

Republicans Are Slashing Maternal Health Care – As Their Cuts Begin to Take Hold, More Maternity Care Providers are Closing Their Doors Than Ever Before

Republicans and Trump enacted their Big Ugly Bill one year ago—on July 4, 2025—cutting more than one trillion dollars from the nation’s health care system, taking health coverage away from 15 million Americans,¹ and driving up out-of-pocket costs for tens of millions more. Republicans cut more than \$900 billion from the Medicaid program alone.²

Medicaid finances more than 40 percent of all U.S. births³ and covers about half of all children.⁴ Put simply, the Medicaid program plays a critical role in providing coverage for pregnant and postpartum women and their children.⁵

Even before passage of the Big Ugly Bill, the lack of access to labor and delivery services was a national crisis. In 2024, more than one third of all U.S. counties were classified as “maternity care deserts”—meaning there was not a single birthing center or obstetrics clinician within the county.⁶ Yet, barriers to accessing maternity care are only accelerating because of Republicans’ cuts, and maternity care providers now face unprecedented challenges to keeping their doors open.⁷ Among other harmful impacts, the Big Ugly Bill:

- **Forces state budget cuts:** Facing the largest cut to federal Medicaid funding in history, states have few options to balance their state budgets. They are beginning to kick people off coverage, cut back benefits, and slash payments to providers.
- **Cuts maternity care provider payments:** Many states have used what are known as “state-directed payments” to improve Medicaid payment rates for maternity care services—but Republicans’ law set a new cap on those payments, forcing states to make cuts to providers, including maternity care providers.
- **Slashes funding for family planning clinics that provide prenatal care:** The Big Ugly Bill cut off *all* federal Medicaid funding for certain clinics affiliated with abortion care providers, including clinics that provide prenatal care services pregnant women rely on to maintain healthy pregnancies.

The following maps and testimonials provide a glimpse into how these cuts are already playing out. Unable to weather these cuts, maternity care providers are cutting back services and even closing their doors altogether.

¹ <https://www.cbpp.org/research/health/by-the-numbers-harmful-republican-megabill-will-take-health-coverage-away-from>

² <https://www.kff.org/affordable-care-act/premium-payments-if-enhanced-premium-tax-credits-expire/>

³ <https://www.kff.org/medicaid/state-indicator/births-financed-by-medicaid/>

⁴ <https://publications.aap.org/aapnews/news/31491/AAP-analysis-49-of-children-insured-by-Medicaid-or>

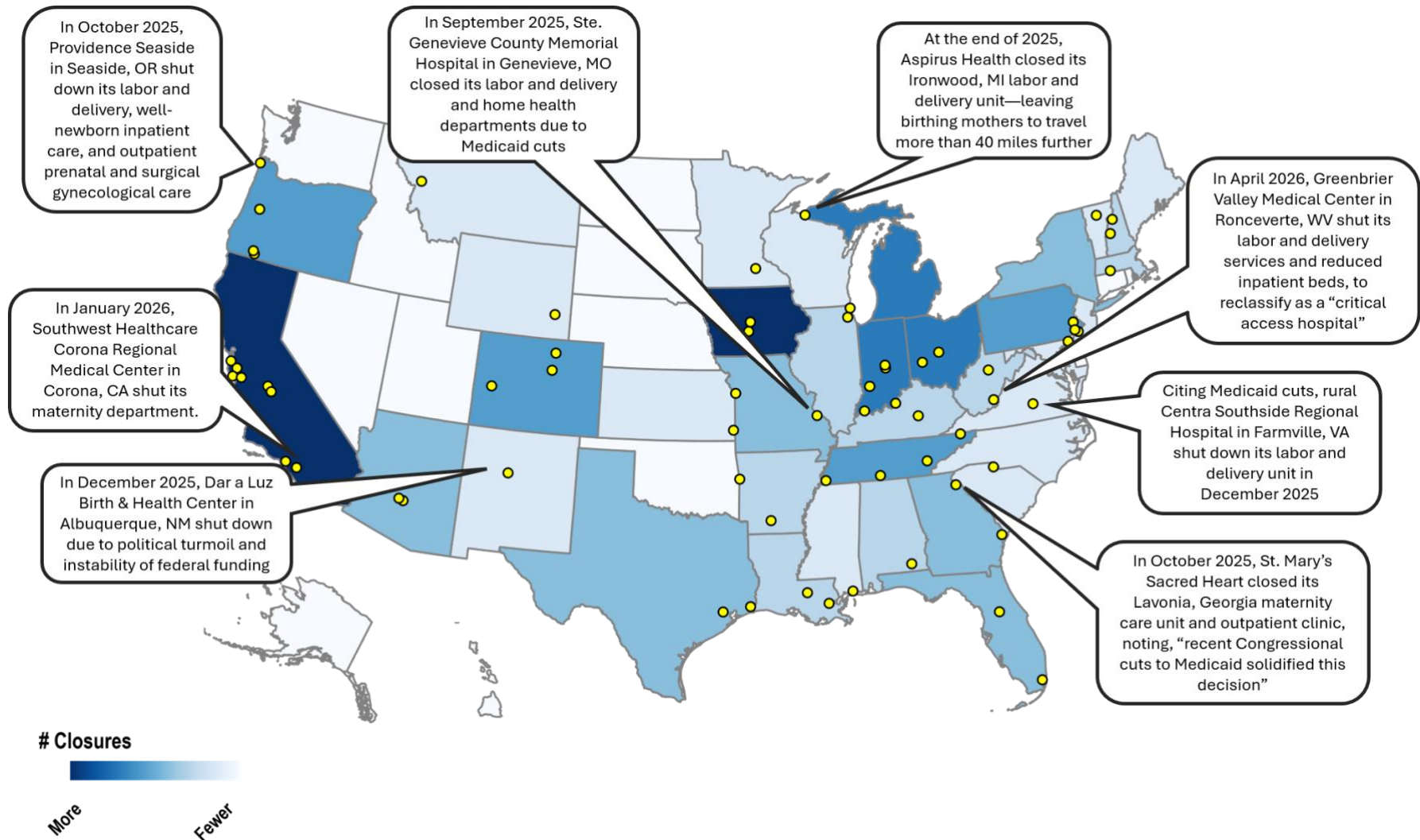
⁵ <https://www.healthaffairs.org/content/forefront/medicaid-cuts-threaten-pregnancy-and-postpartum-coverage-access-care-and-health>

⁶ https://www.marchofdimes.org/sites/default/files/2024-09/2024_MoD_MCD_Report.pdf

⁷ <https://nationalpartnership.org/wp-content/uploads/npwf-medicaid-cuts-and-rural-labor-and-delivery-units.pdf>

The map below identifies states in which maternity care providers have closed, cut back services, or halted plans for expanded services following enactment of Republicans' Big Ugly Bill. The highlighted examples represent only a subset of the closures and service reductions identified to date. While we are continuing to track these developments nationwide, the full scope of impacts is likely broader than currently captured in this report.

Figure 1. Maternity Care Units that Have Closed Their Doors Since Enactment of Republicans' Big Ugly Bill



The map below shows states with Medicaid state-directed payment programs that support maternity care that will be cut due to new payment caps established by the Big Ugly Bill. Although these cuts formally take effect in 2027, providers are already being forced to budget and plan for anticipated funding losses *now*—driving service reductions, financial strain, and closure decisions. These cuts are likely to lead to even more closures in the months and years ahead.

Figure 2. States with State-Directed Payments for Maternity Care that are Cut Under Republicans’ Big Ugly Bill⁸



⁸ Implicated states are those with state-directed payments that (1) were approved by the Centers for Medicare & Medicaid Services as of December 18, 2025; (2) based on the state's application, relate to maternity care, obstetrics, and/or reproductive health; and (3) are either benchmarked to commercial rates or for which payment rates exceed 100% of the Medicare in expansion states or 110% of Medicare in non-expansion states (the limits set by the Big Ugly Bill).

Testimonials: What Maternity Care Providers Have to Say

A Tennessee OB/GYN on the impact of closures in rural Tennessee, and the Big Ugly Bill (HR 1):

*When I started, we had 63 birthing hospitals in Tennessee. But there have been closures...Then the BBB [Big Ugly Bill] passed. Hospital accountants are looking at that...We are expecting 6 to 8 more announcements of closures of OB units...The birthing hospital closest to us does 600 to 800 births a year. They already have a catchment that draws 5-6 counties...If that closes, those patients will come to our hospital. It'll be hard for me, because I was already on call at my hospital for 27 days this month plus I was on call at some other hospitals that don't have OBs...If that hospital closes, folks that are already driving 1.5 hours will now have to go another hour to Knoxville... And people think the cities are ok, but their units are being overwhelmed. UT Knoxville used to do 2,500 to 2,800 per year, but now they are doing 5,000 per year. It's not the birth rate. The birth rate is declining. It's the rural closures... Urban hospitals can't absorb more births. **Mothers are already giving birth in hallways.***

If more birthing hospitals close, there will be a lot more late entry to care. I just saw a patient today that I had seen one time before she got a C-section. I had 4-5 last month that I saw one time before delivering. There's lots of reasons for that, but it's clinic wait times. Every birthing hospital and clinic is overwhelmed, so wait times are high. One of the things that gets me is that a lot of people have to travel 1.5 hours for prenatal care.

*...We lose money. We are understaffed. I'm not doing this by choice; I'm doing this because it's a moral obligation. **The solution to this wasn't to cut Medicaid, it was to increase funding for Medicaid...** Our local hospital near me is entirely dependent on donations.*

HR1 says it is going to expand telehealth, but we already have that...We can't do deliveries, ectopic pregnancy, or C-section via telehealth. HR1 doesn't help with any of that... I need nurses to staff my hospital. Maybe [the Rural Health Transformation Program] soothes their conscience at night when they know women and children are going to die because of what they voted for. But it doesn't help.

A Florida OB/GYN on the hospital where she delivered babies closing its labor and delivery unit:

*I'm an OB/GYN from Florida. I delivered babies at [a suburban hospital]...The hospital administrators...said that they anticipate cuts and that is going to add to the financial problems. I asked specifically if this has to do with the cuts to Medicaid, and he said "That contributes, but this is also a longstanding financial issue." I sort of see it like HR1 gave them permission to close. **It was the straw that broke the camel's back.***

*It was the only L&D service around there...I didn't believe they could actually close the unit because we are L2 trauma, so you need to have OB for trauma cases. I kept asking what they would do about the trauma unit and needing OB... All I was asking for was a nurse to place the patient on the monitor. That's it, the very least. So, I felt that I had no choice but to put in my two weeks. You are asking me to be responsible for a trauma patient that comes in. **But people will die – babies will die, and mothers will die** – if you don't have someone that knows how to put the patient on the monitor.*

The day before my last day, ten minutes before my shift ended, I got a call from the ER. They had a patient that was about to give birth. When I walked in, there were 10 or 15 people in the room. But the mother had not been put on the monitor, there was no IV, she was in a bed that was not appropriate for giving birth, she had been given no pain medicine. They didn't even have a clamp for the umbilical cord. The monitor was just sitting in the corner of the room...Thankfully, we had time. But what about next time?