Medicaid Success Stories Under President Donald J. Trump

DEFEND FORGOTTEN AMERICA

As we approach the midterm elections, Republicans in competitive races are under relentless attack on Medicaid and hospital closures.

Too many are making the same mistake: Playing defense – or worse, going silent – when they should be leading with results. Under President Trump and the Republican leadership in the U.S. Congress, there is a clear record of success: **Strengthening provider stability, preserving access to care, and equipping states with the tools to protect hospitals serving vulnerable populations**. At a time when rural providers operate on razor-thin margins, federal action to restore and protect safety-net funding has made the difference between survival and closure. And beyond the transformative $50 billion Rural Health Transformation Initiative, there are real, concrete success stories – proof that targeted, disciplined policy delivers.

Indiana

Last year, Senator Jim Banks (R-IN) championed bipartisan leadership called **Save Our Safety-Net Hospitals Act**. This bill prevented severe Medicaid funding cuts to hospitals that serve vulnerable, low-income populations but fall outside traditional rural protections. These Disproportionate Share Hospitals (DSH) are too large to qualify as a Critical Access Hospital. Therefore, they lost federal protections and were forced to operate on funding formulas that could not be financially sustained while continue serving their high-need populations.

Methodist Hospitals, like in Gary and Merrillville, have been particularly supported by this legislation. Another example is Logansport Memorial Hospital. Serving a community of roughly 18,000 residents, the hospital functions as a regional anchor for surrounding rural areas. Despite its critical role, it has experienced sustained financial losses for years, including periods where it was losing approximately $9,000 per day.

The implications extend well beyond hospital finances. Logansport delivers approximately 600 babies each year, supports local employment, and serves as a foundation for economic stability in the region. When hospitals in communities like this face sustained financial pressure, the effects are felt in access to care and workforce retention.

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Ohio

In Ohio, rural hospitals serving Appalachian communities were facing chronic underpayment and workforce shortages. Scott Cantley, president and CEO of Memorial Health System, has made clear that **Republican Senators Jon Husted and Bernie Moreno played a decisive role in keeping these hospitals open**.

State and federal Republicans worked together to ensure that provider tax programs directed more federal funding to rural hospitals rather than large urban systems. Those gains were solidified through federal action, delivering historic levels of investment to the providers that needed it most. This wasn't theoretical policy; it was the difference between closure and continuity of care.

Mississippi

Mississippi offers one of the clearest examples of how federal and state leadership can work together to deliver large-scale, targeted support for hospitals serving Medicaid patients.

Governor Tate Reeves, working with the Mississippi Division of Medicaid, **advanced a proposal to strengthen hospital reimbursement through the Mississippi Hospital Access Program**. The initiative was designed to provide directed payments to hospitals serving Medicaid managed care patients, with reimbursement levels approaching the average commercial rate.

Under the Trump administration, CMS approved the program and enabled the state to deliver hundreds of millions of dollars in additional funding to hospitals. This level of investment represents a significant step toward closing the gap between Medicaid reimbursement and the actual cost of care.

The program is structured to direct resources to hospitals that serve a high share of Medicaid patients, including those in rural and underserved areas. By improving reimbursement and providing more predictable funding, the initiative supports provider stability, workforce retention, and continued access to essential services.

Mississippi has continued to build on this approach through additional proposals aimed at sustaining and expanding hospital funding. Together, these efforts demonstrate how coordinated federal approval and state leadership can strengthen health systems and improve access to care at scale. **This is what effective federal-state partnership looks like: Focused, scalable, and built around outcomes, not bureaucracy**.

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Looking Ahead

Democrats are flooding the airwaves with attacks about hospital closures and Medicaid cuts. Republicans have something far more powerful: Results. Hospitals that stayed open. Communities that kept labor and delivery units. Rural providers that have now received more targeted support than ever before. The states that succeeded didn't do so by accident. They followed a clear model: **Republican leaders working together, using every available tool, and directing resources where they mattered most** – into the heart of underserved communities. That's the story.

Candidates in competitive races shouldn't wait to be asked about Medicaid. They should be leading with it. Because the contrast is undeniable: Republicans delivered targeted, results-driven investments that protected rural hospitals and the families who rely on them. Democrats delivered just talking points.