

The Honorable Mitch McConnell
Senate Majority Leader
317 Russell Senate Office Building
Washington, D.C. 20510

The Honorable Charles Schumer
Senate Minority Leader
322 Hart Senate Office Building
Washington, D.C. 20510

The Honorable Paul Ryan
Speaker of the House
1233 Longworth House Office Building.
Washington, D.C. 20515

The Honorable Nancy Pelosi
House Minority Leader
233 Cannon House Office Building
Washington, D.C. 20515

March 6, 2017

Dear Senate Majority Leader McConnell, Senate Minority Leader Schumer, Speaker Ryan, and House Minority Leader Pelosi:

We, the undersigned organizations, share a commitment to advancing the health and economic security of women and their families. We are writing to express our opposition to repealing the Affordable Care Act (ACA) and defunding Planned Parenthood.

We are deeply troubled by Congressional efforts to repeal this groundbreaking and essential law. Any vote to repeal the law – or significant portions of it – puts the health, well-being and economic security of women in jeopardy. Repealing the ACA risks going back to a time when women struggled to find affordable health coverage in the individual market, were routinely charged more than men for the same health insurance, and often found that health coverage did not cover their essential health care needs. This effort, combined with Congressional efforts to dismantle Medicaid and defund and close Planned Parenthood health centers, demonstrates a full-fledged attack on women’s lives and health, particularly for low-income women and women of color.

The ACA is working. The law has greatly improved women’s access to quality, affordable health insurance and needed care.

Repealing the ACA means taking away health insurance from millions of women and leaving them without affordable coverage options.

For millions of women, repealing the ACA means stripping their health insurance away and leaving them without affordable coverage options. Since the enactment of the ACA, 9.5 million previously uninsured women have gained affordable, comprehensive health coverage.¹ If the ACA is repealed, the number of people uninsured would increase by 32 million by 2026.² As a result of repeal, millions of women and families will lose their tax credits and cost-sharing reductions. Young people may lose their ability to stay on their parent’s insurance until they are 26.

Before the ACA took effect, 92 percent of the best-selling plans on the individual market charged women higher premiums simply because of their gender (a practice known as “gender rating”), costing women approximately \$1 billion a year.³ The ACA put an end to this discriminatory practice. Without the ACA, women could once again have to pay more than men for the same insurance policies.

The ACA ended other predatory practices that allowed insurers to refuse to cover women who had pre-existing conditions, defined to include such things as breast cancer or cesarean sections, medical

treatment due to domestic violence and common chronic conditions such as high blood pressure or diabetes. Repealing the ACA puts these protections in jeopardy and risks once again making health coverage unaffordable or completely inaccessible to those who need it the most.

Millions of women and families could lose Medicaid coverage without the ACA, particularly if federal funds to Medicaid are capped and cut as part of the effort to repeal the law. Women living in states that opted to expand Medicaid coverage saw the most dramatic reductions in the uninsured rates.⁴ Medicaid provides essential care for women throughout their lives – from family planning and maternal health services to nursing home care. Medicaid finances nearly half of all births in the United States, accounts for 75 percent of all publicly-funded family planning services, and accounts for half (51 percent) of all long-term care spending, which is critical for many older women.⁵ By expanding Medicaid under the ACA, more people – especially women – gained access to reproductive health services, like contraception, breast and cervical cancer screenings, well-woman visits, and sexually transmitted infection (STI) testing and treatment. Congressional efforts to cap and cut Medicaid, along with repealing the ACA, are an attack on our nation’s safety net and the health and well-being of low-income families.

Repealing the ACA jeopardizes access to key preventive services – including birth control.

Repealing the ACA could leave women without guaranteed coverage for no-cost preventive services, including well-woman visits, cancer screenings, screening for intimate partner violence, breastfeeding services and supplies, STI screening, HIV testing, and contraception. The ACA requires most health insurance plans to cover preventive services without copayments, deductibles or other out-of-pocket costs. Fifty-five million women now have guaranteed coverage of these vital preventive services, which improve health outcomes and help drive down health costs.⁶ Repeal of the ACA would risk women’s access to these essential preventive services, with sharp effects on women’s pocket books.

Access to contraception enables women to plan if and when to have children by preventing unintended pregnancy and improving health outcomes by promoting healthy birth spacing, which helps women achieve economic security and support their families. Without a guarantee of birth control coverage without cost-sharing, women’s out-of-pocket expenses will dramatically increase and many women will not be able to afford the birth control method of their choice. It is estimated that because of the ACA, women saved more than \$1.4 billion in out-of-pocket costs on the birth control pill alone in 2013⁷ and that prior to the ACA, only 15 percent of women had coverage of oral contraception with no out-of-pocket costs.⁸ And, without the ACA, women’s access to highly effective long-acting reversible contraceptives (LARCs), such as intrauterine devices (IUDs), would be diminished by the high up-front cost of those methods, which can be as high as one month’s salary for a woman earning minimum wage.⁹ If the ACA is repealed, we risk rolling back the important progress we have made.

Repealing the ACA would halt the progress toward reducing racial and ethnic health disparities.

Under the ACA, women of color are better able to access preventive care, an important step toward leveling the playing field for groups that have faced years of discriminatory policies that have led to poor health outcomes. Fifteen million African-Americans, 17 million Latinos, and 8 million Asian Americans gained access to preventive services for illnesses that disproportionately impact women of color.¹⁰ For instance, as a result of barriers to health care access, African-American women disproportionately die from breast cancer,¹¹ and Latinas are 60 percent more likely to have cervical cancer than white women.¹² Asian Americans, Native Hawaiians, and Pacific Islanders are the only racial and ethnic group where cancer is the leading cause of death.¹³ Indeed, Asian American women 18 years and older are the least likely of any racial group to get a cervical cancer screening despite high cervical cancer rates among certain Asian subgroups of women.¹⁴ The ACA requires coverage without cost sharing of breast cancer and

cervical cancer screenings, thereby helping to eliminate this longstanding disparity in care and treatment.

Women of color have also made historic coverage gains. Between 2012 and 2014, the uninsured rate among African-American women fell nearly 7 percent and the uninsured rate among Latina women fell 9 percent.¹⁵ The uninsured rate for Asian Americans fell from upwards of 15 to nearly 8 percent; Native Hawaiians' and Pacific Islanders' uninsured rate also fell from approximately 15 to 8 percent between 2010 and 2015.¹⁶ The uninsured rate among Latino children and adolescents declined more than any other group of children or adolescents under 18.¹⁷

The nationwide uninsurance rate among women living with HIV also decreased from 17 percent to 12 percent between 2012 and 2014.¹⁸ Today many women living with HIV, including transgender women, can access lifesaving care and treatment previously inaccessible due to pre-existing condition exclusions, high premiums on private health insurance, and Medicaid's eligibility limitations.¹⁹ However, women of color continue to disproportionately account for new HIV infections among women and the number of women living with HIV.²⁰ The protections afforded by the ACA as well as Medicaid expansion must be retained to ensure that women living with and vulnerable to HIV can access the comprehensive prevention and care services they need to be healthy and stay alive.

Repeal of the ACA would also roll back important gains in ensuring women's access to a robust set of benefits under their insurance plan, including maternity and newborn care, preventive care, prescription drugs, and mental health services.

Under the ACA, women purchasing insurance on the Marketplace are now guaranteed access to a set of essential health benefits, including coverage of mental health services, prescription drugs, pediatric care, maternity care, and more. Without a nationwide standard for coverage, women would face a patchwork of covered benefits across these critical services, as they did before the implementation of the ACA.

For example, prior to the ACA, only 12 percent of health plans in the individual market provided any coverage for maternity care.²¹ If the ACA is repealed, guaranteed coverage of maternity care could be lost. Meaning, even women who have health insurance may still have to pay out-of-pocket for their maternity care – a necessary health care service that can be very costly for women.

We stand in strong support of the gains that the ACA has ensured for women's health and economic security. Further, we steadfastly oppose any efforts that seek to weaken women's access to affordable, quality health coverage, and attacks that endanger women's access to essential health care services provided by Planned Parenthood health centers. Millions of people rely on Planned Parenthood to access critical preventive health services, and denying low-income women such an important access point will be devastating to public health. Taken together, these efforts amount to an extreme assault on women's health and economic security.

Sincerely,

ACRIA
Advocates for Youth
African American Health Alliance
AIDS Alliance for Women, Infants, Children, Youth & Families
AIDS Foundation of Chicago
American Academy of Nursing
American Association of University Women (AAUW)
American Civil Liberties Union

American Federation of Teachers
American Medical Student Association
Annie Appleseed Project
APLA Health
Asian & Pacific Islander American Health Forum
Asian Pacific Partners for Empowerment, Advocacy and Leadership (APPEAL)
Association of Nurses in AIDS Care
Black Women's Health Imperative
Breast Cancer Care & Research Fund
California Breast Cancer Organizations
CARE Advocates Network
Caring Across Generations
Cascade AIDS Project
Center for American Progress
Center for Reproductive Rights
Chicago Women's AIDS Project
Children's Place Association
Equality Federation
EverThrive Illinois
Families USA
Family Equality Council
Feminist Majority Foundation
GLMA: Health Professionals Advancing LGBT Equality
Hadassah, The Women's Zionist Organization of America, Inc.
Health & Medicine Policy Research Group
Health Care For All - Massachusetts
Health Reform Resource Project
Hispanic Health Network
HIV Prevention Justice Alliance
Human Rights Campaign
In Our Own Voice: National Black Women's Reproductive Justice Agenda
Jacobs Institute of Women's Health
Latino Commission on AIDS
League of Women Voters of the United States
Legal Council for Health Justice
Linda Creed Breast Cancer.Org
Louisiana Coalition of African American Breast Cancer Survivors
Love Heals the Alison Gertz Foundation for AIDS Education
Mailman School of Public Health
Minnesota Breast Cancer Coalition
Moveable Feast Inc.
NAACP
NARAL Pro-Choice America
National Abortion Federation
National Asian Pacific American Women's Forum (NAPAWF)
National Association of Nurse Practitioners in Women's Health (NPWH)
National Association of Perinatal Social Workers
National Association Social Workers
National Black Justice Coalition
National Black Women's HIV/AIDS Network, Inc.
National Center for Lesbian Rights

National Center for Transgender Equality
National Coalition for LGBT Health
National Council of Asian Pacific Americans (NCAPA)
National Council of Jewish Women
National Family Planning & Reproductive Health Association
National Health Law Program
National Immigration Law Center (NILC)
National Institute for Reproductive Health
National Latina Institute for Reproductive Health
National LGBTQ Task Force Action Fund
National Organization for Women
National Partnership for Women & Families
National Women's Health Network
National Women's Law Center
Open Door Clinic of Greater Elgin
Out2Enroll
People For the American Way
Physicians for Reproductive Health
Planned Parenthood Federation of America
Population Institute
Positive Women's Network - USA
Project Inform
Public Citizen
Racial and Ethnic Health Disparities Coalition
Raising Women's Voices for the Health Care We Need
Saint Louis Effort for AIDS
San Francisco AIDS Foundation
Sexuality Information and Education Council of the U.S. (SIECUS)
Sisters Network Inc.
Southern AIDS Coalition
Southern HIV/AIDS Strategy Initiative
The AIDS Institute
The Rhode Island Breast Cancer Coalition
The Sargent Shriver National Center on Poverty Law
The United Methodist Church, Church and Society
TPAN
Treatment Action Group
URGE: Unite for Reproductive & Gender Equity
Virginia Organizing
Voices for Progress
Young Invincibles
YWCA USA

-
- ¹ U.S. Department of Health and Human Services. (2016, March). *Health Insurance Coverage and the Affordable Care Act 2010-2016*. Retrieved 24 January 2017, from <https://aspe.hhs.gov/sites/default/files/pdf/187551/ACA2010-2016.pdf>
- ² U.S. Congressional Budget Office. (2017, January). *How Repealing Portions of the Affordable Care Act Would Affect Health Insurance Coverage and Premiums*. Retrieved 9 February 2017, from <https://www.cbo.gov/publication/52371>
- ³ National Women's Law Center. (2012). *Turning to Fairness: Insurance Discrimination against Women Today and the Affordable Care Act*. Retrieved 14 December 2016, from http://www.nwlc.org/sites/default/files/pdfs/nwlc_2012_turningtofairness_report.pdf
- ⁴ U.S. House of Representatives Committee on Energy and Commerce, Democratic Staff Report. (2016, December). *Turning Back the Clock: Republican Plans to Repeal the Affordable Care Act Will Reverse Progress for Women*. Retrieved 16 December 2016 from <http://democrats-energycommerce.house.gov/sites/democrats.energycommerce.house.gov/files/documents/ACA%20Womens%20Health%20FINAL.pdf>
- ⁵ Kaiser Family Foundation. (2016, October). *Women's Health Insurance Coverage*. Retrieved 9 February 2017, from <http://kff.org/womens-health-policy/fact-sheet/womens-health-insurance-coverage-fact-sheet/>
- ⁶ U.S. Department of Health and Human Services. (2016). *Fact Sheet: The ACA is Working for Women*. Retrieved 6 February 2017, from <https://www.hhs.gov/healthcare/facts-and-features/fact-sheets/aca-working-women/index.html>
- ⁷ Becker, N.V., & Polsky, D. (2015). Women Saw Large Decrease In Out-Of-Pocket Spending For Contraceptives After ACA Mandate Removed Cost Sharing. *Health Affairs*, 34, (7), 1204-1211. Retrieved 6 February 2017, from <http://content.healthaffairs.org/content/34/7/1204.full.pdf+html>
- ⁸ Sonfield, A., Tapales, A., Jones, R.K., & Finer, L.B. (2015). Impact of the federal contraceptive coverage guarantee on out-of-pocket payments for contraceptives: 2014 update. *Contraception*, 91, 44-48. Retrieved 6 February 2017, from [http://www.contraceptionjournal.org/article/S0010-7824\(14\)00687-8/pdf](http://www.contraceptionjournal.org/article/S0010-7824(14)00687-8/pdf)
- ⁹ Brief of the Guttmacher Institute and Professor Sarah Rosenbaum as Amici Curiae Supporting Petitioners at 16, *Burwell v. Hobby Lobby Stores, Inc.*, et al., 134 S. Ct. 2751 (2014) (No. 13-354, 13-356).
- ¹⁰ U.S. Department of Health and Human Services. (2015, May). *The Affordable Care Act is Improving Access to Preventive Services for Millions of Americans*. Retrieved 9 February 2017, from <https://aspe.hhs.gov/sites/default/files/pdf/139221/The%20Affordable%20Care%20Act%20is%20Improving%20Access%20to%20Preventive%20Services%20for%20Millions%20of%20Americans.pdf>
- ¹¹ U.S. Department of Health and Human Services, Office of Minority Health. (2016). *Cancer and African Americans*. Retrieved 9 February 2017, from <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=16>;
- ¹² U.S. Department of Health and Human Services, Office of Minority Health. (2016). *Cancer and Hispanic Americans*. Retrieved 9 February 2017, from <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=61>
- ¹³ Centers for Disease Control and Prevention. (2016). *Health of Asian or Pacific Islander Population*. Retrieved 14 February 2017, from <https://www.cdc.gov/nchs/fastats/asian-health.htm>
- ¹⁴ Fang, C.Y., Ma, G.X., & Tan, Y. (2011). Overcoming Barriers to Cervical Cancer Screening Among Asian American Women. *North American Journal of Medical Sciences*, 4(2), 77-83.
- ¹⁵ See note 4.
- ¹⁶ United States Census. (2010 and 2015). *American Community Survey 1-Year Estimates, Table S0201*. Retrieved 21 February 2017, from https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_15_1YR_S0201&prodType=table
- ¹⁷ Georgetown Center for Children and Families. (2016, December). *Latino Children's Coverage Reaches Historic High, But Too Many Remain Uninsured*. Retrieved 9 February 2017, from <http://ccf.georgetown.edu/2016/12/15/latino-childrens-coverage-reaches-historic-high-but-too-many-remain-uninsured/>
- ¹⁸ Kaiser Family Foundation. (2017, February). *Insurance Coverage Changes for People with HIV Under the ACA*. Retrieved 16 February 2017, from <http://kff.org/health-reform/issue-brief/insurance-coverage-changes-for-people-with-hiv-under-the-aca/>
- ¹⁹ AIDS.gov. (2016). *The Affordable Care Act and HIV/AIDS*. Retrieved 16 February 2017, from <https://www.aids.gov/federal-resources/policies/health-care-reform/>
- ²⁰ Centers for Disease Control and Prevention. (2015). *HIV Among African Americans*. Retrieved 14 February 2017, from <https://www.cdc.gov/hiv/group/raciaethnic/africanamericans/index.html>
- ²¹ See note 3.