



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 163 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.<sup>i</sup> 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.<sup>ii</sup> According to the Kaiser Family Foundation, African Americans comprise 22 percent of Medicaid enrollment, and Hispanics comprise 25 percent.<sup>iii</sup> 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.<sup>iv</sup> As a result, the lack of expansion disproportionately affects these communities, as well as women, who make up the majority of poor uninsured

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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.<sup>v</sup> 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.<sup>vi</sup> 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.<sup>vii</sup> 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.<sup>viii</sup>

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.<sup>ix</sup> 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.<sup>x</sup>

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](mailto:jllichtman@nationalpartnership.org)), Mara Youdelman at the National Health Law Program ([youdelman@healthlaw.org](mailto:youdelman@healthlaw.org)), or June Zeitlin at The Leadership Conference ([zeitlin@civilrights.org](mailto: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+)  
Advocates for Youth  
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  
Black Women's Roundtable, National Coalition on Black Civic Participation  
Breast Cancer Action  
Cascade AIDS Project  
Center for Community Change Action  
Center for Law and Social Policy (CLASP)  
Center for Medicare Advocacy  
Center for Reproductive Rights



Children's Health Fund  
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  
Drug Policy Alliance  
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  
LGBT 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



MoveOn.org Civic Action  
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 Disability Rights Network  
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  
NOBCO: National Organization of Black County Officials  
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  
Prism Health  
Progressive Leadership Alliance of Nevada  
Project Inform  
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  
The United Methodist Church – General Board of Church and Society  
Trust for America's Health  
UCHAPS: Urban Coalition for HIV/AIDS Prevention Services  
Union for Reform Judaism  
United Church of Christ, Justice and Witness Ministries  
URGE: Unite for Reproductive & Gender Equity  
Venas Abiertas  
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

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<sup>i</sup> 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>.

<sup>ii</sup> 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>.

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

<sup>iv</sup> 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/>

<sup>v</sup> 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>.

<sup>vi</sup> 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](https://www.cbo.gov/sites/default/files/115th-congress-2017-2018/costestimate/americanhealthcareact_0.pdf).

<sup>vii</sup> 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>.

<sup>viii</sup> 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>



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<sup>ix</sup> 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](https://www.plannedparenthood.org/files/6814/6833/9709/20160711_FS_General_d1.pdf)  
<sup>x</sup> 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](https://www.plannedparenthood.org/files/4314/8183/5009/20161207_Defunding_fs_d01_1.pdf)