



March 22, 2017

## Oppose the American Health Care Act

Dear Representative:

On behalf of The Leadership Conference on Civil and Human Rights, a coalition charged by its diverse membership of more than 200 national organizations, we urge you to oppose the American Health Care Act (AHCA), which would repeal the Affordable Care Act (ACA), by transforming the structure and reducing funding of Medicaid, defunding Planned Parenthood health centers, and, at the same time, reduce taxes on the wealthy—resulting in millions of individuals and families losing their health coverage.

The Leadership Conference believes that repealing the ACA and replacing it with the AHCA will be a disaster for the communities we represent. The ACA and Medicaid have been critical sources of health coverage for America's traditionally underserved communities, including individuals and families living in poverty, people of color, women, immigrants, LGBTQ individuals, individuals with disabilities, seniors, and individuals with limited English proficiency. The ACA has reduced the number of people without insurance to historic lows, including a reduction of 39 percent of the lowest income individuals.<sup>i</sup> While all racial and ethnic groups experienced reductions in their uninsured rate, declines were larger among communities of color as compared to Whites, with the largest decreases among Latinos.<sup>ii</sup>

Medicaid insures one of every five individuals in the United States and one of every three children. Medicaid coverage, including the Medicaid expansion, is particularly critical for people of color, who represent 58 percent of non-elderly Medicaid enrollees.<sup>iii</sup> African-Americans comprise 22 percent of those covered by Medicaid and Hispanics comprise 25 percent.<sup>iv</sup> They are more likely than White non-Hispanics to lack insurance coverage and are more likely to live in families with low incomes and fall in the Medicaid gap.<sup>v</sup> As a result, the lack of expansion disproportionately affects these communities, as well as women, who make up the majority of poor uninsured adults in states that did not expand Medicaid.

Repealing the ACA, including the elimination of subsidies, and restructuring the financing and coverage of Medicaid as proposed by the AHCA, would cause 24 million people to lose their health coverage by 2026<sup>vi</sup> and would almost double the proportion of uninsured Americans to an estimated 52 million people.<sup>vii</sup> For people of color who experienced some of the largest gains in health coverage, this could mean vastly reduced access to needed health care, increased medical debt, and persistent racial disparities in mortality rates.<sup>viii</sup>

The CBO estimated that under the AHCA, as initially proposed, 14 million people would lose their Medicaid coverage by 2026, a reduction of about 17 percent relative to the comparable number under current law.<sup>ix</sup> The AHCA would end the higher federal matching rate for people newly enrolled through the Medicaid expansion and transform the financing from an entitlement program based on the number of persons enrolled to a more limited per

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capita-based cap. CBO estimates that by 2026, Medicaid spending would be reduced by \$880 billion or 25 percent less than estimated under current law.<sup>x</sup> The inclusion in the manager's amendment of an optional block grant for some recipients is likely to reduce coverage further. This dramatic reduction in funding to the states is likely to result in more people losing coverage, particularly low-income working adults, and/or needed services, particularly those optional services needed by people with disabilities.

Further, the AHCA would permit states under the Medicaid program to impose a work requirement as a condition of eligibility for the first time. Such a requirement not only fails to further the purpose of providing health care but also undermines this objective. Among adults with Medicaid coverage, nearly 8 in 10 live in working families and a majority are working themselves. Among adults age 19-64 enrolled in Medicaid, 59 percent are working themselves and 78 percent are in families with at least one worker.<sup>xi</sup> Many qualified for Medicaid under the expansion, which permits states to cover people below 138 percent of the federal poverty level. An individual earning an annual salary at the federal minimum wage would earn just over \$15,000 a year or about 125 percent of poverty and thus be newly eligible for Medicaid. These people do not need a work requirement as proposed by the AHCA. Instead, they need a higher minimum wage and employers who provide affordable health insurance. Medicaid supplements the very low wages prevailing in the restaurant and food service industry, among others.

In addition, the AHCA would single out Planned Parenthood and block federal Medicaid funds for care at its health centers. The defunding of Planned Parenthood would prevent more than half of its patients from getting affordable preventive care, including birth control, testing and treatment for sexually transmitted diseases, breast and cervical cancer screenings, and well-women exams at Planned Parenthood health centers, often the only care option in their area. This loss of funds will have a disproportionate effect on poor families and people of color who make up 40 percent of Planned Parenthood patients.<sup>xii</sup> Seventy-five percent of Planned Parenthood patients are at or below 150 percent of the federal poverty level and half of their health centers are in rural or underserved areas.<sup>xiii</sup>

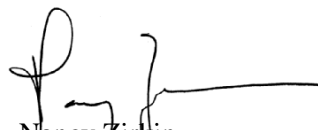
We also have serious concerns about the lack of transparency in developing and considering this legislation. After more than seven years and sixty votes to repeal the ACA, there is no excuse for forcing consideration of this bill without adequate time for analysis, including a CBO score on the revised bill, and ample opportunity for the public to understand the proposed changes and participate in this discussion in which their very access to health care for themselves and their families is at stake.

We urge you to oppose the American Health Care Act, which would take away health coverage from millions of Americans, particularly those most vulnerable including low-income families, women, and people of color, who have received preventive health care and improved health outcomes as a result of the Affordable Care Act, especially the expansion of Medicaid. We urge you to reject this mean-spirited approach. If you have any questions, please feel free to contact June Zeitlin, Director of Human Rights Policy at 202-263-2852 or [zeitlin@civilrights.org](mailto:zeitlin@civilrights.org)

Sincerely,



Wade Henderson  
President & CEO



Nancy Zirkin  
Executive Vice President

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<sup>i</sup> U.S. Department of Health and Human Services, Affordable Care Act Has Led to Historic, Widespread Increase in Health Insurance Coverage, pp. 2, 4 (Sept. 29, 2016), available at <https://aspe.hhs.gov/sites/default/files/pdf/207946/ACAHistoricIncreaseCoverage.pdf>.

<sup>ii</sup> Kaiser Family Foundation, Health Coverage by Race and Ethnicity: Examining Changes Under the ACA and the Remaining Uninsured available at <http://files.kff.org/attachment/Issue-Brief-Health-Coverage-by-Race-and-Ethnicity-Examining-Changes-Under-the-ACA-and-the-Remaining-Uninsured>.

<sup>iii</sup> Kaiser Family Foundation, Medicaid Coverage Rates for the Nonelderly by Race/Ethnicity: 2015, available at <http://kff.org/medicaid/state-indicator/rate-by-raceethnicity-3/?currentTimeframe=0>.

<sup>iv</sup> Kaiser Family Foundation, Medicaid Enrollment by Race/Ethnicity, available at <http://kff.org/medicaid/state-indicator/medicaid-enrollment-by-raceethnicity/>.

<sup>v</sup> Kaiser Family Foundation, The Coverage Gap: Uninsured Poor Adults in States that Do Not Expand Medicaid, <http://kff.org/uninsured/issue-brief/the-coverage-gap-uninsured-poor-adults-in-states-that-do-not-expand-medicaid/>

<sup>vi</sup> Congressional Budget Office Estimate, American Health Care Act (March 13, 2017) available at [https://www.cbo.gov/sites/default/files/115th-congress-2017-2018/costestimate/americanhealthcareact\\_0.pdf](https://www.cbo.gov/sites/default/files/115th-congress-2017-2018/costestimate/americanhealthcareact_0.pdf).

<sup>vii</sup> Ibid.

<sup>viii</sup> Center on Budget and Policy Priorities, African Americans Have Much to Lose Under House GOP Health Plan, available at <http://www.cbpp.org/blog/african-americans-have-much-to-lose-under-house-gop-health-plan>.

<sup>ix</sup> Congressional Budget Office Estimate, American Health Care Act (March 13, 2017) available at [https://www.cbo.gov/sites/default/files/115th-congress-2017-2018/costestimate/americanhealthcareact\\_0.pdf](https://www.cbo.gov/sites/default/files/115th-congress-2017-2018/costestimate/americanhealthcareact_0.pdf).

<sup>x</sup> Ibid.

<sup>xi</sup> Kaiser Family Foundation, Understanding the Intersection of Medicaid and Work, available at <http://files.kff.org/attachment/Issue-Brief-Understanding-the-Intersection-of-Medicaid-and-Work>

<sup>xii</sup> Planned Parenthood, This is Who We Are, (July 11, 2016), available at [https://www.plannedparenthood.org/files/6814/6833/9709/20160711\\_FS\\_General\\_d1.pdf](https://www.plannedparenthood.org/files/6814/6833/9709/20160711_FS_General_d1.pdf)

<sup>xiii</sup> Planned Parenthood, The Urgent Need for Planned Parenthood Health Centers (Dec. 7, 2016), available at [https://www.plannedparenthood.org/files/4314/8183/5009/20161207\\_Defunding\\_fs\\_d01\\_1.pdf](https://www.plannedparenthood.org/files/4314/8183/5009/20161207_Defunding_fs_d01_1.pdf)