

## - National Hispanic Leadership Agenda

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U.S.- Mexico Foundation Voto Latino

September 25, 2017

United States Senate Washington, DC 20510

Re: Vote NO on Graham-Cassidy-Heller-Johnson Amendment

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 Graham-Cassidy-Heller-Johnson amendment to the American Health Care Act of 2017 (H.R. 1628).

As written, Hispanics face the prospect of enduring a steep decline in access to affordable health care should this amendment become law. NHLA will closely monitor votes on the Graham-Cassidy-Heller-Johnson amendment 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. These achievements would be dramatically undone should the Graham-Cassidy-Heller-Johnson plan become law.

Independent analyses of the Graham-Cassidy-Heller-Johnson plan find that it would cut federal funding for health programs by over \$200 billion in the first ten years after enactment, climbing to over \$4 trillion 20 years after enactment. There is no conceivable way in which cuts of this magnitude would enable states to maintain affordable health insurance coverage for low- and middle-income families at levels comparable to today's coverage rates, leading to tens of millions more people being uninsured in the years to come.

In particular, the Graham-Cassidy-Heller-Johnson plan would lead to a higher uninsured rate through the following:

• Medicaid, which is now the largest health insurance program in the nation, serving 74 million people, including 18 million Latinos, would face significant changes. Starting in 2020, the Graham-Cassidy-Heller-Johnson plan would radically restructure the Medicaid program by converting it from a program that covers a fixed percentage of a state's Medicaid costs to a program that has per capita caps. States would no longer receive a federal match based on need, shifting more of the burden of funding Medicaid to the states, which they are unlikely going to be able to afford, resulting in cutbacks to enrollment and benefits. Seniors, people with disabilities, and low-income families with children will be particularly hard-hit by these cuts.

- The Graham-Cassidy-Heller-Johnson plan would end tax credits for those purchasing health insurance in the ACA's marketplaces and also end the Medicaid expansion that 31 states have undertaken. As of 2015, around 3.2 million Latinos gained coverage via state expansion of Medicaid, and around one million Latinos have gained coverage through the ACA's individual marketplace, and most utilize the law's system of premium tax credits to pay their monthly premiums. Under the Graham-Cassidy-Heller-Johnson plan, federal dollars spent on these two programs would be cut and then converted into block grants to the states. While some states would gain federal funding at the expense of others, over time, all states would be net losers, as these block grants would disappear entirely after 2026.
- States would be allowed to seek waivers from the federal government that would allow them to weaken or even eliminate rules that currently prohibit health insurance companies from charging higher rates based on pre-existing conditions, and that require them to provide essential benefits, leading to the loss of access to critical services such as mental health, oral health, maternity care, and prevention screening.
- The Graham-Cassidy-Heller-Johnson plan would destabilize the individual insurance marketplaces by eliminating the individual mandate and the ACA's cost-sharing reduction payments (which subsidize insurance plans for covering lower-income customers that have high health costs).

Furthermore, the Graham-Cassidy-Heller-Johnson plan fails the Hispanic community and the nation as a whole in the following ways:

- The Graham-Cassidy-Heller-Johnson plan includes provisions to specifically block funding to health centers that provide abortions and the use of any block grant funds toward making health insurance plans affordable if those plans include coverage for abortions. These prohibitions deprive Latinas of access to affordable, comprehensive health insurance, and to comprehensive reproductive health providers, such as Planned Parenthood, which 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 Graham-Cassidy-Heller-Johnson plan 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 Graham-Cassidy-Heller-Johnson plan 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 Graham-Cassidy-Heller-Johnson plan will drastically decrease access to much needed health care in our community and we, therefore, urge you to oppose its passage. 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 <a href="mailto:annmarie@latinainstitute.org">annmarie@latinainstitute.org</a> or Elena Rios, MD, President and CEO, National Hispanic Medical Association at erios@nhmamd.org.

Sincerely,

Hector E. Sanchez

Chair, NHLA Executive Director, Labor Council for

Latin American Advancement Jessica González-Rojas

Co-Chair, Health Committee

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