

June 15, 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 women, children, and families in expressing great concern about reports that legislation to repeal and replace the Affordable Care Act (ACA) is being drafted and rushed forward outside of regular order for a vote on the floor of the U.S. Senate. We believe that this would turn back the clock and reverse hard-won progress on gains in women's access to healthcare and coverage. We stand ready to work with Congress to advance legislation that would instead promote women's health and access to care and coverage.

[Our organizations have already expressed](#) opposition to the American Health Care Act (AHCA) that was passed by the U.S. House of Representatives. Therefore, we call on the Senate to put aside this bill that would do so much harm to women's health and access to care and instead focus attention on developing legislation that would improve access to quality care and move our health care system forward. Further, we urge you to engage in outreach to organizations representing physicians, certified nurse-midwives/certified midwives, nurse practitioners, patients, and others affected by the proposed policies; conduct hearings and markups; and allow time for a Congressional Budget Office (CBO) score to be made available with sufficient opportunity for review and assessment by the public and nonpartisan analysts before moving forward.

Proposals allowing states to opt out of covering essential health benefits (EHBs), including maternity care, would be detrimental to women's health. Coverage of EHBs is a critical protection that ensures women have guaranteed access to a robust set of health care services. Making certain categories of coverage optional would not substantially lower the premiums that people pay for health coverage. For example, requiring maternity coverage as an EHB is not a source of health cost growth. Rather, by sharing risk across a broad population of beneficiaries, it provides vital protection for women and families from the risk of tens of thousands of dollars of out-of-pocket costs associated with normal physiologic labor and delivery, cesarean section, and pregnancy complications. In exchange for monthly premium costs of just \$8 – \$14, according to one recent analysis, the maternity care EHB provides significant security for people wishing to grow their families in the U.S.¹ Furthermore, since everyone is at some point a newborn, pregnancy and childbirth affects all of us. Enabling exclusion of maternity care from health coverage denies people access to the care that everyone deserves.

¹ Bayram, Rebekah, and Barbara Dewey. "Are essential health benefits here to stay?" Milliman. March 2017. Accessed June 13, 2017. <http://us.milliman.com/uploadedFiles/insight/2017/essential-health-benefits.pdf>.

Proposals to cap, block grant, or otherwise cut the federal contribution to Medicaid, eliminating the higher federal match for expansion, and eliminating the requirement that Medicaid cover essential health benefits would cause millions of the most vulnerable women, children, and families in the U.S. to lose their Medicaid benefits, and with it access to life-saving health care. The House-passed AHCA included fundamental changes to the structure and financing of Medicaid that would put the coverage that millions of women, children, and families rely on for crucial services at further risk. Senate proposals to extend the timeline and transition period for these draconian policies would not change the fact that tens of millions of low-income Americans would lose coverage and benefits, with women and children disproportionately affected.² Further, according to the Kaiser Family Foundation, “among all sources of coverage, Medicaid disproportionately carries the weight of covering the poorest and sickest population of women. Approximately 66 percent of non-elderly women with Medicaid had incomes below 200 percent of the FPL. Medicaid finances nearly half of all births in the U.S.,¹ accounts for 75 percent of all publicly-funded family planning services¹¹ and half (51 percent) of all long-term care spending, which is critical for many frail elderly women.”³

It would be unacceptable for the Senate to adopt legislation that would cause millions of women and families to suffer, lose access to care and coverage, and pay higher healthcare costs.

Finally, we urge the Senate to reject the AHCA provision that would deny federal funding in the form of reimbursement for covered services furnished by qualified providers. Specifically, blocking federal funding for Planned Parenthood health centers would result in the loss of access to care for women, including evidence-based services such as the provision of contraception, preventive health screenings, sexually transmitted infection testing and treatment, vaccines, counseling, rehabilitation, and referrals. Patients receiving care from women’s health clinics predominantly have incomes at or below the federal poverty line and no other source of covered or affordable care in their region. Other providers cannot fill the gap left by denying low-income women access to care provided at Planned Parenthood.

When women have access to quality, evidence-based, affordable care throughout their lives, they enrich our workforce, achieve higher levels of education, reach their goals, and actively contribute to the success of their families and their communities. Therefore, we urge the Senate to reject the flawed policies in the AHCA—capping and cutting Medicaid, ending Medicaid expansion, eliminating the requirement that health plans cover essential benefits like maternity care, contraception, important cancer screenings, mental health and substance use disorder services and restricting federal funding for Planned Parenthood. Further, we urge the Senate to instead start over and seek agreement on bipartisan ways to improve and build on the ACA and to make other improvements in care for women and their families. Our organizations welcome the opportunity to share our ideas for

² Katch, Hannah, Jessica Schubel, and Matt Broaddus. "Medicaid Works for Women - But Proposed Cuts Would Have Harsh, Disproportionate Impact." Center on Budget and Policy Priorities. May 11, 2017. Accessed June 13, 2017. <http://www.cbpp.org/research/health/medicaid-works-for-women-but-proposed-cuts-would-have-harsh-disproportionate-impact>.

³ "Women’s Health Insurance Coverage." Kaiser Family Foundation. October 21, 2016. Accessed June 13, 2017. <http://www.kff.org/womens-health-policy/fact-sheet/womens-health-insurance-coverage-fact-sheet/>.

bipartisan solutions for improving current law that would help make health care better, more accessible, and more affordable for women.

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

Cc: Senate Finance Committee; Senate Health, Education, Labor and Pensions Committee