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July 24, 2017

**Oppose the Motion to Proceed on the Better Care Reconciliation Act,
Which Will Eliminate Affordable Quality Health Care for 22 Million Americans by
Gutting the Affordable Care Act and Slashing Funding for Medicaid**

**Support the Parliamentarian's Ruling Excluding the Defunding of Planned Parenthood
from the Reconciliation Bill**

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 the motion to proceed on the Better Care Reconciliation Act (BCRA), which will eliminate affordable quality health care for millions of Americans by gutting the Affordable Care Act (ACA) and slashing federal funding and transforming Medicaid into a block grant or per capita cap; and eliminating the Medicaid expansion. We urge you to support the Parliamentarian's ruling excluding the defunding of Planned Parenthood health centers from the reconciliation bill. The latest Congressional Budget Office (CBO) review of the revised Senate bill found that at least 22 million people in the United States would be significantly worse off than under current law, resulting in the same number of uninsured as the original version of the BCRA. In addition, CBO also found that a straight repeal of the ACA would result in 32 million more people without health insurance.

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.¹ 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.

Medicaid is also critically important as it insures one of every five individuals in the United States, including one of every three children, 10 million people with disabilities, and nearly two-thirds of people in nursing homes. 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 Medicaid also serves as a crucial program for Asian Americans, 17 percent of whom receive Medicaid, and Native Hawaiian and Pacific Islanders, 37 percent of whom receive Medicaid.^{iv} 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.^v 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.^{vi} 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) who 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 estimates that under both the original and revised BCRA, 15 million people (or one million more than under the House-passed bill) would lose their Medicaid coverage by 2026.^{vii} While BCRA makes a few minor changes in Medicaid such as stretching out the time for the elimination of the higher federal matching rate for people newly enrolled through the Medicaid expansion, it would still ultimately end the higher federal matching rate for all these enrollees, likely leading to states dropping their coverage. And most significantly, the Senate bill goes even further than the House bill in restructuring Medicaid by providing a lower per capita cap growth rate beginning in 2025, thereby reducing funds for Medicaid even more drastically. Overall, Medicaid spending under both versions of the bill would be cut by \$750 billion over the next 10 years.^{viii} 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. 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.^{ix}

In addition, BCRA 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.^x 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.^{xi}

We are seriously concerned about the lack of transparency of the discussions leading to BCRA and the rush now to vote on the bill without adequate time for analysis, hearings, and discussion of a CBO score, which would provide 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 the motion to proceed on the Better Care Reconciliation Act, or other attempts to change Medicaid's open-ended funding guarantee into a block grant or per capita caps, repeal the Affordable Care Act, and the Medicaid expansion. We urge you to support the Parliamentarian's ruling to exclude the defunding of Planned Parenthood from the reconciliation bill. If you have any questions, please feel free to contact The 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 (youdelman@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+)
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 Preventoin 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

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>.

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- 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} Summary Health Statistics: National Health Interview Survey, 2015, Table P-11a, Age-adjusted percent distributions (with standard errors) of type of health insurance coverage for persons under age 65 and for persons aged 65 and older, by selected characteristics: United States, 2015, ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/NHIS/SHS/2015_SHS_Table_P-11.pdf.
- ^v 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/>
- ^{vi} 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>.
- ^{vii} Congressional Budget Office Estimate, Better Care Reconciliation Act of 2017 (June 26, 2017) available at <https://www.cbo.gov/publication/52849>. See also: Congressional Budget Office Estimate, Better Care Reconciliation Act of 2017 (July 20, 2017) available at <https://www.cbo.gov/system/files/115th-congress-2017-2018/costestimate/52941-hr1628bcra.pdf>
- ^{viii} *Id.*
- ^{ix} 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>
- ^x 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
- ^{xi} 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.