



# OCRCP NEWS

August 2025

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*Championing Liberty, Inspiring Change!*

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## 2024-2026 Executive Board members:

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Michael Blake - Vice Chair  
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Wayne Turner - Treasurer  
Isaac Taylor - State Committeeman  
Suzy Taylor - State Committeewoman  
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## Okanogan County Commissioners

Nick Timm, District 1  
Andy Hover, District 2  
Jon Neal, District 3  
509.422.7100

## Okanogan County Assessor

Larry Gilman  
509.422.7190

## Okanogan County Auditor

Cari Hall  
509.422.7240

## Okanogan County Coroner

Dave Rodriguez  
509.422.7221

## Okanogan District Court Judges

Chancey C. Crowell  
Charles D. Short  
509.422.7170

## Okanogan County Prosecutor

Albert Lin  
509.422.7280



Panelists and attendees at the Medicaid Cuts & Consequences for Okanogan County informational gathering on July 29, 2025 in Okanogan, WA.

Panelists included: Peter Morgan, Okanogan Coalition for Health Improvement; Kevan Coffey, FNP, Family Health Centers medical director; John McReynolds, CEO North Valley Hospital; David McClay, CEO Okanogan County Behavioral Health

## Medicaid is BIG BUSINE\$\$!

-by Kim Frey, Area 1 Chair

After attending a “MEDICAID CRISIS” meeting at the Okanogan PUD building tonight I walked away with more questions than answers. As the healthcare professionals and hospital CEOs told stories of helping all kinds of people, I thought, “Aren’t we supposed to be discussing why the Big Beautiful Bill threatens the medical security of our county?” These stories were not even about people groups that would be affected by the cuts. I finally stood up and asked for clarification, “if the disabled, the pregnant, the children, the elderly, the veterans, and even working parents are not at risk of losing benefits; and if, as you say, the illegal immigrants do not get Medicaid coverage now, then what is the crisis? If the able-bodied individuals who refuse to work are the only people group seeing a significant change, why are we making such a big to-do about nothing?”

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### Okanogan County Sheriff

Paul Budrow  
509.422.7200

### Okanogan Superior Court Judges

Robert W. Grimm  
Kathryn Burke

### Okanogan County Treasurer

Pam Johnson  
509.422.7180

### 7th Legislative District Representatives

Hunter Abell  
360.786.7988

Andrew Engell  
360.786.7908

### 7th Legislative District Senator

Shelly Short  
360.786.7612

### 4th Congressional District Representative

Dan Newhouse  
North District Office  
509.433.7760

### 4th Congressional District Senators

Maria Cantwell  
Spokane Office  
509.353.2507

Patty Murray  
Spokane Office  
509.624.9515

## Did you know....

**Progressive liberalism** began impacting American politics in the early 1900s and reached across the isle to include **both** major American political parties. Republican president Theodore Roosevelt and Democrat Woodrow Wilson along with other elected Republicans and Democrats believed that government **should** help ease social distress. This resulted in major policies such as the Pure Food and Drug Act, the Meat Inspection Act, the Sherman Anti-Trust Act and laws to protect workers.

**Commonality between all of these laws: *They all used government authority to actively regulate the free market to correct problems perceived to be social ills.***

*\*classroom.synonym.com*

**Join your Okanogan County Republican party leadership at the Central Committee Meeting and bring a conservative friend or neighbor.**

**August 28<sup>th</sup>, Thursday**

**Potluck starts at 5:30 PM**

**Central Committee Meeting starts at 6:00 PM**

**Location:** Cascade Bible Church, 1119 Hwy 20 S., Twisp

**September 25<sup>th</sup>, Thursday**

**Order Dinner at 5:30 PM**

**Central Committee Meeting starts at 6:00 PM**

**Location:** Rancho Chico, 312 U.S. Hwy 97, Tonasket

## What is the Truth About Medicaid Reforms?

~By Marcia Butchart

The media repeatedly claim that the new Medicaid laws introduced through the One Big Beautiful Bill Act cut funds from the people who need it the most. What they fail to mention is that there is a huge amount of corruption, fraud and waste that the changes in the Medicaid laws are designed to identify and correct. Rather than taking support from the most vulnerable, the reforms are meant to preserve the funds for them.

Medicaid is a Federal and State partnership which identifies the most needy in our society as low-income individuals with children, pregnant women, the elderly, and people with disabilities. However over the years, many unqualified people have managed to become or remain enrolled.

With the new reforms, there will be more frequent eligibility checks for Medicaid. As it stands now, about 2 million people who are currently receiving benefits may not qualify. In addition, about 1.4 million illegal immigrants have been receiving Medicaid benefits which are intended for citizens. According to the Congressional Budget Office, the reforms are expected to save taxpayers \$109 billion over ten years. (*Google AI*)

Also, Medicaid has a requirement that people without dependent children -- who are physically able to work -- must work 20 hours a week, be in training for a job, or volunteer. That attempt to encourage self-dependence and a work ethic seems like a reasonable expectation. However, an estimated 4.8 million people on Medicaid do not meet these requirements. Under the new laws, they must comply or be cut from the Medicaid rolls.

There is understandable concern as to how this will affect hospitals, especially those in rural areas. However, the One Big Beautiful Bill Act has anticipated this and has established the Rural Health Transformation Program which provides \$50 billion over five years (fiscal years 2026 through 2030) to support healthcare in rural communities, including rural hospitals. The program aims to partner with states to mitigate the impact of the OBBBA's significant Medicaid cuts in rural areas. There is controversy as to whether or not this will be enough. (*Google AI*)

Contrary to much information that is circulating, the Trump administration initiated these reforms in order to keep our tax dollars from going to corruption, fraud and waste and to preserve resources for America's most needy citizens. (<https://budget.house.gov>)

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The questions continue to circle in my head. If a person can't pay for insurance, is it reasonable to require something in exchange for the healthcare benefits they receive? If people are required to volunteer 80 hours a month because they can't find a job, maybe they can be put to work processing all the eligibility paperwork that will be required every 6 months from those receiving benefits. If the hospital CEOs are employed by "WE THE PEOPLE", then wouldn't it require them to balance their budget and make necessary cuts to the hospital business to preserve medical services to our communities? If we have not sufficiently provided for our veterans who have sacrificed for our country, how can we expect to add the masses of foreigners who illegally cross our borders to that bill? Is it a political power play to create a crisis so they can solve it by implementing elements of socialism? Are the protesters who gather out along the streets even aware of the actual facts?

What are the facts? There are 3 people groups who will be kicked off Medicaid and they are the *ineligible, illegal, or able-bodied adults refusing to work*. These are people without dependents, who choose to not meet modest requirements of 80 hours a month of employment, volunteer service or education. Medicaid is not being dismantled, it will actually increase by 31.2%, but the criteria which is both lawful and reasonable will be enforced. All kinds of "estimates" are thrown around as to how much we will save by dropping the enrollments but no one really knows. They don't actually ask people if they are illegal, nor do they refuse emergency services to anyone due to inability to pay. We could see more crisis level events from people avoiding hospital charges, but we might see a lot less frivolous visits because it's going to cost them something. With any luck, maybe people will take more responsibility for their own health. Here's my personal issue with the whole system. The remedies of antiquity are being dismissed by big pharma who lobby our physicians to push their products for financial gain. The legal system has healthcare professionals shackled from implementing critical thinking in their work and has thus robbed the patients of reasonable solutions. A well person doesn't provide an income for them, so actual cures are not covered by insurance. Doctors who can see through the money making scam are threatened with lawsuits if they apply their knowledge outside of the standard protocols. Cancer, for example, is big business; along with the lab invented COVID and the vaccine which delivered a plethora of health complications. All good business for Big Pharma. The problem is so much bigger than this little sliver of Medicaid reductions. To provide healthcare and not sick care, the whole system must be revamped. In the meantime, there is no shortcut or cheap route. It takes money, discipline and hard work to make good life choices that keep us healthy and avoid the hospitals. Maybe defund the corporate insurance agencies and join a private membership collective. I bet the hospitals love those direct pay options. If you suffer a life threatening experience, I hope you know your creator, because that's where our real peace of mind comes from, not Medicaid.

The Washington State Republican Party is calling all Republican PCO's, activists, candidates, likely candidates, campaign managers, and volunteers to join them for a fun and informative weekend of panels and trainings to learn the ins and outs of fundraising, talking with voters, and making an impact in your local government.

This is the third annual Republican Action Conference and will be held at the Yakima Convention Center, Friday September 5th - Sunday September 7th.

The weekend kicks off with a Friday night welcome reception where you can socialize with fellow Republicans and meet the expert panelists.

Saturday there will be a breakfast and then a full day of classes, panels, and booths. Saturday night's banquet will include great speakers and Republican elected officials. The keynote speaker will be Dan Quiggle, President Reagan staffer, CEO of America's Choice Title Company, and Dean of Faculty at the Leadership Institute.

The weekend will finish out with a breakfast bar, prayer service, and a final statewide panel and will conclude at noon.

You can register and look for updated information about the event at [www.WAGOP.org](http://www.WAGOP.org).

## OCR In Action



*A REPUBLIC, if YOU can keep it.  
-Benjamin Franklin*





## **Upcoming Events**

Contact [OCRPcoms@gmail.com](mailto:OCRPcoms@gmail.com) for more information or to participate in any of the events below!

**August 5<sup>th</sup> – Primary Election VOTE!**

**August 9<sup>th</sup> – Omak Stampede Parade**

**August 13<sup>th</sup> –Methow Valley Republicans, Area 1 monthly meeting**

**August 17<sup>th</sup> – Tonasket Area 6 CSG Training**

**August 28<sup>th</sup> – OCRP Central Committee Meeting, Twisp**

**September 3<sup>rd</sup> - 7<sup>th</sup> – Okanogan County Fair**

**September 13<sup>th</sup> – 5<sup>th</sup> Annual Inland Empire Republican Golf Challenge**

**September 25<sup>th</sup> – OCRP Central Committee Meeting, Tonasket**

**September 28<sup>th</sup> –Tonasket Area 6 CSG Training**

## ***MAKE AN INFORMED DECISION ON LOCAL LEVIES***

The proposed levies on Okanogan County Citizens' August 5<sup>th</sup>, 2025 ballots seek additional levies above the regular levies for Emergency Room and Rural Emergency and ambulant care.

**It is important to note the impact on your property taxes.**

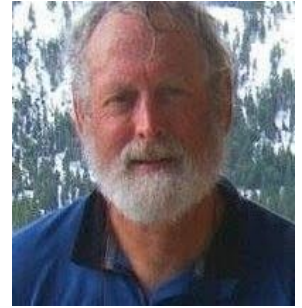
Check with your local hospital or Emergency service provider to understand the need for the additional levy. The levy amounts appear to be consistent with fears that changes in Medicaid provisions and who qualify for benefits will affect rural medical care budgets.

**Keep in mind: The Big Beautiful Bill recognizes the possibility of some loss due to the removal of unqualified beneficiaries. Provision is made within the Big Beautiful Bill to secure care for the truly vulnerable and \$50 Billion to support rural hospitals.**

# What the Big Beautiful Bill Pros & Cons Are For Medicaid

-by Dick Ewing

The “One Big Beautiful Bill Act” (H.R. 1), signed into law by President Donald Trump on July 4, 2025, includes significant changes to Medicaid, cutting federal spending by approximately \$930 billion to \$1.1 trillion over a decade. Below, I analyze the Medicaid cuts, their impact on access and eligibility, the provisions aimed at preserving access for vulnerable populations, and the federal budget savings, based on available information from web sources and posts on X, npr.org, americanprogress.org, cnbc.com



## Medicaid Cuts in the One Big Beautiful Bill Act

The legislation introduces several provisions that reduce federal Medicaid spending, primarily targeting program structure, eligibility, and funding mechanisms:

### 1. Work Requirements:

- **Provision:** Starting in 2026, able-bodied adults aged 19 to 64 with incomes between 100% and 138% of the federal poverty level (FPL) (approximately \$32,000 to \$44,000 for a family of four in 2025) must work, volunteer, or participate in job training or school for at least 80 hours per month to maintain Medicaid eligibility. Exemptions apply to pregnant women, individuals with disabilities, and parents of children 13 or younger. Parents of children 14 and older must also comply. [washingtonpost.com](#), [healio.com](#), [pbs.org](#)
- **Estimated Savings:** The Congressional Budget Office (CBO) estimates this provision will save approximately \$325 billion over 10 years by reducing enrollment. [cnbc.com](#)

### 2. More Frequent Eligibility Checks:

- **Provision:** States must verify Medicaid eligibility every six months instead of annually for expansion enrollees (those above 100% FPL). Retroactive coverage is reduced from three months to one month for expansion enrollees and two months for traditional Medicaid enrollees. [crowell.com](#), [cbsnews.com](#)
- **Estimated Savings:** These changes contribute to the overall \$1 trillion in Medicaid cuts, though specific savings for this provision are not isolated in the sources. [cnbc.com](#)

### 3. Provider Tax Reductions:

- **Provision:** The bill caps and gradually reduces provider taxes (used by states to fund Medicaid by taxing healthcare providers and drawing federal matching funds) from 6% to 3.5% by 2032 in Medicaid expansion states, and prohibits new provider taxes. This reduces federal Medicaid contributions. [cnbc.com](#), [crowell.com](#), [cbsnews.com](#)
- **Estimated Savings:** The CBO estimates \$375 billion in savings from provider tax restrictions and limits on state-directed payments over 2025–2034. [cnbc.com](#)

### 4. Restrictions on Immigrant Eligibility:

- **Provision:** The bill limits Medicaid eligibility for certain lawfully present immigrants (e.g., refugees, asylees, trafficking victims, excluding green-card holders) starting October 1, 2026. It also reduces the Federal Medical Assistance Percentage (FMAP) for emergency Medicaid for individuals who would otherwise qualify for expansion but for their immigration status. [npr.org](#), [crowell.com](#), [healio.com](#)
- **Estimated Savings:** The CBO estimates this provision will increase the uninsured by 7.8 million, contributing significantly to the overall Medicaid savings. [crowell.com](#)

### 5. Defunding Abortion Providers:

- **Provision:** For one year, the bill prohibits Medicaid funding to entities providing abortions (except in cases of rape, incest, or life endangerment), targeting organizations like Planned Parenthood. This affects non-abortion services (e.g., cancer screenings, birth control) at these clinics. [healio.com](#), [washingtonpost.com](#)
- **Estimated Cost:** The CBO estimates a \$52 million cost due to reduced access to preventive care, though this is a minor fraction of the overall cuts. [nbcnews.com](#)

### 6. Verification and Anti-Fraud Measures:

- **Provision:** The bill imposes new verification requirements to prevent duplicate enrollment, deceased individuals, or deceased providers from receiving benefits, aiming to curb “waste, fraud, and abuse.” [crowell.com](#)

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- **Estimated Savings:** These measures contribute to the overall \$1 trillion in cuts, though specific savings are not detailed. [cnbc.com](#)

### Impact on Access and Eligibility

The Medicaid cuts significantly affect who qualifies for the program and how they access care:

#### 1. Loss of Coverage:

- The CBO estimates that 10.3 to 11.8 million Americans will lose Medicaid coverage by 2034, with some projections (e.g., Center for Budget Policy and Priorities) suggesting up to 14.4 million. Combined with changes to Affordable Care Act (ACA) subsidies, up to 17 million may lose health insurance overall. [cnbc.com](#), [vox.com](#), [nytimes.com](#)
- **Work Requirements:** The 80-hour-per-month requirement is described as the strictest ever proposed, with administrative burdens (e.g., documenting work or exemptions) likely causing coverage losses, even among eligible individuals. Studies from Arkansas and Georgia show significant coverage losses due to similar requirements without increased employment. [americanprogress.org](#), [newsweek.com](#)
- **Immigrant Restrictions:** Hundreds of thousands of lawfully present immigrants (e.g., asylum-seekers, refugees) will lose coverage, increasing the uninsured population and raising premiums in ACA marketplaces due to a sicker, older enrollee pool. [npr.org](#)

#### 2. Reduced Access to Providers:

- **Rural Hospitals:** Provider tax reductions threaten funding for rural hospitals, which rely on these taxes to offset low Medicaid reimbursement rates. Over 300 rural hospitals in states like Kentucky, Louisiana, and California face service reductions or closure, limiting access for rural Medicaid beneficiaries. [npr.org](#), [cnbc.com](#)
- **Abortion Providers:** Defunding Planned Parenthood could close one-third of its 600 clinics, particularly in states where abortion remains legal, reducing access to non-abortion services for Medicaid patients. [washingtonpost.com](#)
- **State Budget Pressures:** States, unable to run deficits, may cut optional benefits (e.g., home- and community-based services) or provider payments, further limiting access. North Carolina, for example, faces a \$32 billion loss in federal funding, potentially triggering a “kill switch” to end Medicaid expansion. [theguardian.com](#), [thecity.nyc](#)

#### 3. Administrative Burdens:

- Six-month eligibility checks and work requirement verifications impose significant paperwork, which may disproportionately affect low-income, disabled, or mentally ill beneficiaries, leading to coverage losses even among those who qualify. [newsweek.com](#), [vox.com](#)
- States must spend millions (e.g., New York estimates \$500 million annually) to implement these systems, potentially diverting resources from care delivery. [thecity.nyc](#)

### Positives of the Provisions: Preserving Access and Federal Budget Savings

The bill includes provisions to mitigate some impacts and achieve federal budget savings, with proponents arguing these preserve access for the most vulnerable while reducing wasteful spending:

#### 1. Preserving Access for Vulnerable Populations:

- **Exemptions from Work Requirements:** Pregnant women, individuals with disabilities, and parents of children 13 or younger are exempt, ensuring coverage for these groups. The White House claims the bill “protects and strengthens Medicaid” for pregnant women, children, seniors, people with disabilities, and low-income families. [whitehouse.gov](#), [newsweek.com](#), [healio.com](#)
- **Rural Hospital Stabilization Fund:** The bill allocates \$50 billion over five years to support rural hospitals, aiming to offset the impact of provider tax cuts and maintain access to care in underserved areas. [americanprogress.org](#), [cbsnews.com](#)
- **Home- and Community-Based Services (HCBS) Waiver:** Starting in 2028, a new three-year waiver allows states to cover HCBS for individuals not requiring institutional care, potentially preserving access to community-based care for some beneficiaries. [crowell.com](#)
- **Targeted Funding:** The bill emphasizes directing resources to “truly vulnerable” populations by eliminating coverage for ineligible individuals (e.g., undocumented immigrants) and enforcing verification to prevent fraud. [whitehouse.gov](#), [crowell.com](#)

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## 2. Federal Budget Savings:

- **Total Savings:** The CBO estimates \$930 billion to \$1.1 trillion in Medicaid savings over 10 years, contributing to a claimed \$2 trillion reduction in federal deficits by cutting “waste, fraud, and abuse.” [whitehouse.gov](https://www.whitehouse.gov), [cnbc.com](https://www.cnbc.com), [healio.com](https://www.healio.com)
- **Provider Tax Reform:** Reducing provider taxes and state-directed payments saves \$375 billion by curbing what some Republicans call a “loophole” allowing states to inflate federal matching funds. [cnbc.com](https://www.cnbc.com), [crowell.com](https://www.crowell.com)
- **Work Requirements:** Saving \$325 billion by reducing enrollment among able-bodied adults is framed as incentivizing workforce participation and redirecting resources to those most in need. [cnbc.com](https://www.cnbc.com)
- **Anti-Fraud Measures:** Verification requirements aim to eliminate improper payments (e.g., to deceased individuals or providers), though specific savings are not quantified. [crowell.com](https://www.crowell.com)
- **Economic Growth Argument:** Proponents, including the White House, argue that tax cuts in the bill (costing \$4.5 trillion) will stimulate economic growth, indirectly offsetting Medicaid cuts by increasing tax revenues and reducing reliance on public programs. [whitehouse.gov](https://www.whitehouse.gov), [cnbc.com](https://www.cnbc.com)

## Critical Analysis

While the bill’s proponents highlight its focus on preserving access for vulnerable groups and achieving fiscal savings, several concerns arise:

- **Coverage Losses Outweigh Protections:** The exemptions and rural hospital fund may not fully mitigate the loss of coverage for 11.8–17 million people, particularly in rural areas where hospital closures could exacerbate access issues. [cnbc.com](https://www.cnbc.com), [theguardian.com](https://www.theguardian.com), [axios.com](https://www.axios.com)
- **Administrative Burdens:** The work requirements and frequent eligibility checks are criticized as “paperwork requirements” that disproportionately harm eligible beneficiaries, with studies showing minimal employment gains. [americanprogress.org](https://www.americanprogress.org), [newsweek.com](https://www.newsweek.com)
- **Rural Hospital Fund Insufficiency:** The \$50 billion fund may not cover the \$321–375 billion in losses to hospitals from provider tax cuts and increased uninsured patients, potentially leading to closures. [cnbc.com](https://www.cnbc.com), [washingtonpost.com](https://www.washingtonpost.com)
- **Economic Growth Claims Uncertain:** The CBO disputes the White House’s claim of deficit reduction, estimating the bill adds \$3.3–3.4 trillion to the deficit due to tax cuts outweighing savings. [nbcnews.com](https://www.nbcnews.com), [cbsnews.com](https://www.cbsnews.com), [nytimes.com](https://www.nytimes.com)
- **Impact on Vulnerable Groups:** Despite exemptions, low-income seniors dually enrolled in Medicaid and Medicare may lose coverage for premiums and long-term care, and the immigrant restrictions could harm legally present refugees and asylees. [healio.com](https://www.healio.com), [cnn.com](https://www.cnn.com)

## Conclusion

The One Big Beautiful Bill Act’s Medicaid cuts, totaling \$930 billion to \$1.1 trillion, involve work requirements, stricter eligibility checks, provider tax reductions, immigrant restrictions, and defunding abortion providers. These changes will reduce access for 11.8–17 million Americans by 2034, particularly affecting expansion enrollees, immigrants, and rural communities, while increasing administrative burdens and threatening hospital closures. Positives include exemptions for vulnerable groups, a \$50 billion rural hospital fund, and a new HCBS waiver, which aim to preserve access for pregnant women, children, seniors, and disabled individuals. Federal budget savings are significant, driven by reduced enrollment and anti-fraud measures, but the claimed \$2 trillion deficit reduction is contested, with the CBO projecting a \$3.3–3.4 trillion deficit increase. The bill’s focus on curbing “waste, fraud, and abuse” and incentivizing work may appeal to fiscal conservatives, but critics argue it disproportionately harms low-income and vulnerable populations, with long-term health and economic consequences potentially outweighing short-term savings. [Whitehouse.gov](https://www.whitehouse.gov), [cnbc.com](https://www.cnbc.com), [nytimes.com](https://www.nytimes.com)

For further details on the bill’s impact, you can explore sources like the CBO reports or KFF analyses, available at [www.cbo.gov](https://www.cbo.gov) or [www.kff.org](https://www.kff.org).

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***“The future depends on what you do today.”***

*~ Mahatma Gandhi*

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