Medicaid Cuts Could be Devastating for the Delta and the Rest of Rural America

The ‘big, beautiful bill’ would cause 11.8M more Americans to become uninsured by 2034.

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East Carroll Parish sits in the northeastern corner of Louisiana, along the winding Mississippi River. Its seat, Lake Providence, was a thriving agricultural center of the Delta. Now, the town is a shell of its former self. Charred and dilapidated buildings dot the small city center. There are a few gas stations, a handful of restaurants — and little to no industry.

Mayor Bobby Amacker, 79, says at one point “you couldn’t even walk down the street” in Lake Providence’s main business district because “there were so many people.”

“It’s gone down tremendously in the last 50 years,” said Amacker, a Democrat. “The town, it looks like it’s drying up. And it’s almost unstoppable, as far as I can tell.”

Now, East Carroll residents stand to lose even more. Like many people in Louisiana, they received a lifeline when the state expanded Medicaid to more low-income adults in 2016. Expansion drove Louisiana’s uninsured rate to the lowest in the Deep South, at 8% in 2023 for working-age adults, according to state data, despite it having the highest poverty rate in the U.S. that year.

This week, the U.S. Senate approved President Donald Trump’s “big, beautiful” tax and spending bill. It includes more than $1 trillion in cuts to Medicaid, the joint state-federal health insurance program for poor families and individuals, to help pay for tax cuts that mostly benefit the rich. The legislation would cause 11.8 million more Americans to become uninsured by 2034, according to the Congressional Budget Office.

The bill includes new work rules for Medicaid recipients and would require them to verify their eligibility more frequently. It also would limit a financing strategy that states have used to boost Medicaid payments to hospitals.

Republicans say enrollees are taking advantage of the Medicaid program and getting benefits when they shouldn’t be. They say the program costs too much and states are not paying their fair share.

The Delta region, which includes communities in both Louisiana and Mississippi, would suffer under such large cuts. But in Louisiana — where almost half of the state depended on Medicaid in 2023, the Louisiana Department of Health reported — the cuts could be ruinous. Louisiana could lose up to $35 billion in federal Medicaid support over the next decade, according to KFF, a health policy research group. Mississippi, which never expanded Medicaid, could still lose up to $5 billion.

Residents are watching with apprehension, fear and, sometimes, anger, wondering how Congress could be so blind to how much they are struggling.

“If they take that away from us and everyone that really needs it, that’s going to be bad,” said Sherila Ervin, who lives 20 minutes up the road from Lake Providence in Oak Grove and has Medicaid coverage.

Medicaid work requirements and other health care provisions in the bill ignore the reality of living in poorer rural communities, where people struggle to find the jobs, transportation and internet access required to meet the rules, according to interviews with people and providers in the Delta region.

Even though Louisiana and Mississippi have taken very different approaches to Medicaid — one expanded eligibility under the 2010 Affordable Care Act and the other didn’t — both rely heavily on the program to sustain access to medical care for all their residents.

On a hot summer day in June, Ervin walks into the bare-bones 99-cent store in downtown Lake Providence. As she looks over some clothing, she says she’s heard about the potential Medicaid cuts. But she hadn’t heard about the work requirements, and is shocked they’re even on the table.

“I don’t like that. I don’t think they should put a stipulation on that,” Ervin says, exasperated that she would have to report her work hours. It’s hard enough as it is, she says, to thrive in this community.

Ervin, 58, has been working at Oak Grove High School in the cafeteria, serving hot plates to children for two decades. She says it’s one of the good, steady jobs available in this area, but her income is only around $1,500 per month.

Ervin’s job offers health benefits, but she can’t afford the premiums on her salary. She relies on Medicaid for care, including medications for her high blood pressure.

In East Carroll Parish, around 46.5% of people live below the poverty level, meaning the area is overwhelmingly poor, at over four times the national poverty rate, with a median income of $28,321. For Black households, the figure is a mere $16,690.

Expansion was a lifeline for people such as Ervin. Louisiana offers Medicaid to people who earn below 138% of the federal poverty line — currently about $22,000 a year for an individual.

“Sometimes you can work, but then when you work, you still can’t pay to get help,” Ervin said.

It’s a similar economic situation an hour away across the river. Poverty is about three times the national rate in Washington County, Mississippi, where residents in the city of Greenville lament the consequences of not being able to avoid destructive medical debt, which can keep them stuck in a cycle of gig work and of living paycheck to paycheck.

Greenville, the county seat, is among the fastest-shrinking cities in the U.S. It’s still one of the larger rural cities in Mississippi, with coffee shops, restaurants, hotels, a regional hospital and several big-box stores. But the downtown has just a few small businesses and a bank, and residents say jobs are hard to find.

Greenville resident April McNair, 45, remembers giving birth 17 years ago, long before Mississippi extended postpartum Medicaid to a full year. She had Medicaid coverage during pregnancy, but was kicked off shortly after giving birth, despite having post-delivery complications.

The result was a trip to the emergency room and a $2,500 bill she couldn’t cover. Right after giving birth, McNair looked for work. She said potential employers often told her that she was overqualified because she had a master’s degree.

“I had to kind of figure out how to make my ends meet,” McNair said. “I ended up with a significant bill, all because I did not have Medicaid.”

McNair feels like Mississippi leaders are making a mistake by continuing to reject full Medicaid expansion.

“That’s a selfish move. To me, they’re selfish,” McNair said, adding that now she’s worried for neighbors in Louisiana who may lose the lifeline she wishes she had.

“God forbid, hypothetically speaking, what if one of them meets their demise because of this bill that [Congress] passed?”

Hard to thrive

Mississippi experienced its first taste of equalized access to medicine in the late 1960s.

Delta Health Center, the first federally funded health center in the nation, opened during the peak of the Civil Rights Movement in the all-Black town of Mound Bayou, about an hour north of Greenville. The center vowed to care for anyone regardless of race or ability to pay in a region plagued with poverty, poor health and discrimination — and continues to do so to this day.

It was a significant opportunity for generations of African Americans who had gone without health care, in a place where people had no access to clean drinking water, running sewage systems or even food, said Robin Boyles, chief program planning and development officer at Delta Health Center.

But it wasn't easy for the clinic to mobilize support, even though it was clearly needed. Before its opening, it faced pushback from politicians and even doctors. In a 1966 clipping from a local newspaper, the white-owned Bolivar Commercial, the editorial board railed against the new clinic, saying it would "lead further to socialized medicine."

The situation is certainly better in Mississippi and Louisiana than it was in the 1960s, but critics say the Medicaid cuts could reverse hard-fought progress.

People who live in the Delta are fiercely proud of their communities, but conditions there make it hard to thrive.

Black residents, who are the overwhelming majority, have had a particularly hard time. After the Civil War, many were relegated to sharecropping of cotton and corn for subsistence. Meanwhile, an elite white class of plantation owners and investors amassed enormous amounts of wealth.

A 2001 report from the U.S. Commission on Civil Rights described the area as one with "limited economic resources; inadequate employment opportunities; insufficient decent, affordable housing; and poor quality public schools."

"We have a lot of patients that are one health issue away from either being out of a job or being bankrupt because of a trip to the emergency room," said Dr. Brent Smith, a physician at a primary care clinic at Delta Health System in Greenville.

Even some of the most vulnerable people, such as new moms in Mississippi, still struggle to get basic care, in part because the state has left billions of dollars in federal funding for Medicaid expansion on the table, said Dr. Lakeisha Richardson, an OB-GYN at Delta Health System.

"There are a lot of maternal [care] deserts in Mississippi where women have to travel 60 miles or more just to get prenatal care and just to get to the closest hospital for delivery," Richardson said. "And I don't see that getting any better in Mississippi and in rural areas."

Richardson says nearly all her patients are working moms, many of whom would really benefit from having Medicaid expansion.

"America doesn't realize that there are people out here struggling for no reason of their own," she said.

That's why Medicaid expansion in Louisiana in 2016, much like the community health center movement in Mississippi, was a bright spot in the rural South, said Smith.

"Louisiana expanded Medicaid, a surprising move in the South to see any state expand," Smith said. "They saw it for what it was, which was a very real opportunity to assist this specific group of patients."

In Mississippi, 20 rural hospitals are at immediate risk of closure, according to a recent report,

more than double the number at risk in Louisiana. In many cases, Medicaid is the largest and most reliable payer for rural hospitals. While Louisiana's overall uninsured rate plummeted to 8.3% by 2023, in Mississippi it was 10.5%.

"Unlike a lot of our Southern peers, we have not had the same level of closures of facilities," said Courtney Foster, senior policy adviser for Medicaid, with the nonprofit Invest in Louisiana.

"Medicaid was like a real lifeline for people in transition. Oftentimes it was people who had lost their jobs and were just looking to get back on their feet."

Now, the new work and reporting requirements could put that progress at risk.

In East Carroll Parish, finding a job — let alone a good-paying one with health benefits — is difficult, says Rosie Brown, executive director at the East Carroll Community Action Agency, a nonprofit that helps low-income people with their rent and utility bills. Many of the jobs available in town pay minimum wage, just $7.25 an hour.

Brown loves living in Lake Providence; this is where her family is. She doesn't want to move but wishes the government would invest more in her community — not take away benefits that help people who are hanging on by a thread.

"We have one bank. We have one supermarket," she said. "Transportation isn't easy either."

Local infrastructure is so limited, she's even heard of some people charging residents $20 for a ride to Walmart. Some people have to hitch a ride an hour away to go to work, she said.

"There's nowhere to go," Brown said.

Dominique Jones works at the local library, where she helps roughly 75 to 85 people per month apply for programs such as Medicaid and food assistance. Many of the residents she helps don't have access to the internet or even a computer, a real barrier for people who'd be required to report their working hours to state Medicaid officials.

"This town right here is made up of a lot of old people that need Medicaid and Medicare. And without it, they wouldn't have any kind of health care at all," Mayor Amacker said.

Even a job in local government in Lake Providence doesn't offer affordable health insurance.

Nevada Qualls, 25, sits across from Amacker's office. She earns just $12 an hour as a cashier at city hall. The low pay means she qualifies for Medicaid expansion coverage, which is good because she can't afford the premiums for private insurance.

"I feel like there should be a higher threshold for people that can get Medicaid, because they're still struggling," she said.

At the 99-cent store, school district worker Ervin wonders whether state and federal leaders

understand what it's like to live in her community, urging them to visit and see for themselves.

"They want to do stuff for the rich people that's already rich," she said. "What are they doing? It's almost like there's no common sense with them."

'The tremble factors'

While leaders in the U.S. Senate were working into the night this past weekend debating Trump's tax and spending bill, Greenville resident Jennifer Morris was praying for the pain to stay away.

Morris, 44, has hemicrania continua, a headache disorder that causes constant pain on one side of her head. There's no underlying trigger and no cure. Her doctors help her keep the pain to a minimum with regular treatments that include dozens of injections into her head.

"It doesn't take the pain away," she said during a late-night gathering in Greenville's Greater Mount Olivet Missionary Baptist Church in June. "It does reduce the pain so that I'm able to function. But it's rough."

Morris is worried about the looming Medicaid cuts. She qualifies for Mississippi Medicaid because her condition counts as a disability, and she depends on the coverage to afford her medications.

Morris' Medicaid may be safer than that of her Delta neighbors in Lake Providence, as some of the most dramatic Medicaid changes being considered — such as work requirements — target Medicaid expansion states only.

But Mississippi could be hurt by a provision in the Senate bill that would target a strategy states have used to boost the Medicaid dollars they get from the federal government.

Mississippi could see a major hit to its Medicaid funds, which "would be a tremendous decrease in revenue for the state," harming "services and access to care," says Mitchell Adcock, executive director at the Center for Mississippi Health Policy.

"It would be just the opposite of expansion. It would be a contraction for the Medicaid program in the state," he said.

Leonard Favorite, a pastor who was attending the same event at Mount Olivet Church, as Morris, says he grew up on a plantation in Louisiana and worked his way out of poverty by joining the Air Force. This type of journey is hard, he said, when you're already starting from so far behind. He thinks the "big, beautiful bill" will create more roadblocks for poor people.

"You have people who are already living below the poverty line and they will certainly be submerged into poverty at unspeakable levels," said Favorite, 70." That seems to be the trend of this administration from the point of view of looking from the outside.

"Poor people are beginning to feel the tremble factors of an administration that caters toward the

rich.”

National researchers estimatethat up to 132,000 Louisianans who gained health insurance under expansion could lose it under work rules.

But national reports that rely on census data likely underestimate the potential Medicaid losses. For example, while 2023 census data show 47% of East Carroll Parish was on Medicaid, state health data reviewed by Stateline and Public Health Watch suggests the number is more like 64%. Similarly statewide, census data showed about a third of Louisianans were on Medicaid. State data shows that percentage is closer to 46.5%.

Experts such as Joan Alker at the Georgetown Center for Children and Families say the undercounts nationally are a well-known issue among researchers, but it’s difficult to correct because the quality of state reporting can be so uneven.

State Medicaid funding is also at risk. For years, both Mississippi and Louisiana have relied on revenue generated through a financing tool — known as a provider tax — to draw down more federal dollars and boost Medicaid reimbursements to providers. But congressional Republicans hope to limit states’ ability to collect those taxes.

Depending on how Congress restricts provider taxes, Mississippi could lose hundreds of millions in federal Medicaid funding, crucial in a state with such a high uninsured rate, said Richard Roberson, president and CEO of the Mississippi Hospital Association.

“It’s unavoidable that when you’re taking that much money out of the system, that there’s not going to be some repercussions felt even in non-Medicaid expansion states like Mississippi,” Roberson said.

Last week, the Louisiana Hospital Association signed a statement calling the package of Medicaid cuts before Congress “historic in their devastation.”

From her small, sunny office in East Carroll Parish, nurse Jennifer Newton can’t understand the attacks on Medicaid.

Newton, who grew up one parish over in West Carroll, is executive director of the Family Medical Clinic, a community health center in Lake Providence and one of the few health providers in town. She says 50% of the clinic’s patients have Medicaid insurance.

Newton has worked in health care in the area for decades and watched as Medicaid expansion made it possible for more patients to access and afford health care they desperately needed, including preventive services. “It’s absolutely helped,” she said. “Absolutely.”

In 2015, the year before Louisiana expanded Medicaid, the uninsured rate among working-age adults in East Carroll Parish was nearly 35%. By 2021, that number was 12.7%.

“Why are we going back?” Newton asked. “We’ve made so much progress.”

Republican supporters of work requirements, including Louisiana representative and U.S. House Speaker Mike Johnson, argue they will encourage people to find jobs and ensure Medicaid goes to people who need it most. But according to KFF, a majority of Louisiana adults with Medicaid — 69% — already work.

Brian Blase, president of the Paragon Health Institute, a conservative policy group that is working with Republicans to formulate Medicaid cuts, is not concerned about eligible people losing coverage, as has happened under previous work requirement efforts. He says the bill has built in exceptions for certain people and requirements “can be met by not just work,” so “concerns seem pretty overstated.”

Medicaid recipients also can meet the requirement by volunteering or attending school for 80 hours per month.

“It’s hard for me to understand that there are areas in the country where there’s not jobs. There’s always work to be done,” Blase told Stateline. Blase said he believes Medicaid is “the government conditioning welfare for able-bodied working-age adults.”

But advocates and experts predict East Carroll, where internet access is notoriously bad, would experience results similar to when Arkansas instituted Medicaid work requirements in 2018: People disenrolled because of lack of awareness and confusion over the policy, as well as paperwork errors — not because they weren’t working enough.

“Unless the beneficiary can navigate that red tape, they’re going to lose coverage and become uninsured,” said Benjamin Sommers, a health economist at Harvard T.H. Chan School of Public Health.

Data shows Arkansas’ experiment did not increase employment, Sommers said, and instead led to more people reporting medical debt and delaying care because of cost.

‘Take a step back’

People in the Delta — where the legacy of government neglect and discrimination are all around — want politicians to visit their towns and see the barriers people face trying to improve their lives and stay healthy.

“People spent their lives uninsured,” said Amy Hale, a nurse practitioner at East Carroll Medical clinic. “Medicaid expansion allowed them to get in here and be treated.”

Lake Providence residents are scared they may find themselves in a similar situation as McNair and other people across the river in Greenville: working, uninsured, and too poor to access health care.

Recent estimates show up to 317,000 Louisianans could lose Medicaid health insurance under Trump's tax bill. Nearly 33,000 in Mississippi.

"People are actually trying," McNair said. "I really wish [lawmakers] would look at it from a different lens. What if it was their kid? Or they didn't have the salaries they have now and your baby is ill. … Like really take a step back and think about what it is that you're doing."

This story is part of "Uninsured in America," a project led by Public Health Watch that focuses on life in America's health coverage gap and the 10 states that haven't expanded Medicaid under the Affordable Care Act.

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