALTHCARE SYSTEMS	373 NORTH FAYETTEVILLE STREET	ASHEBORO	27204	NC-09	NC	RRR	3.825243004	0	0
340126	WILSON MEDICAL CENTER	1705 SOUTH TARBORO STREET	WILSON	27893	NC-01	NC	MDH/RRR	15.37227076	0	0
340127	GRANVILLE MEDICAL CENTER	1010 COLLEGE STREET	OXFORD	27565	NC-04	NC	PPS	8.84330729	0	0
340131	CAROLINA EAST MEDICAL CENTER	2000 NEUSE BOULEVARD	NEW BERN	28561	NC-03	NC	SCH/RRR	8.543345924	0	0
340132	MARIA PARHAM MEDICAL CENTER	566 RUIN CREEK ROAD	HENDERSON	27536	NC-01	NC	MDH	4.986434221	0	0
340133	MARTIN GENERAL HOSPITAL	310 SOUTH MCCASKEY RD	WILLIAMSTON	27892	NC-01	NC	MDH	14.03375425	0	0
340142	CARTERET COUNTY GENERAL HOSPITAL CO.	3500 ARENDELL STREET	MOREHEAD CITY	28557	NC-03	NC	SCH/RRR	1.801483559	0	0
340145	ATRIUM HEALTH LINCOLN	433 MCALISTER ROAD	LINCOLNTON	28092	NC-10	NC	MDH	16.7753832	0	0
340151	HALIFAX REGIONAL MEDICAL CENTER	250 SMITH CHURCH ROAD	ROANOKE RAPIDS	27870	NC-01	NC	SCH	16.31014472	0	0
340156	BRUNSWICK COMMUNITY HOSPITAL	240 HOSPITAL DRIVE NE	BOLIVIA	28462	NC-07	NC	MDH	12.59509463	0	0
340159	PERSON MEMORIAL HOSPITAL INC	615 RIDGE ROAD	ROXBORO	27573	NC-04	NC	PPS	14.62859227	0	1
340184	HAYWOOD REGIONAL MEDICAL CENTER	262 LEROY GEORGE DRIVE	CLYDE	28721	NC-11	NC	PPS	3.884446279	0	0
341303	FIRSTHEALTH MONTGOMERY MEMORIAL CAH	520 ALLEN STREET	TROY	27371	NC-08	NC	CAH	5.484164167	0	0
341304	BERTIE MEMORIAL HOSPITAL	1403 SOUTH KING STREET	WINDSOR	27983	NC-01	NC	CAH	12.92087326	0	0
341305	SWAIN COUNTY HOSPITAL	45 PLATEAU STREET	BRYSON CITY	28713	NC-11	NC	CAH	15.74236125	0	0
341311	CHATHAM HOSPITAL INC	475 PROGRESS BLVD	SILER CITY	27344	NC-09	NC	CAH	16.34798581	0	1
341314	CAH #1 - WASHINGTON	958 US HIGHWAY 64 EAST	PLYMOUTH	27982	NC-01	NC	CAH		0	0
341315	BLADEN COUNTY HOSPITAL	HIGHWAY 701	ELIZABETHTOWN	28337	NC-07	NC	CAH	13.23791056	0	0
341316	HIGHLANDS CASHIERS HOSPITAL	HIGHWAY 64E	HIGHLANDS	28741	NC-11	NC	CAH	2.845788111	0	0
341318	CHOWAN HOSPITAL INC.	211 VIRGINIA AVENUE	EDENTON	27932	NC-01	NC	CAH	16.37863662	0	0
341319	TRANSYLVANIA COMMUNITY HOSPITAL	260 HOSPITAL DRIVE	BREVARD	28712	NC-11	NC	CAH	10.47597623	0	0
341320	ALLEGHANY MEMORIAL HOSPITAL	233 DOCTORS STREET	SPARTA	28675	NC-05	NC	CAH	12.42204369	0	0
341322	ST LUKES HOSPITAL	220 HOSPITAL DRIVE	COLUMBUS	28722	NC-11	NC	CAH	8.343005451	0	0
341323	CHARLES A. CANNON MEMORIAL HOSPITAL	434 HOSPITAL DRIVE	LINVILLE	28646	NC-05	NC	CAH	2.559134896	0	0
341324	THE OUTER BANKS HOSPITAL	4800 S. CROATAN HWY	NAGS HEAD	27959	NC-03	NC	CAH	8.029397478	0	0
341325	ASHE MEMORIAL HOSPITAL	200 HOSPITAL AVENUE	JEFFERSON	28640	NC-05	NC	CAH	9.66891712	0	0
341326	MH ANGEL MEDICAL CENTER LLLP	124 ONE CENTER COURT	FRANKLIN	28734	NC-11	NC	CAH	9.78433859	0	0
341327	J ARTHUR DOSHER MEMORIAL HOSPITAL	924 HOWE STREET	SOUTHPORT	28461	NC-07	NC	CAH	5.444599683	0	0
341328	MURPHY MEDICAL CENTER	3990 E US HIGHWAY 64 ALT	MURPHY	28906	NC-11	NC	CAH	3.465526195	0	0
341329	BLUE RIDGE REGIONAL HOSPITAL	125 HOSPITAL DRIVE	SPRUCE PINE	28777	NC-05	NC	CAH		0	1
350006	TRINITY HOSPITALS/ST JOES	2305 37TH AVE SW	MINOT	58701	ND-00	ND	SCH/RRR	12.11978741	0	0
351300	TIOGA MEDICAL CENTER	810 NORTH WELLS STREET	TIOGA	58852	ND-00	ND	CAH	4.206833255	0	0
351301	MOUNTAIN COUNTY MEDICAL CENTER	615 6TH STREET SE	STANLEY	58794	ND-00	ND	CAH	9.293124746	0	0
351302	MCKENZIE COUNTY HEALTHCARE SYSTEM	516 NORTH MAIN	WATFORD CITY	58854	ND-00	ND	CAH	11.05817416	0	0
351303	GARRISON MEMORIAL HOSPITAL	407 3RD AVENUE SE	GARRISON	58540	ND-00	ND	CAH	5.379354796	0	0
351304	TURTLE LAKE COMMUNITY HOSPITAL	220 5TH AVENUE	TURTLE LAKE	58575	ND-00	ND	CAH	5.920281379	0	0
351305	KENMARE COMMUNITY HOSPITAL	317 1ST AVE NW	KENMARE	58746	ND-00	ND	CAH	13.95014099	0	0
351306	COOPERSTOWN MEDICAL CENTER	1200 ROBERTS AVENUE NE	COOPERSTOWN	58425	ND-00	ND	CAH		0	0
351307	ST ANDREWS HEALTH CENTER	316 OHMER ST	BOTTINEAU	58318	ND-00	ND	CAH	9.498871251	0	0
351308	NELSON COUNTY HEALTH SYSTEM-HOSPITAL	200 NORTH MAIN STREET	MCVILLE	58264	ND-00	ND	CAH	31.05756694	1	0
351309	SANFORD MAYVILLE	42 6TH AVENUE SE	MAYVILLE	58257	ND-00	ND	CAH	5.48045405	0	0
351310	SAKAKAWEA MEDICAL CENTER	510 JETH AVE NE	HAZEN	58545	ND-00	ND	CAH	3.503230632	0	0
351311	LISBON AREA HEALTH SERVICES	905 MAIN	LISBON	58054	ND-00	ND	CAH	8.480123116	0	0

361329	WYANDOT MEMORIAL HOSPITAL	885 N. SANDUSKY AVE.	UPPER SANDUSKY	43351 OH-05	OH CAH	12.5260392	0	0
361330	HOCKING VALLEY	801 STATE ROUTE 664	LOGAN	43138 OH-02	OH CAH	21.88265973	0	0
361331	FAYETTE COUNTY MEMORIAL HOSP	1430 COLUMBUS AVE	WASHINGTON COURT HOUSE	43160 OH-15	OH CAH	29.71932098	1	0
361332	HIGHLAND DISTRICT HOSPITAL	1275 NORTH HIGH STREET	HILLSBORO	45133 OH-02	OH CAH	10.19709514	0	0
361333	FULTON COUNTY HEALTH CENTER	725 SOUTH SHOOP AVENUE	WAUSEON	43567 OH-09	OH CAH	11.53520065	0	0
361334	PIKE COMMUNITY HOSPITAL	100 DAWUN LANE	WAVERLY	45690 OH-02	OH CAH	22.98816548	0	0
370002	ALLIANCEHEALTH WOODWARD	917 17TH STREET	WOODWARD	73802 OK-03	OK SCH	19.90116036	0	1
370004	INTEGRIS MIAMI HOSPITAL	200 2ND AVE. SW	MIAMI	74354 OK-02	OK SCH	26.0018823	0	0
370006	PONCA CITY MEDICAL CENTER	1800 N 14TH STREET	PONCA CITY	74501 OK-03	OK SCH/RRRC	25.33093863	0	0
370014	ALLIANCEHEALTH DURANT	1800 W UNIVERSITY BLVD	DURANT	74820 OK-02	OK RRC	27.13902827	0	0
370015	HILLCREST HOSPITAL PRYOR	111 N. BAILEY	PRYOR	74361 OK-02	OK MDH	23.9517827	0	0
370016	BASS BAPTIST HEALTH CENTER	600 SOUTH MONROE	ENID	73702 OK-03	OK PPS	23.84629813	0	0
370018	JANE PHILLIPS MEDICAL CENTER	3500 SE FRANK PHILLIPS BLVD	BARTLESVILLE	74008 OK-02	OK SCH/RRRC	16.2627924	0	0
370019	GREAT PLAINS REGIONAL MEDICAL CENTER	WEST THIRD AND LINCOLN	ELK CITY	73648 OK-03	OK SCH	23.34187242	0	0
370020	MERCY HOSPITAL ADA	431 NORTH MONTE VISTA	ADA	74820 OK-04	OK SCH/RRRC	18.3580932	0	0
370022	JACKSON COUNTY MEMORIAL HOSPITAL	1200 EAST PECAN	ALTUS	73522 OK-03	OK SCH/RRRC	18.4909817	0	0
370023	DUNCAN REGIONAL HOSPITAL	1407 WHISENANT DRIVE	DUNCAN	74534 OK-04	OK SCH	20.90569892	0	0
370025	SAINT FRANCIS HOSPITAL MUSKOGEE	300 ROCKEFELLER DRIVE	MUSKOGEE	74401 OK-02	OK RRC	24.99620813	0	0
370026	ST MARY'S REGI MEDICAL CENTER	305 SOUTH FIFTH STREET	ENID	73701 OK-03	OK PPS	13.70062614	0	0
370030	BLACKWELL REGIONAL HOSPITAL	710 SOUTH 13TH	BLACKWELL	74631 OK-03	OK MDH	21.91559174	0	1
370034	MCALESTER REGIONAL HEALTH CENTER	1 CLARK BASS BOULEVARD	MCALESTER	74501 OK-02	OK SCH/RRRC	23.24268843	0	0
370039	HILLCREST HOSPITAL CLAREMORE	1202 N. MUSKOGEE PLACE	CLAREMORE	74017 OK-02	OK PPS	20.25456908	0	0
370047	MERCY HOSPITAL ARDMORE	1011 14TH AVE NW	ARDMORE	73401 OK-04	OK SCH/RRRC	15.42120873	0	0
370049	STILLWATER MEDICAL CENTER	1323 W 6TH STREET	STILLWATER	74074 OK-03	OK SCH/RRRC	17.4562174	0	0
370054	GRADY MEMORIAL HOSPITAL	2220 IOWA AVENUE	CHICKASHA	73018 OK-04	OK SCH/RRRC	22.26606486	0	0
370057	MUSKOGEE CREEK NATION MED CENTER	1401 MORRIS DRIVE	OKMULGEE	74447 OK-02	OK PPS	23.79391348	0	0
370083	PUSHMATAHA HOSPITAL	510 EAST MAIN STREET	ANTLERS	74523 OK-02	OK MDH	25.6400196	0	0
370089	NORTHEASTERN HEALTH SYSTEM	E DOWNING	TAHLEQUAH	74464 OK-02	OK SCH	20.35832935	0	0
370099	HILLCREST HOSPITAL CUSHING	1027 EAST CHERRY	CUSHING	74023 OK-03	OK MDH	27.29837867	0	1
370100	CHOCTAW MEMORIAL HOSPITAL	1405 EAST KIRK	HUGO	74743 OK-02	OK MDH	28.27267173	1	0
370112	SEQUOYAH COUNTY CITY OF SALLISAW HOS	213 E. REDWOOD STREET	SALLISAW	74855 OK-02	OK PPS	30.55270529	1	0
370113	INTEGRIS GROVE HOSPITAL	1001 EAST 18TH STREET	GROVE	74344 OK-02	OK SCH	21.37950028	0	1
370139	PERRY MEMORIAL HOSPITAL	501 N 14TH STREET	PERRY	73077 OK-03	OK SCH	16.48801335	0	1
370149	ST ANTHONY SHAWNEE HOSPITAL	1102 WEST MACARTHUR	SHAWNEE	74804 OK-05	OK RRC	23.65813327	0	0
370153	ELKVIG GENERAL HOSPITAL	429 ELM	HOBART	73654 OK-03	OK SCH	21.8004858	0	1
370166	WAGONER HOSPITAL AUTHORITY	1200 WEST CHEROKEE	WAGONER	74467 OK-02	OK PPS	37.1579511	1	1
370178	ADAIR COUNTY HEALTH CENTER	109 HIGHWAY WEST	STILWELL	74960 OK-02	OK MDH	63.26624119	0	1
370183	HILLCREST HOSPITAL HENRYETTA	DEWEY BARTLETT & MAIN	HENRYETTA	74437 OK-02	OK PPS	25.77482453	0	0
370214	LINDSAY MUNICIPAL HOSPITAL AUTHORITY	HIGHWAY #19 WEST	LINDSAY	73052 OK-04	OK PPS	55.93585757	1	0
370237	SAINT FRANCIS HOSPITAL VINITA	735 N. FOREMAN	VINITA	74301 OK-02	OK PPS	25.34053891	0	0
370243	SOUTHERN PLAINS MED CTR OF GARVIN CO	100 VALLEY DRIVE	PAULS VALLEY	73075 OK-04	OK PPS	4.581503374	0	0
371300	ATOKA MEMORIAL HOSPITAL	1200 WEST LIBERTY ROAD	ATOKA	74525 OK-02	OK CAH	15.13737376	0	0
371301	PRAGUE COMMUNITY HOSPITAL	1322 KLAZUBA AVENUE	PRAGUE	74884 OK-05	OK CAH	11.18952026	0	0
371302	MERCY HOSPITAL WATONGA	500 N CLARENCE NASH	WATONGA	73772 OK-03	OK CAH	28.35229107	1	0
371303	ROGER MILLS MEMORIAL HOSPITAL	501 SOUTH LL MALES AVENUE	CHEYENNE	73628 OK-03	OK CAH	19.20799806	0	0
371304	MERCY HOSPITAL TISHOMINGO	1000 SOUTH BYRD	TISHOMINGO	73460 OK-02	OK CAH	29.3305324	0	1
371305	NOWATA HEALTH CENTER	237 S LOCUST	NOWATA	74048 OK-02	OK CAH	25.42920169	0	0
371306	MERCY HEALTHLOVE COUNTY	300 WANDA	MARIETTA	73448 OK-04	OK CAH	18.77237383	0	1
371307	CHARRON MEMORIAL HOSPITAL	100 SOUTH ELLIS	BOISE CITY	73933 OK-03	OK CAH	11.10594563	0	0
371309	PAWHUSKA HOSPITAL INC.	1101 S 15TH	PAWHUSKA	74056 OK-03	OK CAH	9.000072658	0	0
371310	MERCY HOSPITAL HEALDTON INC.	3462 HOSPITAL RD	HEALDTON	73438 OK-04	OK CAH	30.84622744	1	0
371311	JEFFERSON COUNTY HOSPITAL	INTERSECTION HWY 70 & 81	WAURIKA	73573 OK-04	OK CAH	24.55372192	0	0
371313	MERCY HOSPITAL KINGFISHER	1000 HOSPITAL DR	KINGFISHER	73750 OK-03	OK CAH	16.11286401	0	0
371317	MERCY HOSPITAL LOGAN COUNTY	200 S ACADEMY ROAD	GUTHRIE	73044 OK-05	OK CAH	25.92510108	0	0
371318	FAIRFAX COMMUNITY HOSPITAL	40 HOSPITAL ROAD	FAIRFAX	74637 OK-03	OK CAH	9.07649473	0	0
371319	COAL COUNTY GENERAL HOSPITAL	6 NORTH COVINGTON	COALGATE	74538 OK-02	OK CAH	34.3145105	1	0
371320	CLEVELAND AREA HOSPITAL	1401 W PAWNEE	CLEVELAND	74020 OK-03	OK CAH	20.22231358	0	0
371321	HOLDENVILLE GENERAL HOSPITAL	100 MCDOUGAL DRIVE	HOLDENVILLE	74848 OK-02	OK CAH	8.183713189	0	0
371322	BEAVER COUNTY MEMORIAL HOSPITAL	212 E 6TH STREET	BEAVER	73932 OK-03	OK CAH	23.7143773	0	0
371323	WEATHERFORD REGIONAL HOSPITAL	3701 EAST MAIN STREET	WEATHERFORD	73096 OK-03	OK CAH	10.2851697	0	0
371324	HARPER COUNTY COMMUNITY HOSPITAL	1003 HIGHWAY 64	BUFFALO	73834 OK-03	OK CAH	16.71582593	0	0
371325	CORDELL MEMORIAL HOSPITAL	1220 N GLEN ENGLISH	CORDELL	73632 OK-03	OK CAH	23.86185591	0	0
371326	ALLIANCEHEALTH MADILL	901 S. 5TH AVE.	MADILL	73445 OK-02	OK CAH	12.42857594	0	0
371327	OKEENE MUNICIPAL HOSPITAL	207 EAST F STREET	OKEENE	73763 OK-03	OK CAH	19.05047146	0	0
371328	ARBuckle MEMORIAL HOSPITAL	2011 WEST BROADWAY	SULPHUR	73086 OK-04	OK CAH	21.36303531	0	0
371329	FAIRVIEW HOSPITAL	523 STATE ROAD	FAIRVIEW	73737 OK-03	OK CAH	12.69638761	0	0
371330	MANGUM REGIONAL MEDICAL CENTER	1 WICKERSHAM DRIVE	MANGUM	73554 OK-03	OK CAH	5.770792993	0	0
371331	DRUMRIGHT REGIONAL HOSPITAL	610 WEST BYPASS	DRUMRIGHT	74030 OK-03	OK CAH	14.30122308	0	1
371332	SEILING MUNICIPAL HOSPITAL	HIGHWAY 60 & 281	SEILING	73663 OK-03	OK CAH	33.61779284	1	0
371334	CARNEGIE TRI-COUNTY MUNICIPAL HOSPIT	102 N BROADWAY	CARNEGIE	73015 OK-03	OK CAH	7.241592816	0	0
371335	HASKELL REGIONAL HOSPITAL	401 NW H STREET	STIGLER	74462 OK-02	OK CAH	23.6052341	0	0
371336	NEWMAN MEMORIAL HOSPITAL	905 MAIN STREET	SHATTUCK	73858 OK-03	OK CAH	15.87857285	0	1
371337	EASTERN OKLAHOMA MEDICAL CENTER	105 WALL STREET	POTEAU	74953 OK-02	OK CAH	17.90071043	0	0
371338	HARMON MEMORIAL HOSPITAL	400 EAST CHESTNUT	HOLLIS	73650 OK-03	OK CAH	13.27092297	0	0
371340	MEMORIAL HOSPITAL OF TEXAS COUNTY	520 MEDICAL DRIVE	GUYMON	73942 OK-03	OK CAH	27.79062153	0	0
371341	SHARE MEDICAL CENTER	809 SHARE DRIVE	ALVA	73717 OK-03	OK CAH	16.60879248	0	0
371342	MCCURTAIN MEMORIAL HOSPITAL	1301 EAST LINCOLN ROAD	IDABEL	74745 OK-02	OK CAH	22.54914568	0	0
380001	MID-COLUMBIA MEDICAL CENTER	1700 EAST 19TH STREET	THE DALLES	97058 OR-02	OR SCH/RRRC	36.7392358	1	1
380002	MERCY MEDICAL CENTER	2700 STEWART PARKWAY	ROSEBURG	97471 OR-04	OR SCH/RRRC	19.21168064	0	0
380009	SILVERTON HOSPITAL	342 FAIRVIEW STREET	SILVERTON	97381 OR-05	OR PPS		0	0
380037	PROVIDENCE NEWBERG MEDICAL CENTER	1001 PROVIDENCE DRIVE	NEWBERG	97132 OR-06	OR PPS		0	0
380050	SKY LAKES MEDICAL CENTER	2865 DAGGETT STREET	KLAMATH FALLS	97601 OR-02	OR SCH/RRRC		0	0
380052	SAINT ALPHONSUS MEDICAL CENTER - ONT	351 SOUTHWEST 9TH STREET	ONTARIO	97914 OR-02	OR SCH	26.61072926	0	0
380071	WILLAMETTE VALLEY MEDICAL CENTER	2700 SE STRATUS AVENUE	MCMINNVILLE	97128 OR-06	OR PPS	22.33565539	0	0
380090	BAY AREA HOSPITAL	1775 THOMPSON ROAD	COOS BAY	97420 OR-04	OR SCH/RRRC	22.39185423	0	0
381302	NORTH LINCOLN HOSPITAL	3043 NE 28TH STREET	LINCOLN CITY	97367 OR-04	OR CAH	18.20236625	0	0
381303	PROVIDENCE SEASIDE HOSPITAL	725 S. WAHANNA ROAD	SEASIDE	97138 OR-01	OR CAH	13.79257726	0	1
381304	SOUTHERN COOS GENERAL HOSPITAL	900 11TH STREET SE	BANDON	97411 OR-04	OR CAH	20.69337572	0	0
381305	BLUE MOUNTAIN HOSPITAL DISTRICT	170 FORD RD.	JOHN DAY	97845 OR-02	OR CAH	18.90156497	0	0

420108	UNION MEDICAL CENTER	322 WEST SOUTH STREET	UNION	29379	SC-05	SC	PPS	17.25183586	0	0
420109	MCLEOD HEALTH CLARENDON	10 HOSPITAL STREET	MANNING	29102	SC-08	SC	PPS	17.3765739	0	0
421300	ALLENDALE COUNTY HOSPITAL	1787 ALLENDALE FAIRFAX ROAD	FAIRFAX	29827	SC-06	SC	CAH	19.21914631	0	0
421301	ABBEVILLE AREA MEDICAL CENTER	ABBEVILLE AREA MEDICAL CENTER	ABBEVILLE	29620	SC-03	SC	CAH	1.135028168	0	1
421303	WILLIAMSBURG REGIONAL HOSPITAL	500 NELSON BLVD	KINGSTREE	29556	SC-06	SC	CAH	2.924803252	0	0
421304	EDGEFIELD COUNTY HEALTHCARE	300 RIDGE MEDICAL PLAZA	EDGEFIELD	29824	SC-03	SC	CAH	12.00344626	0	0
430005	PRAIRIE LAKES HEALTH CARE CENTER	401 9TH AVE. NW	WATERTOWN	57201	SD-00	SD	SCH	6.918227005	0	0
430008	BROOKINGS HEALTH SYSTEM	300 22ND AVENUE	BROOKINGS	57008	SD-00	SD	SCH	5.033398674	0	0
430012	AVERA SACRED HEART HOSPITAL	501 SUMMIT ST	YANKTON	57078	SD-00	SD	SCH/RRRC	7.07517594	0	0
430014	AVERA ST. LUKES	305 SOUTH STATE STREET	ABERDEEN	57402	SD-00	SD	RRRC	3.489457701	0	0
430015	AVERA ST MARYS	801 E SIOUX AVENUE	PIERRE	57501	SD-00	SD	SCH	8.053311899	0	0
430048	MONUMENT HEALTH SPEARFISH HOSPITAL	1440 NORTH MAIN	SPEARFISH	57783	SD-00	SD	SCH	4.938856406	0	0
430097	SANFORD ABERDEEN MEDICAL CENTER	3015 3RD AVE SE	ABERDEEN	57401	SD-00	SD	PPS	6.66202162	0	1
431300	MADISON REGIONAL HEALTH SYSTEM	323 SW 10TH ST	MADISON	57042	SD-00	SD	CAH	6.668686799	0	0
431301	FAULKTON AREA MEDICAL CENTER	1300 OAK STREET	FAULKTON	57438	SD-00	SD	CAH	3.212045114	0	0
431302	AVERA GETTYSBURG HOSPITAL	606 EAST GARFIELD STREET	GETTYSBURG	57442	SD-00	SD	CAH	1.559548817	0	0
431305	DOUGLAS COUNTY MEMORIAL HOSPITAL	708 8TH ST	ARMOUR	57313	SD-00	SD	CAH	6.089438647	0	0
431306	PLATTE HEALTH CENTER INC.	501 E 7TH STREET	PLATTE	57369	SD-00	SD	CAH	2.863275929	0	0
431307	SANFORD MEDICAL CENTER CLEAR LAKE	701 3RD AVE	CLEAR LAKE	57228	SD-00	SD	CAH	3.115996921	0	0
431308	EUREKA COMMUNITY HEALTH SERVICES	200 J AVE	EUREKA	57437	SD-00	SD	CAH	3.461229778	0	0
431309	COMMUNITY MEMORIAL HOSPITAL	809 JACKSON ST	BURKE	57523	SD-00	SD	CAH	5.572393494	0	0
431310	AVERA FLANDREAU HOSPITAL	214 NORTH PRAIRIE AVE	FLANDREAU	57028	SD-00	SD	CAH	6.146495794	0	0
431311	SANFORD HOSPITAL WEBSTER	1401 W 1ST STREET	WEBSTER	57274	SD-00	SD	CAH	5.315509041	0	0
431312	MARSHALL COUNTY HEALTHCARE CENTER	413 9TH STREET	BRITTON	57430	SD-00	SD	CAH	2.311933901	0	0
431313	FREEMAN REGIONAL HEALTH SERVICES	510 EAST 8TH	FREEMAN	57029	SD-00	SD	CAH	2.584190358	0	0
431314	BENNETT COUNTY HOSPITAL	102 MAJOR ALLEN STREET	MARTIN	57551	SD-00	SD	CAH	38.43984653	1	0
431315	WAGNER COMMUNITY MEMORIAL HOSPITAL	513 THIRD STREET	WAGNER	57380	SD-00	SD	CAH	16.12382092	0	0
431316	COMMUNITY MEMORIAL HOSPITAL	111 WEST 10TH AVE	REDFIELD	57459	SD-00	SD	CAH	5.995058933	0	0
431317	LANDMANN-JUNGMAN MEMORIAL HOSPITAL	600 BILLARDS STREET	SCOTLAND	57059	SD-00	SD	CAH	4.820618064	0	0
431318	BOWDLE HOSPITAL	8001 W 5TH STREET	BOWDLE	57428	SD-00	SD	CAH	12.27485595	0	0
431319	PHILIP HEALTH SERVICES INC	503 W PINE STREET	PHILIP	57567	SD-00	SD	CAH	3.321594931	0	0
431320	MONUMENT HEALTH LEAD-DEADWOOD HOSP	61 CHARLES STREET	DEADWOOD	57732	SD-00	SD	CAH	3.454315355	0	0
431321	MONUMENT HEALTH STURGIS REGIONAL	949 HARMON	STURGIS	57785	SD-00	SD	CAH	4.441569806	0	0
431322	FALL RIVER HOSPITAL	1201 HWY 71 SOUTH	HOT SPRINGS	57747	SD-00	SD	CAH	5.082245637	0	0
431323	MONUMENT HEALTH CUSTER HOSPITAL	1220 MONTGOMERY STREET	CUSTER	57730	SD-00	SD	CAH	2.877539214	0	0
431324	AVERA WESKOTA MEMORIAL MEDICAL CENTE	604 1ST STREET NE	WESSINGTON SPRINGS	57382	SD-00	SD	CAH	3.339831968	0	0
431325	MOBRIDGE REGIONAL HOSPITAL	140110TH AVE WEST	MOBRIDGE	57501	SD-00	SD	CAH	17.15443369	0	0
431326	MILBANK AREA HOSPITAL/AVERA HEALTH	301 FLYNN DRIVE	MILBANK	57252	SD-00	SD	CAH	4.102803807	0	0
431327	ST. MICHAELS HOSPITAL INC.	410 WEST 18TH AVENUE	TYNDALL	57065	SD-00	SD	CAH	4.772326914	0	0
431328	PIONEER MEMORIAL HOSPITAL AND HEALTH	315 NORTH WASHINGTON STREET	VIBORG	57070	SD-00	SD	CAH	12.57710838	0	0
431329	SANFORD CHAMBERLAIN MEDICAL CENTER	300 SOUTH BYRON BOULEVARD	CHAMBERLAIN	57325	SD-00	SD	CAH	17.98649787	0	0
431330	AVERA ST. BENEDICT HEALTH CENTER	401 WEST GLYNN DRIVE	PARKSTON	57368	SD-00	SD	CAH	3.520312881	0	0
431332	DE SMET MEMORIAL HOSPITAL	306 PRAIRIE AVE. SW	DE SMET	57231	SD-00	SD	CAH	3.003235125	0	0
431333	SANFORD MEDICAL CENTER CANTON	440 NORTH HIAWATHA DRIVE	CANTON	57013	SD-00	SD	CAH	4.323670951	0	0
431334	WINNER REGIONAL HEALTHCARE CENTER	745 EAST 8TH STREET	WINNER	57580	SD-00	SD	CAH	19.61219043	0	0
431335	HURON REGIONAL MEDICAL CENTER	172 4TH ST SE	HURON	57350	SD-00	SD	CAH	7.983155934	0	0
431336	SANFORD MEDICAL CENTER VERMILION	20 SOUTH PLUM STREET	VERMILION	57059	SD-00	SD	CAH	9.02872394	0	0
431337	AVERA HAND COUNTY MEMORIAL HOSPITAL	300 WEST 5TH STREET	MILLER	57362	SD-00	SD	CAH	2.923787418	0	0
431338	AVERA GREGORY HOSPITAL	400 PARK STREET	GREGORY	57533	SD-00	SD	CAH	5.871892304	0	0
431339	COTEAU DES PRAIRIES	205 ORCHARD DRIVE	SISSETON	57262	SD-00	SD	CAH	16.63947456	0	0
440001	UNICOI COUNTY HOSPITAL	2030 TEMPLE HILL ROAD	ERWIN	37650	TN-01	TN	PPS	14.61838801	0	1
440007	UNITY MEDICAL CENTER	481 INTERSTATE DRIVE	MANCHESTER	37355	TN-04	TN	MDH	11.87586222	0	0
440008	HENDERSON COUNTY COMMUNITY HOSPITAL	249 W CHURCH ST	LEXINGTON	38351	TN-08	TN	MDH	18.37491204	0	0
440009	CUMBERLAND MEDICAL CENTER	421 SOUTH MAIN STREET	CROSSVILLE	38555	TN-06	TN	SCH	11.85915508	0	1
440010	WAYNE MEDICAL CENTER	HIGHWAY 64 EAST	WAYNESBORO	38485	TN-07	TN	SCH	14.48950196	0	1
440016	BAPTIST MEM HOSPITAL HUNTINGDON	631 E. B. WILSON DRIVE	HUNTINGDON	38344	TN-08	TN	MDH	15.21053249	0	0
440020	SO TENN REG MED CTR OF PULASKI	1265 EAST COLLEGE	PULASKI	38478	TN-04	TN	MDH	21.04511032	0	0
440032	HAWKINS COUNTY MEMORIAL HOSPITAL	851 LOCUST ST	ROGERSVILLE	37857	TN-01	TN	PPS	21.35552105	0	0
440033	LAFOLLETTE MEDICAL CENTER	923 E. CENTRAL AVENUE	LAFOLLETTE	37766	TN-02	TN	SCH	16.7090454	0	0
440046	HORIZON MEDICAL CENTER	111 HIGHWAY 70 EAST	DICKSON	37055	TN-07	TN	PPS	19.50598644	0	0
440050	GREENEVILLE COMMUNITY HOSPITAL	401 TAKOMA AVENUE	GREENEVILLE	37743	TN-01	TN	MDH	13.86260807	0	0
440057	CLAIBORNE MEDICAL CENTER	1850 OLD KNOXVILLE HWY	TAZEWELL	37879	TN-02	TN	PPS	15.17808556	0	0
440058	SOUTHERN TENNESSEE MEDICAL CENTER	185 HOSPITAL ROAD	WINCHESTER	37398	TN-04	TN	PPS	16.79482741	0	0
440059	COOKEVILLE REGIONAL MEDICAL CENTER	142 WEST FIFTH STREET	COOKEVILLE	38501	TN-06	TN	SCH/RRRC	14.39215207	0	0
440060	MILAN GENERAL HOSPITAL	4039 SOUTH HIGHLAND	MILAN	38358	TN-08	TN	MDH	20.09957598	0	0
440081	WEST TN HEALTHCARE VOLUNTEER HOSPITA	161 MT PELIA ROAD	MARTIN	38237	TN-08	TN	MDH	23.18623581	0	1
440085	NORTHCREST MEDICAL CENTER	100 NORTHCREST DRIVE	SPRINGFIELD	37127	TN-07	TN	PPS	14.40934297	0	0
440089	ATHENS REGIONAL MEDICAL CENTER	1114 MADISON AVENUE	ATHENS	37303	TN-03	TN	PPS	16.23529341	0	0
440072	DYERSBURG REGIONAL MEDICAL CENTER	400 TICKLE STREET	DYERSBURG	38024	TN-08	TN	SCH	20.34377829	0	1
440073	MAURY REGIONAL HOSPITAL	1224 TROTWOOD AVENUE	COLUMBIA	38401	TN-05	TN	RRRC	12.42784169	0	0
440081	LECONTE MEDICAL CENTER	742 MIDDLE CREEK ROAD	SEVIERVILLE	37862	TN-01	TN	PPS	12.46930074	0	0
440084	SWEETWATER HOSPITAL ASSOCIATION	304 CHURCH STREET	SWEETWATER	37874	TN-03	TN	MDH	21.03399233	0	0
440102	LINCOLN MEDICAL CENTER	106 MEDICAL CENTER BLVD.	FAYETTEVILLE	37324	TN-04	TN	PPS	19.94419885	0	0
440109	HARDIN MEDICAL CENTER	935 WAYNE ROAD	SAVANNAH	38372	TN-08	TN	MDH	18.30356195	0	0
440130	BAPTIST MEM HOSPITAL UNION CITY	1201 BISHOP STREET	UNION CITY	38261	TN-08	TN	PPS	17.34114718	0	0
440131	BAPTIST MEM HOSPITAL TIPTON COUNTY	1995 HIGHWAY 51 SOUTH	PARIS	38019	TN-08	TN	PPS	13.26238337	0	0
440132	HENRY COUNTY MEDICAL CENTER	301 TYSON AVENUE	COVINGTON	38242	TN-08	TN	MDH	13.1075754	0	0
440137	VANDERBILT BEDFORD COUNTY HOSPITAL	2835 HWY 231 N	SHELBYVILLE	37160	TN-04	TN	MDH	17.96192344	0	0
440144	VANDERBILT TULLAHOMA-HARTON HOSPITAL	1801 NORTH JACKSON STREET	TULLAHOMA	37388	TN-04	TN	MDH/RRRC	15.06862978	0	0
440148	ST THOMAS DEKALB HOSPITAL	520 W MAIN	SMITHVILLE	37166	TN-06	TN	MDH	19.60299141	0	1
440151	ASCENSION ST THOMAS RIVER PARK	1559 SPARTA ROAD	MCMINNVILLE	37110	TN-04	TN	MDH	18.4588543	0	0
440153	NEWPORT MEDICAL CENTER	435 SECOND STREET	NEWPORT	37821	TN-01	TN	MDH	19.1700256	0	0
440175	SOUTHERN TN LAWRENCEBURG HOSPITAL	HIGHWAY 43 SOUTH	LAWRENCEBURG	38464	TN-04	TN	MDH	20.14177554	0	0
440187	LIVINGSTON REGIONAL HOSPITAL	315 OAK STREET	LIVINGSTON	38570	TN-06	TN	MDH	18.53282027	0	0
440192	SAINT THOMAS HIGHLAND HOSPITAL	401 SEWELL ROAD	SPARTA	38583	TN-06	TN	MDH	18.96583526	0	1
440193	VANDERBILT WILSON COUNTY HOSPITAL	1411 BADDOUR PARKWAY	LEBANON	37087	TN-05	TN	PPS	12.45910236	0	0
440200	SAINT THOMAS STONES RIVER HOSPITAL	324 DOOLITTLE ROAD	WOODBURY	37190	TN-05	TN	PPS	16.33683455	0	0
441300	ST THOMAS HICKMAN HOSPITAL	135 EAST SWAN ST.	CENTERVILLE	37033	TN-07	TN	CAH	16.93440517	0	1
441301	TROUSDALE MEDICAL CENTER	500 CHURCH STREET	HARTSVILLE	37074	TN-06	TN	CAH	20.53091297	0	0

451309	MCCAMEY COUNTY HOSPITAL DISTRICT	HIGHWAY 305 SOUTH	MCCAMEY	79752 TX-23	TX	CAH	0.324949633	0	0
451310	BALLINGER MEMORIAL HOSPITAL	BRONTE HIGHWAY & AVE B	BALLINGER	76821 TX-11	TX	CAH	6.334083132	0	0
451312	RICE MEDICAL CENTER	800 S. AUSTIN RD.	EAGLE LAKE	76567 TX-10	TX	CAH	16.24568226	0	0
451313	FISHER COUNTY HOSPITAL DISTRICT	774 STATE HIGHWAY 70	ROTAN	79546 TX-19	TX	CAH	7.872512767	0	0
451314	MEMORIAL HOSPITAL	821 JEFFEE DRIVE	KERMIT	79745 TX-23	TX	CAH	8.850491504	0	0
451315	NORTH RUNNELS HOSPITAL DISTRICT	HIGHWAY 153 EAST	WINTERS	79567 TX-11	TX	CAH	10.03279586	0	1
451316	MADISON ST. JOSEPH HEALTH CENTER	100 WEST CROSS	MADISONVILLE	77864 TX-10	TX	CAH	15.50321133	0	0
451317	REFUGIO MEMORIAL HOSPITAL	107 SWIFT STREET	REFUGIO	76377 TX-27	TX	CAH	0.649551393	0	0
451318	STONEWALL MEMORIAL HOSPITAL	HIGHWAY #83 & NORTH WASHINGTON AV	ASPERMONT	75902 TX-19	TX	CAH	5.757176292	0	0
451319	CHRISTUS MFH - JACKSONVILLE	2026 SOUTH JACKSON	JACKSONVILLE	75768 TX-08	TX	CAH	7.104817335	0	0
451322	GRIMES ST. JOSEPH HEALTH CENTER	210 JUDSON	NAVASOTA	77668 TX-10	TX	CAH	15.39413491	0	0
451323	ADVENTHEALTH ROLLINS BROOK	508 NORTH KEY AVENUE	LAMPASAS	76550 TX-11	TX	CAH	11.48867995	0	0
451324	LILLIAN M. HUDSPETH MEMORIAL HOSP.	310 HUDSPETH	SONORA	76850 TX-23	TX	CAH	6.496544469	0	0
451325	CONCHO COUNTY HOSPITAL	314 EAKER	EDEN	76837 TX-11	TX	CAH	9.277712638	0	0
451329	RANKIN COUNTY HOSPITAL DISTRICT	1611 SPUR 576	RANKIN	79778 TX-23	TX	CAH	6.854625395	0	0
451330	MEDINA REGIONAL HOSPITAL	3100 AVENUE E	HONDO	78881 TX-23	TX	CAH	11.39604142	0	0
451331	COON MEMORIAL HOSPITAL	1411 DENVER	DALHART	79022 TX-13	TX	CAH	20.79726814	0	0
451332	PALACIOS COMMUNITY MEDICAL CENTER	311 GREEN AVENUE	PALACIOS	77465 TX-22	TX	CAH	43.79767253	0	1
451333	MARTIN COUNTY HOSPITAL	810 N. SAINT PETER STREET	STANTON	79732 TX-19	TX	CAH	7.630595415	0	0
451334	PARKVIEW HOSPITAL	901 S SWEETWATER STREET	WHEELER	79096 TX-13	TX	CAH	8.386414174	0	0
451335	MJENSTER MEMORIAL HOSPITAL	605 N. MAPLE STREET	MJENSTER	76252 TX-26	TX	CAH	2.511974325	0	0
451337	W.J. MANGOLD MEMORIAL HOSPITAL	320 MAIN	LOCKNEY	79241 TX-19	TX	CAH	14.48853308	0	0
451338	CULBERSON HOSPITAL	EISENHOWER RD & FM 2185	VAN HORN	79855 TX-23	TX	CAH	15.64172208	0	0
451339	THROCKMORTON COUNTY HOSPITAL	802 NORTH MINTER	THROCKMORTON	76483 TX-19	TX	CAH	0.125943157	0	0
451340	SHAMROCK GENERAL HOSPITAL	1000 SOUTH MAIN STREET	SHAMROCK	79079 TX-13	TX	CAH	11.3802186	0	1
451341	HASKELL MEMORIAL HOSPITAL	#1 NORTH AVENUE N	HASKELL	79521 TX-19	TX	CAH	3.598945344	0	1
451342	MITCHELL COUNTY HOSPITAL	997 WEST I-20	COLORADO CITY	79512 TX-19	TX	CAH	6.584467237	0	0
451343	ELECTRA MEMORIAL HOSPITAL	1207 SOUTH BAILEY STREET	ELECTRA	76360 TX-13	TX	CAH	11.6007373	0	0
451344	HANSFORD COUNTY HOSPITAL DISTRICT	707 SOUTH ROLAND STREET	SPEARMAN	78081 TX-13	TX	CAH	10.91983812	0	0
451346	YOAKUM COMMUNITY HOSPITAL	1200 CARL RAMERT DR	YOAKUM	77995 TX-27	TX	CAH	12.49402533	0	0
451347	COLEMAN COUNTY MEDICAL CENTER	310 S. PECOS	COLEMAN	76834 TX-11	TX	CAH	11.17059459	0	0
451348	HEART OF TEXAS HEALTHCARE SYSTEM	2008 NINE ROAD	BRADY	76825 TX-11	TX	CAH	15.991851	0	0
451349	SWISHER MEMORIAL HEALTHCARE SYSTEM	SWISHER MEMORIAL HEALTHCARE SYSTE	TULIA	79088 TX-19	TX	CAH	0.156647182	0	0
451350	PLAINS MEMORIAL HOSPITAL	310 WEST HALSELL	DIMMITT	79027 TX-19	TX	CAH	12.19482285	0	0
451351	LYNN COUNTY HOSPITAL	2600 LOCKWOOD STREET	TAHOA	79373 TX-19	TX	CAH	10.15074524	0	0
451352	HARDEMAN COUNTY HOSPITAL	402 MERCER ST	QUANAH	79252 TX-13	TX	CAH	1.201654188	0	0
451353	CRANE COUNTY HOSPITAL DISTRICT	1310 SOUTH ALFORD	CRANE	79731 TX-23	TX	CAH	1.88680375	0	0
451354	OLNEY HAMILTON HOSPITAL DISTRICT	901 WEST HAMILTON	OLNEY	76374 TX-26	TX	CAH	13.27843479	0	0
451355	COLLINGSWORTH GENERAL HOSPITAL	1013 15TH STREET	WELLINGTON	79095 TX-13	TX	CAH	12.52477096	0	0
451356	MEMORIAL MEDICAL CENTER	815 NORTH VIRGINIA STREET	PORT LAVACA	77878 TX-27	TX	CAH	16.66984824	0	0
451358	MEMORIAL HOSPITAL-SEMINOLE	209 NORTHWEST 8TH STREET	SEMINOLE	79360 TX-19	TX	CAH	11.35927241	0	0
451359	OCHILTREE GENERAL HOSPITAL	3101 GARRETT DRIVE	PERRYTON	79070 TX-13	TX	CAH	14.12949691	0	0
451361	PREFERRED HOSPITAL LEASING HEMPHILL	2301 STATE HIGHWAY 83W	HEMPHILL	75948 TX-01	TX	CAH	4.381816442	0	0
451362	CLAY COUNTY MEMORIAL HOSPITAL	310 WEST SOUTH STREET	HENRIETTA	76365 TX-13	TX	CAH	10.14666806	0	0
451363	JACKSON COUNTY HOSPITAL	1013 SOUTH WELLS	EDNA	77957 TX-27	TX	CAH	5.638100556	0	0
451364	OTTO KAISER MEMORIAL HOSPITAL	ROUTE 1	KENEY	78119 TX-15	TX	CAH	5.10726772	0	0
451365	ASCENSION SETON HIGHLAND LAKES	3201 S. WATER ST.	BURNET	78511 TX-31	TX	CAH	12.24825185	0	0
451366	COCHRAN MEMORIAL HOSPITAL	201 EAST GRANT	MORTON	79348 TX-19	TX	CAH	7.784039805	0	0
451367	UT HEALTH EAST TEXAS PITTSBURG	2701 US HWY 271 N	PITTSBURG	75686 TX-01	TX	CAH	20.01555244	0	0
451369	GOLDEN PLAINS COMMUNITY HOSPITAL	100 MEDICAL DR	BORGER	79007 TX-13	TX	CAH	9.07243728	0	1
451370	TMC BONHAM HOSPITAL	504 LIPSCOMB BLVD	BONHAM	75418 TX-04	TX	CAH	17.81919766	0	0
451372	MULESHOE AREA MEDICAL CENTER	708 SOUTH FIRST STREET	MULESHOE	79347 TX-19	TX	CAH	11.83776017	0	0
451373	WARD MEMORIAL HOSPITAL	406 SOUTH GARY AVENUE	MONAHANS	79756 TX-23	TX	CAH	0.1257875	0	0
451375	LIBERTY-DAYTON REGIONAL MEDICAL CENT	1353 NORTH TRAVIS	LIBERTY	77575 TX-36	TX	CAH	5.203909985	0	0
451376	LAVACA MEDICAL CENTER	1400 N. TEXANA	HALLETTSVILLE	77964 TX-27	TX	CAH	8.508526207	0	0
451377	REEVES COUNTY HOSPITAL	2323 TEXAS AVENUE	PECOS	79772 TX-23	TX	CAH	8.961645158	0	0
451378	BIG BEND REGIONAL MED CTR	2600 HIGHWAY 118 NORTH	ALPINE	79830 TX-23	TX	CAH	9.348445102	0	0
451379	CORYELL MEMORIAL HOSPITAL	1507 WEST MAIN STREET	GATESVILLE	76529 TX-31	TX	CAH	8.052644721	0	0
451380	UT HEALTH EAST TEXAS QUITMAN HOSPITA	117 N WINDDSBORO	QUITMAN	75783 TX-05	TX	CAH	7.685329059	0	0
451381	CHRISTUS MFH WINNSBORO	719 WEST COKE ROAD	WINNSBORO	75494 TX-05	TX	CAH	4.818363286	0	0
451382	COMANCHE COUNTY MEDICAL CENTER	10201 HIGHWAY 16 NORTH	COMANCHE	76442 TX-25	TX	CAH	13.19670878	0	0
451384	D.M. COGDELL MEMORIAL HOSPITAL	1700 COGDELL BLVD	SNYDER	79549 TX-19	TX	CAH	1.00917995	0	0
451385	GOODALL-WITCHER HOSPITAL AUTHORITY	101 POSEY AVE	CLIFTON	76634 TX-31	TX	CAH	13.73350525	0	0
451386	MOORE COUNTY HOSP. DBA DUMAS MEM HO	224 EAST 2ND STREET	DUMAS	79331 TX-13	TX	CAH	19.64356521	0	0
451387	UVALDE MEMORIAL HOSPITAL	1025 GARNER FIELD ROAD	UVALDE	78801 TX-23	TX	CAH	10.22442879	0	0
451389	PECOS COUNTY MEMORIAL HOSPITAL	386 W IH-10	FORT STOCKTON	78735 TX-23	TX	CAH	23.42288073	0	0
451390	DIMMITT REGIONAL HOSPITAL DISTRICT	704 HOSPITAL DRIVE	CARRIZO SPRINGS	78634 TX-23	TX	CAH	18.30352303	0	0
451391	FRIO REGIONAL HOSPITAL	203 S IH 35	PEARSALL	78061 TX-23	TX	CAH	6.98278529	0	0
451392	HAMILTON GENERAL HOSPITAL	400 NORTH BROWN	HAMILTON	76531 TX-31	TX	CAH	10.4602037	0	0
451393	CROCKETT MEDICAL CENTER	1100 EAST LOOP 304	CROCKETT	75835 TX-17	TX	CAH	14.72799236	0	0
451394	KNOX COUNTY HOSPITAL	712 SOUTH FIFTH	KNOX CITY	79529 TX-13	TX	CAH	15.9454403	0	0
451395	HILL REGIONAL HOSPITAL	101 CIRCLE DRIVE	HILLSBORO	76645 TX-06	TX	CAH	14.52658263	0	0
451396	MID COAST MEDICAL CENTER-CENTRAL	200 N. OLLIE STREET	LLANO	76643 TX-11	TX	CAH	12.6159087	0	0
460007	CEDAR CITY HOSPITAL	1303 NORTH MAIN	CEDAR CITY	84720 UT-02	UT	SCH	20.30371359	0	0
460011	CASTLEVIEW HOSPITAL	300 NORTH HOSPITAL DRIVE	PRICE	84501 UT-03	UT	SCH	14.092057	0	0
460014	MOUNTAIN WEST MEDICAL CENTER	211 SOUTH 100 EAST	TOOELE	84074 UT-02	UT	SCH	22.43136973	0	0
460017	BRIGHAM CITY COMMUNITY HOSPITAL	950 SOUTH MEDICAL DRIVE	BRIGHAM CITY	84074 UT-02	UT	PPS	14.92441239	0	0
460019	UINTAH BASIN MEDICAL CENTER	250 WEST 300 NORTH	ROOSEVELT	84302 UT-01	UT	PPS	4.393763799	0	0
460026	SEVIER VALLEY HOSPITAL	100 NORTH MAIN	RICHFIELD	84068 UT-03	UT	SCH	18.36305341	0	0
460030	ASHLEY REGIONAL MEDICAL CENTER	151 WEST 200 NORTH	VERNAL	84078 UT-03	UT	SCH	12.26524419	0	0
460039	BEAR RIVER VALLEY HOSPITAL	905 NORTH 1000 WEST	TREMONTON	84337 UT-01	UT	PPS	12.88343572	0	0
460057	PARK CITY HOSPITAL	900 ROUND VALLEY DRIVE	PARK CITY	84060 UT-03	UT	PPS	13.49477262	0	0
461300	DELTA COMMUNITY HOSPITAL	126 S WHITE SAGE AVE	DELTA	84624 UT-02	UT	CAH	8.683070752	0	0
461301	FILLMORE COMMUNITY HOSPITAL	674 SOUTH HIGHWAY 99	FILLMORE	84631 UT-02	UT	CAH	16.30249004	0	0
461302	MOAB REGIONAL HOSPITAL	450 WEST WILLIAMS WAY	MOAB	84532 UT-03	UT	CAH	8.623872677	0	0
461303	SANPETE VALLEY HOSPITAL	1100 SOUTH MEDICAL DRIVE	MT PLEASANT	84647 UT-04	UT	CAH		0	0
461304	CENTRAL VALLEY MEDICAL CENTER	45 WEST 1500 NORTH	NEPHI	84648 UT-04	UT	CAH		0	0
461305	MILFORD VALLEY MEMORIAL HOSPITAL	850 NORTH MAIN STREET	MILFORD	84751 UT-02	UT	CAH		0	0
461308	GUNNISON VALLEY HOSPITAL	64 EAST 100 NORTH	GUNNISON	84534 UT-04	UT	CAH		0	0

510006	UNITED HOSPITAL CENTER	327 MEDICAL PARK DRIVE	BRIDGEPORT	26330	WV-02	WV	EAC/IRC	15.01413828	0	0
510012	PLEASANT VALLEY HOSPITAL	VALLEY DRIVE	POINT PLEASANT	25550	WV-01	WV	MDH	21.98304837	0	0
510030	DAVIS MEMORIAL HOSPITAL	GORMAN AVENUE	ELKINS	28241	WV-02	WV	SCH	16.76675162	0	0
510046	PRINCETON COMMUNITY HOSPITAL	TWELFTH STREET	PRINCETON	24740	WV-01	WV	SCH/IRC	24.84845805	0	0
510048	LOGAN REGIONAL MEDICAL CENTER	20 HOSPITAL DRIVE	LOGAN	25601	WV-01	WV	SCH	33.80415444	1	0
510072	WETZEL COUNTY HOSPITAL	3 EAST BENJAMIN DRIVE	NEW MARTINSVILLE	26155	WV-02	WV	SCH	18.72151876	0	0
510086	WELCH COMMUNITY HOSPITAL	454 MCDOWELL STREET	WELCH	24801	WV-01	WV	SCH	37.03136005	1	0
511300	BROADHUS HOSPITAL ASSOCIATION	1 HEALTHCARE DRIVE	PHILIPPI	26418	WV-02	WV	CAH	35.92409049	0	0
511301	WEBSTER COUNTY MEMORIAL HOSPITAL	324 MILLER MOUNTAIN ROAD	WEBSTER SPRINGS	26286	WV-01	WV	CAH	2.708820051	0	0
511303	MINNIE HAMILTON HEALTH CARE CENTER	186 HOSPITAL DRIVE	GRANTSVILLE	26147	WV-01	WV	CAH	28.82355046	1	0
511304	SISTERSVILLE GENERAL HOSPITAL	314 SOUTH WELLS STREET	SISTERSVILLE	26175	WV-02	WV	CAH	27.22348441	0	0
511306	ROANE GENERAL HOSPITAL	200 HOSPITAL DRIVE	SPENCER	25276	WV-01	WV	CAH	26.55848137	0	0
511307	GRAFTON CITY HOSPITAL	ROUTE 50 & MARKET STREET	GRAFTON	26354	WV-02	WV	CAH	4.27663337	0	1
511308	BRAXTON COUNTY MEMORIAL HOSPITAL	100 HOYLMAN DRIVE	GASSAWAY	26624	WV-01	WV	CAH	25.93983826	0	0
511309	WAR MEMORIAL HOSPITAL	1 HEALTHY WAY	BERKELEY SPRINGS	25411	WV-02	WV	CAH	15.84841044	0	0
511310	SUMMERS COUNTY ARH	TERRACE STREET	HINTON	25951	WV-01	WV	CAH	21.44105769	0	0
511311	HAMPSHIRE MEMORIAL HOSPITAL	363 SUNRISE BOULEVARD	ROMNEY	26757	WV-02	WV	CAH	19.41758667	0	0
511313	BOONE MEMORIAL HOSPITAL	701 MADISON	MADISON	25130	WV-01	WV	CAH	24.67497483	0	0
511314	POCAHONTAS MEMORIAL HOSPITAL	150 DUNCAN ROAD	BUCKEYE	24924	WV-01	WV	CAH	18.84881501	0	0
511315	POTOMAC VALLEY HOSPITAL	100 PIN OAK LANE	KEYSER	26726	WV-02	WV	CAH	21.48211779	0	0
511316	GRANT MEMORIAL HOSPITAL	117 HOSPITAL DRIVE	PETERSBURG	26847	WV-02	WV	CAH	17.51964736	0	0
511318	MONTGOMERY GENERAL HOSPITAL	401 6TH AVENUE	MONTGOMERY	25136	WV-01	WV	CAH	29.18612503	1	0
511320	JACKSON GENERAL HOSPITAL	122 PINNELL STREET	RIPLEY	25271	WV-01	WV	CAH	31.1217207	0	0
511321	ST. JOSEPHS HOSPITAL OF BUCKHANNON	1 AMALIA DRIVE	BUCKHANNON	26201	WV-02	WV	CAH	23.25705642	0	0
511322	SUMMERSVILLE REGIONAL MED CENTER	400 FAIRVIEW HEIGHTS ROAD	SUMMERSVILLE	26651	WV-01	WV	CAH	24.30834742	0	0
520002	ASPIRUS STEVENS POINT HOSPITAL	900 ILLINOIS AVENUE	STEVENS POINT	54481	WI-03	WI	RRC	10.5476184	0	0
520011	LAKEVIEW MEDICAL CENTER OF RICE LAKE	1700 WEST STOUT STREET	RICE LAKE	54868	WI-07	WI	SCH	14.43092525	0	0
520019	ASPIRUS RHINELANDER HOSPITAL	2251 NORTH SHORE DRIVE	RHINELANDER	54501	WI-07	WI	SCH	7.85413948	0	0
520028	MONROE CLINIC	515 22ND AVENUE	MONROE	53565	WI-02	WI	PPS	5.754373739	0	0
520033	ASPIRUS RIVERVIEW HOSPITAL & CLINICS	410 DEWEY STREET	WISCONSIN RAPIDS	54495	WI-03	WI	MDH	16.67650699	0	0
520034	AURORA MED CTR OF MANITOWOC COUNTY	5000 MEMORIAL DRIVE	TWO RIVERS	54241	WI-06	WI	MDH	13.73140381	0	0
520037	MARSHFIELD MEDICAL CENTER	611 ST JOSEPH AVENUE	MARSHFIELD	54449	WI-07	WI	SCH	12.16685127	0	0
520041	DIVINE SAVIOR HOSPITAL	2817 NEW PINERY ROAD	PORTAGE	53901	WI-06	WI	PPS	15.23599061	0	0
520057	ST. CLARE HOSPITAL	707 FOURTEENTH STREET	BARABOO	53913	WI-02	WI	PPS	15.88844252	0	0
520059	MEMORIAL HOSPITAL OF BURLINGTON	252 MCHENRY ST	BURLINGTON	53105	WI-01	WI	PPS	3.768583593	0	0
520071	FORT ATKINSON MEMORIAL HOSPITAL	611 E SHERMAN AVENUE	FORT ATKINSON	53538	WI-05	WI	PPS	15.1607621	0	0
520076	BEAVER DAM COMMUNITY HOSPITALS	707 SOUTH UNIVERSITY AVENUE	BEAVER DAM	53916	WI-06	WI	RRC	13.62953795	0	0
520091	HOWARD YOUNG MEDICAL CENTER	290 MAPLE STREET	WOODRUFF	54588	WI-07	WI	SCH	15.94074421	0	0
520095	SAUK PRAIRIE MEMORIAL HOSPITAL	260 26TH STREET	PRAIRIE DU SAC	53578	WI-02	WI	PPS	9.525805576	0	0
520102	AURORA LAKELAND MEDICAL CENTER	W3985 HIGHWAY NN	ELKHORN	53121	WI-01	WI	MDH	14.92972433	0	0
520107	HOLY FAMILY MEMORIAL INC	2300 WESTERN AVENUE	MANITOWOC	54221	WI-06	WI	MDH	12.58376449	0	1
520109	MILE BLUFF MEDICAL CENTER INC.	1050 DIVISION STREET	MAUSTON	53948	WI-03	WI	SCH	23.12202761	0	0
520113	AURORA MEDICAL CENTER - BAY AREA	3003 UNIVERSITY DRIVE	MARINETTE	54143	WI-08	WI	SCH	12.91752863	0	0
520116	WATERTOWN REGIONAL MEDICAL CENTER	125 HOSPITAL DRIVE	WATERTOWN	53098	WI-05	WI	MDH	10.41801822	0	0
520212	MARSHFIELD MEDICAL CENTER-MINOCQUA	9576 STATE HIGHWAY 70	MINOCQUA	54548	WI-07	WI	PPS	9.500542588	0	0
521300	ASPIRUS EAGLE RIVER HOSPITAL	201 HOSPITAL ROAD	EAGLE RIVER	54621	WI-07	WI	CAH	13.18999975	0	0
521302	MCHS OAKRIDGE	13025 8TH STREET	OSSEO	54758	WI-03	WI	CAH	11.97332752	0	1
521303	THEDACARE MED CTR - WILD ROSE	601 GROVE AVENUE	WILD ROSE	54984	WI-06	WI	CAH	19.14652875	0	0
521304	ST. JOSEPHS HEALTH SERVICES	400 WATER AVENUE	HILLSBORO	54634	WI-03	WI	CAH	18.39698251	0	0
521305	MCHS-FRANCISCAN SPARTA	310 W MAIN	SPARTA	54656	WI-03	WI	CAH	9.269261735	0	0
521307	ADVENTHEALTH DURAND	1220 THIRD AVENUE	DURAND	54736	WI-03	WI	CAH	7.827289997	0	0
521308	AMERY REGIONAL MEDICAL CENTER	265 GRIFFIN STREET EAST	AMERY	54001	WI-07	WI	CAH	14.87432954	0	0
521309	MOUNDVIEW MEMORIAL HOSPITAL	402 WEST LAKE STREET	FRIENDSHIP	53934	WI-03	WI	CAH	24.94939391	0	0
521310	ST CLARE MEMORIAL HOSPITAL INC	855 SOUTH MAIN STREET	OCONTO FALLS	54154	WI-08	WI	CAH	21.02755609	0	0
521311	ASPIRUS STANLEY HOSPITAL	1120 PINE STREET	STANLEY	54768	WI-07	WI	CAH	14.22392523	0	1
521312	MEMORIAL HOSPITAL OF LAFAYETTE CTY	800 CLAY STREET	DARLINGTON	53530	WI-02	WI	CAH	10.28159354	0	0
521313	ASPIRUS TOMAHAWK HOSPITAL	401 W MOHAWK DRIVE	TOMAHAWK	54487	WI-07	WI	CAH	12.9472665	0	0
521314	MCHS-CHIPPewa VALLEY	1501 THOMPSON STREET	BLOOMER	54724	WI-07	WI	CAH	9.827513427	0	0
521315	MCHS NORTHLAND	1222 E WOODLAND AVE	BARRON	54812	WI-07	WI	CAH	12.13893762	0	0
521316	TRI-COUNTY MEMORIAL HOSPITAL INC.	18601 LINCOLN STREET	WHITEHALL	54773	WI-03	WI	CAH	20.54610057	0	0
521317	ASCENSION CALUMET HOSPITAL	614 MEMORIAL DRIVE	CHILTON	53014	WI-08	WI	CAH	11.75010715	0	0
521318	LADD MEMORIAL HOSPITAL	2600 65TH AVENUE	OSCEOLA	54020	WI-07	WI	CAH	14.23987931	0	0
521320	TOMAH MEMORIAL HOSPITAL	321 BUTTS AVENUE	TOMAH	54680	WI-03	WI	CAH	18.27472255	0	0
521321	RIPON MEDICAL CENTER	845 PARKSIDE STREET	RIPON	54971	WI-06	WI	CAH	10.67360543	0	0
521322	GRANT REGIONAL HEALTH CENTER INC.	507 SOUTH MONROE STREET	LANCASTER	53813	WI-03	WI	CAH	12.08937718	0	0
521323	MARSHFIELD MEDICAL CENTER NEILLSVILLE	216 SUNSET PLACE	NEILLSVILLE	54456	WI-07	WI	CAH	10.55515442	0	0
521324	ASPIRUS MEDFORD HOSPITAL AND CLINICS	135 SOUTH GIBSON STREET	MEDFORD	54451	WI-07	WI	CAH	17.40193154	0	0
521325	FLAMBEAU HOSPITAL MCHS	98 SHERRY AVENUE	PARK FALLS	54552	WI-07	WI	CAH	3.477483386	0	0
521327	WAUPUN MEMORIAL HOSPITAL	820 WEST BROWN STREET	WAUPUN	53963	WI-06	WI	CAH	11.21371466	0	0
521328	MARSHFIELD MEDICAL CENTER-LADYSMITH	900 COLLEGE AVE WEST	LADYSMITH	54848	WI-07	WI	CAH	15.87290398	0	0
521330	PRAIRIE DU CHIEN MEMORIAL HOSPITAL	37868 US HWY 18	PRAIRIE DU CHIEN	53821	WI-03	WI	CAH	17.14982098	0	0
521331	BURNETT MEDICAL CENTER INC	257 W ST GEORGE AVE	GRANTSBURG	54840	WI-07	WI	CAH	24.87943522	0	0
521332	SPOONER HEALTH SYSTEM	1280 CHANDLER DRIVE	SPOONER	54801	WI-07	WI	CAH	16.87470361	0	0
521333	BLACK RIVER MEMORIAL HOSPITAL	711 WEST ADAMS STREET	BLACK RIVER FALLS	54615	WI-03	WI	CAH	22.87605578	0	0
521334	THEDACARE MEDICAL CENTER - WAUPACA	800 RIVERSIDE DRIVE	WAUPACA	54981	WI-06	WI	CAH	14.12274144	0	0
521335	HUDSON HOSPITAL	405 STAGELINE RD	HUDSON	54016	WI-07	WI	CAH	11.35641545	0	0
521336	HAYWARD AREA MEMORIAL HOSPITAL	11040 N STATE ROAD #77	HAYWARD	54843	WI-07	WI	CAH	21.99947944	0	0
521337	ST CROIX REGIONAL MEDICAL CENTER	204 SOUTH ADAMS STREET	ST CROIX FALLS	54024	WI-07	WI	CAH	14.84788203	0	0
521338	PRAIRIE RIDGE HEALTH INC.	1515 PARK AVENUE	COLUMBUS	53925	WI-06	WI	CAH	12.04790673	0	0
521339	ASPIRUS MERRILL HOSPITAL	601 CENTER AVE. SOUTH	MERRILL	54452	WI-07	WI	CAH	21.07689148	0	0
521340	MCHS-RED CEDAR	2321 STOUT ROAD	MENOMONIE	54751	WI-03	WI	CAH	0.000423254	0	0
521341	THE RICHLAND HOSPITAL INC	333 EAST SECOND STREET	RICHLAND CENTER	53581	WI-03	WI	CAH	19.9818871	0	0
521342	INDIANHEAD MEDICAL CENTER	113 4TH AVENUE	SHELL LAKE	54871	WI-07	WI	CAH	15.21261837	0	0
521344	MEMORIAL HOSPITAL OF BOSCOBEL	208 PARKER STREET	BOSCOBEL	53805	WI-03	WI	CAH	17.84220356	0	0
521345	WESTFIELDS HOSPITAL	535 HOSPITAL ROAD	NEW RICHMOND	54017	WI-07	WI	CAH	13.32594969	0	0
521346	THEDACARE MEDICISN CENTER - SHAWANO	100 COUNTY ROAD B	SHAWANO	54165	WI-08	WI	CAH	17.51919629	0	0
521347	WESTERN WISCONSIN HEALTH	1100 BERGSLIEN STREET	BALDWIN	54002	WI-07	WI	CAH	13.75865601	0	0
521348	VERNON MEMORIAL HOSPITAL	507 SOUTH MAIN ST	VIROQUA	54665	WI-03	WI	CAH	13.45946849	0	0
521349	RIVER FALLS AREA HOSPITAL	1629 E. DIVISION STREET	RIVER FALLS	54022	WI-07	WI	CAH	1.244373545	0	0

Executive Directive 2025-3



Impact of Federal Medicaid Cuts

Medicaid is the nation's largest health insurance program and serves a central role in Michigan's health care system, providing comprehensive coverage to more than one in four Michiganders each month. Totalling 2.6 million individuals, the state's Medicaid beneficiaries include more than 1 million children and over a third of people in rural areas. Jointly funded by the state and federal government, Michigan's Fiscal Year 2025 Medicaid budget is approximately \$27.8 billion. A majority of this funding – around 70%, or \$19 billion – comes from the federal government.

Medicaid is also one of the most cost-efficient forms of coverage. It has lower total and per capita costs than all other major health programs, including Medicare and private health insurance. Since 2003, Michigan Medicaid spending per enrollee increased only 18% compared to over 100% growth in health insurance premiums, national health expenditures per capita, and Medicare spending per enrollee.

Across Michigan, Medicaid patients make up an average of 22% of hospital patient volume. The stability Medicaid provides also supports a workforce of over 217,000 hospital employees. According to the Michigan Health and Hospital Association, the state's health care industry is the largest private sector employer, generating \$77 billion annually.



Medicaid's impact is also felt well beyond our hospitals:

- Medicaid supports the local Community Mental Health system with nearly **\$3.5 billion** annually.
- Michigan's nursing homes receive over **\$3 billion** in Medicaid funding per year.
- Home and Community Based Services (HCBS) providers—who support vulnerable seniors and persons with disabilities living in the community—receive more than **\$1.5 billion** in Medicaid dollars each year.
- Michigan's safety net health centers receive **\$483 million** from Medicaid each year, accounting for **63%** of their patient services-related revenue.
- During the 2023 school year, Michigan schools received **\$160.5 million** to help provide Medicaid-funded services to students.
- Michigan's EMS providers receive **\$130.5 million** from Medicaid annually to support the lifesaving emergency services they provide.
- More than **200,000** Medicaid-enrolled providers across our communities deliver essential care, helping sustain the program for the **one in four** residents who depend on it.

The state's Federal Medical Assistance Percentage (FMAP) for traditional Medicaid enrollees is 65%, meaning that for every dollar the state invests in Medicaid, the federal government contributes an additional \$1.87, covering 65% of the total cost. Meanwhile, the FMAP for Michigan's Medicaid expansion program (known as the Healthy Michigan Plan, or HMP), is even higher at 90%. Under this enhanced match, Michigan only has to contribute 10 cents for every \$1 spent. This favorable match has allowed Michigan and other states to expand access to care and improve health outcomes for Medicaid beneficiaries and reduce uncompensated care costs for hospitals and health systems.

It is important to distinguish between three key components of Medicaid coverage in Michigan: federally mandated benefits, which are provided in all states to eligible children, families, pregnant women, seniors, and individuals with disabilities; the Michigan State Plan, which includes both federally required and state-specific benefits; and Michigan Medicaid waiver programs, which are time-limited initiatives that offer additional services beyond standard coverage. Eligibility for these benefits and waivers is primarily determined by household income relative to the federal poverty level (FPL), with thresholds varying based on factors such as age, household size, and health status.

Most Medicaid services in Michigan are provided either through Medicaid Health Plans or on a fee-for-service arrangement. Fee-for-service means that Medicaid pays providers directly for each service an enrollee receives, rather than paying the health plan. The fee-for-service population includes individuals who are dually eligible for Medicaid and Medicare, migrant populations, Native Americans, and individuals receiving long-term care or those on spend-down. However, the majority of Medicaid beneficiaries are enrolled in a Medicaid Health Plan, which manages and pays for most of the services and is reimbursed by Medicaid.

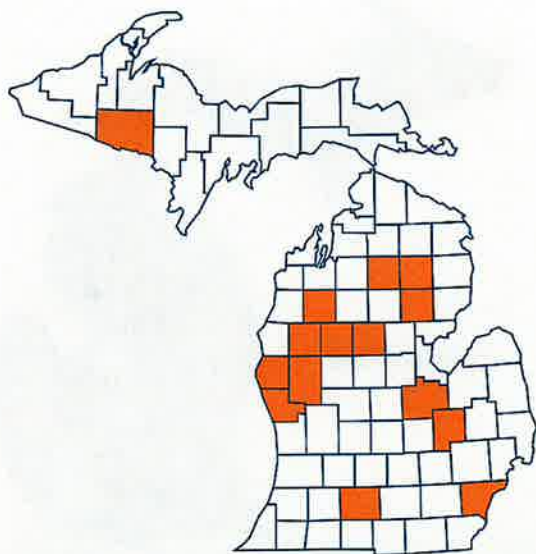


Figure 1 Top 15 Counties by Traditional Medicaid + CHIP Enrollment as a Percentage of County Population

In Michigan, Medicaid Covers:

1 in 5 adults ages 19-64.

2 in 5 children.

3 in 5 nursing home residents.

1 in 6 Medicare beneficiaries.

3 in 8 working-age adults with disabilities.

While coverage rates are high in some urban counties, Medicaid also plays a vital role in rural areas, where a significant share of residents rely on it for access to health care.

Understanding Medicaid's role requires recognizing the scope and importance of the services it provides. Federal law mandates that states offer a core set of services but also gives states the flexibility to provide additional "optional" benefits based on local needs and priorities.

In practice, many of these so-called "optional" services are essential to maintaining cost-effective, community-based care. Prescription medications and Home and Community-Based Services (HCBS), for example, help prevent costly hospitalizations and delay or avoid institutional placement for seniors and individuals with disabilities.

Reducing or eliminating these supports doesn't target unnecessary spending—it removes the very tools that keep people stable and out of high-cost settings like emergency rooms or nursing homes.

Federal Proposals

Reduced Federal Matching Rates

Background

Federal Medical Assistance Percentage (FMAP) rates are calculated based on each state's per capita income in comparison to the U.S. per capita income. FMAP rates have a statutory minimum of 50% and a statutory maximum of 83%, with exceptions for certain programs, providers, populations, activities, and services. Unlike the traditional Medicaid program, which has an FMAP of around 65%, HMP has an FMAP of 90%.



This enhanced match has been a critical factor in state decisions to expand Medicaid, significantly reducing the financial burden on state budgets. By covering the vast majority of expansion costs, the federal match makes it fiscally feasible for states, like Michigan, to extend coverage to low-income adults while supporting local health systems and economies.

In fact, 12 of the 41 states that have expanded coverage have trigger laws that would automatically end their expansion program if federal funding drops. Michigan does not have such a law on the books, meaning that legislative action—whether in the form of an appropriation to continue the program or statutory changes to limit or ending the program—would be necessary to respond to any federal funding reductions.

Proposal

The proposed reduction would cut the FMAP for the expansion population to match the rate for traditional Medicaid, [decreasing the deficit by an estimated \\$561 billion](#) between 2025 and 2034. To respond to this, states would either need to significantly increase the level of state support for their expansion programs, scale the programs back, or end them entirely.

Another proposal under consideration would reduce the enhanced federal match for certain administrative activities. Currently, the federal government covers 50% of general administrative costs and 70–100% for 25 specified categories. Cutting these rates would similarly require states to make tough decisions as to whether to either increase the amount of state general fund or scale back essential functions like nursing home inspections, eligibility systems, and program integrity efforts. It would cost Michigan hundreds of millions in state funding annually, including \$115 million simply to maintain existing information technology operations and projects.

Impact

Aligning the expansion match rate with Michigan's traditional federal match would cost the state \$1.1 billion annually. Absent additional state investment to cover the lost funding, the more than

- [Arkansas' policy left 18,000 uninsured](#), including some that may have been exempt from work requirements.
 - Not only did this effort increase bureaucratic red tape for beneficiaries and [cause massive confusion](#), but there was also no significant impact on employment levels in the state.
 - A [follow-up study found](#) supported findings that work requirements did not improve employment and often resulted in adverse consequences for those who lost coverage.
- [In Georgia](#), employment or job training requirements for a Medicaid expansion (Georgia Pathways) resulted in less than 2,400 new enrollees in the first six months out of 345,000 identified as eligible.
 - By 2025, the initiative had just 6,500 participants with a price tag of \$86 million for taxpayers.
 - This equates to more than \$13,000 per individual, while the [average cost per enrollee in Georgia](#) is just \$5,184.

Proposal

As Congress considers reinstating work requirements as part of the reconciliation process, one estimate from the [Congressional Budget Office in 2023](#) stated that imposing work requirements could save \$109 billion over the course of a decade.

It is unclear how work requirements would be implemented in terms of qualifying activities, populations, and other key aspects. During the previous Trump administration, Section 1115 waivers for work requirements were [encouraged](#) and approved, but the [specifics varied](#) by:

- **Population Covered:** Most states applied work requirements to adults in Medicaid expansion groups, though some included all adults or specific non-expansion populations. Age ranges varied—from 19–55 under a prior federal model to 19–64 in some states.
- **Exemptions:** Older adults and medically frail individuals were typically exempt. Parents or caregivers often faced reduced activity requirements.
- **Qualifying Activities:** Beyond employment, activities such as education, job training, job search, and community service were often accepted.
- **Hours Required:** States generally required 80–100 hours/month or 20–35 hours/week, though some allowed weekly averages. One state set no hour minimum but required job-related activities if working under 30 hours/week.
- **Noncompliance Consequences:** Most states imposed disenrollment for noncompliance. Others required meeting conditions before enrollment or tied benefit access to participation.

Impact

In Fiscal Year 2026, Michigan could see nearly 39% of eligible adult Medicaid beneficiaries lose coverage as a result of implementing work requirements. These projected losses are not primarily due to individuals failing to meet the work criteria but rather stem from administrative barriers such as lack of knowledge about the requirements, as well as the complexity and burden of compliance and reporting.

Provider Tax Reforms

Background

Most states finance a portion of their Medicaid programs through taxes collected from health care providers. Because Medicaid typically reimburses at lower rates than both commercial insurance and Medicare, it can be challenging for providers to serve a large Medicaid population without supplementary revenue. To address this, states often seek federal approval to use provider taxes to enhance Medicaid funding. Payments to providers are generally tied to the volume of Medicaid patients they serve, with those serving more beneficiaries receiving greater reimbursement—creating an incentive to maintain or expand access for Medicaid enrollees.



In Michigan, approximately 20% of the state's non-federal Medicaid funding is generated through provider taxes, which include contributions from hospitals, nursing homes, ambulance providers, and the managed care organization tax—also known as the Insurance Provider Assessment (IPA).

Together, these taxes are leveraged to make up \$3 billion of Michigan's state share of Medicaid costs. The tax dollars fund both the base Medicaid program and the broader state budget (through state retention) and increased reimbursement to the taxed provider classes. While some facilities or providers with a lower volume of Medicaid patients may pay more in taxes than they receive in rate increases, the system is beneficial for a majority of providers and has a net-positive impact on funding for the state.

Proposals

There are several options rumored to be under consideration related to limiting provider taxes. The first is reducing the provider tax limit from 6% of a provider's net patient revenue to 3% or 4%. Michigan's current tax on Nursing Facilities and Hospitals is between 5.01% and 5.5%, while its taxes on managed care organizations and ambulance providers is less than or equal to 3.5%. [One version](#) reduces the tax from the current limit of 6% to 4% in 2026 and 2027, and then 3% in 2028 and after.

A second version caps provider taxes as a share of state general funding, while states' ability to leverage provider tax revenue to finance their Medicaid program would be eliminated under a third proposal. Congress could use the budget reconciliation process to enact legislation to reduce or eliminate the ability of states to use provider taxes. Lastly, administrative action through rulemaking could be used to require wholesale restructuring. This may take the form of the Executive branch directing agencies to initiate rulemaking and develop guidance to restrict the use of provider taxes.

Impacts

Hospital and Skilled Nursing Facility Tax

Managed Care Organization Provider Tax

An additional provider tax that may be at risk is Michigan's Insurance Provider Assessment (IPA)—a state-level tax applied to health insurers, including Medicaid managed care organizations. It is designed to generate revenue that the state uses to help fund its share of Medicaid expenditures. The IPA is structured to draw down federal matching funds, making it a critical financing mechanism for sustaining the state's Medicaid program without requiring equivalent increases in general fund spending.

The State of Michigan has taxed managed care entities to provide revenue to support the State's Medicaid program since 2013. This approach has helped contain general fund spending by leveraging federal matching dollars—using insurer-paid assessments to fulfill part of the state's Medicaid funding obligation.

However, proposals under consideration this year—either through budget reconciliation or federal rulemaking—could restrict states' ability to use such financing strategies. If enacted, these changes could jeopardize more than \$450 million currently supporting Michigan Medicaid's core services. Replacing this funding would likely require substantial cuts, tax increases, or reductions in coverage and access to care.

Per-Capita Caps

Background

Medicaid is currently an entitlement program wherein states must cover all eligible individuals, and the federal government must provide the federal share of funding for the costs of that coverage. Currently, states receive open-ended federal matching funds based on the cost of providing services, with guaranteed continued support for states regardless of whether costs go up or outcomes are not achieved. Per capita caps and block grants are mechanisms to shift financial costs and risk to states.

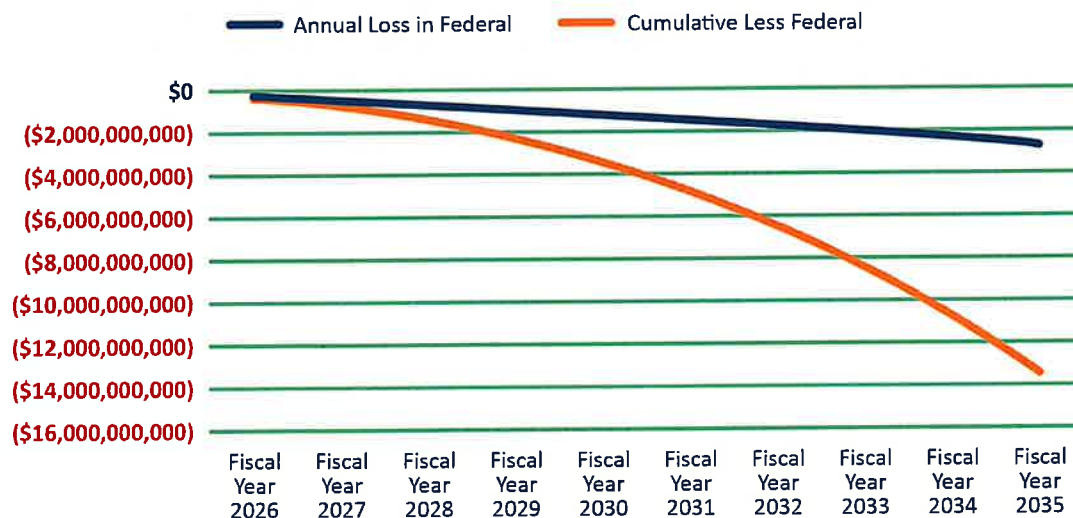
A per-capita cap would limit federal funding to a fixed amount per enrollee. This amount would be adjusted annually by a set amount/inflationary factor. Because funding is set on a per enrollee basis, federal funding available to states under this model would adjust for enrollment fluctuations. States exceeding their "cap" would need to find alternative revenue to maintain spending or find new ways to reduce costs.

Similarly, block grants would cap federal Medicaid funding at a fixed amount, limiting the state's ability to respond to changing needs. While traditional block grants may include annual inflation adjustments, they do not account for increases in enrollment during economic downturns—precisely when demand for Medicaid coverage tends to rise—creating added financial pressure and risk for states.



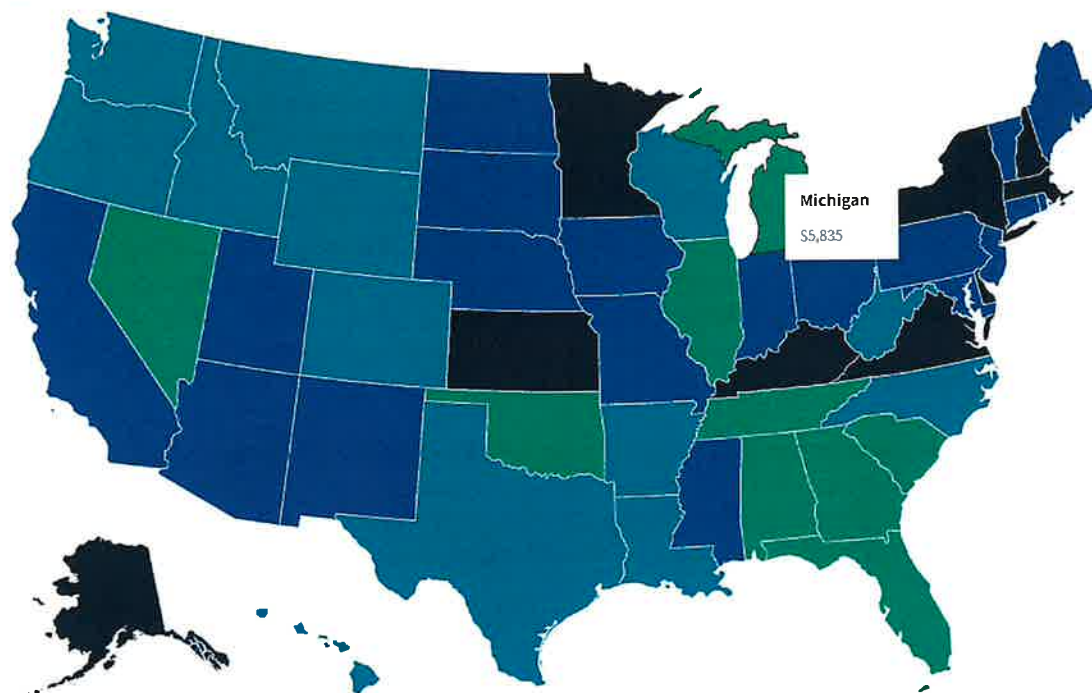
Overall	Total Federal (Status Quo)	Total Federal (Est. Per Capita Cap)	Annual Loss in Federal	Cumulative Less Federal
Base Period	\$15,190,024,000	\$15,190,024,000		
Fiscal Year 2026	\$16,274,714,000	\$16,015,750,000	\$258,964,000	\$258,964,000
Fiscal Year 2027	\$17,094,959,000	\$16,645,008,000	\$449,951,000	\$708,915,000
Fiscal Year 2028	\$17,956,545,000	\$17,298,991,000	\$657,554,000	\$1,366,469,000
Fiscal Year 2029	\$18,861,555,000	\$17,978,668,000	\$882,887,000	\$2,249,356,000
Fiscal Year 2030	\$19,812,177,000	\$18,685,050,000	\$1,127,127,000	\$3,376,483,000
Fiscal Year 2031	\$20,810,711,000	\$19,419,186,000	\$1,391,526,000	\$4,768,009,000
Fiscal Year 2032	\$21,859,571,000	\$20,182,166,000	\$1,677,406,000	\$6,445,414,000
Fiscal Year 2033	\$22,961,293,000	\$20,975,123,000	\$1,986,171,000	\$8,431,858,000
Fiscal Year 2034	\$24,118,543,000	\$21,799,235,000	\$2,319,307,000	\$10,750,892,000
Fiscal Year 2035	\$25,334,117,000	\$22,655,727,000	\$2,678,390,000	\$13,429,282,000

Total Medicaid Cuts from a Per-Capita Cap Would Grow Over Time



Medicaid Spending Per Enrollee Ranged From Under \$5,000 to Over \$12,000

■ < \$6,000 (9 states) ■ \$6,000 - \$7,500 (13 states) ■ \$7,500 - \$9,000 (19 states) ■ > \$9,000 (10 states)



This map from the Kaiser Family Foundation illustrates state-by-state variation in Medicaid spending per enrollee. Michigan ranks among the lowest-spending states on a per-enrollee basis. This reinforces the cost-efficiency of Michigan's Medicaid program, spending less per enrollee than most while still maintaining broad Medicaid coverage. This comparatively low baseline spending highlights the challenge Michigan would face under federal funding caps, as the state already operates a lean program with limited flexibility to absorb funding reductions.

Appendix

Executive Directive

EXECUTIVE DIRECTIVE

No. 2025-3

To: State Department Directors and Autonomous Agency Heads

From: Governor Gretchen Whitmer

Date: April 17, 2025

Re: Impact of Federal Medicaid Cuts

Medicaid was established 60 years ago to ensure that all Americans had access to healthcare and the dignity of a good life, but today Republicans in Congress are rushing to gut this program that provides health care for millions of Americans and Michiganders. These are our friends and neighbors – people who are battling cancer, veterans who are disabled, and children. The cuts being discussed would be the largest cuts to Medicaid in history, terminating healthcare for millions of Americans. It would force providers in Michigan to close their doors, reduce the quality of services, and strip coverage from millions of the most vulnerable Americans, including children and pregnant and postpartum women. We must understand as many specifics about the impact that terminating healthcare will have on Michiganders who get their insurance through Medicaid.

Medicaid is the largest health insurance program in the U.S., providing coverage for one in five individuals. In Michigan, the coverage rate is even higher: one in four Michiganders receive their health insurance through Medicaid. That coverage enables individuals across the state to access health care so that they can continue to live healthy, productive lives.

Jointly funded by the state and federal government, Michigan's Medicaid program affords health coverage to over 2.6 million Michiganders each month, including:

- 1 million children;
- 300,000 people living with disabilities; and
- 168,000 seniors.

Additionally, 45% of births in Michigan are covered by Medicaid.

Healthcare coverage provides real returns. The Congressional Budget Office estimates that long-term fiscal effects of Medicaid spending on children could offset half or more of the program's initial outlays. And Medicaid enrollment for children has been shown to 2

increase not only positive health outcomes but also educational attainment, wages in adulthood, and future tax revenue from increased earnings for those who are covered.

1. The number of Michiganders who could lose health care if the proposed cuts go into effect.
 2. The effect of the proposed cuts on hospitals and other relevant service providers, especially in rural and other underserved communities, including reductions in services and closures of facilities.
 3. The impact on timely access to care for Michiganders, such as the creation or expansion of healthcare deserts in areas of the state.
 4. The ways in which reductions in federal money could impact the state's budget, including the need for cuts to other vital services.
2. The Department of Insurance and Financial Services and the State Budget Office must provide support to MDHHS in assessing the scope and impact of the proposed cuts.
 3. All state departments and agencies must coordinate and cooperate with MDHHS in executing the duties outlined by this directive.

This directive is effective immediately.

Thank you for your cooperation in its implementation.

GRETCHEN WHITMER

GOVERNOR

Medicaid Enrollees and Expenditures by Michigan County

County	County Population 2020 Census	Total Medicaid Enrollees December 2024	Total Enrollees Percent of Population	Total Medicaid Expenditures Fiscal Year 2023
Alcona MI	10,167	2,877	28%	\$26,387,716
Alger MI	8,842	1,725	20%	\$21,097,071
Allegan MI	120,502	24,770	21%	\$224,595,422
Alpena MI	28,907	8,024	28%	\$87,954,021
Antrim MI	23,431	5,474	23%	\$61,858,969
Arenac MI	15,002	4,555	30%	\$46,162,442
Baraga MI	8,158	2,177	27%	\$35,679,092
Barry MI	62,423	12,327	20%	\$114,707,501
Bay MI	103,856	27,099	26%	\$288,958,855
Benzie MI	17,970	3,781	21%	\$45,537,256
Berrien MI	154,316	42,564	28%	\$421,691,799
Branch MI	44,862	13,192	29%	\$118,272,565
Calhoun MI	134,310	42,394	32%	\$381,124,466
Cass MI	51,589	14,168	27%	\$128,872,969
Charlevoix MI	26,054	5,213	20%	\$64,321,769
Cheboygan MI	25,579	7,460	29%	\$84,055,837
Chippewa MI	36,785	8,525	23%	\$146,046,447
Clare MI	30,856	10,594	34%	\$115,443,662
Clinton MI	79,128	13,009	16%	\$108,050,527
Crawford MI	12,988	4,070	31%	\$42,662,839
Delta MI	36,903	8,714	24%	\$102,628,230
Dickinson MI	25,947	5,723	22%	\$60,881,502
Eaton MI	109,175	23,284	21%	\$216,863,537
Emmet MI	34,112	6,033	18%	\$81,982,547
Genesee MI	406,211	140,360	35%	\$1,292,337,885
Gladwin MI	25,386	7,279	29%	\$72,707,491
Gogebic MI	14,380	4,577	32%	\$56,565,948
Grand Traverse MI	95,238	16,161	17%	\$196,007,628

County	County Population 2020 Census	Total Medicaid Enrollees December 2024	Total Enrollees Percent of Population	Total Medicaid Expenditures Fiscal Year 2023
Missaukee MI	15,052	4,616	31%	\$41,869,236
Monroe MI	154,809	31,049	20%	\$317,293,035
Montcalm MI	66,614	17,232	26%	\$172,772,535
Montmorency MI	9,153	2,719	30%	\$28,006,717
Muskegon MI	175,824	54,752	31%	\$527,552,884
Newaygo MI	49,978	15,172	30%	\$141,243,771
Oakland MI	1,274,395	204,539	16%	\$2,122,811,476
Oceana MI	26,659	8,676	33%	\$78,008,934
Ogemaw MI	20,770	7,006	34%	\$73,929,212
Ontonagon MI	5,816	1,457	25%	\$13,127,538
Osceola MI	22,891	7,171	31%	\$68,663,846
Oscoda MI	8,219	2,911	35%	\$26,748,603
Otsego MI	25,091	6,446	26%	\$76,257,816
Ottawa MI	296,200	42,742	14%	\$376,926,594
Presque Isle MI	12,982	3,189	25%	\$36,698,972
Roscommon MI	23,459	7,450	32%	\$69,871,759
Saginaw MI	190,124	62,110	33%	\$612,655,895
Sanilac MI	40,611	11,182	28%	\$106,524,777
Schoolcraft MI	8,047	2,223	28%	\$29,511,702
Shiawassee MI	68,094	17,519	26%	\$175,898,138
St. Clair MI	160,383	41,082	26%	\$396,796,111
St. Joseph MI	60,939	17,233	28%	\$157,008,493
Tuscola MI	53,323	13,735	26%	\$157,729,174
Van Buren MI	75,587	22,281	29%	\$217,463,235
Washtenaw MI	372,258	60,165	16%	\$593,070,696
Wayne MI	1,793,561	722,356	40%	\$6,450,968,525
Wexford MI	33,673	10,777	32%	\$101,385,313
Total	10,077,331	2,667,015	26%	\$25,367,189,539

requirements again. Without knowing policy and regulatory requirements, it is impossible to know if any of the previous work can be reused, reworked, or turned back on at this point. Depending on the implementation timeline, States will be vying for limited IT vendors resources concurrently, which could drive prices up, and the need to train staff on new policies and procedures and potentially hire new staff to handle the workload.

If MDHHS had to implement work requirements only the HMP population, for beneficiaries 18-65, then this population would be significantly smaller. As of April 2025, approximately 716,778 beneficiaries are enrolled in HMP and likely a portion of these individuals would be exempted from work requirements due to disability. Based on the previous reports that 11% of beneficiaries were unable to work, we would assume that 637,933 beneficiaries in HMP would be required to provide proof work 80 hours of work, work-related, or community activities per month. We would anticipate that MDHHS would need at least an administrative budget of \$75 million to implement work requirements in the HMP population based on the experiences from Michigan's previous experiences. The increase in budget takes into accounts systems upgrades, training, advertising, and the limited availability of contractors as all States will be vying for limited IT vendors concurrently,

Table #1	HMP Work Requirements Administrative Costs 2020 Implementation (Actual)	Projected Administrative Costs for Broad Medicaid Work Requirements	Projected Administrative Costs for Medicaid Expansion (HMP) Work Requirements
Potential Administrative Cost Comparison for Work Requirement	\$30 million (spent) \$40 million (planned)	\$155 million	\$75 million

Table #2	HMP Beneficiaries Eligible for Work Requirements Jan 2020 Implementation	Projected All* Medicaid Beneficiaries Eligible for Work Requirements	Projected Medicaid Expansion (HMP) Beneficiaries Eligible for Work Requirements
Potential Medicaid Beneficiary Eligible for Work Requirements	591,562	1,317,576	637,933

* Would likely exclude those receiving Medicaid through the non-Modified Adjusted Gross Income pathways because they are likely aged, blind, or disabled

Enrollment Impacts of Work Requirements

Based on Michigan's brief experience with work requirements previously, MDHHS does anticipate significant reductions in enrolled beneficiaries due to knowledge about reporting requirements, barriers to reporting, and a plethora of other issues. Before work requirements were paused in 2020, Michigan was on track to lose 80,000 beneficiaries in the first month, and 100,000 HMP beneficiaries in the first year.

Michigan experienced a similar phenomenon when it came to restarting Medicaid renewals at the end of the Public Health Emergency (PHE) Unwinding. While Michigan was able to ex parte (or passively) renewal about 40% of Medicaid beneficiaries, a significant number of beneficiaries did

Michigan's Medicaid Program

Meghan Groen, Senior Chief Deputy Director, Health Services

June 4, 2025



Medicaid Background

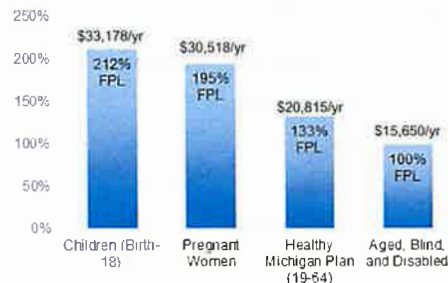


Medicaid Program Background



- Medicaid is the **largest health insurance program** in the U.S.
- A means-tested entitlement program providing **comprehensive health coverage for eligible populations**, including:
 - Low-income children and families.
 - Elderly and disabled individuals.
 - Pregnant women.

Medicaid Income Limit by Population



Michigan's Medicaid Program has a Vast Reach



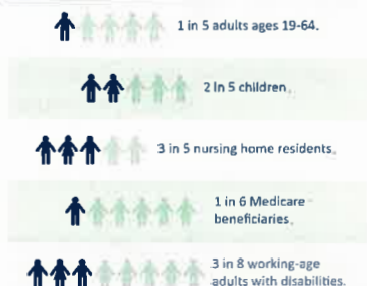
Medicaid covers one in five individuals living in the U.S. In Michigan, the coverage rate is even higher – **1 in 4 Michiganders**.

In FY24, Michigan's Medicaid program afforded health coverage to more than **2.6 million Michiganders** each month, including:

- **1 million children;**
- **300,000 people** living with **disabilities**;
- **168,000 seniors**; and,
- **750,000 adults in Healthy Michigan Plan.**

45% of births in Michigan are covered by Medicaid.

In Michigan, Medicaid Covers:



Proven Healthy Michigan Plan Successes



In 2014, Michigan expanded Medicaid and launched Healthy Michigan Plan (HMP). Today, HMP covers nearly 750,000 Michigan residents.

HMP underwent extensive assessment to measure its impact. A University of Michigan evaluation found:

- Michigan's **uninsured rate went down**. Michigan's uninsured rate is one of the best in the nation — currently around 5.4%. Prior to states being able to expand Medicaid, the national uninsured rate was more than 17%.
- Hospital **uncompensated care decreased by more than 50%**. Uninsured people don't stop getting sick, they wait until they are sicker to receive more expensive care. When they cannot afford to pay the bill the costs for everyone else at that facility increase, making check-ups, procedures and insurance more expensive for everyone.
- More people **accessed primary care**. By providing access to timely and effective care, individuals were able to better control chronic conditions and **avoid more expensive visits to emergency departments**.
- **Higher financial well-being** because beneficiaries can access medical care without taking away money for grocery bills and housing or without being forced into expensive medical debt. Positive effects were demonstrated on employment as some beneficiaries reporting gaining access to medical treatments that allowed them to begin or continue working.

Where Do Medicaid Dollars Go?

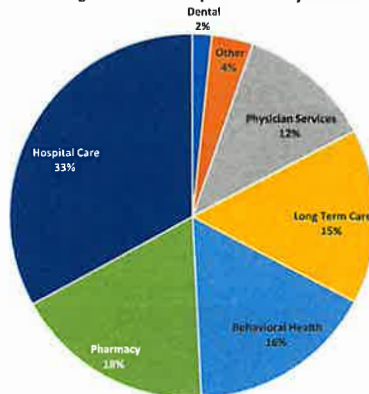


Medicaid is a Major Payer in the Health Care System



- Nationally, Medicaid accounts for one-fifth of all health care spending.
- It is the **largest payer of mental health services, long-term care services and births**.
- As such, it plays a critical role in assuring the sustainability of hospitals, community health centers, physicians and nursing homes.

Michigan Medicaid Expenditures by Service



Medicaid Helps Hospitals

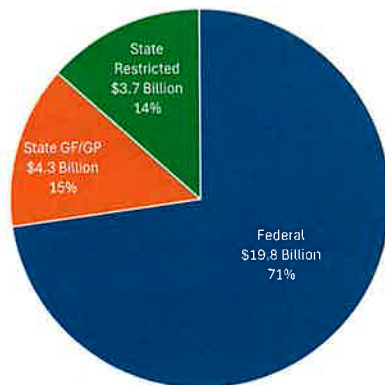


- Because Medicaid covers a quarter of the state's population, Michigan's **uninsured rate** continues to improve and is now **among the best in the country** (5.4% in Michigan compared to 8.2% nationally).
- Since the launch of Medicaid expansion in 2014, **hospital uncompensated care** has fallen dramatically – **decreasing by more than 50%**.
- Michigan's hospitals receive **nearly \$7 billion** in Medicaid funding annually, which accounts for **almost one-fifth of net patient revenue for hospitals in the state**.

Michigan Medicaid Budget



- Michigan's FY25 Medicaid budget is approximately \$27.8 billion and 34% of the state's overall budget.
- More than 70% of the Medicaid budget comes from federal funding.**
- Federal match rates are higher for states with lower per-capita income.
 - Michigan's federal match rate is ~65%.
 - For every dollar Michigan spends, the federal government contributes an additional \$1.87.**
 - For every dollar Michigan cuts, \$2.87 is lost for people and providers.

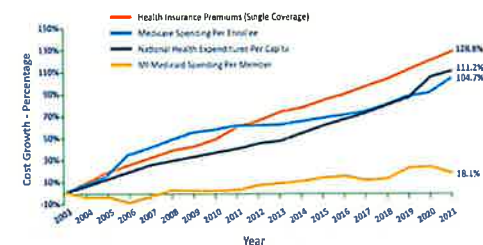
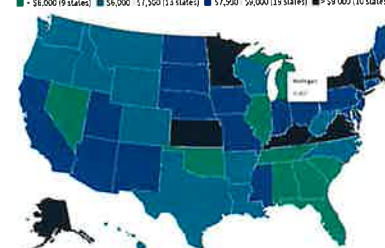


Michigan Medicaid is Cost-Effective



Michigan's Medicaid program has long been recognized for its cost-effectiveness, providing high-quality coverage to millions while maintaining per-enrollee spending below the national average. However, this efficiency means the program has less room to cut.

Medicaid Spending Per Enrollee Ranged From Under \$5,000 to Over \$12,000



Medicaid's Required Coverage and Services



Who must be covered under federal law?

- Older adults (age 65 and older) who receive Medicare and also qualify for Medicaid.
- Individuals who are blind.
- Individuals with disabilities.
- Supplemental Security Income (SSI) recipients.
- Pregnant women.
- Children under age 1.
- Children in foster care.
- Very low-income families with children.
- Non-citizens for limited emergency services only.

What services must be covered under federal law?

- Inpatient and outpatient hospital services.
- Nursing facility services.
- Physician services.
- Lab and X-ray services.
- Home health services.
- Non-Emergency Medical Transportation (NEMT).
- Federally Qualified Health Centers & Rural Health Centers.
- Family planning services.
- Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Services (under 21).
- Medication-Assisted Treatment (MAT).

Federally Optional Medicaid Spending



- While federal law defines a core set of required Medicaid services, many "optional" benefits — like pharmacy and Home- and Community-Based Services (HCBS) — are essential to cost-effective, community-based care.
- Cutting these supports doesn't reduce waste — it removes critical tools that prevent hospitalizations, delay institutional care, and stabilize individuals in their homes and communities.

SPENDING BY FEDERALLY OPTIONAL SERVICE CATEGORY
\$5 BILLION TOTAL



Eligibility Provisions



What's at stake for Michigan:

- Estimated **\$155 million** in implementation costs.
- Potential loss of coverage for over **500,000** individuals.

Significance of these changes:

Administrative Burden = Coverage Loss
Many enrollees meet requirements but may lose coverage due to complex paperwork and red tape.

Higher Churn Rates → Delayed Care
Frequent churn caused by paperwork issues disrupts care continuity, hinders access and leaves individuals vulnerable during medical emergencies.

Rising Uninsured Rates
Parallel Affordable Care Act changes limiting Marketplace access could leave many individuals without access to coverage, driving up the uninsured rate across the state.

Increased Uncompensated Care
Hospitals and local safety nets will be forced to absorb the costs of caring for people who have lost coverage.

If Proposed Federal Cuts Happen



- Michigan stands to lose hundreds of millions — and potentially billions — in federal funding.
- With a total General Fund operating budget of \$14 billion, the state cannot absorb these losses without making **deep** cuts in other critical areas.
- This would place more than a quarter of Michigan residents — and the essential health care providers who serve them — at significant risk.



Questions?



MDHHS Contact Information:

Chardaé Burton
Director of Legislative Affairs
517-243-3221
BurtonC5@michigan.gov

FY23 Medicaid and Healthy Michigan Plan Enrollment and Payments and Cost by State Senate District					
Senator	District	Medicaid Avg. Monthly Members	Medicaid Total Payments and Cost	Healthy Michigan Plan Avg. Monthly Members	Healthy Michigan Plan Total Payments and Cost
Erika Geiss	1	83,542	\$ 718,245,996	42,960	\$ 240,367,926
Sylvia Santana	2	82,306	\$ 707,612,476	42,324	\$ 236,809,316
Stephanie Chang	3	68,518	\$ 601,046,455	36,071	\$ 203,183,500
Darrin Camilleri	4	84,723	\$ 728,396,175	43,567	\$ 243,764,781
Dayna Polehanki	5	81,800	\$ 703,262,399	42,064	\$ 235,353,521
Mary Cavanagh	6	69,918	\$ 612,800,591	36,508	\$ 205,592,935
Jeremy Moss	7	37,073	\$ 364,128,934	21,216	\$ 123,853,242
Mallory McMorrow	8	49,581	\$ 458,039,696	27,002	\$ 154,682,859
Michael Webber	9	37,547	\$ 362,451,295	21,595	\$ 125,331,009
Paul Wojno	10	64,355	\$ 561,621,827	34,407	\$ 193,475,964
Veronica Klinefelt	11	52,404	\$ 462,707,362	28,866	\$ 162,916,362
Kevin Hertel	12	58,009	\$ 509,155,529	31,297	\$ 177,017,706
Rosemary Bayer	13	46,461	\$ 437,200,340	25,681	\$ 147,971,902
Sue Shink	14	45,788	\$ 443,449,074	25,211	\$ 140,733,141
Jeff Irwin	15	32,289	\$ 327,129,501	20,750	\$ 113,458,414
Joseph Bellino	16	48,563	\$ 454,118,552	22,572	\$ 132,278,658
Jonathan Lindsey	17	64,000	\$ 543,898,817	29,406	\$ 169,708,127
Thomas Albert	18	57,670	\$ 484,557,665	25,322	\$ 138,495,836
Sean McCann	19	51,734	\$ 460,672,430	26,638	\$ 145,686,719
Aric Nesbitt	20	56,360	\$ 493,796,271	26,451	\$ 146,569,686
Sarah Anthony	21	48,425	\$ 459,443,967	26,376	\$ 152,029,257
Lana Theis	22	32,372	\$ 302,796,134	18,394	\$ 106,824,998
Jim Runestad	23	32,718	\$ 332,946,723	19,273	\$ 113,692,812
Ruth Johnson	24	43,503	\$ 400,499,455	24,289	\$ 139,079,089
Dan Lauwers	25	53,495	\$ 517,824,999	27,637	\$ 166,814,564
Kevin Daley	26	61,145	\$ 564,470,326	30,571	\$ 175,105,901
John Cherry	27	70,792	\$ 615,185,955	36,837	\$ 211,651,824
Sam Singh	28	46,198	\$ 437,801,712	24,552	\$ 140,689,043
Winnie Brinks	29	51,675	\$ 446,908,960	23,561	\$ 123,672,800
Mark Huizenga	30	49,841	\$ 426,804,472	22,686	\$ 118,873,723
Roger Victory	31	33,739	\$ 268,424,968	15,064	\$ 77,961,256
Jon Bumstead	32	64,207	\$ 587,113,241	31,675	\$ 180,197,523
Rick Outman	33	56,553	\$ 507,242,690	25,192	\$ 146,335,502
Roger Hauck	34	58,227	\$ 594,766,425	29,307	\$ 170,849,843
Vacant	35	58,649	\$ 592,816,684	29,374	\$ 170,956,003
Michele Hoitenga	36	64,278	\$ 626,494,161	33,063	\$ 203,840,222
John Damoose	37	41,656	\$ 495,910,644	24,110	\$ 154,363,277
Ed McBroom	38	47,888	\$ 598,044,767	26,351	\$ 168,425,761

FY23 Medicaid and Healthy Michigan Plan Enrollment and Payments and Cost by State House District					
Representative	District	Medicaid Avg. Monthly Members	Medicaid Total Payments and Cost	Healthy Michigan Plan Avg. Monthly Members	Healthy Michigan Plan Total Payments and Cost
Tyrone Carter	1	28,391	\$ 244,087,637	14,600	\$ 81,686,274
Tullio Liberati	2	29,178	\$ 250,854,423	15,004	\$ 83,950,844
Alabas Farhat	3	29,009	\$ 249,404,397	14,918	\$ 83,465,579
Karen Whitsett	4	28,953	\$ 248,921,055	14,889	\$ 83,303,824
Regina Weiss	5	22,503	\$ 199,265,256	11,847	\$ 66,940,540
Natalie Price	6	11,212	\$ 114,094,386	6,604	\$ 38,960,322
Tonya Myers Phillips	7	28,560	\$ 245,537,662	14,686	\$ 82,171,539
Helena Scott	8	24,360	\$ 213,629,789	12,726	\$ 71,677,672
Joseph Tate	9	28,728	\$ 246,987,688	14,773	\$ 82,656,804
Veronica Paiz	10	29,234	\$ 251,337,765	15,033	\$ 84,112,599
Donavan McKinney	11	24,177	\$ 209,827,625	12,743	\$ 71,528,126
Kimberly L. Edwards	12	20,725	\$ 181,232,842	11,139	\$ 62,673,758
Mai Xiong	13	18,002	\$ 159,284,724	9,968	\$ 56,295,492
Mike McFall	14	14,883	\$ 138,277,170	8,417	\$ 48,267,506
Erin Byrnes	15	28,953	\$ 248,921,055	14,889	\$ 83,303,824
Stephanie Young	16	28,784	\$ 247,471,030	14,802	\$ 82,818,559
Laurie Pohutsky	17	28,447	\$ 244,570,979	14,628	\$ 81,848,029
Jason Hoskins	18	11,243	\$ 114,410,875	6,623	\$ 39,068,395
Samantha Steckloff	19	11,103	\$ 112,986,673	6,540	\$ 38,582,066
Noah Arbit	20	11,352	\$ 115,518,587	6,687	\$ 39,446,650
Kelly Breen	21	11,461	\$ 116,626,300	6,751	\$ 39,824,906
Matt Koleszar	22	28,728	\$ 246,987,688	14,773	\$ 82,656,804
Jason Morgan	23	13,719	\$ 132,175,702	8,219	\$ 45,642,289
Ranjeev Puri	24	28,672	\$ 246,504,346	14,744	\$ 82,495,049
Peter Herzberg	25	28,391	\$ 244,087,637	14,600	\$ 81,686,274
Dylan Wegela	26	28,728	\$ 246,987,688	14,773	\$ 82,656,804
Rylee Linting	27	28,335	\$ 243,604,295	14,571	\$ 81,524,519
Jamie Thompson	28	25,888	\$ 225,757,612	13,211	\$ 74,575,897
James DeSana	29	25,833	\$ 225,693,724	13,170	\$ 74,428,781
William Bruck	30	15,344	\$ 147,456,420	7,367	\$ 44,384,028
Reggie Miller	31	21,702	\$ 194,298,607	11,320	\$ 64,010,872
Jimmie Wilson Jr.	32	10,575	\$ 108,462,142	7,016	\$ 38,263,548
Morgan Foreman	33	10,648	\$ 109,207,436	7,065	\$ 38,526,475
Nancy Jenkins-Arno	34	17,147	\$ 153,673,750	7,836	\$ 43,884,553
Jennifer Wortz	35	22,146	\$ 195,625,899	9,030	\$ 51,832,879
Steve Carra	36	21,461	\$ 171,479,718	9,890	\$ 57,207,920
Brad Paquette	37	20,560	\$ 184,300,538	10,298	\$ 60,250,952
Joey Andrews	38	21,103	\$ 187,840,012	10,364	\$ 59,366,686
Pauline Wendzel	39	21,551	\$ 189,244,000	10,200	\$ 57,009,121
Matt Longjohn	40	16,913	\$ 150,749,095	8,756	\$ 47,826,632
Julie Rogers	41	17,222	\$ 153,503,501	8,916	\$ 48,700,495
Matt Hall	42	16,874	\$ 149,102,550	8,433	\$ 45,803,499
Rachelle M. Smit	43	15,575	\$ 133,623,931	6,621	\$ 35,266,100
Steve Frisbie	44	24,210	\$ 196,047,520	10,716	\$ 59,267,759
Sarah Lightner	45	21,611	\$ 187,440,684	10,158	\$ 56,685,034
Kathy Schmaltz	46	18,470	\$ 175,170,029	9,437	\$ 53,234,419
Carrie Rheingans	47	13,845	\$ 136,011,309	8,004	\$ 44,392,169
Jennifer Conlin	48	9,668	\$ 96,290,642	6,067	\$ 34,092,802
Ann Bollen	49	9,818	\$ 97,876,896	5,838	\$ 34,297,569
Jason Woolford	50	8,208	\$ 79,413,168	4,946	\$ 28,884,703
Matt Maddock	51	11,165	\$ 113,619,652	6,577	\$ 38,798,212
Mike R. Harris	52	11,119	\$ 113,144,918	6,550	\$ 38,636,103
Brenda Carter	53	11,352	\$ 115,518,587	6,687	\$ 39,446,650
Donni Steele	54	11,336	\$ 115,360,343	6,678	\$ 39,392,614
Mark Tisdell	55	11,196	\$ 113,936,141	6,595	\$ 38,906,285
Sharon MacDonell	56	11,025	\$ 112,195,450	6,495	\$ 38,311,884
Thomas Kuhn	57	15,460	\$ 141,370,934	8,682	\$ 49,544,390
Ron Robinson	58	17,675	\$ 156,388,638	9,787	\$ 55,271,938
Douglas Wozniak	59	17,468	\$ 154,559,531	9,673	\$ 54,625,482
Joseph Aragona	60	18,123	\$ 160,351,703	10,035	\$ 56,672,591
Denise Mentzer	61	18,209	\$ 161,113,831	10,083	\$ 56,941,948
Alicia St. Germaine	62	17,692	\$ 156,541,063	9,797	\$ 55,325,809
Jay DeBoyer	63	17,930	\$ 160,457,398	9,797	\$ 57,196,262

FY23 Medicaid and Healthy Michigan Plan Enrollment and Payments and Cost by State House District					
Representative	District	Medicaid Avg. Monthly Members	Medicaid Total Payments and Cost	Healthy Michigan Plan Avg. Monthly Members	Healthy Michigan Plan Total Payments and Cost
Joseph Pavlov	64	18,337	\$ 166,260,490	9,816	\$ 59,534,804
Jaime Greene	65	17,426	\$ 154,936,974	9,319	\$ 53,990,315
Josh Schriver	66	14,102	\$ 133,775,532	8,048	\$ 46,455,213
Phil Green	67	19,630	\$ 171,810,654	10,082	\$ 57,402,997
David Martin	68	24,460	\$ 213,623,276	12,777	\$ 73,477,366
Jasper Martus	69	24,973	\$ 217,016,990	12,995	\$ 74,663,671
Cynthia Neeley	70	24,718	\$ 214,805,474	12,862	\$ 73,902,809
Brian BeGole	71	20,992	\$ 196,340,182	10,333	\$ 59,986,304
Mike Mueller	72	20,947	\$ 186,090,789	11,116	\$ 64,111,239
Julie Brixie	73	18,321	\$ 174,633,173	10,412	\$ 59,638,987
Kara Hope	74	18,167	\$ 173,165,667	10,324	\$ 59,137,819
Penelope Tsernoglou	75	15,674	\$ 148,064,460	8,508	\$ 48,499,306
Angela Witwer	76	14,859	\$ 139,819,329	7,476	\$ 43,625,537
Emily Dievendorf	77	15,404	\$ 145,423,832	8,417	\$ 48,000,551
Gina Johnsen	78	16,204	\$ 147,649,235	7,007	\$ 40,422,213
Angela Rigas	79	17,110	\$ 148,363,093	7,687	\$ 40,617,050
Phil Skaggs	80	18,097	\$ 156,512,891	8,251	\$ 43,311,701
Stephen Wooden	81	17,930	\$ 155,063,698	8,175	\$ 42,910,667
Kristian Grant	82	17,865	\$ 154,506,316	8,146	\$ 42,756,423
John Fitzgerald	83	17,891	\$ 154,729,268	8,157	\$ 42,818,121
Carol Glanville	84	18,007	\$ 155,732,556	8,210	\$ 43,095,760
Bradley Slagh	85	11,213	\$ 88,664,026	5,037	\$ 26,034,736
Nancy De Boer	86	11,954	\$ 95,890,086	5,293	\$ 27,444,412
Will Snyder	87	24,047	\$ 210,260,048	11,323	\$ 63,909,186
Greg VanWoerkom	88	14,426	\$ 119,011,853	6,608	\$ 35,479,449
Luke Meerman	89	16,700	\$ 140,234,167	7,708	\$ 41,955,487
Bryan Posthumus	90	17,930	\$ 155,063,698	8,175	\$ 42,910,667
Pat Outman	91	18,924	\$ 169,769,203	8,521	\$ 50,812,900
Jerry Neyer	92	17,966	\$ 195,589,445	9,583	\$ 54,288,214
Tim Kelly	93	20,048	\$ 197,434,525	9,353	\$ 54,213,902
Amos O'Neal	94	23,233	\$ 228,252,878	10,952	\$ 63,187,532
Bill G. Schuette	95	15,337	\$ 154,683,940	7,907	\$ 45,842,930
Timothy Beson	96	18,316	\$ 193,363,190	9,877	\$ 58,551,139
Matthew Bierlein	97	22,428	\$ 225,043,326	10,856	\$ 62,587,553
Gregory Alexander	98	18,691	\$ 201,246,093	8,910	\$ 54,414,809
Mike Hoadley	99	21,220	\$ 218,210,258	10,929	\$ 70,003,963
Tom Kunse	100	22,735	\$ 220,408,825	11,060	\$ 65,037,337
Joseph Fox	101	23,932	\$ 213,205,168	10,649	\$ 62,351,210
Curt VanderWall	102	21,792	\$ 204,005,653	11,144	\$ 62,819,044
Betsy Coffia	103	12,597	\$ 132,971,037	7,337	\$ 44,007,517
John Roth	104	16,626	\$ 174,307,995	9,094	\$ 55,560,606
Ken Borton	105	21,159	\$ 199,647,020	11,268	\$ 69,003,281
Cameron Cavitt	106	19,769	\$ 210,157,634	10,789	\$ 66,230,728
Parker Fairbairn	107	15,190	\$ 207,882,326	8,922	\$ 61,784,559
David Prestin	108	17,387	\$ 224,368,365	8,681	\$ 58,031,198
Karl Bohnak	109	13,875	\$ 176,123,323	8,774	\$ 54,857,552
Gregory Markkanen	110	17,187	\$ 207,080,964	9,176	\$ 57,707,447

Senator	District	Traditional Medicaid Enrollment December 2024	Healthy Michigan Plan Enrollment December 2024	Total Enrollment December 2024
Erika Geiss	1	93,659	34,791	128,450
Sylvia Santana	2	105,512	45,388	150,899
Stephanie Chang	3	93,275	39,325	132,600
Darrin Camilleri	4	46,149	17,741	63,891
Dayna Polehanki	5	47,696	19,031	66,727
Mary Cavanagh	6	55,084	22,147	77,231
Jeremy Moss	7	56,281	21,228	77,509
Mallory McMorrow	8	49,889	20,226	70,115
Michael Webber	9	31,050	14,130	45,180
Paul Wojno	10	84,952	33,057	118,009
Veronica Klinefelt	11	53,307	21,257	74,564
Kevin Hertel	12	35,472	14,668	50,140
Rosemary Bayer	13	20,032	10,111	30,143
Sue Shink	14	39,708	35,133	74,841
Jeff Irwin	15	34,667	16,382	51,049
Joseph Bellino	16	44,865	15,112	59,976
Jonathan Lindsey	17	55,436	18,402	73,837
Thomas Albert	18	48,189	15,394	63,582
Sean McCann	19	46,439	16,492	62,931
Aric Nesbitt	20	51,357	17,054	68,411
Sarah Anthony	21	54,093	21,597	75,690
Lana Theis	22	22,928	9,891	32,819
Jim Runestad	23	28,170	11,857	40,027
Ruth Johnson	24	23,945	10,109	34,054
Dan Lauwers	25	48,836	17,750	66,586
Kevin Daley	26	50,105	18,350	68,455
John Cherry	27	74,907	28,888	103,796
Sam Singh	28	33,828	14,221	48,050
Winnie Brinks	29	60,732	19,417	80,149
Mark Huizenga	30	37,155	12,753	49,908
Roger Victory	31	29,973	10,002	39,975
Jon Bumstead	32	58,295	19,474	77,769
Rick Outman	33	47,265	15,026	62,291
Roger Hauck	34	54,299	19,306	73,605
Vacant	35	59,416	21,189	80,605
Michele Hoitenga	36	59,592	21,044	80,636
John Damoose	37	36,833	14,420	51,253
Ed McBroom	38	44,250	17,012	61,262
Total		1,917,640	749,375	2,667,015

Representative	District	Traditional Medicaid Enrollment December 2024	Healthy Michigan Plan Enrollment December 2024	Total Enrollment December 2024
Matt Hall	42	14,094	4,587	18,681
Rachelle M. Smit	43	13,244	3,979	17,223
Steve Frisbie	44	23,895	7,587	31,482
Sarah Lightner	45	15,305	8,698	24,003
Kathy Schmaltz	46	21,355	19,457	40,812
Carrie Rheingans	47	10,260	8,674	18,934
Jennifer Conlin	48	6,061	3,228	9,288
Ann Bollin	49	7,628	3,527	11,155
Jason Woolford	50	8,662	3,492	12,155
Matt Maddock	51	9,022	3,933	12,955
Mike R. Harris	52	9,686	3,985	13,672
Brenda Carter	53	29,248	10,495	39,743
Donni Steele	54	7,136	3,186	10,321
Mark Tisdell	55	5,744	2,784	8,529
Sharon MacDonell	56	6,414	2,918	9,332
Thomas Kuhn	57	19,136	8,687	27,823
Ron Robinson	58	16,901	7,705	24,606
Douglas Wozniak	59	9,635	4,239	13,874
Joseph Aragona	60	11,489	4,846	16,335
Denise Mentzer	61	18,860	7,427	26,287
Alicia St. Germaine	62	14,345	6,036	20,381
Jay DeBoyer	63	10,784	4,522	15,305
Joseph Pavlov	64	19,986	7,710	27,697
Jaime Greene	65	12,620	4,616	17,236
Josh Schriver	66	7,712	3,086	10,798
Phil Green	67	18,783	6,901	25,684
David Martin	68	15,956	6,488	22,444
Jasper Martus	69	23,615	8,762	32,376
Cynthia Neeley	70	37,882	14,637	52,519
Brian BeGole	71	16,533	5,957	22,490
Mike Mueller	72	12,538	5,024	17,563
Julie Brixie	73	8,326	3,704	12,030
Kara Hope	74	24,336	9,661	33,998
Penelope Tsernoglou	75	9,106	4,309	13,415
Angela Witwer	76	14,698	5,690	20,388
Emily Dievendorf	77	18,884	8,117	27,001
Gina Johnsen	78	13,469	4,059	17,527
Angela Rigas	79	11,223	3,446	14,669
Phil Skaggs	80	16,072	5,016	21,087
Stephen Wooden	81	12,928	4,594	17,522
Kristian Grant	82	22,975	7,532	30,507

Testimony for the Michigan Senate Health Policy Committee
Submitted by Nora Baylerian, Member of Dreams Unlimited Clubhouse

Date: June 4, 2025

Good morning, Chair and members of the Committee,

My name is Nora Baylerian and I'm a proud member of Dreams Unlimited Clubhouse, part of the Clubhouse Michigan coalition. I'm writing today to urge you to protect Medicaid and continue supporting mental health programs like the Clubhouse model in our state.

Before I found the Clubhouse In 1985 I was diagnosed Chronic Paranoid Schizophrenic. For 10 months I heard voices that took many forms of disjointed reality, I thought that people could read my mind, and I was convinced that the KGB, FBI, and Mafia were after me. I felt apathetic and I experienced extreme confusion, hallucinations, delusions and disjointed thoughts. I thought that I was being poisoned, I was immediately hospitalized. I had 4 hospitalizations in 5 years. I wasn't caring about anything, not even myself. I just wanted to stay in my comfort zone. And lack of interest In December of 1987 I attended my first Schizophrenic Anonymous Group.

And then in February 1985 I found Clubhouse, as well as the SA Groups both have saved me. At Clubhouse there is a feeling of acceptance knowing that we are not alone in the illness, there is a connection between members and staff and there is a sense of belonging and respect. Dignity, respect, inspiration and hope for recovery at the Clubhouse,

Clubhouse is a crucial part of every one's recovery from a mental illness. Without Clubhouse we could not survive please do not cut Medicaid our clubhouse would not survive

The place where I belonged, I found a community, and I found a purpose. I'm now part of a team that helps run the day-to-day operations of the Clubhouse. I help prepare lunch, I contribute to the newsletter, I even speak at public events at conferences. I've gone back to school and recently got a transitional employment opportunity that's helping me rebuild confidence and skills.

This is what Medicaid does. It doesn't just pay for medication or therapy—it opens doors to recovery, dignity, and contribution.

Cuts to Medicaid would not only threaten access to clinical care but also community-based recovery programs like the Clubhouse. Without Medicaid, many members like me would lose access to a place that keeps us stable and connected—and that would mean more hospitalization, more ER visits, and fewer people working or contributing to their communities.

Michigan's Clubhouses are one of the smartest investments the state can make with Medicaid dollars. We're not just receiving services—we're giving back. We're living proof that recovery is possible when people are given the right support.

Please, protect Medicaid. Protect the Clubhouse model. Protect the future of people like me—because we are worth the investment.

Thank you for your time, and for listening to my story.

Nora Baylerian

Heather Dorbeck

From: Leasa Holton <leasa_holton@yahoo.com>
Sent: Tuesday, June 3, 2025 4:57 PM
To: abitely@bellwetherpr.com; Senate Committee Clerks
Cc: Brian A. Suchocki; Tara VanDyke; Kim Holstrom
Subject: Written testimony for June 4, 2025, Senate Health Policy Committee

Categories: Orange Category

You don't often get email from leasa_holton@yahoo.com. [Learn why this is important](#)

Testimony for the Michigan Senate Health Policy Committee

Submitted by Leasa Holton, Member of Sheldon Clubhouse, Grand Rapids, Michigan

Date: June 3, 2025

Good morning, Chair and members of the Committee,

My name is Leasa Holton, and I'm a proud member of Sheldon Clubhouse, Grand Rapids, Mi., part of the Clubhouse Michigan coalition. I'm writing today to urge you to protect Medicaid and continue supporting mental health programs like the Clubhouse model in our state.

Before I found the Clubhouse my life to say the least was not life. At the age of fourteen I was diagnosed with severe depression after an attempted suicide. I suffered many years but was able to graduate from High School and even complete college with an Associates Accounting degree. I even worked in the accounting field till 2005, even though I tried to end my life several times over the years. In 2005, I escaped from a brutally abusive marriage and returned to Michigan to my mother's side of the family and to my brother's. At which time I started living the life of a recluse person. I lived in my own place, but I kept it locked up, no open windows or doors, even kept curtains closed and lights off even at night, never turning on television or radio for fear someone would hear me. I only went to family functions but rarely. I had no friends. Finally, after several hospitalizations, and the fact that I just lost my son to suicide in 2010 at the age of 27 did I realize I needed to change my life. I was finally diagnosed with Major Depressive Disorder, PTSD, general anxiety, insomnia and adjustment disorder. Try to say that ten times. I was connected to Touchstone now Cherry Health for Case management. After many years of therapy, including DBT, they got me into the Sheldon Clubhouse in 2017.

At the Clubhouse, I found a higher purpose. I have been a member of Sheldon Clubhouse for 8 years. Clubhouse staff and members were patient and continually encouraged to engage in the work order day and to work side by side. It took over a year and a half before staff seeing my potential, asked me to join the Advisory Board, as they knew that I had a business background. So, I slowly became involved in the unit work of the business unit. Many times, I would prefer to sit and do the work alone. I learned all the tasks within the business unit. As I became more involved in the unit work, staff and members began to see the abilities that I had. I was asked to help with more community opportunities and they started asking me to help speak at public events. I now am very involved in the unit work, and I have great respect for the staff and members that I work with. Many members began asking me for help as did staff. I started working more side by side and it was very clear to me that I had made many relationships that are true and lasting. I now feel very comfortable working side by side because I am in a safe place and feel valued. Staff now ask if I can help teach new staff or members our database Flourish, banking and many other Clubhouse tasks. The proudest moment of my life came when I helped to develop a Member Leadership plenary for our Michigan Conference and the Clubhouse International World Seminar and was the chair working with other clubhouse member and it was a huge success. The Sheldon Clubhouse has supported me in my education goals and in my endeavor to become a Clubhouse International Faculty member, which I did and now I travel to other Clubhouses to do accreditation visits. Since becoming a member, I have not had any hospitalization or suicidal ideation, eight years of savings to Medicaid. Members now ask me how they can do what I am doing within the many committees and Faculty work and how to become a leader.

This is what Medicaid does. It doesn't just pay for medication or therapy, it opens doors to recovery, dignity, contribution of one self, self-respect, confidence and a community of friends.

Cuts to Medicaid would not only threaten access to clinical care but also community-based recovery programs like the Clubhouse. Without Medicaid, many members like me would lose access to a place that keeps us stable and connected—and that would mean more hospitalization, for me it would be isolation all over again, more ER visits, and fewer people working or contributing to their communities.

Michigan's Clubhouses are one of the smartest investments the state can make with Medicaid dollars. We're not just receiving services—we're giving back. We're living proof that recovery is possible when people are given the right support.

Please, protect Medicaid. Protect the Clubhouse model. Protect the future of people like me—because we are worth the investment.

Thank you for your time, and for listening to my story.

Leasa Holton

Sheldon Clubhouse member/Clubhouse International Faculty

Heather Dorbeck

From: Joshua Karst <joshuakarst@outlook.com>
Sent: Wednesday, June 4, 2025 9:57 AM
To: abitely@bellwetherpr.com; Senate Committee Clerks
Cc: Brian A Suchocki
Subject: Written testimony for June 4, 2025, Senate Health Policy Committee

You don't often get email from joshuakarst@outlook.com. [Learn why this is important](#)

Testimony for the Michigan Senate Health Policy Committee

Submitted by Joshua T. Karst, Member of Bayside Clubhouse

Date: 6/4/2025

Good morning, Chair and members of the Committee,

My name is Joshua Karst, and I'm a proud member of Bayside Clubhouse, part of the Clubhouse Michigan coalition. I'm writing today to urge you to protect Medicaid and continue supporting mental health programs like the Clubhouse model in Michigan.

Before I found the Clubhouse, I was in a very bad state, barely graduating high school and struggling with uncontrollable mood swings, depression, suicidal ideations, and self-harm. I was without any real natural supports and my abysmal work history prevented me from acquiring any form of employment. I remember getting a job as an usher through a friend's referral that I only lasted a week and a half. I also remember while job searching, I had an interview at a local McDonald's restaurant and had a severe meltdown mid-interview, breaking down crying and begging the manager for the position... only to get a denial email a week later. For the longest time, I fumbled for meaning, purpose, and worth... that is until I came across Bayside Clubhouse.

It was here that I found my footing in life again. From the beginning of my membership, I was welcomed into the fold with open arms, giving me a community of people who really cared and could relate to me and my mental illnesses. It was a place where I could discover my talents for computers and apply them in a productive way. At Bayside, I'm contributing to finance data entry, web-based database work, and clerical work, as well as develop skills I was less proficient in. I've completely rebuilt my friend group, making close friends with members of the Clubhouse. It was later in my membership at Bayside that I was offered to speak in several Clubhouse Conferences and even take on the roll in the Michigan Clubhouse Coalition as the Presiding Member as well as a member of the Bayside Advisory Board. I was also given an opportunity to rebuild my work history with Bayside Clubhouse's Transitional Employment Program, completing several temporary jobs and gaining valuable work experience in fields I never would have had the opportunity to get on my own, like clerical and production job experience. These opportunities and experiences from Clubhouse have given me a second chance at life as well as rebuild my self-worth.

This is what Medicaid does. It doesn't just pay for medication or therapy—it opens doors to recovery, dignity, and contribution. Cuts to Medicaid would not only threaten access to clinical care but also community-based recovery programs like the Clubhouse. Without Medicaid, many members like me would lose access to a place that keeps us stable and connected—and that would mean more hospitalizations, more ER visits, and fewer people working or contributing to their communities.

Michigan's Clubhouses are one of the smartest investments the state can make with Medicaid dollars. We're not just receiving services—we're giving back. We're living proof that recovery is possible when people are given the right support.

Please, protect Medicaid. Protect the Clubhouse model. Protect the future of people like me—because we are worth the investment.

Thank you for your time, and for listening to my story.

Joshua T. Karst

All Yours,

-Joshua T. Karst-

Heather Dorbeck

From: Amy Kerr Roney <akroney65@gmail.com>
Sent: Tuesday, June 3, 2025 8:39 PM
To: Senate Committee Clerks
Subject: written testimony for June 4, 2025 Senate Health Policy committee

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Thank you for attending the Michigan Senate Health Policy committee hearing. I would like to express the hardships that my family will endure if Medicaid is cut. Please include my letter in your presentation to the committee. Thank you.

Amy Kerr Roney

Dear Members of the Senate Health Policy Committee,

I am writing to express my deep concern regarding the proposed federal Medicaid cuts and their potential impact on Michigan residents, including my own family.

My son, who is low-income and living with a disability, relies entirely on Medicaid for his healthcare needs. His monthly disability check barely covers essential expenses such as rent, utilities, and food. Without Medicaid, he would have no means to afford necessary medical care. Even a brief lapse in coverage could have dire consequences for his health and well-being. During the winter months, he has depended on State Emergency Relief to manage his heating bills, underscoring the financial challenges he faces.

Additionally, my father-in-law, who recently turned 90, suffers from chronic arthritis pain in his shoulders, neck, and hands. Medicaid provides him with the necessary treatments to manage his condition and maintain a quality of life. The loss of this support would severely diminish his ability to cope with daily activities and pain management.

My husband and I have worked diligently throughout our adult lives, contributing to the system with the expectation that programs like Medicaid and Social Security would be there when needed. The proposed cuts threaten this fundamental promise, placing undue strain on families like ours who depend on these programs for survival.

It's important to note that Medicaid is not just a lifeline for individuals; it's integral to Michigan's healthcare infrastructure. The program supports over 2.6 million residents, including nearly 1 million children. Proposed federal budget cuts could jeopardize coverage for hundreds of thousands of Michiganders, destabilize rural hospitals, and eliminate thousands of healthcare jobs, particularly those created through Medicaid expansion.

I urge you to consider the profound human impact these cuts would have on our most vulnerable citizens—low-income individuals, people with disabilities, veterans, children, and low-income mothers. This is not an area where reductions should be made. Protecting and preserving Medicaid is essential to the health and dignity of countless Michigan families.

Thank you for your attention to this critical matter.

Sincerely,

Amy Kerr Roney

My name is Mindy Denton and I live with my family in Milford. I'd like to share how Medicaid and SNAP are essential programs to us and why \$880B in cuts would prove to be a devastating blow.

My husband and I have two great kids, a daughter and a son. Our son Jared is 25 years old and has an intellectual disability. Today, he's in Northville, volunteering at Meijer and The Michigan Humane Society through a nonprofit called the Living & Learning Enrichment Center. The Center's partnerships with area businesses provide important vocational training and community building opportunities for people with disabilities. Along with the volunteer work provided, these businesses benefit from a unique dynamic fostering innovation and creativity. Vocational programs such as this are funded by Medicaid.

Tomorrow, Jared will attend orientation for his new job. He was recently hired as a Utility Technician and Dishwasher at an area Senior Living community. This may not seem like a big deal to many people but for him it's exciting and a big win. He was assisted in securing this job through Supported Employment Services. This program helps people with disabilities find and engage in competitive, integrated employment in the community. Supported Employment Services are funded by Medicaid.

While he's at orientation tomorrow, I'll go to work at a small group home for 4 women with disabilities here in the village. I'm what is called a Direct Support Professional (DSP), or a Caregiver. I assist the ladies with various daily living tasks such as shopping, meal preparation and housekeeping among other things. Safety and well-being while nurturing independence are an emphasis throughout. The services provided by Direct Support Professionals are funded by Medicaid.

All of the above are under the umbrella of Home and Community Based Services or 'HCBS'. These are designed to support people with disabilities like the women I care for in their Milford home and our son, who is currently working toward supported independent living. Home and Community Based Services are funded by Medicaid.

In Michigan, there are two major disability service providers, MORC and CLS. Dedicated Case Managers or Supports Coordinators assist people with disabilities and their families in navigating all areas of life. These include living arrangements,

daily life skills, education, employment and community integration to maximize potential. We'd be lost without Jared's Supports Coordinator, Christine. MORC and CLS are funded by Medicaid.

When our son turns 26 next year, Medicaid will become the primary insurance for his healthcare. Although he has worked for years and continues to do so, it is unlikely he will earn enough to receive insurance benefits through his employment. This brings me to the additional support provided by the Supplemental Nutrition Assistance Program or 'SNAP'.

Because Jared purchases and prepares his own food within our home, he receives a monthly stipend from SNAP. These funds are loaded onto his BRIDGE card, which is a debit card he can use to do his own shopping at local stores like Kroger and Matti's Market. This program benefits the women in the village group home in a similar way. By ensuring access to nutritious food, SNAP helps to prevent food insecurity, supporting better health and well-being while stimulating our local economy with spending at local grocery stores.

An \$880B cut to Medicaid and threats to SNAP would be catastrophic for people with disabilities. I hope lawmakers choose to protect not only people with disabilities like our son and the women I help to care for but the many vulnerable citizens who depend on these critical programs. Medicaid and SNAP not only advance greater opportunity and the empowerment to succeed, they offer an investment in the health of our community promoting broader social and economic goals. That's a win for us all.

Mindy Denton
1084 Ravensview Trl
Milford MI 48381
203-240-6806

Heather Dorbeck

From: Cara Sutcliffe <carajeannie@gmail.com>
Sent: Tuesday, June 3, 2025 12:02 PM
To: Senate Committee Clerks; abitely@bellwetherpr.com
Subject: Written testimony for June 4, 2025, Senate Health Policy Committee.

Categories: Orange Category

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If I was not out of the state right now I would have made any arrangements I could have to be there in person to be able to voice how important it is to me and members of my community that medicated funding is not cut and in fact should be increased. I am a single working mother of four children. My children father has his own disability and is on SSI so is under no legal obligation to financially support our children in any way. Medicaid Services keep him in short ALIVE with out his medicine he wouldn't be here today. My children's father is unable to work in the work force and just one of his medications that he takes every 3 months via injection is \$9,000 per injection. Or if you're uninsured you could just simply buy it off of Amazon on sale for \$12,000. No biggie! right?

Our two oldest children are "special" needs and our two youngest are "typical" needs children, but as any parent knows even typical needs children have a lot of medical expense. My oldest is hard of hearing. Medicaid has paid for his hearing aids, his molds that have to be updated on minimum of every 3 to 6 months as well as the other parts of the hearing aids speech therapy his specialist Audiologist Speech Pathologist ENTS. As well as services such as early on in the beginning of his life he also receives counseling and OT services all that wouldn't be impossible if not for Medicaid. His younger brother is on the Spectrum ADHD and has sensory processing issues. Medicaid has paid for multiple specialists including a neurologist that he's seen since birth he is also being seen by a counselor OT therapist and speech therapist he too needs an ENT due to excessive amount of fluid on his ears and has had multiple tube surgeries because of this. Without having these tube surgeries or having Medicaid to pay for them, my second son would have had no hearing or hearing loss as well.

My youngest two girls the quote on quote off typical children both would not be able to receive the regular care that they get due to having Medicaid. Bw it able to seen for her allergies fine motor delays or speech delays. Medicaid has also helped all of my children overcome any kind of delays by early intervention with early on and has been able to provide us any kind of special services or specialist that we have needed.

Medicaid is also a life line for me as I suffer from severe chronic migraines and without Medicaid I would not be able to work or function as a mother until I was able to start seeing a neurologist and getting on my Med regiment and getting Botox as well as other epidural injections on a regular basis I would go days without being able to move out of bed due to severe pain that no longer happens but without these medications and preventions that Medicaid supplies me I'm terrified it would happen again. Medicaid has made everybody in my immediate family able to received necessary and very important services. I am the perfect example of who they would cut Medicaid services for from because I'm able to work more and yet if they cut my Medicaid it would make it so inevitably where I would end up being unable to work at all and then in the long run becoming even more financial burden on the government. That's the

hardest part for me is that people don't seem to understand that taking away preventive care they will end up causing more long-term crucial financial impacts and deficits for reasons just like mine.

Thank you

Cara Sutcliffe (She/Her/Hers)

Parent Leader.

(616)460-5899

Be Colorful, in a world that can be Gray.

Heather Dorbeck

From: derrick jackson <jderrick408@yahoo.com>
Sent: Wednesday, June 4, 2025 10:57 AM
To: abitely@bellwetherpr.com; Senate Committee Clerks
Cc: basuchocki@ttiinc.org
Subject: Written testimony for June 4, 2025, Senate Health Policy Committee

You don't often get email from jderrick408@yahoo.com. [Learn why this is important](#)

Testimony for the Michigan Senate Health Policy Committee *Submitted by Derrick Jackson, Member of Bayside Clubhouse*

Date: 6/4/25

Good morning, Chair and members of the Committee,

My name is Derrick Jackson, and I'm a proud member of Bayside Clubhouse, part of the Clubhouse Michigan coalition. I'm writing today to urge you to protect Medicaid and continue supporting mental health programs like the Clubhouse model in our state.

Before I found Clubhouse, there was no structure or boundaries in my life. When I was younger I had low confidence. I did not know I had a mental illness until I was tested. I have autism with Asperger syndrome. I had a hard time making friends and being in a social setting.

Bayside Clubhouse has helped me make new friends, setting boundaries, job skills, how to be leader, budgeting and how to appropriately interact with my peers. I love being a part of the Clubhouse Michigan and Clubhouse International communities. I am now able to enter Medicaid billing, and attendance. I also enter data for financial documents at Bayside. I facilitate meetings and have presented at statewide Clubhouse conferences. I consider myself a strong advocate for mental health.

This is what Medicaid does. It opens doors to recovery, dignity, and contribution.

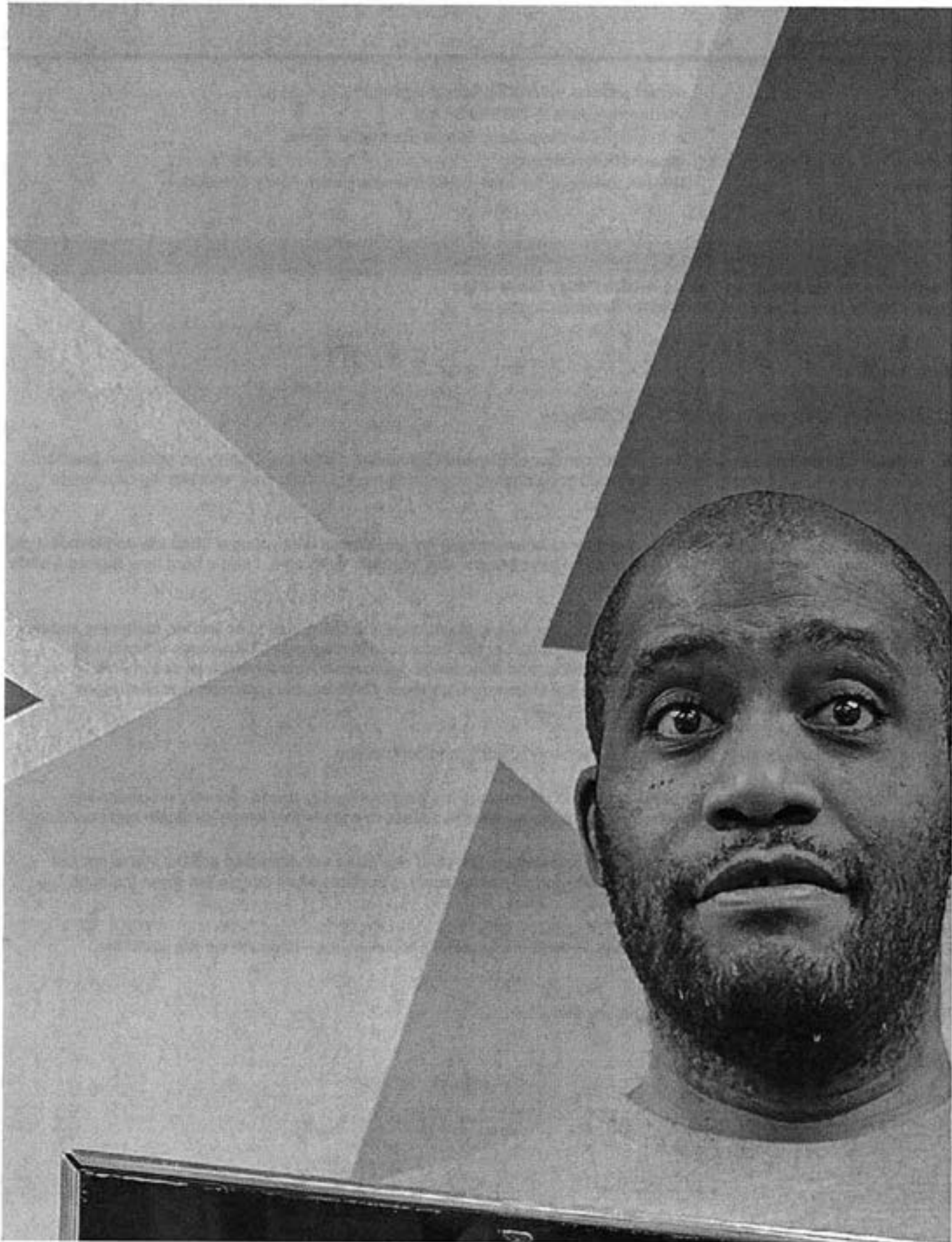
Cuts to Medicaid would not only threaten access to clinical care but also community-based recovery programs like Clubhouse. Without Medicaid, many members like me would lose access to a place that keeps us stable and connected.

Michigan's Clubhouses are one of the smartest investments the state can make with Medicaid dollars. We're not just receiving services—we're giving back. We're living proof that recovery is possible when people are given the right support.

Please, protect Medicaid. Protect Clubhouses. Protect the future of people like me—because we are worth the investment.

Thank you for your time, and for listening to my story.

Derrick Jackson



June 4, 2025
Chair Sen. Kevin Hertel
Senate Healthy Policy Committee

To the Honorable Chair Sen. Hertel and the Esteemed Members of the Senate Health Policy Committee:

As a physician I have practiced orthopedic surgery in West Michigan for 35 years. I now serve as the medical director of the Newaygo Community PACE program in rural Michigan. For decades I have had firsthand experience treating patients in underserved rural areas. I know how important Medicaid is for millions of Americans and the need to protect it. Congress is now proposing to cut \$715 billion from Medicaid. The implications for rural Michigan and throughout this country will be devastating.

Most patients in rural America rely heavily on Medicaid and any cuts will deeply impact already razor thin margins and will probably force hospitals, clinics, and other allied health care facilities to close leaving no local care for those who would have difficulty traveling distances to bigger cities where hospitals, emergency rooms and clinics are already stretched thin and overwhelmed. Cuts to Medicaid will also make it difficult for patients to find doctors and other midlevel providers as the decline in physicians reimbursement has already forced some doctors to limit seeing patients on Medicaid let alone the ones who are uninsured and still need healthcare.

The proposed MAHA program will not be successful without basic healthcare. People do not get better by decree from a department that believes withholding critical programs will improve people's lives. As an advocate for health care for everyone, I have a message for Congress. Senators need to understand that when rural communities begin to lose care. The same lawmakers who voted for these cuts could face major backlash from the very constituents who elected them.

These are not abstract theories. These are real people in small towns across America. Medicaid is a rural lifeline, a senior care solution and a crucial safety net for more than 60 million American families. Lawmakers must act now to protect Medicaid before the damage becomes irreversible.

Fredric Levin, DO
Nunica, MI
drfdlevin@gmail.com

June 4, 2025
Chair Sen. Kevin Hertel
Senate Healthy Policy Committee

To the Honorable Chair Sen. Hertel and the Esteemed Members of the Senate Health Policy Committee:

Thank you for the opportunity to speak. As an Emergency Medicine physician practicing in Taylor, Michigan, I know firsthand how important Medicaid is for my patients. I see pregnant women, children, veterans, patients with disabilities, and patients from nursing homes. They all rely on Medicaid for their health and frankly without it we will see more illness and worsening chronic diseases, people will suffer in pain and some people will die.

We will also see more people coming to the Emergency Departments seeking care that their primary doctors could have taken care of. This will overwhelm our emergency departments and jeopardize lives! All of this will lead to everyone paying more for their health care and our most vulnerable patients (veterans, disabled, pregnant women and children) are going to suffer.

I urge all of you to protect this vital lifeline, Medicaid, that my patients need. So please tell your colleagues in the U.S. Congress to protect Medicaid and all of the people who rely on it.

Heidi Jenney, DO
Emergency Physician
Bloomfield Hills, MI
heidisj2000@yahoo.com

June 4, 2025
Chair Sen. Kevin Hertel
Senate Healthy Policy Committee

To the Honorable Chair Sen. Hertel and the Esteemed Members of the Senate Health Policy Committee:

As a retired diagnostic pathologist who practiced for more than 2 decades in Traverse City Michigan, I diagnosed cancer and other health conditions for many patients who rely on Medicaid for their health care.

My patients included patients of all ages and walks of life, including seniors, people with disabilities, veterans, rural residents, and low-income working families. If Medicaid were cut, it would result in a delay of diagnosis for untold numbers of patients, which would not only delay time-sensitive, life-saving treatment - but it would also result in higher healthcare costs for conditions that could easily be prevented or caught when treatment options were less expensive and more effective.

Medicaid is a critical health care program that saves lives, keeps families healthy, and supports the well-being of entire communities. I urge our state lawmakers to pass a resolution opposing these harmful cuts, and urge the US Congress to protect the health of the Michiganders who depend on Medicaid.

Elizabeth Del Buono, MD
Diagnostic Pathologist
Traverse City, MI
edelbuonomeyer@gmail.com

June 4, 2025
Chair Sen. Kevin Hertel
Senate Healthy Policy Committee

To the Honorable Chair Sen. Hertel and the Esteemed Members of the Senate Health Policy Committee:

During my 30 years of Pulmonary outpatient care, retiring in 2016, I cared for many asthmatic patients with Medicaid who were able to avoid frequent ER visits and hospitalizations due to their ability to obtain preventative asthma meds through that insurance coverage.

This population was mostly young working people with low income. My older patients with COPD benefited similarly. These are common problems affecting thousands of Michiganders. Why would we want to strip their improved health from them is not logical to me. Lost school days, work days and higher death rate is an unfair trade deal.

Medicaid expansion in states that accepted it resulted in better health outcomes. Why make our citizens' health *worse again*? There is *nothing great* about poor health!

Deborah Ochs, MD
Pulmonary Medicine
Traverse City, MI
djochs@chartermi.net

June 4, 2025
Chair Sen. Kevin Hertel
Senate Healthy Policy Committee

To the Honorable Chair Sen. Hertel and the Esteemed Members of the Senate Health Policy Committee:

As an emergency physician in Grand Rapids, I see every day how critical Medicaid is for vulnerable patients who come through my ER doors. If these proposed Medicaid cuts are enacted, many patients—including children, moms, seniors, and people with serious disabilities—will lose coverage and be left with no other option but the emergency room for basic care. This will overwhelm our ERs, jeopardize lives, and cost everyone more money over time. Medicaid saves lives and keeps our communities healthier.

I hope state lawmakers will use their position to urge their colleagues in the US Congress to protect this critical program and the patients who rely on it, and pass a resolution supporting the protection of Medicaid.

Deanna Deschler
Emergency Physician
Grand Rapids, MI
deannadeschler@yahoo.com

June 4, 2025
Chair Sen. Kevin Hertel
Senate Healthy Policy Committee

To the Honorable Chair Sen. Hertel and the Esteemed Members of the Senate Health Policy Committee:

I am a General Pediatrician at the University of Michigan in Ann Arbor. Many of the families I care for depend on Medicaid for their healthcare needs. This reliance is unsurprising, considering that nearly half of all children in Michigan receive healthcare coverage through Medicaid or the Children's Health Insurance Program (CHIP).

Proposed cuts to Medicaid threaten to significantly impact pediatric care in Michigan, potentially denying children access to both routine and lifesaving healthcare services. When children experience interruptions in insurance coverage, not due to any fault of their own, they risk losing access to their medical home and primary care pediatricians. I have witnessed firsthand how these gaps lead to increased use of Emergency Departments for routine care, a costly alternative for taxpayers that fails to provide the comprehensive preventive services these children require.

A significant portion of my patients have special healthcare needs, including developmental disabilities and chronic health conditions. Reductions in Medicaid funding could severely disrupt continuity of care, jeopardizing access to lifesaving medications and vital appointments with specialists.

Moreover, these cuts would not only affect those directly covered by Medicaid, but they would also have broader repercussions on pediatric care across the state. Hospitals and clinics, particularly those focused on serving pediatric populations, would face increased financial strain. This could result in program cuts and diminished availability of services for all children, including those with private insurance, thereby impacting entire communities.

In conclusion, I support a formal Senate resolution opposing Congress's proposal to cut Medicaid given the impact that cuts to Medicaid will have on children throughout Michigan. Preserving, and ideally expanding, Medicaid funding is essential to ensure that Michigan's children continue to thrive with the healthcare support they need. We must not abandon our most vulnerable and Michigan's future; these children deserve our protection and care.

Margeaux Naughton, MD
Pediatrician
Ann Arbor, MI
mxreiz@gmail.com

Heather Dorbeck

From: Jennifer Sk <curry198430@yahoo.com>
Sent: Wednesday, June 4, 2025 10:16 AM
To: abitely@bellwetherpr.com; Senate Committee Clerks
Cc: "Brian A Suchocki"
Subject: Written testimony for June 4, 2025, Senate Health Policy Committee

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Statement to the Michigan Senate Health Policy Committee

Submitted by Jennifer Ereyimwen, Member of Bayside Clubhouse

Date: June 04, 2025

Good morning Chair and members of the Committee,

My name is Jennifer, and I'm a proud member of Bayside Clubhouse, a part of Clubhouse Michigan. I appreciate the opportunity to submit my testimony about the importance of preserving Medicaid and continuing to fund essential mental health programs like Clubhouses in Michigan.

Before I became part of the Clubhouse community I was dependent on Medicaid and SSI. I had a payee and guardian. I was in a semi-independent placement. I was also having a hard time coping with my mental illness of depression and anxiety. I was going through some rough times and needed a lot of support, but I didn't find it until I was told about Bayside Clubhouse.

Through the Clubhouse, I've discovered a supportive environment where I feel accepted and valued. By coming to Clubhouse, I am now living independently and am married with no benefits from Medicaid and SSI. I do not have a payee or guardian. Since coming to Clubhouse, I have gone from having a T.E. position to part-time to having held a full-time job at the local County Mental Health Building for almost 16 years. I have also learned how to drive. I still come to Clubhouse when I am able as it helps me knowing I have somewhere to go on my days off work. I feel without Clubhouse in my life; I wouldn't be where I'm today. They have helped me change for the better.

This is the kind of impact Medicaid makes. It creates access to whole-person recovery and lifelong wellness.

Any cuts to Medicaid funding would put programs like Clubhouses—and the people they serve—at serious risk. Without Medicaid, many of us would lose not just services, but our stability, our routines, and in many cases, our hope. We would likely see more crises, more hospitalizations, and greater strain on emergency services.

Michigan's investment in Clubhouses through Medicaid is one of the most effective uses of public dollars. We're not passive recipients—we're active participants in our recovery and in our communities. With the right support, we're building lives of meaning and contributing to the world around us.

I urge you to continue to invest in our futures. Keep Medicaid strong. Keep the Clubhouses open. Support the people who rely on these vital programs to stay well and stay connected.

Thank you for listening and for considering the real human impact of these decisions.

Jennifer Ereyimwen

Heather Dorbeck

From: Michael S. Rosin. <michaelsrosin897@gmail.com>
Sent: Wednesday, June 4, 2025 10:19 AM
To: abitely@bellwetherpr.com; Senate Committee Clerks
Subject: Written testimony for June 4, 2025, Senate Health Policy Committee

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Testimony for the Michigan Senate Health Policy Committee

Submitted by Michael Rosin, Member of Bayside Clubhouse Date: 6/4/2025

To the Chair and members of the Committee,

My name is Michael Rosin, and I'm a proud member of Bayside Clubhouse, part of the Clubhouse Michigan coalition. I'm writing today to urge you to protect Medicaid and continue supporting mental health programs like Clubhouse in Michigan.

Before I started coming to Bayside Clubhouse I didn't feel good about myself. I felt like my life didn't have any purpose.

Bayside helps me socialize, learn job skills and work on wellness goals. I enjoy working at Bayside being a cashier, doing data entry and working as a team in the dish room. Bayside has given me a sense of purpose, increased my confidence, and I now feel a part of the community.

This is what Medicaid does. It doesn't just pay for medication or therapy—it opens doors to recovery, dignity, and contribution.

Cuts to Medicaid would threaten access to community-based recovery programs like the Clubhouse. Without Medicaid, many members like me would lose access to a place that keeps us stable and connected—and fewer people working or contributing to their communities.

Michigan's Clubhouses are one of the smartest investments the state can make with Medicaid dollars. We're not just receiving services—we're giving back. We're living proof that recovery is possible when people are given the right support.

Please, protect Medicaid. Protect the Clubhouses in Michigan. Protect the future of people like me—because we are worth the investment.

Thank you for your time, and for listening to my story.

Michael Rosin

June 4, 2025
Chair Sen. Kevin Hertel
Senate Healthy Policy Committee

To the Honorable Chair Sen. Hertel and the Esteemed Members of the Senate Health Policy Committee:

As a dermatologist practicing in Ann Arbor, MI, I care for many patients who rely on Medicaid for their health care. My patients include a broad range of children and adults, many with serious and rare autoimmune diseases that limit their functional capacity and make full time work difficult. My medicaid policy is open to all and many of my patients depend on it for their care. Similarly, with medicare, we have an 'accept all' policy as I am often the only specialist who can care for many of these folks.

If Medicaid (or medicare) were cut, it would mean that we would not be able to pay our staff to continue the care of these deserving patients. The trajectory of declining reimbursements and steadily increasing costs, has already led many of my colleagues to say **no** to any of these vital federally (and state) backed programs and their 'covered' lives. Medicaid is a critical health care program that saves lives, keeps families healthy, and supports the well-being of entire communities.

I urge our state lawmakers to pass a resolution opposing these harmful cuts, and urge the US Congress to protect the health of the Michiganders who depend on Medicaid.

David Fivenson,
Dermatologist
Ann Arbor, MI
dfivenson@gmail.com

June 4, 2025
Chair Kevin Hertel
Senate Healthy Policy Committee

To Chair Hertel and the Esteemed Members of the Senate Health Policy Committee:

As a pediatrician in Canton, Michigan, I care for many children whose families rely on Medicaid for their health care. Many of my patients who are medically complex rely on Medicaid in addition to private insurance.

Nearly half of all children in Michigan are covered through Medicaid or CHIP. Cuts to this program would mean that kids could lose access to vital services—routine checkups, vaccines, asthma care, developmental screenings, and more. Without this care, children will fall behind in their health and development, with lifelong consequences.

Lawmakers must stand up for Michigan's kids and protect their access to the care they need to thrive by supporting a formal Senate Resolution in opposition to the US Congress' proposal to cut Medicaid to pay for millionaire and billionaire tax cuts.

Sincerely,

Dr. Hayley Teich
Pediatrician
Canton, MI
hteich@gmail.com

June 4, 2025
Chair Sen. Kevin Hertel
Senate Healthy Policy Committee

To the Honorable Chair Sen. Hertel and the Esteemed Members of the Senate Health Policy Committee:

I have cared for many patients who rely on Medicaid for their health care. If Medicaid were cut at the levels proposed, it would mean patients losing access to needed care, delays in treatment, worsening chronic conditions, more ER visits, inability to afford medications, and closure of clinics/hospitals, to name a few. Medicaid is a critical health care program that saves lives, keeps families healthy, and supports the well-being of entire communities.

I urge our state lawmakers to pass a resolution opposing these harmful cuts, and urge the US Congress to protect the health of the Michiganders who depend on Medicaid.

David Rynbrandt, MD FACS
Surgeon
Petoskey, MI
david.rynbrandt@gmail.com

June 4, 2025
Chair Kevin Hertel
Senate Healthy Policy Committee

To Chair Hertel and the Esteemed Members of the Senate Health Policy Committee:

As the Chief Clinical Officer of Trinity Health Michigan, I see every day how critical Medicaid is for vulnerable patients who come through my ER and hospital doors.

If these proposed Medicaid cuts are enacted, many patients—including children, moms, seniors, and people with serious disabilities—will lose coverage and be left with no other option but the emergency room for basic care. This will overwhelm our ERs, jeopardize lives, and cost everyone more money over time.

Medicaid saves lives and keeps our communities healthier. I hope state lawmakers will use their position to urge their colleagues in the US Congress to protect this critical program and the patients who rely on it, and pass a resolution supporting the protection of Medicaid.

Rosalie Tocco-Bradley, MD PhD
Northville, MI

Heather Dorbeck

From: Laura Muma <mumalaura@hotmail.com>
Sent: Tuesday, June 3, 2025 7:25 PM
To: Senate Committee Clerks
Subject: Written testimony for June 4, 2025, Senate Health Policy Committee

Categories: Orange Category

You don't often get email from mumalaura@hotmail.com. [Learn why this is important](#)

To whom it may concern on the Senate Health Policy Committee,

I wanted to provide testimony regarding our experience with Medicaid and the great need for it in Michigan. As the saying goes, anyone can become disabled at any time. My "anyone" - twelve years ago- was my then two-and-a-half-year-old son, Avery. Avery has an anoxic brain injury due to a full code cardiac arrest resulting from septic shock from an intestinal volvulus (twisting). He was a typically developing toddler (walking, talking, swimming, even skiing) until he became critically ill one night due to the intestinal volvulus. This was caused from an underlying condition/birth defect of intestinal malrotation that was discovered during the emergency surgery. We spent over 5 months in the hospital; recovering from several surgeries, lots of medical interventions of IV nutrition/TPN/specialized formula, medications, a new colostomy, g tube placement, intense inpatient therapy and getting used to all of the new equipment he needed (IV and feeding pumps, a wheelchair, gait trainer, communication devices). When we were discharged, we walked out of the hospital with a completely new life. My husband and I both work full time and are the sole caregivers for Avery, day and night, as we do not qualify for at-home nursing care. Avery has primary insurance thru my husband's employer, Children's Special Health Care and a Medicaid Waiver. All of these insurances are needed to cover Avery's current monthly medical expenses. He also requires nursing services and PT, OT, speech and vision therapies at his center-based public school. Avery would not be able to attend school if those services were not provided. Those are paid for by Medicaid. If Medicaid were taken away from our family and we had to pay for all of these expenses, we would be bankrupt, or forced to make a very difficult choice to have Avery live in a group home or facility so that he would be on Medicaid, solely because being there would qualify him for the coverage. Taking him away from our family who know him best and can provide the around-the-clock care he deserves. There is no choosing to not buy a brand name wheelchair or formula in order to save money and try to afford his care on our own, we rely on Medicaid to assist with those costs. This is also not a life choice that we put on ourselves, our lives changed forever overnight due to a medical emergency. Avery is a miracle; he is a survivor and should be taken care of by our community; not being told that he is a financial burden.

Thank you for your time.
Laura Muma
Grand Rapids, MI
616-818-6018

June 4, 2025
Chair Sen. Kevin Hertel
Senate Healthy Policy Committee

To the Honorable Chair Sen. Hertel and the Esteemed Members of the Senate Health Policy Committee:

I have cared for residents in Michigan's nursing homes for over 43 years as an internal medical physician. The majority of them are on Medicaid. If Medicaid is cut either the state would have to cut the reimbursements to nursing facilities for each resident, or the number of residents covered would have to decline.

Cutting the reimbursement rate would lead to more nursing homes refusing Medicaid residents, as the reimbursements often don't cover the cost of care, or more nursing homes would go out of business. For residents who are no longer covered, where would they go? To the streets? They already have no one at home able to care for them.

We must advocate to prevent this catastrophe.

Cheryl Huckins, MD CMD
Internal Medicine Physician
Plymouth, MI
huckinsc@gmail.com

June 4, 2025
Chair Kevin Hertel
Senate Healthy Policy Committee

Dear Chair Hertel and the Esteemed Members of the Senate Health Policy Committee:

I am a retired pediatrician who practiced general office pediatrics in Grand Haven, Michigan for 27 years. During that time I cared for many children who relied on Medicaid to get the medical care they required.

One particular family I can recall is a family with six children. Dad was a plumber and mom was a stay at home mom. Dad died suddenly of a massive seizure. If this family had not been able to obtain Medicaid for their children, the children would not have been able to obtain medical care. These are the type of people who would be affected if cuts to Medicaid are allowed to go through.

I urge you to stand up for Michigan's children and protect their access to the care they need to grow up and become healthy, contributing members of our society. Please support a formal Senate Resolution in opposition to the U. S. Congress' proposal to cut support for Medicaid for our nation's families.

Julia Davey, MD
Retired Pediatrician
Grand Haven, MI
j.davey1@hotmail.com

Heather Dorbeck

From: Tana T. Nichols <ttnichol@SVSU.edu>
Sent: Tuesday, June 3, 2025 12:27 PM
To: abitely@bellwetherpr.com; Senate Committee Clerks
Subject: Written testimony for June 4, 2025, Senate Health Policy Committee.

Hello,

I want to take this time to tell you about my personal experience with Medicaid. My son was enrolled in MiChild growing up. At the age of 16, he suffered a psychotic break that was probably brought on by ingesting too many edibles. He was also diagnosed as bi-polar. MiChild covered his inpatient service costs, his medications etc. He continued to have problems with mental health and after graduating from high school he developed a substance use disorder. He bounced in and out of mental health facilities, was suspended from college. He overdosed in Detroit and luckily was resuscitated by paramedics. But through all of this he was covered by Medicaid. He finally went to rehab in 2022 at Sacred Heart Rehabilitation Center. From there he went into a sober living facility and now he has been in recovery for 3 years. Through all of that he was covered under Medicaid. He is now in college getting great grades all the while helping other people in their recovery journey as well. I have no doubt whatsoever, that if he did not have Medicaid, he would be dead right now. My employment never offered affordable health insurance and many times I didn't have health insurance, but my son was always covered. Medicaid saves lives.

I'm now one year away from graduating with a master's in social work. Medicaid is a crucial social service for so many people. I firmly believe that a National Health Care system is needed in this country. But until we can get that, Medicaid SAVES LIVES.

Iowa US Senator Joni Ernst said with a smile "Well, we all are going to die, for heaven's sakes, folks." As a reply to one of her constituents asserting "People are going to die!" In response to Medicaid and Snap cuts this past week. Is this what our country has come to. Tax cuts for the uber wealthy will politicians literally laugh at us for worrying about dying?

We need Medicaid. We need our elected officials to stand up to the tyrants that are willing to sacrifice our citizens to line their pockets and the pockets of their wealthy friends.

Thank you

Tana

Tana Tiehea Nichols
she/her
Graduate Student MSW Program
Saginaw Valley State University
ttnichol@svsu.edu
c | 989-798-7831

Heather Dorbeck

From: Lainey Rigg <rigglainey@gmail.com>
Sent: Tuesday, June 3, 2025 12:03 PM
To: abitely@bellwetherpr.com
Cc: Senate Committee Clerks
Subject: Written testimony for June 4, 2025, Senate Health Policy Committee

Categories: Orange Category

MASSCOUR You don't often get email from rigglainey@gmail.com. [Learn why this is important](#)

Chairperson and Members of the Senate Health Policy Committee,

Thank you for the opportunity to submit testimony on the vital role Medicaid has played in my life. My name is Lainey, and I am a 22 year old woman who was raised by a single mother and has been covered by Medicaid for my entire life. Today, I am proud to share that I have completed my Master of Public Health degree. I truly believe that I would not have achieved this without the strong foundation that Medicaid provided.

Growing up in a single-parent household came with many challenges, especially financial ones. However, the one thing I never had to worry about was access to healthcare. From routine checkups to emergency care, Medicaid ensured that my health was never a barrier to my growth, learning, or ambition. I was able to focus in school, participate in extracurriculars, and pursue higher education with the confidence that my basic health needs were taken care of.

Medicaid allowed my mom - who worked tirelessly to support us, to provide me with stability and care every child deserves. I know that without it, my family would have faced impossible choices between medical bills and other necessities like food, housing, or education.

This safety net did more than just keep me healthy. It gave me a chance. A chance to thrive, to pursue an education, and now, to give back. As someone who has just completed an MPH, I am entering the field of public health not only with the knowledge I have gained, but also with lived experience. I understand first hand how essential access to healthcare is for individuals and families struggling to make ends meet. I am committed to using my education and voice to advocate for policies that strengthen health equity and protect programs like Medicaid.

Please know that Medicaid is not just a government program to me. It is a pillar that has supported every stage of my development. It is the reason I am healthy. It is part of the reason I am here, prepared and passionate to contribute to a healthier, more just society.

I urge this committee to continue supporting Medicaid, to protect it for future generations, and to recognize it as the life-saving, future shaping investment it truly is.

Sincerely,
Lainey Rigg
Master of Public Health
Freeland, MI

Testimony for the Michigan Senate Health Policy Committee
Submitted by Jordan Walters, Member of Dreams Unlimited Clubhouse
Date: June 4, 2025

Good morning, Chair and members of the Committee,

My name is Jordan Walters, and I'm a proud member of Dreams Unlimited, part of the Clubhouse Michigan coalition. I'm writing today to urge you to protect Medicaid and continue supporting mental health programs like the Clubhouse model in our state.

Before I found the Clubhouse I would tend to isolate myself and was very limited in my socialization with others and would drink a lot, and found myself getting in trouble with the law as I did not understand my diagnosis that well.

At the Clubhouse, I found a sense of belonging in the community and realized that I wasn't alone. Since joining Clubhouse I have learned how to socialize appropriately and make new friends. Clubhouse also gives me a sense of purpose to my day. Being a part of Clubhouse has also kept me out of jail.

This is what Medicaid does. It doesn't just pay for medication or therapy—it opens doors to recovery, dignity, and contribution.

Cuts to Medicaid would not only threaten access to clinical care but also community-based recovery programs like the Clubhouse. Without Medicaid, many members like me would lose access to a place that keeps us stable and connected—and that would mean more hospitalizations, more ER visits, and fewer people working or contributing to their communities.

Michigan's Clubhouses are one of the smartest investments the state can make with Medicaid dollars. We're not just receiving services—we're giving back. We're living proof that recovery is possible when people are given the right support.

Please, protect Medicaid. Protect the Clubhouse model. Protect the future of people like me—because we are worth the investment.

Thank you for your time, and for listening to my story.

Jordan K. Walters

Member of Dreams Unlimited Clubhouse

Testimony for the Michigan Senate Health Policy Committee
Submitted by Karen Block, Member of Dreams Unlimited Clubhouse
Date: June 4, 2025

Good morning, Chair and members of the Committee,

My name is Karen Block, and I'm a proud member of Dreams Unlimited Clubhouse, part of the Clubhouse Michigan coalition. I'm writing today to urge you to protect Medicaid and continue supporting mental health programs like the Clubhouse model in our state.

Before I found the Clubhouse, I had so many psychiatric problems that I was hospitalized 10 times! I experienced homelessness and couldn't hold a job.

At the Clubhouse, I found a place where I belonged. I found community. I found purpose. I'm now part of a team that helps run the day-to-day operations of the Clubhouse. I help prepare lunch, I contribute to the newsletter, I even speak at public events at conferences. I got a transitional employment opportunity through the Clubhouse that helped me rebuild confidence and skills, and now I have healthy relationships with my family. I then got a permanent position at the same employer where I work part time and am a taxpayer and employed!!!

This is what Medicaid does. It doesn't just pay for medication or therapy—it opens doors to recovery, dignity, and contribution.

Cuts to Medicaid would not only threaten access to clinical care but also community-based recovery programs like the Clubhouse. Without Medicaid, many members like me would lose access to a place that keeps us stable and connected—and that would mean more hospitalizations, more ER visits, and fewer people working or contributing to their communities.

Michigan's Clubhouses are one of the smartest investments the state can make with Medicaid dollars. We're not just receiving services—we're giving back. We're living proof that recovery is possible when people are given the right support.

Please, protect Medicaid. Protect the Clubhouse model. Protect the future of people like me—because we are worth the investment.

Thank you for your time, and for listening to my story.

Karen Block

Testimony for the Michigan Senate Health Policy Committee

Submitted by Bridgette Lewis, Member of Dreams Unlimited Clubhouse

Date: 6/4/25

Good morning, Chair and members of the Committee,

My name is Bridgette Lewis, and I'm a proud member of Dreams Unlimited Clubhouse, part of the Clubhouse Michigan Coalition. I'm writing today to urge you to protect Medicaid and continue supporting mental health programs like the Clubhouse model in our state.

Before I found the Clubhouse my life had pure sadness and I was depressed. I was lonely and full of doubt. I almost committed suicide before graduating from High School in 1994. My family and I were homeless. Then both of my parents passed away. Without Medicaid I won't be able to function or survive without Clubhouse.

I found Dreams Unlimited Clubhouse in 2008. The Clubhouse helps me find myself and talent to be me. Without Clubhouse, I will not be alive today.

It is a place where I belong. I found a community. I found purpose. I'm now part of a team that helps run the day-to-day operations of the Clubhouse. I help in every area of the Clubhouse. I prepare lunch, I contribute to the newsletter, I even speak at public events at conferences. I've gone back to school for massage therapy and have had transitional employment opportunities that helped me rebuild confidence and skills. I am currently employed and have worked my current job at McDonalds for 5 years! Dreams supported me when I lost my father to Sepsis and my mother from stage 4 Cancer.

This is what Medicaid does. It doesn't just pay for medication or therapy opens doors to recovery, dignity, and contribution.

Cuts to Medicaid would not only threaten access to clinical care but also community-based recovery programs like the Clubhouse. Without Medicaid, many members like me would lose access to a place that keeps us stable and connected—and that would mean more hospitalization, more ER visits, and fewer people working or contributing to their communities.

Michigan's Clubhouses are one of the smartest investments the state can make with Medicaid dollars. We're not just receiving services—we're giving back. We're living proof that recovery is possible when people are given the right support.

Please, protect Medicaid. Protect the Clubhouse model. Protect the future of people like me—because we are worth the investment.

Thank you for your time, and for listening to my story.

Bridgette Lewis

Testimony for the Michigan Senate Health Policy Committee
Submitted by Gregg S., Member of Dreams Unlimited Clubhouse
Date: 6/4/25

Good morning, Chair and members of the Committee,

My name is Gregg S., and I'm a proud member of Dreams Unlimited Clubhouse, part of the Clubhouse Michigan coalition. I'm writing today to urge you to protect Medicaid and continue supporting mental health programs like the Clubhouse model in our state.

Before I found the Clubhouse, I was receiving psychiatric care but was spending money uncontrollably. I was hospitalized multiple times and lost my college scholarship and had to go to work. Despite earning good money as a Bookkeeper/Accountant, my spending was so out of control that I couldn't pay my property taxes on my parent's house and became homeless. I subsequently came on SSDI and found Easter Seals and Clubhouse.

At the Clubhouse, I found a stable schedule, and with the addition of medication and therapy, stayed out of the hospital. I have learned kitchen and maintenance tasks, which made living in my apartment easier. I refreshed my clerical skills and had 3 Transitional Employment placements through the Clubhouse, which helped me find a part-time and later full-time job with a CPA firm. I also became a member of the Clubhouse Advisory Board.

This is what Medicaid does. It doesn't just pay for medication or therapy, it opens doors to recovery, dignity, and contribution.

Cuts to Medicaid would not only threaten access to clinical care but also community-based recovery programs like the Clubhouse. Without Medicaid, many members like me would lose access to a place that keeps us stable and connected—and that would mean more hospitalizations, more ER visits, and fewer people working or contributing to their communities.

Michigan's Clubhouses are one of the smartest investments the state can make with Medicaid dollars. We're not just receiving services—we're giving back. We're living proof that recovery is possible when people are given the right support.

Please, protect Medicaid. Protect the Clubhouse model. Protect the future of people like me—because we are worth the investment.

Thank you for your time, and for listening to my story.

Gregg S.



Good afternoon, Chairman Hertel and committee members. Thank you for allowing me the opportunity to address this committee regarding the uncertainty of the Medicaid program sustainability. My name is Jeremiah Hodshire and I serve as the President & CEO of Hillsdale Hospital where I have worked for the past 15 years. I'd like to give a brief overview of Hillsdale Hospital. We are an independent, not-for-profit hospital that started 109 years ago in the home of Dr. Midgely and his wife, an RN. Since its inception, our acute care hospital has served the needs of those in our community, irrespective of their ability to pay. We have transitioned from a very simple payer system in 1915, when community members brought in canned goods to sustain the hospital on its day of opening, to a very complex payer system where those in rural communities like mine fill the gap with much-needed Medicaid coverage and payments to hospitals and providers.

You could only expect that in 109 years, we have survived many challenges from facility fires, floods, tornadoes, stock market crashes, a pandemic, and yet each time our team comes together to ensure we can move forward stronger and readied to face the new challenges of serving a population that is mostly comprised of rural and poor community members. In fact, roughly 70% of our payer mix is the government through the Medicaid and Medicare program(s). I testify before you this afternoon with a sense of urgency and with a petition for us to lift our collective voices against these deep and dangerous cuts to patients, hospitals, providers and communities. Our hospital's story is no different from communities across this state and nation—the loss of healthcare services and hospital closures is not just impacting Medicaid patients. The impact is devastating on the entire community, from commercially insured to non-insured; everyone suffers!

Today, I want to highlight the faces of Medicaid. We have launched a series of personal testimonies demonstrating the positive healthcare outcomes associated with those on Medicaid who would have otherwise been unable to receive care. From homebound seniors to children with chronic illnesses, and many in between, this program saves lives every day. Today's Medicaid patient or consumer is much different than Ronald Reagan's (Presidential candidate) description of "welfare queens" collecting state payments and obtaining free money and benefits without a contribution. The faces today are those we have in our own family, those we go to church with: it's our farmers, our grocery store clerks, our pastors, and the neighbors we see in our communities day in and day out. Let's not forget our seniors who rely on Medicaid as a supplement to their Medicare program so that prescriptions are affordable, office visits are manageable and they can get the healthcare they need. It is a safety net healthcare program that aided me and my family when I was growing up as the seventh of seven children, which now is the very program that is in the crosshairs. One community member who relies on



Medicaid to ensure her sister living in an assisted care home can receive healthcare, lamented, "It shouldn't be a Republican thing or a Democratic thing to care about each other. It just should be a part of humanity." According to the non-partisan Congressional Budget Office's early estimates, approximately 10.3 million people could lose their Medicaid coverage if the bill become law. This is not fear mongering or pedaling inaccurate information; this is what budget and policy experts are saying and why we are concerned.

Notwithstanding the medical depravation (care deserts) and lack of access to care, local economies across this country, and specificity here in Michigan, will be devastated. Our community hospitals typically represent the largest employer base in the region. For example, Hillsdale Hospital is the largest in the City of Hillsdale and third largest in the Hillsdale County. On our national podcast, Rural Health Today, we hear the exact same story from Texas to Nevada of hospitals serving as economic engines. We contribute back millions of dollars into the local economy, employ hundreds of people who buy their cars and groceries locally and build talent pipelines to support our community's future. Let's not forget the collective millions of dollars contributed back by means of community benefit. We help supply our food pantries, support county-wide economic development, bolster community events, host blood drives and vaccine clinics, and the list goes on. To say that hospitals and providers are gaming the system is a direct insult and an inaccurate and dishonest representation of what we are truly doing.

During numerous press conferences and congressional hearings, we continue to hear that the 880-billion-dollar reduction to the energy & commerce budget will target fraud and abuse and somehow create "a stronger America". During this same period, we have heard President Trump say, "Don't touch Medicaid," and as such we stand firm with him on this statement. On the surface, this sounds very noble, valiant and almost a defense of healthcare for those most in need. However, under the surface, what is not being discussed is now being discovered during the reconciliation process. Millions of lives will be impacted negatively by the proposed cuts in this legislation, as Medicaid has definitely been "touched". Let's not forget that the new statewide polling conducted by EPIC-MRA demonstrated that 82% of Michigan residents oppose cutting Medicaid spending to pay for tax cuts. Nationally, an ICYMI poll revealed that 70% of voters oppose Medicaid cuts.

Where fraud, waste and abuse exist, I think we can all agree that we need to deploy the full extent of the law, including criminal or civil penalties to address those offenders and violations individually, but we cannot do this on the backs of those who need this coverage. However, even this does not equal a fraction of 880 billion dollars in cuts, and does not represent the overall will of the voters in this state and country.



Regarding the stereotype of a 27-year-old male sitting in his parents' basement: We work with a Medicaid specialist and have found that when we refer individuals to seek coverage, access to healthcare is not simple or guaranteed. Strict scrutiny over individual finances, property, assets and subsequent verification as well as any current or lost coverage is explored before any coverage is granted, based on our experience in Hillsdale County. Scaling back the retroactive Medicaid payments from three months to only one month for skilled nursing facilities will, in fact, keep many patients from obtaining much-needed long-term care.

Where will non-insured patients show up when they don't have a primary care provider who would accept "no pay" as a form of payment? The answer is, in our ERs across Michigan. We are required by EMTALA to treat every patient and therefore cannot, under any circumstance, deny patients based on an inability to pay or citizenship status. So, here is yet another uncompensated form of care at the highest cost point in healthcare that will shift to the individual hospitals as bad debt. Already struggling hospitals, many with little to no margins, cannot sustain this and major cuts will occur in other programs, such as OB and behavioral health, to serve the needs of those seeking emergency treatment.

The Chartis Center for Rural Health identified that 182 rural hospitals in the US have closed or stopped providing inpatient services since 2010. Further analysis by Chartis revealed that 46% of rural hospitals in the US are operating in the red, and 432 are vulnerable to closure prior to this legislation. In this year alone, as of May 2025, 16 hospital closures and emergency department closures have already occurred. This legislation **will accelerate** hospital closures, with the recent analysis that 20 Michigan rural hospitals are at risk of closing and 6 of those are at immediate risk of closure. Now some might welcome this with big system takeovers or forced sales and mergers but understand this, our patients whom many lack transportation and family support systems, will simply not get the care they need. Overtaxed ambulance companies who operate on shoestring budgets with reduced reimbursement will be overwhelmed with long distance transports eating up the local resources reserved for emergencies. Receiving hospitals will be overcapacity and patients will board in ER's awaiting admissions. The entire system will come to a grinding halt and over time, the economic fiber of these communities, like mine, will be disintegrated. What is at stake here is that with the declining enrollment, reduced payment models to providers and revocation of much needed programs such as the provider tax will force, very quickly, hospitals to eliminate programs, divest services and many will shutter their doors – *this is not sustainable!* We cannot get paid less than the cost of delivering the services and we cannot reduce the number of patients who need this care by denying them health coverage and then shifting this population over to bad debt or even more charity care.



We must find other solutions without delivering these cuts on the backs of our patients and more specifically on the backs of struggling health systems and independent provider practices who will be forced to shutter services.

I do not believe that Michigan can sustain a 1 billion dollar shift from the federal government to fund Medicaid at its current level. In order to cover even a fraction of this, states like ours will either be forced to increase individual or business taxes or will be forced to deny the assistance to local community hospitals and health systems and it is here where we will witness the biggest impact on the health and wellness of our communities.

Thank you for allowing me the opportunity to present today, I look forward to your questions and our dialogue today.

Respectfully,

A handwritten signature in black ink, appearing to read 'Jeremiah J. Hodshire'.

Jeremiah J. Hodshire
President & Chief Executive Officer

June 4, 2025: 12:30 PM



June 4, 2025

MEMO TO: Senate Health Policy Committee

MEMO FROM: Joseph Fakhoury, MD, FAAP, President

MEMO RE: Medicaid Funding

On behalf of the Michigan Chapter of the American Academy of Pediatrics (MIAAP), representing over 1,500 pediatricians, healthcare providers, and trainees across the state, I write to express our profound concern regarding the potential impact of proposed Medicaid cuts outlined in H.R. 1, the "One Big Beautiful Bill Act." These proposed changes threaten the health and well-being of Michigan's children and families.

Medicaid: A Cornerstone of Child Health in Michigan

Medicaid and the Children's Health Insurance Program (CHIP) are vital to the health of Michigan's children. Together, they provide comprehensive health coverage to nearly 1 million children in Michigan, ensuring access to preventive, dental, vision, mental health, developmental, and specialty services throughout childhood. In Michigan, these programs are instrumental in supporting early childhood health and development and a large part of the reason 97% of children in Michigan are covered by health insurance. More than one third of births in Michigan are covered by Medicaid, serving as a critical support for families across the state.

Potential Consequences of Proposed Cuts

The proposed legislation includes provisions that could significantly disrupt coverage and access to care for children:

- **Increased Eligibility Redeterminations:** Mandating more frequent eligibility checks could lead to administrative burdens that result in eligible children losing coverage due to procedural issues. Families may only discover this loss when they seek urgent care.
- **Work Requirements:** Imposing work requirements on Medicaid beneficiaries may inadvertently penalize families facing employment barriers, leading to loss of coverage for children in these households.
- **Reduced Provider Participation:** Declining Medicaid reimbursement rates—already below the cost of care—may force practices to limit or stop accepting Medicaid altogether, especially in rural or under-resourced areas.
- **Growth in Uncompensated Care:** When coverage is lost, children delay care until medical problems become acute. This results in more expensive treatment, more emergency department visits, and increased financial pressure on healthcare institutions.

MIAAP | 106 W. Allegan St, Suite 310 | Lansing, MI 48823 | (517) 484-3013 | www.miaap.org

- **Preventive Care Disruptions:** Interruptions in coverage can lead to missed vaccinations, developmental screenings, and early interventions—missing critical windows of time that shape a child’s future.
- **Family Instability:** Medicaid cuts are not just a health issue. When families face mounting medical debt or must forego care due to cost, children’s health suffers alongside educational and social development.
- **Unintended Consequences:** The insurance status of the parent is a strong predictor of the coverage status for their children. Even if eligibility criteria for children is unchanged, making Medicaid less accessible for low-income adults could still increase the rate of uninsured children in Michigan.

Impact on Pediatric Training and Workforce Stability

Medicaid is vital not just to patient care—but to preparing the next generation of physicians.

- **Training Disruptions:** Medical students and pediatric residents learn through hands-on care in clinics and hospitals that serve Medicaid populations. Cuts that reduce patient volume or provider participation undermine this essential clinical exposure.
- **Threats to GME Funding and Residency Capacity:** Medicaid’s role in supporting graduate medical education is often overlooked. Federal or state-level funding reductions may lead to fewer residency slots in Michigan—jeopardizing our ability to train and retain the pediatric workforce needed to care for the next generation.

Personal Perspective

As a pediatrician practicing in Kalamazoo, I have witnessed the positive impact of Medicaid on my patients’ lives. For instance, a young patient with asthma was able to receive regular check-ups and her inhalers, preventing emergency room visits and hospitalizations. Such outcomes are possible because of consistent access to care facilitated by Medicaid. Disruptions to this coverage could reverse these gains, leading to poorer health outcomes and increased healthcare costs.

Conclusion

The Michigan Chapter of the American Academy of Pediatrics urges the Senate Health Policy Committee to consider the profound implications of the proposed Medicaid cuts on our state’s children and families. We advocate for policies that strengthen, rather than weaken, the healthcare safety net that is essential for the healthy development of Michigan’s youngest residents.

Written testimony for June 4, 2025, Senate Health Policy Committee

Dear Chair Hertel and Members of the Senate Health Policy Committee:

On behalf of the Michigan Organization of Sexual Health (MOASH), I am writing today to express my deep opposition to the proposed cuts to Medicaid at the federal level.

As an organization focused on youth services, it is critical to note that Michigan's Medicaid program serves approximately one million children annually. These young people need care and support from their parents and other adults in their lives—care that cannot be given if every member of the household is not given the care and resources they need to live healthy, fulfilling lives.

We asked our youth advocates for their personal stories regarding Medicaid. Carly shared her story as follows:

"Medicaid cuts would be harmful for me because I have Children's Special Health which is for children with disabilities through Medicaid. It picks up everything the primary insurance doesn't cover such as copays. My diabetes supplies are not covered fully by insurance so Medicaid is very essential to me so I can get the supplies I need to live. Without Medicaid, diabetes supplies would be much more expensive. I may not be able to have access to all of the technology I do now.

Medicaid is useful to all of the 34 million diabetics in the world because not everyone can afford all the equipment. I have had to send diabetes supplies to people because they couldn't afford to get more because their insurance denied them.

The Affordable Care Act allows me to have insurance until I am 26 years old so after I graduate I can find a job. I have another disorder called Turner's Syndrome which required me to use growth hormones until my growth plates closed. Turner syndrome is a genetic condition that occurs in females where one of the two X chromosomes is either missing or abnormal. It's characterized by short stature, ovarian failure leading to infertility, and other physical and health issues.

Growth hormone shots are very expensive and without them I would have been able to grow at all. There is no way we would have been able to cover the cost of them coming from a low income household. In conclusion, Medicaid should not be cut because it would be harmful for myself and many others."

Moreover, Michigan's Medicaid funding for youth ultimately reduces cost by allowing more young people to receive preventive care and catch problems at earlier stages, where intervention is often less costly. Further, this funding helps keep hospitals open in more remote, rural parts of the state. Regardless of where they live, Michigan's young people deserve access to care—access that is put in immediate jeopardy by these proposed cuts."

In 2014, Michigan successfully expanded its Medicaid program in a bipartisan manner. For years, legislators on both sides of the aisle have touted the success of the program, the money saved, and the lives impacted. Regardless of what is happening in Washington, Lansing must recognize the benefits of continuing to support Medicaid for its residents—particularly young ones—across the state.

Thank you for your time and attention to the volume of testimony you have received today. I hope it is evidence of how strongly millions of Michiganders feel about their access to care.

Sincerely,
Taryn Gal
Executive Director, MOASH

Heather Dorbeck

From: Paula Lipinski <Paulal@addictiontreatmentservices.org>
Sent: Monday, June 2, 2025 2:28 PM
To: abitely@bellwetherpr.com; Senate Committee Clerks
Subject: Written testimony for June 4, 2025, Senate Health Policy Committee

You don't often get email from paulal@addictiontreatmentservices.org. [Learn why this is important](#)

Dear Chair and Members of the Senate Health Policy Committee,

On behalf of Addiction Treatment Services (ATS) in Traverse City, Michigan, I am writing to express our strong opposition to any proposed cuts to Medicaid. I will specifically speak to funding for substance use disorder (SUD) treatment services.

ATS is a nonprofit behavioral health provider that has served Northern Michigan communities for nearly 50 years. Last year alone, we provided care to approximately 1,300 Medicaid recipients struggling with substance use disorder and co-occurring mental health disorders. These are individuals who rely on Medicaid not only for access to treatment, but for the opportunity to reclaim their lives, reunite with families, and reenter the workforce.

Cutting Medicaid funding would severely compromise the availability and quality of care for those most in need. It would result in:

- **Reduced access to essential services** including residential treatment, withdrawal management, outpatient care, and recovery housing.
- **Longer wait times** for treatment, which is particularly dangerous given the urgent nature of addiction-related crises.
- **Increased strain on emergency rooms, jails, and child welfare systems**, which are already overwhelmed and ill-equipped to provide the specialized care SUD requires.
- **Higher long-term costs to the state** due to untreated addiction, including hospitalizations, recidivism, and loss of economic productivity.

Substance Use Disorder is a chronic medical condition. Like any other illness, it requires stable, evidence-based treatment. I am a person in recovery. I was one of thousands who had received treatment. I, however, was not a Medicaid recipient. At the time of my accessing treatment, I was a state of Michigan employee working for MDHHS. The Blue Cross, Blue Shield insurance that paid for a majority of mine and my family's physical health needs, only covered a small fraction of the SUD services I needed. I was able to pay for services out of pocket, but so many do not have those resources. I am testament to the impact evidence-based treatment can have on those of us struggling with the disease. People do get better, only if they have resources to do so. Medicaid is often the only means by which low-income individuals can access these life-saving services. Cuts to this vital program would be

devastating—not only to those living with substance use disorder, but to the broader health, safety, and economic wellbeing of our communities.

We urge you to preserve and strengthen Medicaid funding in Michigan. Doing so is not just fiscally responsible—it is a moral imperative.

Thank you for your time, consideration, and commitment to public health.

Paula Lipinski

Chief Executive Officer

Phone: 231.709-0402 | Fax: 231.929.0416

PaulaL@AddictionTreatmentServices.org

1000 South Garfield Avenue | Traverse City, Michigan | 49686

www.AddictionTreatmentServices.org | Pronouns: She/Her/Hers



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Heather Dorbeck

From: Lisa Chapman <lchapman@mihomeless.org>
Sent: Wednesday, June 4, 2025 10:45 AM
To: abitely@bellwetherpr.com; Senate Committee Clerks
Cc: Eric Hüfnagel
Subject: Written testimony for June 4, 2025, Senate Health Policy Committee

Good Day Chair Hertel and Members of the Senate Health Policy Committee,

I am Lisa Chapman, Director of Public Policy for MI Coalition Against Homelessness and I am reaching out to express my deep concern regarding the impacts of proposed Medicaid cuts in Michigan.

Medicaid is a lifeline for our low income community, persons with severe and persistent mental illness/behavioral health issues and people with disabilities. These proposed cuts threaten to undermine critical services that keep Michiganders healthy and secure, including behavioral health care, prescriptions, maternal health services, home- and community-based services, just to name a few.

I urge you to reject these harmful cuts and to protect Medicaid funding in our state. Cutting Medicaid will not only impact those who rely on it for essential care, but will also weaken our state's economy and put additional strain on our health care providers, not to mention the drastic increases in uncompensated care that may result if people do not have health coverage.

Thank you for considering this testimony.

Respectfully,
Lisa Chapman

Lisa Chapman
Director of Public Policy
lchapman@mihomeless.org

Michigan Coalition Against Homelessness
15851 S. US Hwy 27, Ste. 315 | Lansing, MI 48906
(517) 853-3894 p | (517) 485-6682 f

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Epilepsy Foundation of Michigan
25200 Telegraph Road, Suite 110
Southfield, MI 48033
info@epilepsymichigan.org

800.377.6226 • www.epilepsymichigan.org

June 3rd, 2025

Dear Senate Health Policy Committee:

In the United States, over 70 million low-income individuals, people with disabilities, seniors, families, and pregnant women rely on Medicaid to access health care coverage and long-term services and supports. Medicaid serves as a vital lifeline for millions of working Americans. In fact, people with epilepsy are more likely to be insured under Medicaid compared to those without epilepsy.

Medicaid is how they get their anti-seizure medications, home- and community-based services, and other vital health care services. Almost 40% of people living with active epilepsy between 18-64 years old receive coverage through Medicaid. Almost one in five children and youth have special health care needs including about 4% of children with epilepsy and seizure disorders.

More than one-third of children and youth with special health care needs are covered by Medicaid. These proposed cuts would impede access to needed care, treatments, and/or long-term services and support, having devastating consequences for millions of people who rely on Medicaid, including people with epilepsy.

On behalf of the 109,000 people living with epilepsy in Michigan, we ask that you oppose any cuts to Medicaid.

Sincerely,

A handwritten signature in black ink, appearing to read "A-E 8".

Andrea E. Schotthoefer
President
Epilepsy Foundation of Michigan



assisting. improving. empowering.

Good Afternoon Chair Hertel, Vice Chairs Santana and Webber, and members of the Health Policy Committee, thank you for allowing me to provide testimony to express our concerns about the impact of the proposed Medicaid cuts across Michigan. My name is Sara Ismail, and I am the Policy Manager at ACCESS.

For more than 50 years, ACCESS, the nation's largest Arab American community nonprofit organization, has built communities and institutions that span multiple sectors with a focus on community empowerment. ACCESS transitions people from being service recipients to fully engaged citizens able to advance justice and equity. As a premier human service provider with 10 sites throughout southeast Michigan offering 120 programs, we serve thousands of diverse individuals and families every day through our integrated and comprehensive program model of service delivery for low-income and immigrant communities in the areas of health, education, economic empowerment, workforce development, civic engagement, and arts and culture. These programs serve the diverse populations of southeast Michigan and have been the foundation of our community empowerment, assisting individuals, families, and communities move towards economic stability.

As a family service provider, ACCESS serves vulnerable populations and marginalized communities in multiple capacities. Healthcare access is a high-need human service area that we provide assistance with. Health insurance accessibility is a serious challenge across marginalized communities, including the elderly, children, pregnant women, the disabled, and rural residents. Medicaid is the nation's largest provider of health insurance, covering roughly one in five Americans and more than 2.6 million Michigan residents, this total includes more than one million children and over a third of rural area residents. Under the proposed cuts, over 700,000 Medicaid recipients in Michigan will lose coverage. The program is a cost-efficient means of ensuring those with the greatest need have access to vital services, particularly in under-served communities and rural areas, and is central to Michigan's economic well-being for individuals and industries. It has lower total and per capita costs than all other major health programs, including Medicare and private health insurance.¹

ACCESS provides health and human services to over 70,000 clients annually across Southeast Michigan. These services include comprehensive healthcare, social services, employment and training, and workforce development. Over the past year, a total of 28,621 services were provided to 1,084 unique Medicaid-enrolled clients in Social Services, Behavioral Mental Health, and Adult and Family Learning. Finding adequate health insurance can be challenging for vulnerable populations. Through our Health Navigator Program, 3,256 clients received support with any Medicaid related

¹ MDHHS Executive Directive 2025-3: <https://www.michigan.gov/whitmer/-/media/Project/Websites/Whitmer/Documents/pdf/ED-2025-3-FINAL>



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needs, including enrollment and medical services. We provided 7,791 services to Medicaid clients in our medical center. Cuts to Medicaid programs will severely impact thousands of recipients that rely on these benefits for critical health needs.²

Medicaid cuts will have a ripple effect across populations and industries, adversely impacting quality of life, the overall health of many, and the entire medical industry. Medicaid patients across Michigan make up an average of 22% of hospital patient volume. The stability Medicaid provides also supports a workforce of over 217,000 hospital employees. According to the Michigan Health and Hospital Association, the state's health care industry is the largest private sector employer, generating \$77 billion annually. Medicaid supports the local Community Mental Health system with nearly \$3.5 billion annually. In addition, Michigan's nursing homes receive over \$3 billion in Medicaid funding per year; and Home and Community Based Service providers, who support vulnerable seniors and disabled residents living in the community, receive more than \$1.5 billion in Medicaid dollars each year. Michigan's Emergency Medical Service providers receive \$130.5 million from Medicaid annually to support the lifesaving services they provide. With one million children relying on Medicaid, during the 2023 school year, Michigan schools received \$160.5 million to help provide Medicaid-funded services to students.³ Since over 25% of Michiganders utilize Medicaid Insurance plans to cover their health needs, it is definitive that cuts to this vital program will have a detrimental effect on Michiganders, several industries in the state, and the general economy.

ACCESS strongly supports protecting Medicaid funding across Michigan to ensure that recipients maintain access to quality healthcare. Program funding will keep vulnerable populations, including children, the elderly, and disabled individuals insured. We encourage the state to keep Medicaid funding intact to adequately support medical providers, which includes hospitals, medical centers, urgent care facilities, nursing homes, and mental health clinics. Medicaid cuts will have a detrimental impact on thousands of Michigan residents.

Thank you for holding this important hearing, I can be reached for any questions you might have.

Best,

² ACCESS Clinic Data – report of client services from May 1, 2024 – May 31, 2025

³ MDHHS Executive Directive 2025 -3: [https://www.michigan.gov/whitmer/-/media/Project/Websites/Whitmer/Documents/pdf/ED-2025-3-FINAL-\(1\)](https://www.michigan.gov/whitmer/-/media/Project/Websites/Whitmer/Documents/pdf/ED-2025-3-FINAL-(1))



ACCESS

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Sara Ismail
Policy Manager, ACCESS
Sismail@accesscommunity.org
(313) 203-1669 ext. 1479

To: Members, Senate Health Policy Committee

From: Adam Carlson, senior vice president, advocacy, MHA

Date: June 4, 2025

Re: Michigan's Medicaid Program

Good afternoon members of the Committee. Thank you for inviting me and my hospital colleague from Hillsdale Hospital to be here today. My name is Adam Carlson and I serve as the senior vice president of advocacy at the Michigan Health & Hospital Association.

The MHA represents all 129 acute care hospitals in the state. Those are the hospitals that are open 24/7/365 to care for the patients in your communities, regardless of insurance type or ability to pay. The ones caring for your loved ones, your neighbors, your friends and community members.

According to the Congressional Budget Office, the reconciliation package passed by the U.S. House will lead to more than 13 million people losing their healthcare coverage. Other restrictions in the legislation will reduce state revenues to fund Medicaid that have been in place for years and were approved by both Republican and Democratic administrations at CMS.

The bill goes beyond anyone's reasonable definition of waste, fraud and abuse. These changes will lead to real impacts on patients, as well as hospitals and providers.

Medicaid is a longstanding insurance program that saves lives, keeps hospitals open and improves the well-being of millions of Michigan and U.S. citizens. It is a cornerstone of America's healthcare system.

Michigan Medicaid is the single largest payer for long-term care, maternity care and mental health services. Coverage helps enrollees get and keep jobs, and the Healthy Michigan program in our state reduced the uninsured rate and supports economic stability across the state.

Michigan hospitals rely on programs like Medicaid to sustain operations and maintain their workforce. Depending on how the reconciliation proposal is changed by the U.S. Senate, it could leave the state on the hook for up to several billion dollars in Medicaid funding. A cut to Medicaid is a cut to care.

Arbitrarily lowering the Federal Medical Assistance Percentage, or FMAP, by just one percentage point will increase state general fund costs by approximately \$150 million.

Lowering the tax limit on the quality assurance assessment program will create a \$625 million hole in the state budget for each percentage point reduction. Those numbers are unsustainable for the state budget and would lead to unsustainable cuts to healthcare providers.

For the patients we serve and the physicians, nurses and staff who care for them, this isn't a political discussion. Medicaid is vital for continued access to healthcare. If hospitals must make cuts due to lower funding, these will come at the expense of ALL Michiganders and not just those with Medicaid coverage.

The MHA has and will always support efforts to find and eliminate what is truly waste, fraud and abuse. However, decimating long-established, legal components of the federal program to support healthcare services and access to care does not come close to any of those terms. We should all be able to agree that changes of this magnitude should not be rushed and must protect the healthcare providers who serve everyone in the state. Hospitals serve those who are sick and scared, and Medicaid is a large reason why we're able to do so.

We're happy to answer any questions you have about the program and are hopeful these proposals won't come to fruition.

Thank you for your time today.



Date: June 4, 2025

To: Chair Hertel and Members of the Senate Health Policy Committee

From: Monique Stanton, President and CEO, Michigan League for Public Policy

Subject: Opposition to Cuts to Medicaid

Good afternoon, Chair Hertel and members of the Senate Health Policy Committee. My name is Monique Stanton, and I am the President and CEO of the Michigan League for Public Policy.

The League is a nonpartisan research and advocacy organization that promotes economic opportunity for all and analyzes the impact of public policy on the lives of Michiganders who have been systemically left out of prosperity. The League is also the state's Kids Count organization, working as part of a national effort to measure the well-being of children at the state and local levels and to shape efforts that improve their lives.

We are grateful for the opportunity to give testimony today expressing our opposition to proposed federal reductions to Medicaid. Next you'll hear from experts in community health, behavioral health, and maternal and child health, but I'd like to begin with a brief introduction to the Protect MI Care coalition.

Protect MI Care is a multi-sector coalition of more than 260 Michigan-based organizations — health care providers, schools, community groups, and safety net advocates — dedicated to defending health care for the more than 2.6 million Michiganders who have health insurance because of Medicaid. The Protect MI Care coalition brings together voices from across every region of the state, and our shared goal is simple: prevent devastating Medicaid cuts that would destabilize our state's health care systems and protect the health and dignity of the 1 in 4 Michiganders at risk should federal Medicaid cuts become reality.

Results from a recent statewide poll, which assessed how likely voters across the political spectrum feel about the proposed cuts to Medicaid, found that 83% of Michiganders want to see Medicaid spending increased or kept about the same. This poll, made possible through the support of several members of the Protect MI Care coalition, also found that 86% of Michigan residents feel Medicaid is important for

Using data to educate, advocate and fight for policy solutions that undo historic and systemic racial and economic inequities to lift up Michiganders who have been left out of prosperity.

101 S. WASHINGTON SQUARE • SUITE 820 • LANSING, MICHIGAN 48933
P: 517.487.5436 • WWW.MLPP.ORG

Report on Potential Impacts of Proposed Federal Medicaid Cuts
Appendix

people in their local community, and 76% express that Medicaid is important for their family members and friends.

Despite their undeniable benefits and favorability, Medicaid and Medicaid expansion are facing significant threats. Congress is currently debating at least \$625 billion in Medicaid cuts over the next decade, which would have serious consequences for our state budget, health systems, and the individuals and families who call Michigan home.

The impact would not be felt equally. Communities of color, seniors, and people with chronic conditions or disabilities would be hit hardest. Rural access is already limited, and these cuts would only deepen the divide.

Slashing Medicaid won't reduce health care costs — it will simply shift the burden to states and working families. Proposed changes to federal Medicaid funding would force states to make painful decisions: either fill the funding gap or scale back the program. That means: fewer benefits, fewer people covered, and lower provider payments. None of this improves health care quality or affordability. Instead, it leads to more medical debt, delayed care and financial insecurity. It would mean real people losing access to care.

Michigan has been a Medicaid expansion state for over a decade, covering hundreds of thousands of residents and lowering out-of-pocket costs while expanding access to essential care. This progress is now at risk.

Work requirements defy common sense. People need to be healthy to work. Imposing bureaucratic barriers doesn't encourage employment or greater efficiency — it strips away the very care people need to stay healthy enough to work. Cancer patients, seasonal workers and those recently laid off could lose access to life-sustaining care due to increased paperwork and red tape.

Additionally, the establishment of a federal Medicaid work reporting requirement would force Michigan to allocate a significant sum of resources for its implementation. According to a recent report by the Michigan Department of Health and Human Services, in response to a directive from the governor, the estimated administrative costs of a work reporting requirement would total \$75-\$155 million. If we truly are aiming to be thoughtful stewards of taxpayer dollars, we must push against such spending, which has consistently proven to be both inefficient and ineffective.

Medicaid is vital to Michigan's health and future. We urge the committee to do what you can to protect and fortify this essential health insurance program.

Heather Dorbeck

From: Abby Cypher <abbycypher@maase.org>
Sent: Wednesday, June 4, 2025 1:47 PM
To: Heather Dorbeck
Subject: School Based Medicaid Testimony

You don't often get email from abbycypher@maase.org. [Learn why this is important](#)

My name is Abby Cypher and I am the Executive Director of the Michigan Association of Administrators of Special Education. We represent the over 1000 school administrators responsible for special education. I was unable to attend the hearing today, but wanted to share the following testimony about how Medicaid impacts public schools.

As you likely know in Michigan, Medicaid provides health care to one in four residents, including a million children. Research shows that when children are enrolled in Medicaid, they enjoy better health, do better in school, and earn more as adults.

What many don't realize is that cuts to Medicaid are cuts to Michigan's schools. In 2023 alone, schools received over \$160 million from Medicaid—\$149 million for special education and over \$11 million through the Caring for Students initiative. In 2024, that grew to \$170 million.

-
-
- These funds help cover legally required services for students with disabilities - More
- than 8 million students with disabilities depend on school-based Medicaid. These services are a civil right.
-
-
-
- Schools are the second-largest provider of children's Medicaid services, and 70% of children
- receiving mental health care do so through schools.
-

We know public schools face many unfunded mandates- and their budgets are already stretched thin. But did you know that Medicaid is the fourth-largest funding source for schools?

-
-
- It funds speech therapy, mental health services, occupational therapy, nursing, and more—especially

- for students with disabilities and those in low-income communities.
-
-
- Schools use it to hire professionals, buy equipment, and sustain health programs.
-

If Congress cuts Medicaid, states must fill the gap. But with 70% of Michigan's Medicaid funded federally, the state simply can't make up the difference. Schools may have to cut services, lay off staff, or shift costs to local taxpayers.

These cuts could mean larger class sizes, fewer support staff, and the loss of vital programs—harming students who rely on them the most. This also means that even if your child doesn't use Medicaid services, they will likely still be impacted.

Bottom Line: Students can't learn if they aren't healthy. Cuts to Medicaid undermine student success, widen opportunity gaps, and increase costs. Students with disabilities, low-income families, and rural schools will bear the brunt.

In terms of cutting fraud and waste within the system:

Michigan has a strong oversight framework:

- 1.
- 2.
3. With Clear State Policies which guide districts and ensure program integrity.
- 4.
- 5.
- 6.
- 7.
- 8.
9. Annual Independent Audits that are consistently unmodified, showing clean financial practices.
- 10.
- 11.
- 12.
- 13.
- 14.
15. ISD Monitoring & Quality assurance which provides local oversight ensuring compliance

16. and continuous improvement.

17.

18.

19.

20.

21.

22. And Cost-Based Reimbursement which unlike fee-for-service models, Michigan reimburses

23. based on actual costs, discouraging overuse.

24.

25.

26.

These safeguards ensure that school-based Medicaid is effective, efficient, and accountable.

Let me end with a story. A 10th grader with an Anoxic Brain Injury attends school with eye gaze technology and a Chromebook. These tools give him a voice, access to education, and a vibrant social life. He uses them to solve math problems, crack jokes, and advocate for himself. His team helps him thrive, and he inspires everyone he meets. Medicaid makes that possible—through devices, support staff, and mobility tools.

This is one child. But in Michigan there are one million more stories. Thank you for your time.

Abby Cypher, CAE
Executive Director
Michigan Association of Administrators of Special Education
AbbyCypher@MAASE.org
517-618-1342



"Injustice anywhere is a threat to justice everywhere." - MLK



Written Testimony for June 4, 2025, Senate Health Policy Committee

Dear Chair Hertel and Members of the Senate Health Policy Committee,

My name is Elinor Jordan, and I am an attorney with Michigan Poverty Law Program (MPLP). MPLP works to advance the health, safety, and economic security of low-income Michiganders and advance racial justice. Our statewide lens allows us to see the ways in which many issues impact Michiganders who are poor in rural and urban areas alike. I am writing to express my deep concern regarding the impacts of proposed Medicaid cuts in Michigan.

Medicaid is a lifeline for many legal aid clients. These proposed cuts threaten to undermine critical services that keep Michiganders healthy and secure. We are especially concerned that many of our clients or other poor people across Michigan may lose their health coverage under confusing and administratively burdensome work requirements.

In every program where work requirements have been implemented, a large share of participants have lost coverage simply because the process to show they were working (or qualified for an exemption) was too complicated or difficult to access. Some workers will lose coverage because low-wage work is by nature unstable, seasonal, and inconsistent. For example, farmworkers may have high fluctuations in their work availability and hours. Victims of domestic violence and human trafficking may lose jobs in the course of their victimization and lose coverage for them and their families, adding insult to injury.

Any Michigander could find themselves unexpectedly out of work if an employer does not offer enough hours or only offers the late shift when they need to be home with their young children after school. Older adults or people with disabilities who face major barriers to work may not understand how to apply for an exemption, may not fit restrictive definitions for exemptions, or lack required verification documents. Those who are not in the paid workforce often are caregiving, attending school, or experience barriers to employment such as a lack of accommodations and services for people with disabilities. Many low-wage jobs do not offer health insurance or affordable insurance, making Medicaid essential to provide access to care to remain able to work.

Work requirements also create more documentation requirements for the State, forcing it to reallocate administrative dollars and add to the burdens on applicants and enrollees. Work requirements lower Medicaid costs because fewer enrollees stay enrolled. An analysis from the Congressional Budget Office (CBO) found that imposing



a national requirements allowing for many exemptions (any adult with dependents or that would qualify for SSI or Disability Insurance) would still result in 2.2 million adults losing Medicaid coverage per year (and they would subsequently experience increases in medical expenses).

Furthermore, work requirements do not improve employment outcomes. Arkansas' work requirement program did not improve employment. Other social programs with work requirements have only documented fleeting or non-existent gains. Most Medicaid enrollees who can work are already working full or part-time.

I urge you to reject these harmful cuts and to protect Medicaid funding in our state. Cutting Medicaid will not only impact those who rely on it for essential care but will also weaken our state's economy and put additional strain on our health care providers.

Thank you for considering this testimony.

Sincerely,
Elinor Jordan, Public Benefits Support Attorney

(616) 726-1692; EJordan@MPLP.org



Ed Slaje, Chairman of the Board
Darlene Hudson, Ed.D., President & CEO

Date: June 4, 2025

To: Chairman Hertel and Members of the Senate Health Policy Committee

From: Kyle DuBuc, Vice-President, Communications & Advocacy, United Way for Southeastern Michigan

Subject: Potential Cuts to Michigan's Medicaid Program

Chairman Hertel and Members of the Senate Health Policy Committee:

As a proud member of the broad coalition that worked with Governor Snyder and a strong bi-partisan group of legislators to expand Medicaid access by creating Healthy Michigan, United Way for Southeastern Michigan stands strongly opposed to the Medicaid changes passed by the US House of Representatives. The cuts and policy changes put forward by Congress would inevitably result in the loss of basic health care coverage for hundreds of thousands of Michiganders, rolling back the progress we've made in the past decade and driving catastrophic health outcomes for our most vulnerable citizens. We urge our state legislators to advocate for a federal budget that safeguards Medicaid and do everything within your power to protect access to healthcare for everyone across our state.

As a local nonprofit human-service organization, we work every day to understand and meet the needs of families across Macomb, Oakland, Washtenaw, and Wayne counties. Our goal is to help those on hard times not just move from crisis to stability, but ultimately from stability to prosperity. We know from experience that core services like Medicaid are essential to this journey for millions of Michigan households.

According to the ALICE report published by the Michigan Association of United Ways, two out of five Michigan households aren't earning enough to cover the cost of a barebones household budget. This is why more than 2.6 million of our neighbors rely on Medicaid to ensure their families have access to necessary care while avoiding crushing medical debt, which continues to be the number one cause of bankruptcy in the US.



Ed Siaje, Chairman of the Board
Darenne Hudson, Ed.D., President & CEO

The House spending bill poses a serious threat to the health and wellbeing of more than 79 million Medicaid and Children's Health Insurance Program (CHIP) recipients across the country including more than 900,000 children in Michigan alone. The ill-conceived work requirements and additional red tape could strip Medicaid from more than 500,000 Michiganders, most of whom already work, are looking for work, or cannot work. In 2024, our organization provided nearly 60,000 rides to individuals struggling to access the transportation they need to work. Navigating work requirements poses yet another barrier to our neighbors getting back on their feet and strains the already underfunded non-profits that serve them. Without a reliable source of quality health coverage, far too many will lack access to preventive care and behavioral health services, experience worse overall health, and fall victim to unexpected medical expenses.

Even at the current Medicaid funding levels, we still receive thousands of calls through our 2-1-1 helpline each year from Southeastern Michigan residents struggling with medical issues, including difficulties affording prescription medications and accessing dental care. No family should have to choose between paying for food and affording the medicine they need. Yet, dramatic cuts to Medicaid will force many families to make those impossible choices, leaving more Michiganders unhealthy and in debt.

We thank the committee for spotlighting this issue and hope you will join us in urging Congress to pass a budget that safeguards Michiganders' health, well-being, and financial stability by protecting our Medicaid population and other critical support services.

Sincerely,

Kyle DuBuc

Vice-President, Communications & Advocacy

United Way for Southeastern Michigan

kyle.dubuc@liveunitedsem.org

Michigan Senate Health Policy Committee
Impact of Medicaid Cuts on Community Health
Authority Health, Detroit
June 4, 2025

Authority Health was established by the State of Michigan, Wayne County, and the City of Detroit to increase access to health care for all. We provide integrated primary and behavioral health care across four community-based health centers, two of which are in schools.

Proposed cuts to Medicaid and specifically the Healthy Michigan Plan would be devastating to the clinical services we provide, and the people who benefit from them. Medicaid coverage for the adults and children we serve is a critically important means of affordable health care access. Of the nearly 3,000 clinical visits in our pediatric health center 80% of these visits were covered through Medicaid. Popoff Family Health Center, our eastside Detroit location, provided 2,338 clinical visits in 2024. Forty-seven percent of these visits were adult visits covered by the Healthy Michigan Plan. **More than half of our patients served through Healthy Michigan can't pay their co-pays and deductibles.** Popoff is a major primary care provider in that area of the city.

The loss of Healthy Michigan will have several direct impacts on our ability to provide medical care for the community:

- **Our patients will delay or not come in at all for services** including primary care, mental health services and preventative care like vaccinations and cancer screenings. They will also lose access to critical prescription medications.
- Twenty-five percent of our patients are being treated for chronic diseases like diabetes, hypertension and asthma. **Without insurance coverage they are likely to suffer complications from these conditions resulting in higher rates of specialty care, hospitalization and emergency department visits, as well as poor health outcomes.**
- The Fresh Prescription Program (Fresh Rx), which supports patients with chronic diseases through nutrition assistance, relies on Medicaid coverage to operate effectively. **Without the Healthy Michigan Plan, many patients might lose access to Fresh Rx, leading to unmanaged conditions and increased emergency room visits.**
- Without the Healthy Michigan Plan and with severe cuts to Medicaid our **patients will face massive out of pocket costs** when they seek needed medical treatments. It is well documented that medical debt is the leading cause of bankruptcy in the United States.

- Our two school-based health centers in Detroit and Southfield, along with our pediatric practice, provide same day care, preventive immunizations, vital well-child visits, diagnostic as well as asthma treatments for students in class and in the surrounding community. Children and pregnant women are often protected. However, **children could still face disruptions if their parents lose coverage or if funding for related programs like CHIP is also affected.**

The Affordable Care Act made it possible for almost anyone to access care through expanded Medicaid. It would be irresponsible to revert to the days of high uninsured and underinsured people in our community.

The elimination of the Healthy Michigan Plan would likely have far-reaching consequences for vulnerable populations served by Authority Health. It will exacerbate high disparities and will, in the long term, increase costs to the health system through delayed care resulting in hospitalization and place additional financial burdens on the safety net providers in the region.

Heather Dorbeck

From: Kathy Mendes <kathy@caringacross.org>
Sent: Tuesday, June 3, 2025 4:29 PM
To: Senate Committee Clerks
Cc: Adam Bitely; Jaimie Worker
Subject: Written Testimony for June 4, 2025, Senate Health Policy Committee

You don't often get email from kathy@caringacross.org. [Learn why this is important](#)

Dear Chair Hertel and Members of the Senate Health Policy Committee,

On behalf of Caring Across Generations, I am writing to express deep concern regarding the impacts of proposed Medicaid cuts in Michigan.

Caring Across Generations is a national campaign of family caregivers, care workers, disabled people, and aging adults working to transform the way we care in this country so that care is accessible, affordable and equitable—and our systems of care enable everyone to live and age with dignity.

Medicaid is a cornerstone of Michigan's health, well-being, and economy in every community across the state. It provides health care coverage and long-term services and supports for more than 2,300,000 Michiganders, nearly 1 in 4 people in the state. The proposed cuts to Medicaid and other essential care programs threaten to undermine critical services that help Michiganders live and age with dignity. The proposal to impose work reporting requirements for Medicaid enrollees alone is estimated to result in around 240,000 Michiganders having their coverage taken away, including thousands of people with disabilities and older adults, to say nothing of the host of cuts and caps to the program that Congress is currently considering.

Disabled people, older adults, and family caregivers already struggle to afford the costs of long-term care while trying to make ends meet, and direct care workers continue to be vastly underpaid. Cuts to Medicaid will worsen the care crisis significantly, resulting in decreased independence for disabled people and older adults, family caregivers leaving the workforce to provide care, and direct care workers leaving the workforce due to worsening job conditions.

Cuts to Medicaid would also have significant, negative down-stream effects on the state budget. Over 75% of Medicaid spending in Michigan is made up of federal funds. Without federal Medicaid funding, Michigan will have no choice but to make drastic budget cuts, affecting not only families who currently receive services but also those who are on waiting lists for home and community-based care due to decades of underinvestment.

I urge you to reject these harmful cuts and to protect Medicaid funding in the state. Cutting Medicaid will not only impact those who rely on it for essential care but will also weaken the state's economy and put additional strain on the state's ability to balance its budget and provide the essential care services that its residents need and deserve.

Thank you for your consideration.

Sincerely,
Kathy Mendes
Policy Associate, Caring Across Generations



Kathy Mendes
Policy Associate
Caring Across Generations
Pronouns I use: she/her/hers
Website | X | Instagram



June 4th, 2025

**Written Testimony: Re: The Impact of Federal Medicaid Cuts on Michigan Communities
Submitted by the National Association of Social Workers – Michigan Chapter (NASW-MI)**

Chairperson and members of the Senate Health Policy Committee,

Thank you for the opportunity to submit written testimony. As a social worker and a representative of NASW-Michigan and the Protect MI Care coalition, I write to express strong opposition to federal proposals that would cut, cap, or restructure Medicaid. These changes are not just numbers on a budget - they represent real harm to the people we serve every day.

Across Michigan, over 2.6 million of our neighbors rely on Medicaid for essential health care. As social workers, we see firsthand what that care means for a child attending school because their asthma is under control, for a cancer patient able to access treatment, for an older adult who can remain in their home with dignity and support, and for a person with a disability who can live and work independently because they have access to community-based services. Medicaid makes this possible.

In our practice, we support low-income adults and working families struggling to make ends meet, rural residents without access to transportation or local providers, and individuals in crisis who need mental health or substance use treatment. These are not abstract policy issues for us. These are the lives we work to protect and uplift every single day.

Nearly half of all children in Michigan - and over 45% of babies born in our state - are covered by Medicaid. In rural areas, the percentage is even higher. Medicaid is the backbone of local obstetric, pediatric, and behavioral health services in these communities. Without it, entire regions could lose access to critical care, including birthing centers and mental health clinics.

Beyond direct care, Medicaid is an economic lifeline. It brings in more than \$24 billion annually to support our state's health care infrastructure, with more than 65% of those dollars coming from the federal government. Medicaid expansion alone brought over \$1 billion to Michigan and created thousands of jobs. When we talk about cuts, we are also talking about lost wages, shuttered clinics, and destabilized communities.

The current proposal to cut Medicaid by \$880 billion over the next decade would be devastating. In 2026 alone, Michigan stands to lose \$2.2 billion in federal funding, \$4.9 billion in economic output, and \$2.9 billion in state GDP. These cuts would force impossible choices - services would be reduced or eliminated, providers would be overwhelmed or forced to close, and coverage for the most vulnerable would be stripped away.

As social workers, we are guided by a Code of Ethics that calls us to challenge injustice, uphold the dignity and worth of every person, and prioritize the needs of those who are most vulnerable. Cuts to Medicaid violate every one of these principles. They threaten our ability to do our jobs, to serve our clients, and to support our communities.

We know what happens when services disappear. Hospitals and clinics close - not just for Medicaid patients, but for everyone. When care isn't available locally, it creates health care deserts, longer wait times, and dangerous delays. It puts all residents, regardless of their insurance status, at risk.

We urge you to reject any proposal that undermines the integrity of the Medicaid program. We call on you to protect Michigan families, safeguard our healthcare system, and stand with social workers and service providers across the state who are working every day to ensure no one is left behind.

Thank you for your leadership, and for standing up for the people of Michigan.

Sincerely,

A handwritten signature in dark ink that reads "Dana Paglia-King". The signature is written in a cursive, flowing style.

Dana Paglia-King, LLMSW-Clinical

Director of Policy & Advocacy | National Association of Social Workers - Michigan Chapter

June 4, 2025

Dear Chair Hertel and members of the Senate Committee on Health Policy:

As President of the Michigan State Medical Society, I write to express deep concerns with potential federal legislative changes to the Medicaid program. Since millions of Americans nationwide and thousands of Michiganders rely on Medicaid as their primary source of health insurance coverage, we are concerned that draconian cuts to this program will hurt patient access to care and further contribute to the challenging business climate affecting physicians, especially our members in private practice. While rooting out fraud, waste, and abuse and searching for targeted improvements that can enhance program efficiency are laudable goals, my colleagues and I worry that the proposals being considered threaten to significantly weaken Medicaid, creating fiscal challenges for states, and limiting access to essential healthcare services for the most vulnerable patients.

All of these proposals represent real threats to physician practices and the patients we treat, particularly for certain types of physician practices and vulnerable patient populations. Of note, Medicaid is the largest payer for maternal health care in the United States,¹ covering 35.3 percent of White, 35.1 percent of Hispanic, 22.1 percent of Black, and 7.6 percent of births for other racial categories, respectively,² in 2021. In 2023, Medicaid covered nearly 4 in 10 children, making it a substantially important payer for pediatric practices across the country.³ Nationally, Medicaid covers more than 1 in 3 Americans with disabilities⁴ and 5 in 8 nursing home residents.⁵

The close to 80 million Americans enrolled in Medicaid⁶ – over two million in Michigan⁷ – rely on its coverage to live and work. Medicaid is the largest payer of mental health and substance use services in the United States⁸ and research shows Medicaid coverage is associated with lower rates of opioid-related deaths,⁹ as well as other mental health conditions such as depression.¹⁰ Medicaid coverage is also associated with better control of chronic health conditions, such as diabetes,¹¹ and earlier diagnoses of cancer,¹² enabling more timely and less costly treatment. Due to better overall health of beneficiaries, Medicaid coverage is also associated with higher rates of employment¹³ and better job performance.¹⁴ In addition to harming patients, drastic cuts to Medicaid would also jeopardize our state budget and economy. Michigan receives 76 percent of its total Medicaid funding from the federal government¹⁵ and shifting that obligation – over \$17 billion in 2023 – from the federal government to the state would overwhelm our state

¹ <https://www.cms.gov/cms-guide-medical-technology-companies-and-other-interested-parties/payment#:~:text=Medicare%20is%20the%20single%20largest,services%20in%20the%20United%20States.>

² <https://www.medicaid.gov/medicaid/benefits/downloads/2024-maternal-health-at-a-glance.pdf>

³ <https://www.kff.org/other/state-indicator/children-0-18/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22%22sort%22:%22asc%22%7D>

⁴ <https://www.kff.org/medicaid/issue-brief/5-key-facts-about-medicaid-coverage-for-people-with-disabilities/>

⁵ <https://www.kff.org/other/state-indicator/distribution-of-certified-nursing-facilities-by-primary-payer-source/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22%22sort%22:%22asc%22%7D>

⁶ <https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/report-highlights/index.html>

⁷ <https://files.kff.org/attachment/fact-sheet-medicaid-state-MI>

⁸ <https://www.macpac.gov/topic/behavioral-health/>

⁹ https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2758476#google_vignette

¹⁰ https://www.milbank.org/wp-content/uploads/mq/volume-96/march-2018/BAICKER_et_al-March-2018.pdf

¹¹ <https://diabetesjournals.org/care/article/43/5/1094/35689/The-Impact-of-Medicaid-Expansion-on-Diabetes>

¹² [https://www.ajpmonline.org/article/S0749-3797\(20\)30314-7/abstract](https://www.ajpmonline.org/article/S0749-3797(20)30314-7/abstract) ; [https://www.ajpmonline.org/article/S0749-3797\(22\)00325-7/abstract](https://www.ajpmonline.org/article/S0749-3797(22)00325-7/abstract)

¹³ <https://alpaaphapublications.org/doi/10.2105/AJPH.2018.304536>; <https://link.springer.com/epdf/10.1186/s12913-022-07599-x>

¹⁴ <https://link.springer.com/article/10.1007/s11606-018-4736-8>

¹⁵ <https://www.macpac.gov/wp-content/uploads/2024/12/EXHIBIT-16-Medicaid-Spending-by-State-Category-and-Source-of-Funds-FY-2023.pdf>

budget, forcing higher taxes and cuts to other priorities like education, law enforcement, and public infrastructure projects. Funding cuts would also jeopardize the viability of physician practices and other health care providers in Michigan and the economic activity they generate. Physicians in Michigan inject \$52 billion into the state economy, supporting 305,298 jobs, and generating \$1.9 billion in state and local tax revenue for our communities.¹⁶ Cuts to Medicaid also threaten additional hospital closures, particularly in rural areas. Four of Michigan's rural hospitals have closed since 2005, and a recent analysis found 22 percent of the remaining 64 rural hospitals are at risk of closing.¹⁷

In addition, the bill as currently drafted would limit access to medical school loans and loan forgiveness programs—threatening the future of our physician workforce at a time of growing need. Rather than discouraging entry into the profession, we should be doing more to incentivize physicians to practice in rural and underserved communities across Michigan, where shortages are especially acute. These provisions move us in the wrong direction, making it harder to recruit and retain the very clinicians our communities rely on.

Furthermore, Medicaid cuts cannot be viewed discretely or in isolation. Medicaid rates are generally well below Medicare rates. In 2019, *Medicaid* fee-for-service (FFS) payments for physician services were nearly 30 percent below Medicare payment levels.¹⁸ Yet, Medicare rates are well below commercial rates and falling further behind. Effective January 1, Medicare physicians received another 2.83 percent payment reduction and, over the last five years, the Medicare conversion factor has fallen by 10 percent.¹⁹ Medicare rates are even more insufficient when considering the growing gap between payments and the cost of running a medical practice. When adjusted for inflation in practice costs, Medicare physician payment has declined 33 percent between 2001 and 2025.²⁰ Physician practices across the country are already facing closure or forced consolidation due to increased financial pressures.²¹ Further largescale Medicaid cuts on top of two decades' worth of declining Medicare and Medicaid payments will force many Michigan physicians to make difficult decisions between caring for patients using any form of government insurance and keeping their doors open. Physicians took an oath to protect their patients, but they cannot fulfill these basic responsibilities when they cannot cover the costs of treating a Medicare or Medicaid patient.

Should you have any questions, please do not hesitate to reach out to the Michigan State Medical Society by contacting [Kate Dorsey](#), Director of Government Relations, and we will be happy to lend our expertise.

Sincerely,



Amit Ghose, MD
President
Michigan State Medical Society

¹⁶ The Economic Impact of Physicians in Michigan, IQVIA, 2018.

¹⁷ https://ruralhospitals.chqpr.org/downloads/Rural_Hospitals_at_Risk_of_Closing.pdf.

¹⁸ <https://www.commonwealthfund.org/blog/2022/how-differences-medicaid-medicare-and-commercial-health-insurance-payment-rates-impact>

¹⁹ <https://fixmedicarenow.org/sites/default/files/2025-02/25-1245686-Medicare-chart-2-03.pdf>

²⁰ https://fixmedicarenow.org/sites/default/files/2025-01/Medicare%20Gap%20Chart_2025.pdf

²¹ <https://www.ama-assn.org/practice-management/private-practices/3-top-reasons-why-doctors-are-selling-their-practices>



June 4, 2025

Chair Hertel & Members of the Senate Health Policy Committee,

On behalf of the Michigan Oral Health Coalition (MOHC), we write to express our deep concern regarding cuts to Michigan's Medicaid program that would jeopardize access to oral health care for children and adults throughout the state.

MOHC, established in 2003, serves as Michigan's state oral health coalition with a clear purpose to improve oral health for all Michiganders. Our membership consists of clinicians, educators, dental benefit providers, public health professionals, and statewide grassroots and community organizations. As a network of professionals and stakeholders directly involved in the coordination and delivery of oral health services in Michigan, MOHC sees the impact of how funding for Medicaid dental services benefits the overall health, economic stability, and well being of communities in our state.

According to MDHHS, Michigan's Medicaid program covers 1 in 4 Michiganders – or 2.6 million residents. Of these residents, 1 million are children, 300,000 are living with a disability, and 168,000 are seniors.

Programs like Healthy Kids Dental has been supporting critical preventative and restorative dental care for Michigan's youth for over 20 years, providing care to over 320,000 children under the age of 21. This program is essential to laying the foundation for good oral health care, as well as keeping children in school pain-free.

For adults, the Michigan State Legislature most recently supported expanded dental services for individuals who are insured through Medicaid in the Fiscal Year 2022-2023 budget, which took effect on April 1, 2023. This expansion covered a broader range of services in both preventative and restorative dental services to keep individuals out of the emergency department, reduce disease prevalence, and increase employability and work attendance. Removal of the adult Medicaid dental benefit in Michigan would result in an estimated \$78.8 million increase in health care costs just in the first year.

Reductions to Michigan's Medicaid dental programs would have immediate and far-reaching consequences. Safety-net dental providers, like non-profit dental clinics, local health departments, Federally Qualified Health Centers, and Tribal Health Clinics, will be forced to reduce services or close their doors, leaving some of Michigan's most vulnerable patients without care. We will also see patients forego preventative care and



even push off much needed treatment, which would exacerbate their health conditions and increase costs to the system as people will opt for emergency department care when their oral health conditions worsen.

We urge you to consider the impact that any cuts and changes would have on our state and individuals served by Michigan's Medicaid program with an emphasis on protecting the dental benefits that have been provided to residents.

Sincerely,

Kimberly A. Raleigh, EdD, MHSA, RDH

Interim Executive Director

Michigan Oral Health Coalition

Mert N. Aksu, DDS, JD, MHSA, Cert. DPH

Diplomate, American Board of Dental Public Health

President, Michigan Oral Health Coalition

Dean & Professor, University of Detroit Mercy School of Dentistry

Heather Dorbeck

From: Michael Daeschlein <mdaeschlein@meji.org>
Sent: Tuesday, June 3, 2025 11:02 AM
To: Senate Committee Clerks; Adam Bitely
Subject: Written testimony for June 4, 2025, Senate Health Policy Committee

You don't often get email from mdaeschlein@meji.org. [Learn why this is important](#)

Dear Senators,

Thank you for holding this hearing at such a critical time for Michigan's citizens. I am writing on behalf of the Michigan Elder Justice Initiative, which operates the State Long-Term Care Ombudsman Program in nursing facilities and ombudsman programs in home and community-based services. We represent Michigan's most vulnerable citizens, individuals whose lives depend on Medicaid services.

The bill passed by the US House of Representatives is so destructive to Medicaid that its effects will be felt by all of us through higher healthcare costs, less access to care, and the economic impact on our communities. You will hear from others about the impact on public health, rural hospitals and health centers, mental health services and school-based services for children with disabilities. I want to briefly cite the most severe threats to older adults and individuals with disabilities.

- Medicaid is the only source of public funding for long-term care, which is not covered by Medicare or most private insurances. Three of five nursing facility residents (over 33,000 individuals) are covered by Medicaid. Just as importantly, over 80,000 individuals receive Medicaid home and community-based services. These services allow individuals to receive the care they need to remain in their homes, maintaining their independence and their roles in their families and communities.
- Over 80% of long-term care is provided outside of public services, by family members working without pay. Many of these caregivers rely on Medicaid for their own healthcare. While their work is invaluable, they are not employed, so they could lose their healthcare under the work requirement rules. We know from other states' experiences that work requirements will also lead to thousands of eligible, working adults losing their Medicaid because of the onerous reporting requirements, and Michigan will spend over \$100 million just setting up the system to implement these rules.
- For over 300,000 Michiganders, Medicaid pays the premiums and other out-of-pocket expenses for their *Medicare* services. Older adults with low incomes cannot afford these costs, so Medicaid is essential to making *Medicare* work for them.

The federal government will claim they are not cutting Medicaid or Medicare, just rooting out fraud, waste and abuse. The truth is that Michigan will lose hundreds of millions of dollars in federal funding and Michigan lawmakers will be forced to make painful decisions to balance the state budget. Medicaid is popular because it keeps people healthy, protects families from impossible care demands and Medical debt, strengthens the workforce and our communities and, literally, saves lives. Please do all you can to defend Medicaid from these devastating cuts. Make sure Michigan's congressional delegation knows the immense harm they will do if they support any cuts or substantial changes to Medicaid.

Respectfully,

--

Michael Daeschlein

(he, him, his)

Long-term Care Specialist

Michigan Elder Justice Initiative

15851 South US 27, Ste. 73

Lansing, MI 48906

(517) 827-8038

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Written Testimony on Proposed Medicaid Cuts

Submitted to the Michigan Senate Health Policy Committee

On behalf of the Michigan Chapter of the American College of Physicians

By: Brittany Tayler, Co-Chair of the Health and Public Policy Committee

Date: 6/4/25

Chair and Members of the Senate Health Policy Committee,

On behalf of the Michigan Chapter of the American College of Physicians (MI-ACP), representing over 4,900 internal medicine physicians, subspecialists, and medical students across the state, I write to express our deep concern about the potential impact of proposed cuts to the Medicaid program. As practicing physicians, educators, and public health advocates, we witness firsthand the essential role Medicaid plays in the health and well-being of our patients and communities.

Medicaid is not just a budget line—it is a lifeline. Across Michigan, Medicaid provides health coverage for more than 3 million residents, including nearly half of all births in the state. Cuts to this critical program would have profound consequences, particularly for our most vulnerable patients: children, low-income adults, pregnant and postpartum women, people with disabilities, and older adults who rely on Medicaid for long-term care services.

ACP's national leadership has clearly outlined the risks of undermining Medicaid. Proposals to reduce federal support, impose work requirements, or otherwise restrict eligibility and coverage would shift costs to states like Michigan and force difficult decisions—like reducing provider reimbursement or eliminating critical services. For patients, this translates to delayed care, worsening chronic conditions, avoidable hospitalizations, and, in some cases, preventable deaths.

As a primary care physician in Flint, I see how fragile the safety net can be. I've had patients ration their blood pressure medications, skip cancer screenings, or walk away from follow-up visits—not because they didn't want care, but because their coverage lapsed or their provider stopped accepting Medicaid due to unsustainably low reimbursement. These aren't isolated anecdotes. They are symptoms of a system that, without sufficient funding and support, risks failing the very people it was designed to protect.

Medicaid is essential for managing chronic disease, supporting behavioral health services, and addressing social drivers of health—areas Michigan is actively working to improve. Investing in Medicaid is not only a moral imperative but a cost-effective strategy. It reduces uncompensated care, supports local health infrastructure ensuring all Michiganders having access to timely care in an emergency, and strengthens the economic stability of families who otherwise might be pushed into medical debt.

As physicians, we strive to provide high quality care for every patient. But no amount of clinical skill can substitute for affordable, reliable health coverage. Without it, even the best treatment plans fall apart.

This is why the Michigan Chapter of the American College of Physicians urges the Senate Health Policy Committee to reject and advocate against any policies that would reduce funding for or restrict access to Medicaid. We call instead for policies that preserve and expand access to comprehensive, equitable, and affordable care for all Michiganders.

We would welcome the opportunity to work with you to identify sustainable solutions that improve health outcomes without jeopardizing or complicating coverage for those who need it most.

Thank you for your consideration and commitment to the health of Michigan's communities.

Sincerely,
Brittany Tayler MD
On behalf of the Michigan Chapter
American College of Physicians

June 4, 2025

The Honorable Kevin Hertel, Chairperson, Senate Health Policy Committee
Members, Senate Health Policy Committee
Lansing, MI

RE: Testimony about concerns about the proposed cuts to Medicaid

Dear Honorable Senator Hertel and members of the Senate Health Policy Committee:

My name is Marianne Huff, and I am the President and CEO of MHAM. MHAM is the state's oldest advocacy organization that is concerned with ensuring that adults and children with mental health conditions and substance use disorders in Michigan have access to quality behavioral health services and support. I write today to express my concern about the devastation that will result if Congress's proposed cuts to the Medicaid program are realized.

Medicaid provides lifesaving and life-affirming services and healthcare for individuals and families with mental health and substance use conditions throughout Michigan including Lansing. Over 90 percent of non-elderly adults with Medicaid coverage are working or qualify for an exemption for caregiving or disability and these people would be harmed by work requirements or cuts to federal matching of Medicaid expansion. Work reporting requirements in Arkansas cost the state over \$400 million to implement and did not generate the expected savings. In fact, many of the people considered ineligible and whose coverage was eliminated in Arkansas were in fact still eligible, yet there were administrative or technical errors and miscommunication that led to coverage termination. Loss of coverage for a person with substance use condition can mean the difference between life and death.

Medicaid is a critical part of funding for the behavioral health continuum of care as it is the largest payer of behavioral health services and helps people pay for medication management, medication assisted treatment, prescriptions, psychotherapy, peer support services, crisis care, community living supports, respite, Assertive Community Treatment and more. For people in the most rural and remote parts of Michigan who need these supports to help with addiction or mental health challenges, Medicaid is crucial as our state heavily relies on federal matching to ensure greater access to behavioral health care for low-income working people.

Cutting Medicaid will not only impact those who rely on it for essential care but will also weaken our state's economy and put added strain on our health care providers. Individuals with more significant behavioral health disorders, who have been able to live in the community and out of institutions, may no longer be able to continue to enjoy life

in the least restrictive setting if the Medicaid cuts happen. Medicaid dollars have been used for many years to ensure that individuals with disabilities are able to live in the community. Given Michigan's rich history as a state that has moved people with disabilities out of institutions and into the community, it is vital that we continue that tradition and support our most vulnerable citizens.

I urge you to communicate with your fellow members of Congress and ask them to protect the Medicaid program.

Thank you for considering this testimony. It is vital that we keep the current levels of funding for the Medicaid program in Michigan. If you have any questions, please reach out to me at mhuffmham@gmail.com.

Sincerely,

Marianne Huff, LMSW
President and CEO
Mental Health Association in Michigan

Heather Dorbeck

From: Kaci Pellar <kaci@detroitdisabilitypower.org>
Sent: Tuesday, June 3, 2025 3:59 PM
To: abitely@bellwetherpr.com; Senate Committee Clerks
Cc: Eric Welsby
Subject: Written testimony for June 4, 2025, Senate Health Policy Committee.

Hello,

I am emailing to electronically testify regarding the impact of Medicaid cuts from Detroit Disability Power for that is up for discussion in the Senate Health Policy Committee on Wednesday, June 4th. This card can be attributed to Kaci Pellar, Policy Manager, Detroit Disability Power.

At Detroit Disability Power, we know that Medicaid cuts and work requirements pose severe threats to Michigan's disability community, undermining healthcare access, quality of life, and economic stability for families across the state. Medicaid serves as the primary healthcare lifeline for over 400,000 disabled Michiganders. Proposed cuts would eliminate essential services including physical therapy, mental health treatment, and prescription medications that allow disabled Michiganders to remain safe at home and in our communities. Without these supports, many disabled individuals face institutionalization, which is most often undesirable, has worse health outcomes, and costs more.

In addition, we oppose work requirements, which fundamentally misunderstand the realities of people with disabilities. Many disabled Michiganders (whether or not their disability is diagnosed and documented) cannot work due to medical conditions, while others work part-time. Medicaid work requirements create bureaucratic barriers that push vulnerable populations off coverage and towards worsening health and quality of life outcomes rather than toward employment.

Medicaid cuts also trigger other negative effects throughout Michigan's healthcare system that impact disabled Michiganders in both urban and rural areas. Rural hospitals lose critical funding, which reduces access for all residents. This places more burden on urban hospitals and the burden of travel on rural residents.

Michigan should reject work requirements and oppose federal Medicaid cuts. Instead, we should advocate for expanded community-based services that support disabled residents' independence and preserve access to healthcare. Protecting Medicaid for disabled Michiganders is both a moral duty and smart spending policy that strengthens and protects our entire state.

Could you please note our comments in the meeting minutes? Please let me know if you have any questions or need anything else.

Thank you!

Kaci Pellar (She/They)
Detroit Disability Power, Policy Manager
Cell: (434) 770-5510
4731 Grand River Ave, Suite 307
Detroit, MI 48208
www.DetroitDisabilityPower.org
[Support DDP with a donation here!](#)



**American
Heart
Association.**

Date: June 3, 2025

To: Chair Hertel and Members of the Senate Health Policy Committee

From: Amanda Klein, State Government Relations Director, American Heart Association
Michigan

Subject: Potential Cuts to Michigan's Medicaid Program

Chairman Hertel and Members of the Senate Health Policy Committee:

On behalf of the American Heart Association, I urge you to oppose any proposals that would reduce funding for our state Medicaid plan known as the Healthy Michigan Plan. These cuts would threaten not only the health of our most vulnerable residents but also the stability of our health care system and the economic well-being of our communities.

Medicaid expansion has been a lifeline for more than 2.6 million Michiganders – including nearly 1 million children who depend on Medicaid for essential care. It has improved access to preventive care, chronic disease management, and behavioral health services—especially for those at risk of heart disease and stroke. Low-income adults in expansion states like Michigan are more likely to have a regular source of care and report better health outcomes. We've also seen reductions in avoidable emergency room use and improved access to smoking cessation and hypertension management programs.

Financially, the program makes sense. Michigan has saved millions through reduced Medicaid and mental health costs, and Medicaid expansion has bolstered the sustainability of rural hospitals, who are most at risk of closing should cuts to Medicaid move forward. Almost 10% of our rural hospitals are at risk of immediate closure which would put so many at risk of not receiving the care they need. This is not just about access to care; it's about economic security for families and fiscal responsibility for our state.

Any significant cut to the Healthy Michigan Plan would jeopardize everything the state has gained: fewer medical bankruptcies, stronger rural health systems, and healthier communities. It would also widen disparities and make it harder for people, particularly in underserved areas—to get timely, life-saving care.



As we wait for things to unfold at the federal level, the American Heart Association respectfully asks this committee to work towards protecting our state Medicaid program and continue building on the progress we've made. The health and future of Michigan depend on it.

Sincerely,
Amanda Klein
Government Relations Director
American Heart Association – Michigan

Heather Dorbeck

From: Kimberly Hurst <khurst@avalonhealing.org>
Sent: Wednesday, June 4, 2025 10:17 AM
To: abitely@bellwetherpr.com; Senate Committee Clerks
Subject: Written testimony for June 4, 2025, Senate Health Policy Committee

You don't often get email from khurst@avalonhealing.org. [Learn why this is important](#)

Dear Chair Hertel and Members of the Senate Health Policy Committee,

My name is Kimberly Hurst, I am writing on behalf of Avalon Healing Center (Detroit's only comprehensive sexual assault center), on behalf of my emergency medicine/trauma patients and on behalf of the community I live, to express my deep concern regarding the impacts of proposed Medicaid cuts in Michigan.

Medicaid is a lifeline for my patients and so many in my community. As a Physician Assistant who works in a busy Emergency Department and also as the Founder and Executive Director of Avalon, I see the need for this literal life saving resource EVERY SINGLE DAY and MULTIPLE TIMES IN A DAY.

These proposed cuts threaten to undermine critical services that keep Michiganders healthy and secure, including emergency care, behavioral health services, maternal-fetal health services, children's healthcare, not to mention the many home- and community-based services that Medicaid provides.

I strongly urge you to reject these harmful cuts and to protect Medicaid funding in our state. Cutting Medicaid will not only impact those who rely on it for essential care but will also weaken our state's economy and put additional strain on our health care providers. As legislators elected to carry out your constituents' needs - LISTEN TO US!!!

Thank you for considering this testimony.

Sincerely,
Kimberly Hurst, PA-C

Founder/Executive Director Avalon Healing Center

khurst@avalonhealing.org

248-302-0833

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Kimberly Hurst

**BS, MA, MS, PA-C,
DFAAPA (She, Her, Hers)**
Founder and Executive Director
khurst@avalonhealing.org

Avalon Healing Center
601 Bagley St
Detroit, MI 48226

Office: [313-964-9701](tel:313-964-9701)
Cell: [248-302-0833](tel:248-302-0833)
Fax: [313-964-9706](tel:313-964-9706)
Crisis Line: [313-474-SAFE](tel:313-474-SAFE)

www.avalonhealing.org

Heather Dorbeck

From: Santos Bittencourt de Almeida, Mariana Cristian <bittenc1@msu.edu>
Sent: Wednesday, June 4, 2025 12:42 PM
To: abitely@bellwetherpr.com; Senate Committee Clerks
Cc: Angela Minicuci; Duyser, Bethany
Subject: Written Testimony for June 4, 2025, Senate Health Policy Committee

Categories: Orange Category

MESSAGE You don't often get email from bittenc1@msu.edu. [Learn why this is important](#)

Forwarding this testimony on behalf of my colleague Dr. Bethany Duyser, also copied here.

Thank you,
Mariana Bittencourt
Communications Coordinator - IMPART Alliance

Begin forwarded message:

Dear Chair Hertel and Members of the Senate Health Policy Committee,

My name is Bethany Duyser and I am writing on behalf of IMPART Alliance to express my deep concern regarding the impacts of proposed Medicaid cuts in Michigan.

Medicaid is a lifeline for Michigan's direct care workforce and the individuals they support. These proposed cuts threaten to undermine critical services that keep Michiganders healthy and secure, including long-term supports and services provided by direct care workers (DCWs).

I urge you to reject these harmful cuts and to protect Medicaid funding in our state. Cutting Medicaid will not only impact those who rely on it for essential care but will also weaken our state's economy and put additional strain on our health care providers. DCWs are paid through programs reliant on Medicaid. Funding for 69% of all home and community-based services, such as those delivered by DCWs, comes from Medicaid, similarly 42% of residential care and 66% of nursing home care are paid by Medicaid and Medicare¹. Cuts to Medicaid will almost certainly mean cuts to the direct care workforce, which our state cannot afford. Inadequate access to DCW supports and services at home can potentially lead to unwanted moves to nursing homes, loss of work for family caregivers, and negative health outcomes for the individuals waiting for necessary healthcare services.² In addition, 45% of Michigan's DCWs receive public assistance, including 31% who themselves use Medicaid to access healthcare services.³

Considering 85% of older Michiganders would prefer to age at home⁴; improving access to the more affordable home and community-based services is a no-brainer. Unfortunately, 87% of home and community-based service providers have been unable to expand and meet demand because they could not recruit and retain the necessary staff, worse, 16% have discontinued programs in the last year⁵. Building a robust direct care workforce is a

wise investment and an effort that IMPART Alliance is proud to be leading. However, decreases in Medicaid funding will further exacerbate current limited access to quality care for individuals seeking long-term supports and services and quality jobs for DCWs.

Thank you for considering this testimony.

Sincerely,



**Bethany
Duyser DN
RN, AGPCN**
Assistant Director
IMPART Alliance

Michigan State
University

College of
Osteopathic
Medicine

Department of
Family and
Community
Medicine

IMPART Alliance

duyserbe@msu.edu

- 1-PHI. (2024, September 2). Direct care workers in the United States. *PHINational.org*. <https://www.phinational.org/resource/direct-care-workers-in-the-united-states-key-facts-2024/>
- 2-PHI. (n.d.). Direct care workers accessing public assistance, 2022. *Workforce Data Center*. Retrieved April 17, 2025 from <https://www.phinational.org/policy-research/workforce-data-center/#var=Public+Assistance&states=26>
- 3-Silver Key Coalition. (2024). FY 25 Advocacy request one pager. Retrieved April 17, 2025 from <https://silverkeycoalition.com/fy24-budget-advocacy/>
- 4- Gavin, K. (2022, April 13). Most older adults want to ‘age in place’ but many haven’t taken steps to help them do so. *University of Michigan*. <https://news.umich.edu/most-older-adults-want-to-age-in-place-but-many-havent-taken-steps-to-help-them-do-so/>
- 5- Incompass Michigan & Michigan Assisted Living Association. (2025, March). *Incompass Michigan and MALA workforce survey report*. <https://incompassmi.org/direct-care-worker-crisis/>

June 3, 2025

RE: Senate Hearing on Medicaid Cuts on June 4

Dear Colleagues,

I am writing to implore you to look at health care as a basic human right. The United Way has recognized healthy communities as a priority for many years. Healthy communities help ensure everyone has an opportunity for a good, productive life and leads to a collective, thriving community.

A community wide health and safety net is vitally important statewide and locally. For decades now, Medicaid has helped address medical issues for our most vulnerable populations. Currently in the State of Michigan, 22,387,000 children and adults are enrolled in Michigan Medicaid. In Monroe County, 22,719 residents receive Medicaid benefits. In Lenawee County, 16,682 residents receive Medicaid benefits. (State and county data based on 2025 averages/MDHHS). This does not include the State Disability Assistance (Monroe = 32 people, Lenawee = 12 people) or Healthy Michigan program (Monroe = 8101, Lenawee = 5332). That's a total of 52,878 people or almost 21% of the population in just two rural counties alone!

We are all called to help our neighbor, especially the most vulnerable. We are terrified that the lives of many we serve will literally be in danger. Michigan lives matter.

Thank you for your consideration,



Laura Schultz Pipis

Executive Director

United Way of Monroe/Lenawee Counties

Our Belief Statement: The United Way of Monroe/Lenawee Counties believes that every life has equal value and is important to our communities' well-being.



June 4, 2025

Senator Kevin Hertel, Chair
Senate Health Policy Committee
Michigan State Senate
Room 1100, Binsfeld Office Building
201 Townsend Street, Lansing, MI 48933

RE: Federal Medicaid Cuts: Implications for Michigan

Dear Chair Hertel and Members of the Senate Health Policy Committee,

The Michigan Society of Hematology and Oncology (MSHO) and the Association for Clinical Oncology (ASCO) are committed to protecting critical Medicaid programs for patients with cancer. We appreciate the work the Legislature did last year to eliminate Medicaid work requirements and encourage you to continue championing robust Medicaid protections. We appreciate your commitment to understanding how federal changes to Medicaid will affect patients in Michigan. As Congress considers opportunities to achieve savings during the reconciliation process, MSHO and ASCO underscore the essential role Medicaid plays in ensuring access to cancer care and survivorship for many Americans and Michiganders. We have serious concerns that reductions to Medicaid, including the implementation of work requirements, could lead to cancer treatment delays and disruptions.

Dedicated to promoting exemplary care for patients with cancer and/or blood disorders through advocacy, education, and research, MSHO represents over 2,000 healthcare professionals in private practice, academic medical centers, and hospital-based clinics throughout the state. ASCO is the world's leading professional society representing physicians who care for people with cancer. With over 50,000 members, our core mission is to ensure that cancer patients have meaningful access to high quality cancer care.

According to research [published](#) by ASCO's affiliate, the American Society of Clinical Oncology (the Society), patients with cancer, for whom the costs of evaluation and treatment can be high, are particularly in need of insurance coverage to allow for timely diagnosis and high-quality treatment. Without insurance coverage, patients may be deprived of preventive screenings, increasing the likelihood that they will unknowingly postpone treatment until their disease progresses to a more severe stage. Research shows that this can actually [add](#) to Medicaid's cost, as patients would present with more complex and late state illness if they were unable to obtain timely and recommended cancer screenings.

Congress is currently debating a proposal that could [lead](#) to an estimated 329,000 Michiganders losing their Medicaid coverage. A significant majority of these losses are anticipated to result from the imposition of work requirements as a condition of Medicaid participation. Such requirements raise serious concerns for organizations like MSHO and ASCO. Our research highlights that work or volunteer requirements can [delay](#) or obstruct timely and appropriate access to cancer care, leading to interrupted treatments and negatively impacting patient outcomes. This is particularly critical for individuals with cancer, who often face immense time commitments for managing their illness, including appointments, recovery, and symptoms and side effect management, which significantly hinders their ability to

maintain employment. Indeed, evidence shows that many individuals undergoing active cancer treatment must stop working or dramatically reduce their hours, making these work requirements inherently problematic for this vulnerable population.

MSHO and ASCO appreciate the opportunity to highlight the implications of the proposed federal Medicaid cuts for Michigan. We urge you to voice concerns about these proposed Medicaid cuts, particularly those related to work requirements, to your federal colleagues. We offer ourselves as a resource moving forward to help ensure all Michiganders have access to cancer treatments. Please contact Dr. Kuriakose at pkuriakose@msho.org if you have any questions or if we can be of assistance.

Sincerely,

Philip Kuriakose, MD, FACP
President
Michigan Society of Hematology and Oncology

Lynn M. Schuchter, MD, FASCO
Chair of the Board
Association for Clinical Oncology

Heather Dorbeck

From: Cordes, Tammy <cordest4@msu.edu>
Sent: Wednesday, June 4, 2025 8:40 AM
To: abitely@bellwetherpr.com; Senate Committee Clerks
Subject: Written testimony for June 4, 2025, Senate Health Policy Committee

Importance: High

Categories: Orange Category

You don't often get email from cordest4@msu.edu. [Learn why this is important](#)

Dear Chair Hertel and Members of the Senate Health Policy Committee,

My name is Tammy Cordes, and I am writing on behalf of IMPART Alliance to express my deep concern regarding the impacts of proposed Medicaid cuts in Michigan.

Medicaid is a lifeline for direct care workers and older/vulnerable adults. These proposed cuts threaten to undermine critical services that keep Michiganders healthy and secure, including abuse prevention education and home and community-based services.

I urge you to reject these harmful cuts and to protect Medicaid funding in our state. Cutting Medicaid will not only impact those who rely on it for essential care but will also weaken our state's economy and put additional strain on our health care providers.

Thank you for all you do to serve our communities.
Best regards,

Tam Cordes
Training Coordinator / Training Program Developer
II Trainer

IMPART Alliance—Check out our DCW Training Programs! (<https://impartalliance.msu.edu/trainings>)

Michigan State University, West Fee Hall
College of Osteopathic Medicine
Department of Family and Community Medicine



Heather Dorbeck

From: Catherine Distelrath <catherine.distelrath@csh.org>
Sent: Tuesday, June 3, 2025 11:08 AM
To: Senate Committee Clerks
Subject: Written testimony for June 4, 2025, Senate Health Policy Committee
Attachments: Outlook-e2htk3kf; Outlook-nz4bejnu

You don't often get email from catherine.distelrath@csh.org. [Learn why this is important](#)

Dear Chair Hertel,

I am writing to express my **strong support for the Medicaid program**. As someone who grew up in the rural thumb of Michigan and subsequently worked and lived in Oakland, Washtenaw, and Wayne Counties, I have seen firsthand how Medicaid plays a critical role in people's health and well-being all over the state of Michigan, in rural, urban, and suburban communities.

As the Director of the Corporation for Supportive Housing's Michigan office, I can tell you firsthand how critical Medicaid is to the thousands of people who experience homelessness in Michigan every day. Medicaid expansion had a significant impact on the health outcomes of this population, creating a path to Medicaid eligibility that didn't previously exist for a large number of people experiencing homelessness. Medicaid coverage has provided essential access to care for thousands of people experiencing homelessness, helping them improve their health and reducing financial and administrative burden on hospital emergency rooms. Additionally, the Medicaid program allows homeless service providers to provide more preventive care and more intensive services to the people they serve.

Thank you,

Catherine Distelrath
Pronouns: she/her ([here is what and why](#))
Director
(810) 705-1190



Visit [csh.org](https://www.csh.org), the source for supportive housing resources, news, events and more.



Heather Dorbeck

From: Kurtis Fernandez <kurtis@apiavotemi.org>
Sent: Tuesday, June 3, 2025 4:09 PM
To: The Office of Senator Hertel; Senate Committee Clerks
Subject: Written Testimony for June 4, 2025, Senate Health Policy Committee

Dear Chair Hertel and Members of the Senate Health Policy Committee,

My name is Kurtis Fernandez and I am writing on behalf of my organization - APIA Vote-Michigan - to express my deep concern regarding the impacts of proposed Medicaid cuts in Michigan.

Medicaid is a lifeline for our communities. These proposed cuts threaten to undermine critical services that keep Michiganders healthy and secure, including mental health care and children's health care.

I urge you to reject these harmful cuts and to protect Medicaid funding in our state. Cutting Medicaid will not only impact those who rely on it for essential care but will also weaken our state's economy and put additional strain on our health care providers.

Thank you from all of us at APIA Vote-Michigan for considering this testimony.

Sincerely,

Kurtis Fernandez
Field Director
Asian & Pacific Islander American Vote - Michigan

Mobile: 970.691.9187
Email: kurtis@apiavotemi.org
Website: www.apiavotemi.org

Subject Line: Written Testimony for June 4, 2025, Senate Health Policy Committee

Dear Chair Hertel and Members of the Senate Health Policy Committee,

My name is Sherri Boyd, and I am writing on behalf of The Arc Michigan to express my deep concern regarding the impacts of proposed Medicaid cuts in Michigan. These proposed cuts will hurt people with disabilities and their families here in Michigan.

Medicaid is a lifeline for people with disabilities and their families. They rely heavily on home and community based services which are considered optional. But these services are critical and keep folks out of nursing homes which are much more costly and are not person centered in the least. These proposed cuts threaten to undermine other critical services that keep Michiganders healthy and secure including mental health care and children's health care.

I urge you to reject these harmful cuts and to protect Medicaid funding in our state. Cutting Medicaid will not only impact those who rely on it for essential care but will also weaken our state's economy and put additional strain on our health care providers.

Thank you for considering this testimony.

Sincerely,

Sherri Boyd
Executive Director
The Arc Michigan

Heather Dorbeck

From: Madeline Elliott <madeline@michiganschildren.org>
Sent: Wednesday, June 4, 2025 12:01 PM
To: abitely@bellwetherpr.com; Senate Committee Clerks
Subject: Written testimony for June 4, 2025, Senate Health Policy Committee.

Categories: Orange Category

You don't often get email from madeline@michiganschildren.org. [Learn why this is important](#)

Good afternoon,

This is my testimony for the committee hearing on Medicaid:

My name is Maddie Elliott and I am the Co-Chair of Michigan's *Early On* Coalition and a Policy and Programs Associate at Michigan's Children. *Early On* is Michigan's early intervention service for infants and toddlers 0-3 who have disabilities and developmental delays. *Early On* is the difference between a child learning how to speak and being nonverbal their entire life. Between learning how to walk and being wheelchair bound.

Federal funding for *Early On* (not including Medicaid): \$14 million

State funding for *Early On*: \$23.7 million

Federal Medicaid funding is estimated to cover 33% of *Early On* service costs. MDHHS estimates that Medicaid covered about \$18.7 million in costs for *Early On* in 2023-24. Medicaid funds are pooled and designated for specific special education uses. If Medicaid eligibility is tightened for 0-25, that reduces the amount of Medicaid funds that ISDs can draw down for *Early On* and special education. A reduction in Medicaid would have huge negative impacts on the children and families served by *Early On*.

Best,

Maddie Elliott

Policy and Programs Associate

Michigan's Children

215 S. Washington Sq., Ste 135

Lansing, MI 48933

madeline@michiganschildren.org

<https://www.michiganschildren.org/>

(248) 534-7513

[Schedule a meeting with me](#)





201 Townsend Street, Suite 900
Lansing, MI 48933
matcp.org | info@matcp.org | 517.374.9134

June 4, 2025

Senate Health Policy Committee
Michigan State Senate
PO Box 30036
Lansing, MI 48909-7536

VIA EMAIL: OfcSCC@senate.michigan.gov

Re: Letter of Support for Preservation of Medicaid Funding

Dear Chair Hertel and Members of the Senate Health Policy Committee,

The Michigan Association of Treatment Court Professionals (MATCP), like numerous other stakeholders, is writing to urge you to oppose any federal and state proposals that would cut or cap Medicaid funding or change the structure of the program. These changes would jeopardize the health, independence, and financial stability of all Michiganders, including the more than 2.6 million Michiganders who rely on Medicaid for essential care.

MATCP's goal is to advance the cost savings and lifesaving philosophies of Michigan's 204 treatment courts, which includes adult and juvenile drug, sobriety, family treatment, tribal healing-to-wellness, adult and juvenile mental health, and veterans treatment courts. We employ evidence-based judicial processes partnered with treatment services to help participants succeed. Our work is intricately linked to healthcare that meets the needs of many justice-involved people with substance use disorders and mental health needs – during and after their involvement with the court. As such, support for Michigan's Medicaid program must continue. Large-scale reductions to Medicaid-funded services or federal/state caps on its funding would remove many of our court participants' access to substance use disorder and mental health treatment services and to key recovery support resources such as recovery housing. When substance use disorder and mental health needs are not addressed, the entire community suffers.

If Michigan were to lose substantial Medicaid funding, support for basic treatment court operations are likely to be at risk because of broad-based general budget revenue shortfalls. We urge you to stand with your constituents and vote no on any budget or legislation that includes cuts to Medicaid.

Sincerely,

Katharine M. Hude

Katharine M. Hude
Michigan Association of Treatment Court Professionals
Executive Director

Coalition Members



ACCESS
ACLU Michigan
Ageways Nonprofit Senior Services
American Civil Liberties Union of Michigan
American Heart Association-Michigan
Ann Arbor/Ypsilanti Regional Chamber
APIA Vote-Michigan
Area Agencies on Aging Association of Michigan
Area Agency on Aging of Western Michigan
Authority Health
Autism Alliance of Michigan
Avalon Healing Center
Bay County Health Department
Better Birth Jackson
Bearing Brightly
Birthmark Doula Services
Body Sculpt Better Body Bar & Spa
BrickWays
Cares of Southwest Michigan
Caring Across Generations
Center for Civil Justice
Center for Employment Opportunities
Center for Health and Research Transformation
Cherry Health
Child and Family Services of Northeast Michigan, Inc.
Children's Foundation
Church of the Messiah Housing Corporation
Clubhouse Michigan
Committee to Protect Health Care
Community Action of Allegan County
Community Economic Development Association of Michigan (CEDAM)
Community Mental Health Association of Michigan
Community Of Hearts
Corktown Health
Corporation for Supportive Housing
Council of Michigan Foundations
Cultivating Futures
D.A. Blodgett - St. John's
Dawning Lace Doula Services
Department of Social Work & Youth Services

Detroit Area Agency on Aging
Detroit Champion For Hope
Detroit Disability Power
Disability Advocates of Kent County
Disability Connections
Disability Network Eastern Michigan
Disability Network Lakeshore
Disability Network Michigan
Disability Network Mid-Michigan
Disability Network Southwest Michigan
Disability Network Washtenaw Monroe Livingston
Disability Rights Michigan
District Health Department #10
Early Childhood Investment Corporation (ECIC)
Early Learning Center
Early On Michigan Foundation
Elmhurst Home, Inc.
Empower To Live Better, LLC
Family & Children Services, Inc.
First Steps Kent
Fremont Area Community Foundation
Gianna House
Gold Coast Doulas
Grand Rapids African American Health Institute
Grandville Avenue Arts & Humanities
Greater Flint Health Coalition
Gregory Resources & Consulting initiate
Harbor Hall
Healing Centered Restorative Engagement
Health Net of West Michigan
Healthy Flint Research Coordinating Center
Help Me Grow Michigan
Hemophilia Foundation of Michigan
Heritage Southwest ISD
Highfields, Inc.
HIV/AIDS Alliance of Michigan
Hooked on Books Childcare
Hurley Medical Center- Maternal Infant Health Program
Huron Behavioral Health
IMPART Alliance
Incompass Michigan
Ingham County Health Department
Kalamazoo Youth Development Network
Kaleidoscope Traces Childcare Center
Karen's Daycare
Kent County Essential Needs Task Force
Lansing Area AIDS Network
Like a Sister Doulas
Liminality Consulting, LLC
Linc Up
Lisa Peacock Professional Services, LLC

Little Blessings Learning Center
Lunas Daycare
Macomb County Health Department
MAISA (Michigan Association of Intermediate School Administrators)
McGregor Fund
MCHS Family of Services
Mental Health Association in Michigan
Messiah Lutheran Church
MI-UCP
MI Coalition Against Homelessness
MI State of Birth Justice
MI Work Matters
Michigan Academy of Family Physicians
Michigan Affiliate of the American College of Nurse-Midwives
Michigan Afterschool Partnership
Michigan Alliance for Student Opportunity
Michigan Assisted Living Association
Michigan Association for Local Public Health
Michigan Association of Administrators of Special Education - Early Childhood Community of Practice
Michigan Association of Administrators of Special Education (MAASE)
Michigan Association of Counties
Michigan Association of Health Plans
Michigan Association of Intermediate School Administrators (MAISA)
Michigan Association of School Boards
Michigan Association of School Nurses
Michigan Association of State Universities
Michigan Association of Superintendents and Administrators
Michigan Association of Treatment Court Professionals
Michigan Association of United Ways
Michigan Chapter of the American College of Physicians
Michigan Commission on Services to the Aging
Michigan Community Action
Michigan Community College Association
Michigan Community Health Worker Alliance
Michigan Council for Maternal and Child Health
Michigan Democratic Party Senior Caucus
Michigan Dental Association
Michigan Disability Rights Coalition
Michigan Education Association (MEA)
Michigan Elder Justice Initiative
Michigan Elementary and Middle School Principals Association
Michigan Faith in Action
Michigan Families for Fair Care
Michigan Farmers Market Association
Michigan Head Start Association

Michigan Health & Hospital Association
Michigan League for Public Policy
Michigan Nonprofit Association
Michigan Nurses Association
Michigan Oral Health Coalition
Michigan Osteopathic Association
Michigan Poverty Law Program
Michigan Primary Care Association
Michigan School Health Coordinators' Association (MiSHCA)
Michigan Society of Hematology and Oncology
Michigan State Medical Society
Michigan Unitarian Universalist Social Justice Network
Michigan United
Michigan's Children
Mid-State Health Network
Miigwech Inc. & Mkwa Doula Services
Milwood Commons Learning Center
ModivCare, Inc.
MOKA Corporation
Montcalm Care Network
MoxieMoms
Michigan State Medical Society
MuConsulting
Multicultural Council of America
Munson Healthcare
My Community Dental Centers
NAMI Washtenaw County
National Association of Social Workers - Michigan Chapter (NASW-MI)
National Kidney Foundation of Michigan
National Network for Arab American Communities (NNAAC)
New Moon Doula Services
NMCAA
Nonprofit Enterprise at Work
Oakland County Health & Human Services
Oakland Community Health Network
Oakland Family Services
Oakland Forward Action Fund
On My Own of Michigan
OnPoint
OptiMed Pharmacy
Parent & Community Resident
Pathwaves Partnership
Pioneer Resources Inc.
Pineway Group
Planned Parenthood Advocates of Michigan

Preferred Employment and Living Supports
Progressive Art Studio Collective
Refugee Education Center
Reproductive Freedom for All
RN Beside You, LLC
Saginaw County Community Mental Health Authority
Samaritas
Sanilac County Community Mental Health
School-Community Health Alliance of Michigan
SEIU Michigan
Services to Enhance Potential
Siena Literacy Center
Southeast Michigan Senior Regional Collaborative
St. Clair County Health Department
Starr Commonwealth
Sugar Law Center for Economic & Social Justice
Teach Plus Michigan
The American Lung Association- Michigan
The Arc Michigan
The Arc of Macomb County, Inc.
The Disability Network
The Guidance Center
The Information Center
The SOURCE
Think Babies Michigan
Thomas Judd Care Center of Munson Healthcare
Thunder Bay Community Health Service
Tobacco Free Michigan
Tri-County Office on Aging
United Way for Southeastern Michigan
United Way of Monroe/Lenawee Counties
UP Health System Marquette
Upper Peninsula Commission for Area Progress (UPCAP)
Urban Sparks
Veteran Advocate
Vivent Health - UNIFIED
Washtenaw Area Council for Children
Washtenaw Health Project
Washtenaw Intermediate School District
Wayne Metropolitan Community Action Agency
Wayne State University
Wellness Services, Inc.
West Michigan Center for Arts + Technology
West Michigan Community Mental Health (WMCMHS)
West Michigan Community Mental Health

West Michigan Perinatal Quality Collaborative (WMPQC)
Women of Color Doula Services, LLC
Yogi doula service
YWCA Kalamazoo
Zero to Thrive
Zion Lutheran Church and ECC

