June 27, 2017

United States Senate
Washington, DC 20510

Dear Senator:

On behalf of the National Hispanic Leadership Agenda (NHLA), the coalition of the nation’s 45 preeminent Latino advocacy organizations, we urge you to vote against passage of the Better Care Reconciliation Act (BCRA) unless significant changes are made to ensure that the bill does in fact provide better access to health care rather than no care at all.

As written, Hispanics face the prospect of enduring a steep decline in access to affordable health care should this bill become law. NHLA will closely monitor votes on the BCRA and consider their inclusion in future NHLA congressional scorecards or other informational outreach efforts.

Following enactment of the Affordable Care Act (ACA), 4.2 million Latinos gained health insurance coverage. The Latino uninsured rate has fallen to a record low of 16.2 percent, and down to 7.5 percent among Latino children. As the Congressional Budget Office forecast in its cost estimate, the BCRA would reverse the ACA’s progress by creating barriers to affordable coverage while giving massive tax cuts to higher income earners, resulting in 22 million more people being without health insurance within a decade. In particular, the BCRA would lead to a higher uninsured rate through the following:

- Starting in 2020, the BCRA would reduce the value of the ACA’s tax credits and narrow the range of people who could qualify for them from those with incomes below 400 percent of the federal poverty line, to below 350 percent. At the same time, insurance plans would only be required to cover 58 percent of medical costs, down from 70 percent under the ACA’s benchmark health plans. This means that fewer people will qualify for tax credits and that costs will go up for more people.

- Medicaid, which is now the largest health insurance program in the nation, serving 74 million people, including 18 million Latinos, would face significant changes. In the 31 states that opted to expand Medicaid under the ACA so that people under 133 percent of the federal poverty line could enroll, this expansion would be phased out by 2024.

- In addition, the entire Medicaid program would be constrained, through conversion to either a per capita allotment program or block grants to states. Either option would decrease federal support for Medicaid over time, shifting more of the burden of funding Medicaid to the states, which are unlikely going to be able to afford, resulting in cutbacks to enrollment. More persons would be forced to acquire insurance through the individual market or go without insurance.
• States would be allowed to seek waivers from the federal government that would allow them to create additional hurdles to enrolling in Medicaid, such as work requirements, premiums, and co-pays. In addition, essential benefits would become optional in the waivers, causing more loss of access to critical services such as mental health, oral health, and prevention screening.

• The BCRA would allow states to increase age rating ratios from to 5 to 1, up from the maximum 3 to 1 permitted by the ACA. This would make coverage significantly more expensive for older enrollees (50 years of age when chronic diseases tend to be diagnosed) and somewhat less expensive for younger enrollees.

• As the BCRA bill repeals the ACA’s cost-sharing reductions (for insurance plans to be funded for lower income customers) as of the end of 2019, this would effectively mean that more people would be able to afford coverage than would be true under the AHCA, but, since the insurance plans would be covering less services, many of these people would simply not be able to afford health care.

Furthermore, the BCRA fails the Hispanic community and the nation as a whole in the following ways:

• The BCRA includes a provision to specifically block people with Medicaid coverage from accessing preventive health care at Planned Parenthood health centers for an entire year, including birth control, cancer screenings, and STD testing and treatment. Planned Parenthood health centers have played a vital role in ensuring quality reproductive healthcare for low-income women and women of color, including Latinas. Any attacks on Planned Parenthood health centers and other abortion providers threaten to unravel the reproductive health safety net that our Latino/a community relies on for trusted care. In 2014 alone, 23 percent of Planned Parenthood patients were Latino — over half a million people. For many Latinas, Planned Parenthood health centers and other family planning clinics are the only healthcare providers they will see.

• The BCRA would permanently exclude abortion coverage from health plans on the health insurance marketplaces, depriving Latinas of the access to affordable, comprehensive health insurance.

• The BCRA does nothing to address access to health care services in our health professional shortage areas. It lacks incentives to encourage more physicians to participate in the Medicaid program.

• The BCRA eliminates the Prevention and Public Health Fund, which was established by the ACA to promote changes in communities that promote healthier living and prevent the development of chronic diseases and will have a major negative impact on the CDC surveillance and programs for chronic disease and pandemics.
In summary, NHLA believes the BCRA will drastically decrease access to much needed health care in our community and we therefore urge you to oppose passage of this bill. If you have any questions, please do not hesitate to contact NHLA through Ann Marie Benitez, Senior Director of Government Relations, National Latina Institute for Reproductive Health at annmarie@latinainstitute.org or Elena Rios, MD, President and CEO, National Hispanic medical Association.

Sincerely,

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