

July 14, 2017

Dear Senator,

The undersigned organizations write to you regarding the proposed changes to Medicaid—a vital lifeline for women of color struggling to make ends meet—currently under consideration in Congress. Two proposals to repeal the Affordable Care Act (ACA), the House-passed American Health Care Act (AHCA) and the Senate’s proposal, the Better Care Reconciliation Act (BCRA) would end Medicaid as we know it and impose harmful conditions on enrollees that are based on racial bias. These changes would be particularly devastating to women of color struggling to make ends meet and we strongly urge you to oppose them.

Many of the proposed changes to Medicaid are based on racial biases, and in particular the false narrative that individuals who rely on government programs to help make ends meet, do not work and are taking advantage of the program’s benefits. The face of this false narrative is typically a single young woman of color with children—reminiscent of the “welfare queen” caricature of a black mother receiving public benefits that was the impetus behind the 1990s welfare reform proposals like family caps.ⁱ Further, this false narrative leads to the “conclusion” that government programs must be reformed to protect against waste and abuse of programs. For example, proposals to cap Medicaid spending are rooted in claims of government waste, but that could not be further from the truth. Medicaid is extremely efficient, and enrollees are not “abusing” the system by seeking care that is covered.

One way the ACA helped to promote better utilization of health services was by expanding access to quality and affordable health insurance to millions of women of color who were previously uninsured. For example, the uninsured rate for all women has dropped by more than half since the ACA became law,ⁱⁱ and the uninsured rate for Black women has dropped by more than 50 percent over the past five years.ⁱⁱⁱ Women of color currently comprise the majority of Medicaid enrollees: nearly one-third (30 percent) of Black women of reproductive age are enrolled in Medicaid; one quarter (27 percent) of Latinas are enrolled in Medicaid; and nearly one-fifth (19 percent) of Asian-American Pacific Islander (AAPI) women are enrolled in Medicaid.^{iv} States expanding Medicaid have seen the largest increases in health insurance coverage of women of color ages 18 to 64.^v But the proposed changes to the Medicaid program in the Senate and House proposals threaten the important gains in coverage women of color have made. Indeed, the Congressional Budget Office (CBO) estimates that the Senate repeal bill’s changes to Medicaid would result in an additional 15 million individuals losing Medicaid coverage by 2026. Given their reliance on Medicaid coverage, women of color will undoubtedly make up a disproportionate share of that total number.

Based also on the false notion of “waste and abuse” within the Medicaid program, both proposals would limit federal funds to state Medicaid programs by allowing states to convert the Medicaid program into a per capita cap program or block grant system, eliminating the guarantee of Medicaid coverage that has characterized the program for over fifty years. Under either a block grant or per capita caps system, the federal contribution to the program is reduced and states will have to shoulder the cost to continue providing care. Since Medicaid is already efficient, these federal cuts will only shift costs to states to continue their programs. As the CBO documents, this would force states to cut benefits, enrollment, or payments to providers, meaning fewer people would be covered and for those who are covered, fewer services would be covered and at higher cost.

Increased costs under these proposals will fall disproportionately on low-income women of color. Women of color are already impacted by wage disparities that affect their ability to pay increased health costs. Women of color are more likely to be in the low-wage or minimum-wage jobs where they are paid significantly less than their male counterparts and, oftentimes, these positions do not include health coverage. Black women are paid on average 63 cents for every dollar paid to White men; Asian women are paid on average 85 cents for every dollar paid to White men; Native American women are paid just 58 cents for every dollar paid to White men; and Latinas are paid 54 cents for every dollar paid to white men.^{vi} By increasing costs, both repeal proposals would push many low-income women of color further into economic insecurity—forcing many women of color to either forego care completely or choose between paying for necessities like rent or health care. This was the case prior to the ACA; one study shows that in 2008, one in four women reported going without needed health care because they could not afford it.^{vii} Many of these women were working, but due to either low-wages or part-time employment status, were not offered affordable health insurance. Claims that individuals who lose Medicaid coverage can simply get jobs ignores the reality that affordable health insurance is effectively out of reach for those working low-wage jobs.

However, many proponents of these policies refuse to acknowledge the harm to individuals – especially women of color - and instead, have promoted a narrative that only certain individuals are truly deserving of Medicaid coverage. For instance, Vice President Mike Pence, who as Governor of Indiana forced Medicaid enrollees to pay premiums, argued that people with incomes below 139 percent of the federal poverty level should have “skin in the game” for their health care.^{viii} This ignores the everyday realities of the lives of those who are struggling to make ends meet and how increased costs can be a deterrent to accessing needed care. The proposals also disregard the health and well-being of women of color by completely eliminating the ACA’s essential health benefits (EHB) requirement for the Medicaid expansion population. This will be devastating for millions of women of color struggling financially who finally were able to access coverage through the expansion option. Elimination of EHB means that they would lose vital benefits, including certain preventive services, prescription drugs, mental health care, and maternity care. Given that women of color suffer from high rates of certain cancers,^{ix} eliminating no-cost coverage of preventive care, like cancer screenings, will resurrect cost barriers and increase the likelihood that women of color will forego lifesaving preventive care. This will only exacerbate health disparities and worsen health outcomes for women of color—particularly those facing economic challenges.

In addition, elimination of the ACA's guarantee of maternity coverage will exacerbate poor maternal health outcomes, particularly among Black women. Black women are three to four times more likely to die from pregnancy-related complications than white women, and twice as likely to suffer from severe maternal morbidity.^x Loss of mental health care will also be devastating for women of color. Women—regardless of race or ethnicity—suffer higher rates of depression than men. Black women experience higher rates of major depression compared to the general population, and are more likely to go untreated.^{xi} Loss of mental health coverage will only put access to care further out-of-reach for Black women. The CBO estimates that approximately half of all states will opt to eliminate EHB coverage under the Senate bill—leaving women to once again shoulder costs for critical care like maternity care, prescription drugs, mental health coverage, and cancer screenings, and to suffer the alarming health outcomes that the ACA was designed to eliminate.

Compounding these proposals' devastating changes to Medicaid, both bills would also bar Medicaid patients from receiving care at Planned Parenthood health centers. Nationwide, Planned Parenthood health centers provide vital health care, including contraceptive care and counseling, treatment for sexually transmitted infections (STIs), and preventive screenings, to communities of color. In 2015, 35 percent of Planned Parenthood patients were people of color; with 20 percent of patients who identify as Latino/a, 15 percent who identify as Black, and four percent who identify as AAPI.^{xii} This includes women of color struggling to make ends meet; in 2015, 75 percent of Planned Parenthood patients had incomes at or below the federal poverty level.^{xiii} And for many, Planned Parenthood clinics are the only accessible source of care in their communities, including HIV positive individuals and LGBTQ communities. Prohibiting Medicaid recipients who are disproportionately women of color from accessing needed care from Planned Parenthood providers not only takes away access to a trusted provider and life-saving preventive care, but also contributes to the systemic barriers that hinder their access to health care, and perpetuate health disparities.

Further, the proposals also contain strict, unrealistic requirements that Medicaid enrollees work in order to remain eligible. Work requirement proposals are based on the false narrative that Medicaid enrollees, many of whom are women of color, do not work and are taking advantage of the program's benefits. This is a distortion of reality that ignores the lived experiences of all low-income people across racial lines. In fact, most Medicaid enrollees who can work do work. Most families that rely on Medicaid for health coverage have at least one working adult in the family, and non-working adults are not working for reasons most people readily understand as often not compatible with work, like fulfilling family caregiving responsibilities, pursuing an education, or an illness or disability.^{xiv}

We are at a critical moment in our nation's history and in the ongoing debate about the future of our nation's health system. Yet, our nation's history of systemic and institutionalized racism cannot be separated from current debates surrounding access to health care, particularly access to Medicaid, which has served as a critical safety net program for the nation's low-income population for over half a century. Cuts to the Medicaid program will be devastating for women of color enrolled in the program. We cannot continue to allow racialized stereotypes to fuel policy decisions to end Medicaid as we know it, which will have real impacts on real people's lives. We urge you to oppose changes to the Medicaid program and to protect access to Medicaid

coverage for the millions of low-income women of color who rely on the program for the care that they need to live healthy and productive lives.

Sincerely,

Black Women's Health Imperative
In Our Own Voice
National Women's Law Center
9to5 Wisconsin
ADAPT Montana
Advocates for Youth
AFL-CIO
African American AIDS History Project
AFSCME
AIDS Action Baltimore
AIDS Alabama
AIDS Foundation of Chicago
AIDS Project of the East Bay
AIDS United
American Civil Liberties Union
American Nurses Association
American Psychological Association
American Sexual Health Association
APLA Health
Autistic Self Advocacy Network
Black Mamas Matter Alliance
Black Women for Wellness
Catholics for Choice
Center for Law and Social Policy (CLASP)
Center for Reproductive Rights
Chris Porter Medical
Colleen Grogan, Professor, SSA/University of Chicago
DC Fights Back!
Demos
Empower Missouri
Equality California
EverThrive Illinois
Families United Against Hate
Family Equality Council
Feminist Majority Foundation
Feminist Women's Health Center
Forward Together
Generate Health STL
Georgetown Medical Aids Advocacy Network
Global Justice Institute

Hadassah, The Women's Zionist Organization of America, Inc.
Health & Disability Advocates
Healthcare for America Now (HCAN)
Heartland Alliance for Human Needs & Human Rights
HIV Prevention Justice Alliance
Howard Brown Health
HRDI
Ibis Reproductive Health
Institute for Family Health
Jewish Women International
Jordan Health
JUMP/Just Us Mobilizing Peers
Knights of Columbus Council Olympia 394
The Leadership Conference on Civil and Human Rights
Louisiana AIDS Advocacy Network, Inc. (LAAN)
Main Street Alliance
Mark Grantham, Community Activist/Advocate
Mary Barthella
Metropolitan Community Churches
MomsRising
Montefiore Medical Center/Albert Einstein College of Medicine
Movement Advancement Project
NAACP
NARAL Pro-Choice America
National Asian Pacific American Women's Forum (NAPAWF)
National Birth Equity Collaborative
National Black Women's HIV/AIDS Network
National Council of Jewish Women
National Employment Law Project
National Family Planning & Reproductive Health Association
National Health Law Program
National Immigration Law Center
National Institute for Reproductive Health
National Latina Institute for Reproductive Health
National LGBTQ Task Force Action Fund
National Network of Abortion Funds
National Organization for Women
National Organization of Nurses with Disabilities (NOND)
National Partnership for Women & Families
National Physicians Alliance
National Urban League
National Women's Health Network
New Jersey Association on Correction
Nick Bushta, Advocate
OHSU/Partnership Project
Pan African Positive Women's Coalition-Zimbabwe

People For the American Way
Physicians for Reproductive Health
Planned Parenthood Federation of America
Population Connection Action Fund
Positive Women’s Network-USA
Presbyterian AIDS Network, PHWEH, Presbyterian Church, USA
Prevention Access Campaign
Project Inform
PWN-Texas
RAD Remedy
Raising Women’s Voices for the Health Care We Need
Recently Released HIV/AIDS Community Support Services (RRHACS)
Sexuality Information and Education Council of the U.S. (SEICUS)
Shades of Blue Project
Shelter Resources, Inc. (Belle Reve)
SisterReach
SMLS TRUST
Spark Reproductive Justice Now!
SparkAction
The Legal Council for Health Justice (Illinois)
The Sargent Shriver National Center on Poverty Law
Treatment Action Group
UCHAPS: Urban Coalition for HIV/AIDS Prevention Services
Unity Fellowship Church
URGE: Unite for Reproductive & Gender Equity
Women With A Vision, Inc.
Women’s Law Project
Young Invincibles
YWCA USA

ⁱ Bouie, Jamelle, *The Most Discriminatory Law in the Land*, Slate, (June 17, 2014), available at http://www.slate.com/articles/news_and_politics/politics/2014/06/the_maximum_family_grant_and_family_caps_a_racist_law_that_punishes_the.html.

ⁱⁱ National Women’s Law Center, *The Risk of Repeal: How ACA Repeal Will Hurt Women’s Health and Economic Security* (December 2016), available at <https://nwlc.org/wp-content/uploads/2016/12/The-Risk-of-Repeal-FS-1.pdf>.

ⁱⁱⁱ Black Women’s Health Imperative, *CBO Estimates ACA Repeal and Replacement Bill Will Devastate Black Women’s Health*, March 15, 2017), available at

^{iv} In Our Own Voice, National Asian Pacific American Women’s Forum (NAPAWF), National Latina Institute for Reproductive Health, National Partnership for Women and Families, *The House Republican Repeal Bill Threatens Reproductive Justice for Women of Color* (March 2017), available at http://www.latinainstitute.org/sites/default/files/WOC_RJ_ACA_FactSheet_3.21.17.pdf.

^v National Women’s Law Center, *Affordable Care Act Repeal Threatens the Health and Economic Security of 5.1 Million Women of Color Who Recently Gained Insurance Coverage*, (February 2017), available at <https://nwlc.org/wp-content/uploads/2017/02/WOC-Health-Coverage-by-State.pdf>.

^{vi} National Women’s Law Center, Tempe, Brandie, *However You Look At It, Women Deserve Equal Pay Every Day of the Year* (May 1, 2017), available at <https://nwlc.org/blog/however-you-look-at-it-women-deserve-equal-pay-every-day-of-the-year/>.

^{vii} National Women’s Law Center, *Mind the Gap: Low-Income Women in Dire Need of Health Insurance*, (2014), at 4, available at https://www.nwlc.org/wp-content/uploads/2015/08/nwlcmindthegapmedicaidreportfinal_20140122.pdf.

^{viii} Alan Pyke, *Mike Pence Has Already Cost Thousands of People Their Medicaid Coverage*, May 9, 2017, available at [https:// thinkprogress.org/pencecare-indiana-medicaid-premiums-6eda33e4b4bc](https://thinkprogress.org/pencecare-indiana-medicaid-premiums-6eda33e4b4bc) .

^{ix} In Our Own Voice, National Asian Pacific American Women’s Forum (NAPAWF), National Latina Institute for Reproductive Health, National Partnership for Women and Families, *The House Republican Repeal Bill Threatens Reproductive Justice for Women of Color* (March 2017), available at http://www.latinainstitute.org/sites/default/files/WOC_RJ_ACA_FactSheet_3.21.17.pdf.

^x Black Mamas Matter Alliance, *Advancing the Human Right to Safe and Respectful Maternal Health Care*, available at <http://blackmamasmatter.org/>.

^{xi} Nia Hamm, *High Rates of Depression Among African-American Women, Low Rates of Treatment*, (Sept. 25, 2014), available at http://www.huffingtonpost.com/nia-hamm/depression-african-american-women_b_5836320.html.

^{xii} Planned Parenthood Federation of America, *This is Who We Are: Creating a Healthier World for Women, Men, and Teens*, available at https://www.plannedparenthood.org/uploads/filer_public/79/bb/79bb45d5-4d6b-4ef4-833d-8ea007429267/20170526_whoare_fs_d02.pdf.

^{xiii} *Id.*

^{xiv} National Women’s Law Center, *The Stealth Attack on Women’s Health: Medicaid Work Requirements Would Reduce Access to Care for Women Without Increasing Employment*, May 2017, <https://nwlc.org/wp-content/uploads/2017/04/Medicaid-Work-Requirements-3.pdf>.