



**STATEMENT OF VANITA GUPTA, PRESIDENT AND CEO
THE LEADERSHIP CONFERENCE ON CIVIL AND HUMAN RIGHTS**

**HEARINGS ON STABILIZING PREMIUMS AND HELPING
INDIVIDUALS IN THE INDIVIDUAL INSURANCE MARKET**

**COMMITTEE ON HEALTH, EDUCATION, LABOR AND PENSIONS
UNITED STATES SENATE**

SEPTEMBER 6-7, 2017

I would like to thank Chairman Alexander and Ranking Member Murray for convening these bipartisan hearings to seriously explore how to stabilize premiums and help individuals in the individual insurance market. It is critical that individuals have some certainty that insurance companies will continue to provide needed health coverage gained through the ACA, and that those with lower incomes continue to receive the subsidies that make such insurance affordable. The ACA and Medicaid are critical sources of health coverage for America's traditionally underserved communities, which are represented by the over 200 national member organizations of The Leadership Conference. These organizations represent people of color, women, immigrants, LGBTQ individuals, individuals with disabilities, seniors, low-income individuals, 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.

We urge the passage of legislation that guarantees funding through a permanent mandatory appropriation for full funding of cost sharing reductions that would provide critical financial protection for nearly 6 million people who obtain private coverage on health insurance marketplaces. And we urge the ongoing funding for a premium stabilization program that shields individual insurance markets from the volatility of high-cost claims.ⁱⁱ

We also want to underscore the critical importance of the Medicaid program, as it insures one of every five individuals in the United States, including one of every three children and 10 million people with disabilities. We oppose any proposal to transform Medicaid into a block grant or per capita cap, slash federal funding, or end the Medicaid expansion. 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.ⁱⁱⁱ According to the Kaiser Family Foundation, African Americans comprise 22 percent of Medicaid enrollment, and Hispanics comprise 25 percent.^{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 have 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. We urge the 19 states which have not taken up the Medicaid expansion to do so going forward.

In addition, The Leadership Conference has opposed singling out Planned Parenthood and blocking 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.^{vii} 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.^{viii}

The Leadership Conference stands ready to work with you to stabilize and improve the Affordable Care Act and extend the expansion of Medicaid so that we can continue to decrease the number of Americans who are unable to afford needed health care. Let’s work together to make the right to health care a reality for all Americans.

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 Centers for Medicare and Medicaid Services, *2017 Effectuated Enrollment Snapshot*, (Washington, DC: Department of Health and Human Services, Centers for Medicare and Medicaid Services, June 6, 2017), available online at <https://downloads.cms.gov/files/effectuated-enrollment-snapshot-report-06-12-17.pdf>.
- ⁱⁱⁱ 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>.
- ^{iv} Kaiser Health Foundation, *Medicaid Enrollment by Race/Ethnicity*, available at <http://kff.org/medicaid/state-indicator/medicaid-enrollment-by-raceethnicity/>.
- ^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} 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.
- ^{viii} 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.