

September 22, 2017

The Honorable Mitch McConnell
Majority Leader
United States Senate
Washington, DC 20510

The Honorable Charles Schumer
Minority Leader
United States Senate
Washington, DC 20510

Dear Majority Leader McConnell and Minority Leader Schumer:

On behalf of physicians, certified nurse midwives/certified midwives and nurse practitioners who provide care for the women of America, along with our patient partners, we stand together for patients and against Senate passage of the Graham-Cassidy-Heller-Johnson proposal (Graham-Cassidy proposal) to repeal the Affordable Care Act. The legislation would repeal valuable women's health protections that have improved access to critical health and wellness services for women and their families, such as pregnancy and newborn care. These should be built upon and improved, not rolled back. We urge the Senate to dispose of this legislation and instead to continue work on bipartisan efforts to stabilize the individual insurance market.

The Graham-Cassidy proposal fails to ensure affordable access to high-quality care for individuals of all income levels, regardless of where they reside. This health care repeal is even worse than the ones that have come before it. We are deeply concerned that this legislation puts women's health and mental health at risk and is a step toward reinstating unnecessary barriers to care. Research shows that women routinely face financial barriers to affording care. In fact, unmet health care needs due to cost are significantly more common among women than among men.ⁱ Of particular concern:

- The Graham-Cassidy proposal threatens women's access to Essential Health Benefits. By allowing states to waive certain standards about which benefits insurers must cover, insurers are given more latitude to increase out-of-pocket costs (e.g., deductibles, co-insurance, co-pays) and exclude coverage of certain services, such as maternity care. That means insurers could shift more costs to women and families, including for essential health services, once again putting critical health care services like maternity care and mental health services out of reach.
- The Graham-Cassidy proposal allows states to waive prohibitions against charging higher premiums for those with pre-existing conditions. Current law ensures that the 65 million women with a pre-existing condition aren't denied or charged more for coverage.ⁱⁱ Stripping this protection would put at risk, once again, women with conditions such as depression, having a prior C-section, cancer, or prior treatment for domestic violence.
- The Graham-Cassidy proposal would strip basic essential coverage from tens of millions of people by replacing marketplace subsidies and the Medicaid expansion with a block grant that would end in 2026.
 - Hundreds of thousands of women with a substance use disorder are receiving treatment under Medicaid expansion. Maintaining this coverage is essential as our nation struggles with an opioid epidemic. Women are more likely to have chronic pain, be prescribed higher doses of prescription pain relievers, and use them for longer time periods than

men. In fact, prescription pain reliever overdose deaths among women increased more than 400% from 1999 to 2010.ⁱⁱⁱ

- The Medicaid expansion enabled millions of no-income and low-income non-pregnant women to access coverage, contributing to a reduction in the uninsured rate among women ages 18-64 by nearly half.^{iv}
- The Graham-Cassidy proposal would further decimate the Medicaid program via a fundamental restructuring. This massive, unprecedented cost shift to states means millions of people will lose Medicaid coverage and millions of women, children, seniors, disabled individuals, and other vulnerable populations who rely on the program will be at risk. As providers and patient advocates, we know that Medicaid:
 - Ensures access to family planning services, including contraceptives, and important cancer screenings. In 2015, 20% of all reproductive-aged women in the U.S. were covered by Medicaid.^v Medicaid accounts for 75% of all public dollars invested in family planning^{vi}, which helped bring our Nation's teen pregnancy rate to the lowest level in our nation's history;
 - Ensures healthy moms and babies. Medicaid covers approximately half of all births in the United States. These cuts would jeopardize women's access to essential maternity care.
 - Ensures coverage for children. Medicaid covers 35 million children, and is critical to caring for the pediatric population. On average, 52 percent of patients at children's hospitals are covered by Medicaid; and
 - Is a key driver to our nation's economy. Girls enrolled in Medicaid are more likely to attend college, with an estimated \$656 increase in wages for each additional year of Medicaid coverage from birth to age 18.^{vii}
- The Graham-Cassidy proposal would eliminate Medicaid coverage for primary and preventive care at women's health clinics, specifically Planned Parenthood health centers. We reject this bold-faced political interference in the patient-provider relationship as well as the dangerous precedent that would be set in allowing Congress to pick and choose among qualified providers who may participate in this essential program.¹ We are concerned about patient access -- any reform needs to increase physician participation in Medicaid, not create additional barriers to providers.
 - Cutting qualified providers who practice at Planned Parenthood out of the Medicaid program would decimate access for those in rural areas and areas without other options, and cost taxpayers \$77 million more in Medicaid spending by 2026.^{viii}
- The proposed Medicaid per capita cap could have a widespread impact on low-income women's ability to get care as capping would shrink overall dollars available for Medicaid. This proposal would put at risk access to care for low-income women with high-risk pregnancies, such as those with Zika virus, substance use disorder, diabetes, or preeclampsia. Further, the proposal would

¹ See also September 19, 2017 letter from James L. Madara, MD, Executive Vice President and CEO of the American Medical Association. Available at <https://searchlf.ama-assn.org/undefined/documentDownload?uri=%2Funstructured%2Fbinary%2Fletter%2FLETTERS%2F2017-9-19-AMA-Letter-on-Graham-Cassidy-Amendment-Final.pdf>

pit the needs of pregnant or reproductive age women against the long-term care needs of impoverished older women. Access to health care wellness services is essential during the reproductive years in order to support optimal pregnancy outcomes, and decrease the risk and severity of chronic disease and other medical conditions that occur as women age. Women make up the majority (60%) of all low-income people on Medicare who receive additional assistance from Medicaid.^{ix}

The Graham-Cassidy proposal limits women's access to necessary health services and puts at risk their health and the health of their families. When women have access to quality, evidence-based, affordable care, they enrich our workforce, achieve higher levels of education, reach their goals, and actively contribute to the success of their families and their communities.

We urge the US Senate in the strongest possible terms to get it right, not fast, and to focus on bipartisan efforts to stabilize health insurance markets. The Graham-Cassidy proposal will turn the clock back on women's health and should not move forward.

Sincerely,

American Academy of Pediatrics

American College of Nurse-Midwives

American College of Physicians

American Congress of Obstetricians and Gynecologists

National Association of Nurse Practitioners in Women's Health

National Family Planning & Reproductive Health Association

National Partnership for Women & Families

Planned Parenthood Federation of America

ⁱ Shartzter, A, Long, S.K., & Benatar, S. (2015). Health Reform Monitoring Service: Health Care Costs Are a Barrier to Care for Many Women. Urban Institute Health Policy Center. Retrieved 9 March 2017, from <http://hrms.urban.org/briefs/Health-Care-Costs-Are-a-Barrier-to-Care-for-Many-Women.html>

ⁱⁱ <https://aspe.hhs.gov/basic-report/risk-pre-existing-conditions-could-affect-1-2-americans>

ⁱⁱⁱ Centers for Disease Control and Prevention. (2013, June). *Prescription Painkiller Overdoses: A Growing Epidemic, Especially Among Women*. Retrieved 19 September 2017, from <http://www.cdc.gov/vitalsigns/prescriptionpainkilleroverdoses/index.html>

^{iv} Simmons, A et. al. The Affordable Care Act: Promoting Better Health for Women. Office of the Assistant Secretary for Planning and Evaluation Issue Brief. Department of Health and Human Services. June 14, 2016, available at <https://aspe.hhs.gov/sites/default/files/pdf/205066/ACAWomenHealthIssueBrief.pdf>.

^v Guttmacher <https://www.guttmacher.org/gpr/2017/03/why-protecting-medicaid-means-protecting-sexual-and-reproductive-health>

^{vi} Guttmacher <https://www.guttmacher.org/gpr/2017/03/why-protecting-medicaid-means-protecting-sexual-and-reproductive-health>

^{vii} Brown, D.W., Kowalski, A.E., and Lurie, I.Z. (2015). *Medicaid As an Investment in Children: What Is the Long-Term Impact on Tax Receipts?*, National Bureau of Economic Research Working Paper, 20835. Available at: <http://www.nber.org/papers/w20835>.

^{viii} The Congressional Budget Office. (2017). American Health Care Act. Budget Reconciliation Recommendations of the House Committees on Ways and Means and Energy and Commerce.

^{ix} Jacobson, G, Neuman, T, and Musumeci M. (2017, March 24). *What Could a Medicaid Per Capita Cap Mean for Low-Income People on Medicare?* Kaiser Family Foundation. Retrieved 19 September 2017, from <http://www.kff.org/medicare/issue-brief/what-could-a-medicaid-per-capita-cap-mean-for-low-income-people-on-medicare/>