



Officers

Chair

Judith L. Lichtman
National Partnership for
Women & Families

Vice Chairs

Jacqueline Pata
National Congress of American Indians
Thomas A. Saenz
Mexican American Legal
Defense and Educational Fund
Hilary Shelton
NAACP

Secretary

Jo Ann Jenkins
AARP

Treasurer

Lee A. Saunders
American Federation of State,
County & Municipal Employees

Board of Directors

Helena Berger
American Association of
People with Disabilities
Cornell William Brooks
NAACP
Kristen Clarke
Lawyers' Committee for
Civil Rights Under Law
Lily Eskelsen Garcia
National Education Association
Marcia D. Greenberger
National Women's Law Center
Chad Griffin
Human Rights Campaign
Wylecia Wiggs Harris
League of Women Voters of the
United States
Mary Kay Henry
Service Employees International Union
Mark Hopkins
AAUW
Sherrilyn Ifill
NAACP Legal Defense and
Educational Fund, Inc.
Michael B. Keegan
People for the American Way
Samer E. Khalaf
American-Arab
Anti-Discrimination Committee
Marc Morial
National Urban League
Janet Murguia
National Council of La Raza
Debra L. Ness
National Partnership for
Women & Families
Stephanie Nitahara
Japanese American Citizens League
Terry O'Neill
National Organization for Women
Rabbi Jonah Pesner
Religious Action Center
Of Reform Judaism
Anthony Romero
American Civil Liberties Union
Shanna Smith
National Fair Housing Alliance
Richard L. Trumka
AFL-CIO
Randi Weingarten
American Federation of Teachers
Dennis Williams
International Union, UAW
John C. Yang
Asian Americans Advancing Justice |
AAJC

Policy and Enforcement

Committee Chair

Michael Lieberman
Anti-Defamation League

President & CEO

Vanita Gupta

June 14, 2017

**Oppose the American Health Care Act (H.R. 1628)
Oppose Repeal of the Affordable Care Act; Medicaid Block Grants/Per Capita Caps;
and Defunding of Planned Parenthood**

Dear Senator:

On behalf of The Leadership Conference on Civil and Human Rights, the National Health Law Program, the National Partnership for Women & Families, and the undersigned 148 organizations, we urge you to oppose any attempt to repeal the Affordable Care Act (ACA); slash federal funding and transform Medicaid into a block grant or per capita cap; eliminate the Medicaid expansion; and defund Planned Parenthood health centers.

Repealing the ACA, and restructuring and reducing the financing and coverage of Medicaid as proposed by the American Health Care Act (AHCA), would leave at least 23 million people in the United States, particularly people of color and underserved populations, significantly worse off than under current law. The ACA and Medicaid are critical sources of health coverage for America's traditionally underserved communities, which our organizations represent. This includes individuals and families living in poverty, people of color, women, immigrants, LGBTQ individuals, individuals with disabilities, seniors, and individuals with limited English proficiency.

The ACA has reduced the number of people without insurance to historic lows, including a reduction of 39 percent of the lowest income individuals.ⁱ The gains are particularly noteworthy for Latinos, African Americans, and Native Americans. Asian Americans, Native Hawaiians and Pacific Islanders have seen the largest gains in coverage. The nation and our communities cannot afford to go back to a time when they did not have access to comprehensive, affordable coverage. Further, due to the intersectionality between factors, such as race and disability, or sexual orientation and uninsurance, and issues faced by women of color, many individuals may face additional discrimination and barriers to obtaining coverage. Proposals to replace the ACA with high-risk pools, Health Savings Accounts, or "cheaper" insurance plans that do not offer comprehensive, affordable benefits are unacceptable.

Medicaid is also critically important as it insures one of every five individuals in the United States, including one of every three children and 10 million people with disabilities. Medicaid coverage, including the Medicaid expansion, is particularly critical for underserved individuals and especially people of color, because they are more likely to be living with certain chronic health conditions, such as diabetes, which require ongoing screening and services. People of color represent 58 percent of non-elderly Medicaid enrollees.ⁱⁱ According to the Kaiser Family Foundation, African Americans comprise 22 percent of Medicaid enrollment, and Hispanics comprise 25 percent.ⁱⁱⁱ They are more likely than White non-Hispanics to lack insurance coverage and are more likely to live in families with low incomes and fall in the Medicaid gap.^{iv} As a result, the lack of expansion disproportionately affects these communities, as well as women, who make up the majority of poor uninsured



adults in states that did not expand Medicaid. For people of color who experienced some of the largest gains in health coverage, this could mean vastly reduced access to needed health care, increased medical debt, and persistent racial disparities in mortality rates.^v Further, Medicaid provides home and community-based services enabling people with disabilities to live, work, attend school, and participate in their communities. The proposed cuts would decimate the very services that are cost-effective and keep individuals out of nursing homes and institutions. Finally, one in five people with Medicare rely on Medicaid to cover vital long-term home care and nursing home services, to help afford their Medicare premiums and cost-sharing, and more.

Despite the common myth that all low-income people could enroll in Medicaid, the Medicaid program has only been available to certain categories of individuals (e.g., children, pregnant women, seniors, people with disabilities) and had little to no savings or assets. Parents of children and childless adults were often excluded from Medicaid or only the lowest income individuals in these categories were eligible. For example, the Medicaid expansion greatly expanded coverage for LGBTQ individuals who previously did not fit into a traditional Medicaid eligibility category and for working people struggling in jobs that do not offer health insurance and pay at or near the minimum wage.

The CBO estimated that under the AHCA, as initially proposed, 14 million people would lose their Medicaid coverage by 2026, a reduction of about 17 percent relative to the comparable number under current law.^{vi} The AHCA would end the higher federal matching rate for people newly enrolled through the Medicaid expansion and transform the financing from an entitlement program based on the number of persons enrolled to a more limited per capita-based cap or block grant. CBO estimates that by 2026, Medicaid spending would be reduced by \$834 billion or 25 percent less than estimated under current law.^{vii} This dramatic reduction in funding to the states is likely to result in more people losing coverage and/or needed services, particularly those optional services needed by people with disabilities.

Further, we are very concerned about the possibility of giving states an option under the Medicaid program to impose a work requirement as a condition of eligibility for the first time. Such a requirement not only fails to further the purpose of providing health care but also undermines this objective. Among adults with Medicaid coverage, nearly 8 in 10 live in working families and a majority are working themselves.^{viii}

In addition, the AHCA would single out Planned Parenthood and block federal Medicaid funds for care at its health centers. The “defunding” of Planned Parenthood would prevent more than half of its patients from getting affordable preventive care, including birth control, testing and treatment for sexually transmitted diseases, breast and cervical cancer screenings, and well-women exams at Planned Parenthood health centers, often the only care option in their area. This loss of funds will have a disproportionate effect on poor families and people of color who make up 40 percent of Planned Parenthood patients.^{ix} Seventy-five percent of Planned Parenthood patients are at or below 150 percent of the federal poverty level and half of their health centers are in rural or underserved areas.^x

We are seriously concerned about the lack of transparency of the discussions taking place to develop this legislation. After more than seven years and 60 votes to repeal the ACA, there is no excuse for forcing consideration of this bill without adequate time for analysis, hearings, and discussion of a CBO score, providing ample opportunity for the public to understand the proposed legislation and participate in this discussion in which their very access to health care for themselves and their families is at stake.



We urge you to oppose any repeal of the Affordable Care Act, attempts to change Medicaid's open-ended funding guarantee into a block grant or per capita caps, and any attempts to defund Planned Parenthood. If you have any questions, please feel free to contact Leadership Conference Health Care Task Force Co-chairs Judith Lichtman at the National Partnership for Women & Families (jllichtman@nationalpartnership.org), Mara Youdelman at the National Health Law Program (yodelman@healthlaw.org), or June Zeitlin at The Leadership Conference (zeitlin@civilrights.org).

Sincerely,

The Leadership Conference on Civil and Human Rights
National Health Law Program (NHeLP)
National Partnership for Women & Families
ACCESS
Access Living
ADAP Advocacy Association (aaa+)
AFL-CIO
AFSCME
AIDS Foundation of Chicago
American Academy of Nursing
American Association of Colleges of Pharmacy
American Association of People with Disabilities (AAPD)
American Association of University Women (AAUW)
American Civil Liberties Union
American Federation of Teachers
American Nurses Association
American-Arab Anti-Discrimination Committee
Amida Care
Amnesty International USA
APLA Health
Asian & Pacific Islander American Health Forum
Asian & Pacific Islander Caucus for Public Health (APIC)
Association of Asian Pacific Community Health Organizations (AAPCHO)
Association of Programs for Rural Independent Living
Association of Reproductive Health Professionals
Association of University Centers on Disabilities
Autistic Self Advocacy Network
Bazelon Center for Mental Health Law
Bend the Arc Jewish Action
Black Women's Health Imperative
Breast Cancer Action
Center for Community Change Action
Center for Law and Social Policy (CLASP)
Center for Reproductive Rights
Coalition for Disability Health Equity
Coalition of Labor Union Women
Colorado Organization for Latina Opportunity and Reproductive Rights (COLOR)
Commission on the Public's Health System



CommonHealth ACTION
Community Access National Network (CANN)
Crescent City Media Group
Disability Rights Education and Defense Fund
EMILY's List
Equal Justice Society
Equal Rights Advocates
Equality California
Equality Federation
Families USA
Family Equality Council
Family Voices
Farmworker Justice
Feminist Majority
GLMA: Health Professionals Advancing LGBT Equality
Health & Medicine Policy Research Group
Health Care for America Now (HCAN)
Health Justice Project
Hispanic Health Network
HIV Medicine Association
Human Rights Campaign
Human Rights Watch
Illinois Public Health Association
Indivisible
International Association of Official Human Rights Agencies
International Association of Women in Radio and Television, USA
Jewish Council for Public Affairs
Jewish Women International
Justice in Aging
Korean Community Services of Metropolitan NY
Lambda Legal
Latino Commission on AIDS
Latinos in the Deep South
Lawyers' Committee for Civil Rights Under Law
LBGT PA Caucus of the American Academy of Physician Assistants, Inc.
League of United Latin American Citizens
League of Women Voters of the United States
LEAnet, a national coalition of local education agencies
LPAC
Main Street Alliance
Medicare Rights Center
Movement Advancement Project
NAACP
NAPAFASA
NASTAD
National African American Drug Policy Coalition Inc.
National Association of County Behavioral Health and Developmental Disability Directors & National Association for Rural Mental Health



National Association of Human Rights Workers
National Association of Social Workers
National Black Justice Coalition
National Center for Learning Disabilities
National Center for Lesbian Rights
National Center for Transgender Equality
National Collaborative for Health Equity
National Council of Asian Pacific Americans (NCAPA)
National Council of Churches
National Council of Jewish Women
National Council of La Raza
National Council on Independent Living
National Domestic Workers Alliance
National Education Association
National Employment Law Project
National Family Planning & Reproductive Health Association
National Hispanic Medical Association
National Immigration Law Center
National Institute for Reproductive Health
National Latina Institute for Reproductive Health
National LGBTQ Task Force Action Fund
National Low Income Housing Coalition
National Network for Arab American Communities (NNAAC)
National Organization for Women
National Urban League
National Women's Health Network
National Women's Law Center
National Women's Political Caucus
NETWORK Lobby for Catholic Social Justice
OCA - Asian Pacific American Advocates
OneAmerica
Organizing for Action-Springfield
Out2Enroll
People For the American Way
Philadelphia Unemployment Project
Planned Parenthood Federation of America
PolicyLink
Population Institute
Positive Women's Network - USA
Presbyterians Affirming Reproductive Options (PARO)
Prevention Institute
Progressive Leadership Alliance of Nevada
Raising Women's Voices for the Health Care We Need
Resource Center
San Francisco AIDS Foundation
Service Employees International Union (SEIU)
Sexuality Information and Education Council of the U.S. (SIECUS)
SisterSong: National Women of Color Reproductive Justice Collective



SiX Action
TASH
The AIDS Institute
The Arc of the United States
The National Campaign to Prevent Teen and Unplanned Pregnancy
The Trevor Project
Trust for America's Health
United Church of Christ, Justice and Witness Ministries
URGE: Unite for Reproductive & Gender Equity
Voices for Progress
Wisconsin Alliance for Women's Health
Women Employed
Women's Action Movement
Women's Intercultural Network (WIN)
Women's Media Center
Women's Missionary Society African Methodist Episcopal Church
Young Invincibles
YWCA USA

ⁱ U.S. Department of Health and Human Services, Affordable Care Act Has Led to Historic, Widespread Increase in Health Insurance Coverage, pp. 2, 4 (Sept. 29, 2016), available at <https://aspe.hhs.gov/sites/default/files/pdf/207946/ACAHistoricIncreaseCoverage.pdf>.

ⁱⁱ Kaiser Family Foundation, Medicaid Coverage Rates for the Nonelderly by Race/Ethnicity: 2015, available at <http://kff.org/medicaid/state-indicator/rate-by-raceethnicity-3/?currentTimeframe=0>.

ⁱⁱⁱ Kaiser Health Foundation, Medicaid Enrollment by Race/Ethnicity, available at <http://kff.org/medicaid/state-indicator/medicaid-enrollment-by-raceethnicity/>.

^{iv} Kaiser Family Foundation, The Coverage Gap: Uninsured Poor Adults in States that Do Not Expand Medicaid, <http://kff.org/uninsured/issue-brief/the-coverage-gap-uninsured-poor-adults-in-states-that-do-not-expand-medicaid/>.

^v Center on Budget and Policy Priorities, African Americans Have Much to Lose Under House GOP Health Plan, available at <http://www.cbpp.org/blog/african-americans-have-much-to-lose-under-house-gop-health-plan>.

^{vi} Congressional Budget Office Estimate, American Health Care Act (March 13, 2017) available at https://www.cbo.gov/sites/default/files/115th-congress-2017-2018/costestimate/americanhealthcareact_0.pdf.

^{vii} Congressional Budget Office Estimate, American Health Care Act (May 24, 2017) available at <https://www.cbo.gov/system/files/115th-congress-2017-2018/costestimate/hr1628aspassed.pdf>.

^{viii} Kaiser Family Foundation, Understanding the Intersection of Medicaid and Work, available at <http://files.kff.org/attachment/Issue-Brief-Understanding-the-Intersection-of-Medicaid-and-Work>

^{ix} Planned Parenthood, This is Who We Are, (July 11, 2016), available at https://www.plannedparenthood.org/files/6814/6833/9709/20160711_FS_General_d1.pdf

^x Planned Parenthood, The Urgent Need for Planned Parenthood Health Centers (Dec. 7, 2016), available at https://www.plannedparenthood.org/files/4314/8183/5009/20161207_Defunding_fs_d01_1.pdf