



Testimony of the Center for Reproductive Rights

Hearing to Consider the Graham-Cassidy-Heller-Johnson Proposal

**U.S. Senate Committee on Finance
September 25, 2017**

Chairman Hatch, Ranking Member Wyden, and Members of the Committee:

The Center for Reproductive Rights respectfully submits the following testimony to the U.S. Senate Committee on Finance **in strong opposition to the Graham-Cassidy-Heller-Johnson proposal** to repeal the Affordable Care Act and reform health care.

Since 1992, the Center for Reproductive Rights has worked toward the time when the promise of reproductive freedom is enshrined in law in the United States and throughout the globe. We envision a world in which every woman is free to decide whether and when to have children; every woman has access to the best reproductive health care available; and every woman can make medical decisions without coercion or discrimination. In short, we envision a world in which every woman participates with full dignity as an equal member of society.

The Graham-Cassidy-Heller-Johnson proposal (“Graham-Cassidy”) would be devastating to women’s health. The Affordable Care Act greatly expanded women’s healthcare access, affordability, and quality of care. Since the enactment of the ACA, 9.5 million uninsured women have gained affordable, comprehensive coverage.¹ Between 2013 and 2015, the first two full years of ACA implementation, the proportion of uninsured women of reproductive age (15-44) declined by 36%.² Millions of low-income women and families in particular experienced dramatic coverage gains due to the ACA’s premium tax credits and cost-sharing reductions,³ as well as the expansion of Medicaid⁴—successful policies and milestones in improving the health and well-being of our nation which are gravely threatened by the proposed bill.

The ACA was explicit that insurance plans must cover specific services. The requirement that plans cover women’s preventive services, such as birth control, well woman visits, lactation counseling and supplies, and screenings for gestational diabetes and cervical cancer at no cost to the patients has been groundbreaking for women’s health.⁵ An estimated 57.6 million women now have coverage of birth control and these other services without out-of-pocket costs thanks to the ACA.⁶ Additionally, the required essential health benefits established by the ACA—and on the chopping block in the proposed bill—are particularly important for women, as plans must cover services such as pregnancy, maternity, and newborn care. The average cost of pregnancy and newborn care in 2010 for women with commercial insurance was \$21,001,⁷ a staggering price for basic care that just 12% of individual market plans covered prior to the ACA—and even the rare plans that did provide maternity services often offered only limited and prohibitively expensive

coverage.⁸ These critical reforms empower women to take charge of their health and strengthen their economic security, conferring benefits for society as whole as women and their families become healthier and more financially stable.

Beyond the ACA, Graham-Cassidy sabotages traditional Medicaid as well, a program that is critical for women's health. Established in 1965, Medicaid operates as a highly-successful federal-state partnership that is significantly more cost effective than private insurance⁹ and the foremost provider of many essential services, paying for half of all births in the United States and 75% of all publicly funded family planning services.¹⁰ Thirteen million (one in five) women of reproductive age rely on Medicaid for access to basic reproductive health services. Due to discriminatory systemic barriers, women of color disproportionately comprise the Medicaid population with nearly one in three Black women and one in four Latinas of reproductive age enrolled in the program.¹¹

All of these gains are threatened by Graham-Cassidy. By shifting to a block grant funding structure for premium assistance and Medicaid expansion—and eventually phasing out that funding—the result is that millions of people will lose health coverage over the next several years. By further capping funding for traditional Medicaid, millions more people, including women of reproductive age, people of color, people with disabilities, and others who are the most vulnerable, stand to lose access to critical services or, in many cases, any health coverage at all. And by allowing states to waive protections against insurance companies charging higher premiums because of health status, many people with pre-existing conditions will likely be priced out of affordable coverage. This could have an adverse impact on women, since conditions such as pregnancy and a prior C-section could be considered pre-existing conditions.

Beyond devastating coverage losses, the bill takes further, targeted aim at women in several ways, including: 1) expanding abortion coverage restrictions; 2) defunding Planned Parenthood; and 3) allowing states to obtain waivers weakening or eliminating the Essential Health Benefits requirement, including maternity care.

Restrictions on Abortion Coverage

Congress already denies too many people access to abortion care via discriminatory policies that restrict coverage for most abortions in Medicaid and other federal programs. Yet, like other versions of legislation to repeal the Affordable Care Act, Graham-Cassidy goes to extreme lengths to *further* restrict funding and coverage for abortion care. The bill extends its reach into the private market by prohibiting individuals who need tax credits to help purchase health insurance from getting a plan that includes abortion care, except in the limited cases of rape, incest, or when the life of the woman is at risk. Similarly, it prohibits small businesses from using tax credits to purchase insurance for their employees if the plans cover abortion care. Also, people are prohibited from using Health Savings Accounts to purchase high deductible health plans if they cover abortion care.

The clear purpose of these restrictions is to disincentive private insurance companies from offering any plans that cover this care, leaving those in the individual market with no

options for purchasing abortion coverage. In pushing such a policy, proponents of this bill are advancing their own political agenda to deny women both their constitutional right and the dignity and respect to make their own health care decisions. The result of these policies could drive more women into poverty. A recent study found that women who are denied abortion care are three times more likely to fall into poverty than women who are able to get the care they need.¹²

Defunding Planned Parenthood

Graham-Cassidy prevents women who rely on Medicaid from using their insurance at Planned Parenthood clinics. One in five women in America have relied on Planned Parenthood in her lifetime, and more than half of Planned Parenthood's patients rely on Medicaid for care. Defunding Planned Parenthood will disproportionately harm low-income women and women of color, many of whom rely on Planned Parenthood for cancer screenings, contraception, STI testing, and other health care services.¹³ Many Medicaid patients already have limited options for health care—whether they live in a rural or medically underserved community or have little access to providers who accept Medicaid—and blocking them from coming to Planned Parenthood would leave many with nowhere to go for basic reproductive health care. It is clear that other providers cannot pick up the slack,¹⁴ and many people would lose all access to reproductive health care and family planning under this bill.

Reducing Access to Maternity Care

Graham-Cassidy weakens the ACA's guarantee of maternity coverage by allowing states to waive out of mandating coverage of Essential Health Benefits. Under such a bill, 13 million women could be at risk of losing maternity coverage.¹⁵ Research shows that when women have health coverage before becoming pregnant as well as between pregnancies, they are healthier during pregnancy and their babies are more likely to be healthy at birth.¹⁶ Our policies should support universal access to comprehensive, nondiscriminatory maternal health care before a woman becomes pregnant, during her pregnancy, and after she gives birth. Tragically, Graham-Cassidy would instead take us to a time when pregnant women who cannot afford high premiums for care may be forced to put their pregnancies at risk, forgoing important check-ups and procedures to save money and avoid falling deeper into debt.

Overall, Graham-Cassidy is one of the worst proposals yet to repeal the Affordable Care Act. It has implications for the future of our health care system beyond what we have yet been able to study, given the uniquely expedited way in which this bill has been moving through the Senate. Senate leaders have not even allowed time to wait for a full CBO analysis, let alone time for regular committee process. The bill would have devastating impacts on women's health, and yet no woman has been invited to testify and tell her story. What we do know is that the bill would kick millions off coverage and drastically reduce women's access to comprehensive reproductive health care. We know that this bill threatens to take us backward, leaving our country less healthy and less secure. The Center for Reproductive Rights is strongly opposed to the bill and urges all Senators to vote no.

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- ¹ *Repealing the ACA Endangers Women's Health and Financial Security*, NAT'L PARTNERSHIP FOR WOMEN & FAMS. 1-2 (Dec. 2016), <http://www.nationalpartnership.org/research-library/health-care/aca-fact-sheets/repealing-the-aca-endangers-womens-health-and-financial-security.pdf>.
- ² *Uninsured Rate Among Women of Reproductive Age Has Fallen More than One-Third under the Affordable Care Act*, GUTTMACHER INST. 14 (Nov. 2016), <https://www.guttmacher.org/article/2016/11/uninsured-rate-among-women-reproductive-age-has-fallen-more-one-third-under>.
- ³ *The Affordable Care Act Repeal Bill Would Put Affordable Health Coverage Out of Reach for Many Women*, NAT'L WOMEN'S LAW CTR. (Mar. 2017), <https://nwlc.org/wp-content/uploads/2017/03/Financial-Assistance-and-Repeal-FS-1.pdf>.
- ⁴ Karen Davenport, *The ACA is Working. We have Data*, NAT'L WOMEN'S LAW CTR. (Sept. 16, 2015), <https://nwlc.org/blog/aca-working-we-have-data/>.
- ⁵ *We've Got You Covered: What You Need to Know for Open Enrollment*, NAT'L WOMEN'S LAW CTR. 7 (Dec. 2016), https://nwlc.org/wp-content/uploads/2015/11/Updated2016_nwlc_ACAToolKit.pdf.
- ⁶ *New Data Estimate 57.6 Million Women Have Coverage of Birth Control without Out-of-Pocket-Costs*, NAT'L WOMEN'S LAW CTR. (Sept. 2017), <https://nwlc.org/resources/new-data-estimate-57-6-million-women-have-coverage-of-birth-control-without-out-of-pocket-costs/>.
- ⁷ *Repealing the Essential Health Benefits Would be Devastating for Women's Health*, NAT'L PARTNERSHIP FOR WOMEN & FAMS. (Mar. 2017). <http://www.nationalpartnership.org/research-library/health-care/repealing-the-essential-health-benefits-would-be-devastating-for-womens-health.pdf>.
- ⁸ *Turning to Fairness: Insurance Discrimination Against Women Today and the Affordable Care Act*, NAT'L WOMEN'S LAW CTR. 3-4 (Mar. 2012), https://www.nwlc.org/sites/default/files/pdfs/nwlc_2012_turningtofairness_report.pdf.
- ⁹ Sara Rosenbaum, *Graham-Cassidy: A Closer Look At The Medicaid Provisions*, HEALTH AFFAIRS BLOG (Sept. 14 2017), <http://healthaffairs.org/blog/2017/09/14/graham-cassidy-a-closer-look-at-the-medicaid-provisions/>.
- ¹⁰ Amy Chen, *Top 10 Threats to Women's Reproductive Health Under the Graham-Cassidy Bill*, NAT'L HEALTH LAW PROG. (Sept. 2017), <http://www.healthlaw.org/publications/browse-all-publications/top-10-threats-to-womens-reproductive-health-under-graham-cassidy-bill>.
- ¹¹ Hannah Katch et al., *Medicaid Works for Women — But Proposed Cuts Would Have Harsh, Disproportionate Impact*, CTR. ON BUDGET AND POLICY PRIORITIES (May 2017), <https://www.cbpp.org/research/health/medicaid-works-for-women-but-proposed-cuts-would-have-harsh-disproportionate-impact>.
- ¹² Diana Greene Foster et al., *Denial of Abortion Care Due to Gestational Age Limits*, CONTRACEPTION 87 (2013) 3-5, <https://www.ncbi.nlm.nih.gov/pubmed/23122688>.
- ¹³ Marcela Howell and Ann M. Stars, *For Women of Color, Access to Vital Health Services Is Threatened*, GUTTMACHER INST. (July 2017), <https://www.guttmacher.org/article/2017/07/women-color-access-vital-health-services-threatened>.
- ¹⁴ Jennifer Frost and Kinsey Hasstedt, *Quantifying Planned Parenthood's Critical Role in Meeting the Need for Publicly Supported Contraceptive Care*, HEALTH AFFAIRS BLOG (Sept. 2015), <http://healthaffairs.org/blog/2015/09/08/quantifying-planned-parenthoods-critical-role-in-meeting-the-need-for-publicly-supported-contraceptive-care/>.
- ¹⁵ Jeanne Lambrew and Ellen Montz, *Millions Could Lose Health Benefits If Congress Repeals and States Replace the ACA*, CENTURY FOUNDATION (April 10, 2017), <https://tcf.org/content/commentary/millions-lose-health-benefits-congress-repeals-states-replace-aca/>.
- ¹⁶ *Expanding Medicaid Will Benefit Both Low-Income Women and Their Babies*, CTR. ON BUDGET AND POLICY PRIORITIES (Apr. 2013), <http://www.cbpp.org/sites/default/files/atoms/files/Fact-Sheet-Impact-on-Women.pdf>.