



March 14, 2017

The Honorable Paul Ryan
Speaker
U.S. House of Representatives
H-232, U.S. Capitol Building
Washington, DC 20515

The Honorable Nancy Pelosi
Democratic Leader
U.S. House of Representatives
H-204, U.S. Capitol Building
Washington, DC 20515

The Honorable Mitch McConnell
Majority Leader
U.S. Senate
S-230, U.S. Capitol Building
Washington, DC 20515

The Honorable Charles E. Schumer
Democratic Leader
U.S. Senate
S-221, U.S. Capitol Building
Washington, DC 20515

Dear Speaker Ryan, Leader Pelosi, Leader McConnell, and Leader Schumer:

We urge Congress to reject any bill that would roll back the coverage gains made by women under the Affordable Care Act (ACA).

Raising Women's Voices for the Health Care We Need is a national initiative working to ensure that the health care needs of women and our families are addressed as changes to the ACA are considered. We have a special mission of engaging women who are not often invited into health policy discussions: women of color, low-income women, immigrant women, young women, women with disabilities, elderly women, and members of the LGBTQ community.

The changes to the ACA envisioned by the American Health Care Act (AHCA) introduced by House Republicans on March 6, 2017 will profoundly impact the lives and health of women and our families. Women live in poverty at higher rates than men and earn only 80 percent of what men earn in full-time year round jobs. We are much less likely than men to have employer-sponsored insurance in our own names, and are at greater risk of losing it because of divorce, death of a spouse, or changes to the family coverage offered by a spouse's employer.¹ The ACA's subsidies to help individuals and families purchase private insurance and its expansion of Medicaid coverage have provided women not only health benefits, but also much greater financial independence and stability.

Yesterday the Congressional Budget Office (CBO) released its findings that if the Republican

¹ "Women's Health Insurance Coverage," Kaiser Family Foundation, February 2, 2016, <http://kff.org/womens-health-policy/factsheet/womens-health-insurance-coverage-fact-sheet/>

bill is enacted, **14 million people will lose insurance in the first year alone and 24 million will lose insurance by 2026** when the bill is fully implemented. By 2026, **the bill will almost double—to 52 million—the number of people without insurance compared to current law.** According to news reports, the White House’s own internal analysis estimates that even more people will lose coverage than CBO predicts.²

CBO’s report confirms that under the bill, millions of low-income women will no longer be able to look to Medicaid for help. The bill effectively ends the ACA’s Medicaid expansion for low-income adults. CBO predicts that within just two years of implementation more than two-thirds of the expansion population will lose their eligibility, dwindling down to 5 percent of those currently covered. The bill also radically changes original Medicaid, capping and ratcheting down federal support so that it provides less and less help each year. Since its creation in 1965, Medicaid has been a flexible program capable of responding to both economic recessions and public health crises. The bill would tie states’ hands, forcing states to cut benefits or drop children, pregnant women, disabled people, and seniors from coverage.

The bill uses these deep cuts to the health care of vulnerable women and their families in order to fund tax cuts for the very wealthy. According to the Center on Budget and Policy Priorities, the bill provides an average \$7 million tax cut to each of the 400 richest households in America.³

Likewise, we are deeply concerned that the bill tacks on a **costly penalty for sick people who lose insurance for two months through no fault of their own.** A woman who loses her job during chemotherapy and can’t pay her premiums will have to pay a 30 percent higher premium to regain coverage simply because she couldn’t maintain “continuous coverage” while battling cancer.

This penalty, compared to the ACA’s individual mandate, would provide only a weak incentive for healthy people to get insurance. In fact, CBO confirms that *more* people would *forego* coverage as a result of this provision than would purchase it, and that the people foregoing coverage would be healthier than those enrolling: **“roughly 2 million fewer people would purchase insurance** because they would either have to pay the surcharge or provide documentation about previous health insurance coverage. **The people deterred from purchasing coverage would tend to be healthier than those who would not be deterred and would be willing to pay the surcharge.”**

Because the bill allows insurance companies to charge older Americans five times more than younger ones, CBO predicts that it will **“substantially rais[e] premiums for older people.”** Women in their 50s and 60s who lose coverage through divorce or widowhood will be hard pressed to find affordable coverage.

² Demko P, "White House analysis of Obamacare repeal sees even deeper insurance losses than CBO," Politico, March 13, 2017. <http://www.politico.com/story/2017/03/obamacare-uninsured-white-house-236019>

³ Huang C, "House Republicans’ ACA Repeal Plan Would Mean Big Tax Cuts for Wealthy, Insurers, Drug Companies," Center on Budget and Policy Priorities, March 8, 2017 <http://www.cbpp.org/research/federal-tax/house-republicans-aca-repeal-plan-would-mean-big-tax-cuts-for-wealthy-insurers>

Furthermore, CBO makes clear that the bill **will allow insurance companies to shift more out-of-pocket costs onto Americans**, noting that “lower-income people’s share of medical services paid in the form of deductibles and other cost sharing would increase.” This change especially hurts women, who earn less than men and are more likely to work in fields without employer-provided insurance.

As a result of these changes, CBO finds that “fewer lower-income people would obtain coverage through the non- group market under the legislation than under current law,” **not because they choose to forego coverage, but because this bill pulls the rug out from under them.**

At the same time, CBO finds that the bill would prompt employers to drop coverage. The bill would eliminate tax credits that help small businesses provide coverage and repeal the mandate that large employers do so. By 2026, CBO reports, **7 million “fewer people, on net, would enroll in employment-based coverage” and “over time, fewer employers would offer health insurance to their workers.”**

The bill also prevents women from being able to use their public health insurance at the highly qualified provider of their choice if that provider is Planned Parenthood, which would be barred from receiving federal funds. Planned Parenthood is often the only provider in rural and other underserved areas. **CBO makes clear that this provision would only affect Planned Parenthood—raising serious concerns about its constitutionality—and would result in “reduced access to care.”** CBO finds: “The people most likely to experience reduced access to care would probably reside in areas without other health care clinics or medical practitioners who serve low-income populations.”

Finally, we are deeply concerned that the bill was rushed through the committee process without this estimate from CBO beforehand and without testimony on the bill from public health experts. We are equally concerned that, as CBO noted, **“because of the very short time available to prepare this cost estimate” it couldn’t determine the bigger impact on our economy.** Independent analyses have found that repealing the ACA could lead to 3 million lost jobs⁴, with particularly deep job losses in the health sector, where women make up 80% of the workforce.⁵ It is deeply irresponsible for Congress to rush through this bill and gamble with our health care and our livelihoods without a real accounting of its impact.

We strongly urge Congress to reject this and any other bill that would roll back the coverage gains made by women under the ACA.

⁴ Commonwealth Fund, "Repealing Federal Health Reform: Economic and Employment Consequences for States," January 2017. <http://www.commonwealthfund.org/Publications/Issue-Briefs/2017/Jan/Repealing-Federal-Health-Reform>

⁵ Diamond D, "Women make up 80% of health care workers—but just 40% of executives," Advisory Board, August 2014. <https://www.advisory.com/daily-briefing/blog/2014/08/women-in-leadership>

Thank you for your consideration of our comments. If you have any questions regarding this letter, please contact Sarah Christopherson, policy advocacy director for Raising Women's Voices and the National Women's Health Network (schristopherson@nwhn.org).

Sincerely,

Raising Women's Voices for the Health Care We Need
ACCESS: Women's Health Justice
Afiya Center
Black Women's Health Imperative
California Latinas for Reproductive Justice
Colorado Organization for Latina Opportunity and Reproductive Rights (COLOR)
Consumer Health First
Consumers for Affordable Health Care (CAHC)
EverThrive Illinois
Feminist Women's Health Center
MergerWatch Project
Mississippi In Action
Montana Women Vote
National Women's Health Network
New Jersey Citizen Action
New Mexico Religious Coalition for Reproductive Choice
New Voices for Reproductive Justice
Northwest Health Law Advocates
Oregon Foundation for Reproductive Health
Raising Women's Voices–New York
SisterSong: National Women of Color Reproductive Justice Collective
SisterReach
Trans Queer Pueblo
WV FREE

cc Members of the United States Senate and House of Representatives