

March 22, 2017

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

The Honorable Nancy Pelosi
Minority Leader, U.S. House of Representatives
U.S. Capitol Building
Washington, DC 20515

Dear Speaker Ryan and Leader Pelosi,

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 House passage of the American Health Care Act (AHCA). 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.

The AHCA fails to ensure affordable access to high-quality care for individuals of all income levels, regardless of where they reside. We are deeply concerned that this legislation puts women's health and mental health at risk and is a step towards 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

- The AHCA threatens women's access to Essential Health Benefits. By repealing certain standards about how much coverage insurers must provide in relation to the premiums they charge (the actuarial value of a health plan), insurers are given more latitude to increase out-of-pocket costs (e.g., deductibles, co-insurance, co-pays). That means insurers could shift more costs to women and families, including for essential health services. By imposing dramatically higher cost-sharing obstacles, insurers could once again put essential health care services like maternity care and mental health services out of reach.
- The AHCA would strip basic essential coverage from 14 million people by eliminating the Medicaid expansion program; 24 million people would be without coverage by 2026ⁱⁱ.
 - Hundreds of thousands of women with a substance use disorder are receiving treatment under the expansion programs. Maintaining this coverage is essential as our nation struggles with an opioid epidemic. Women are more likely to have chronic pain, be prescribed and be given 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.
- The AHCA would decimate the Medicaid program via a fundamental restructuring - cutting \$880 billion dollars and eliminating the Medicaid expansion. This massive, unprecedented cost shift to states means 14 million people will lose Medicaid coverage and millions of women, seniors, disabled individuals, children, 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. In 2015, 20% of all reproductive-aged women in the U.S. were covered by Medicaid.ⁱⁱⁱ Medicaid accounts for 75% of all public dollars invested in family planning^{iv}, 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 prenatal and 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 as children 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.^v
- The AHCA would eliminate Medicaid coverage for primary and preventive services 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. 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^{vi}.
- The proposed per capita capping of the Medicaid program could have a widespread impact on low-income women’s ability to get care as capping would shrink overall dollars available for Medicaid. This would, for example, pit the needs of pregnant or reproductive age women against the long-term care needs of impoverished older women. Women make up the majority (60%) of all low-income people on Medicare who receive additional assistance from Medicaid.

The AHCA 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 House in the strongest possible terms to get it right, not fast. The AHCA 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 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

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

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

^v 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>.

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