

WHDT Affordable Care Act Defense Messaging

This document, compiled by the Women’s Health Defense Table Messaging Sub-group in June 2017, features top messages used by diverse advocates and health policy experts over the past months to communicate to voters, legislators and the media about the harms of efforts to repeal the Affordable Care Act. The document is structured by community affected, with overarching impact messages at the beginning. We envision this as a tool for advocates to use to quickly identify and adapt messages for public communications on health care repeal, and to support consistent messaging across the women’s community.

For more information on the details of the House-passed American Health Care Act (AHCA), see [here](#).

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Overarching Health Care Impact Messages

Top Message: The American Health Care Act is the worst bill for women's health in a generation; it puts women's health and economic security in dire jeopardy.

- **Don't repeal our health care. Don't cut our coverage, raise our costs, and gut our protections to give tax cuts to the wealthy and big corporations.**

The House-passed AHCA is devastating for women's health:

- **Kicks millions of women and men off their insurance.**
 - 23 million people will have their coverage taken away according to the nonpartisan Congressional Budget Office – 14 million within the next year alone.
 - An estimated 53,000 people per congressional district would be uninsured by 2026 ([CAP, 5/25](#))
- **Increases costs for women.**
 - Premiums would skyrocket for women who need affordable health care the most: lower-income women, older women, and women with pre-existing conditions.
 - The bill reduces financial assistance by repealing the existing cost-sharing subsidies that assist with copays and deductibles, and replacing the ACA-created tax credits, which fluctuate by need, with less generous tax credits for low- and middle-income individuals.
 - This will disproportionately impact women, particularly women of color, given the inequities in earnings for women, and exacerbate health care disparities, given insured people of color already report less confidence in being able to afford care.
 - Individuals would have to pay penalties to their insurer if they have a gap in coverage.
- **Discriminates against women.**
 - Despite the fact that the proposal claims to maintain the current prohibition on gender rating, it still allows insurers once again to discriminate against women. Eliminating the community rating provision disproportionately affects women – insurers can claim having given birth, having had a C-section, or having been a survivor of domestic violence is a so-called pre-existing condition.
 - For example, a woman who had breast cancer could be charged a premium surcharge of more than \$28,000 per year for coverage, and a woman who was previously pregnant could face an additional surcharge of more than \$17,000 per year for coverage. ([CAP, 4/20](#))
- **Eliminates maternity coverage, newborn care and other Essential Health Benefits (EHB) coverage standards.**
 - The bill guts the Essential Health Benefits provision, which requires the majority of health plans to cover services like maternity and newborn care, mental health services, and prescription drugs.
 - Approximately 13 million women who gained access to maternity coverage under the ACA stand to lose their coverage. Women also benefit from the EHB in other ways; for example, women are more likely to need prescription drugs to manage their health care needs, develop mental health needs, and require lab services to diagnose autoimmune disorders. ([Century Foundation, 4/10](#)) ([NWLC, 2009](#))
 - This is a direct attack on women of all ages, since women disproportionately rely on every

one of the EHB standards – not just maternity coverage.

- **Eliminates critical protections for women and families.**
 - Insurance companies could go back to charging people with pre-existing conditions much higher premiums – for example, someone with asthma could have to pay over \$4,000 more for coverage. ([CAP report, 4/21](#))
 - The nonpartisan CBO projects that at least half of states (affecting 1 in 6 people) would waive protections for people with pre-existing conditions – such as women who have had breast cancer or cesarean sections, or who have chronic conditions like high blood pressure or diabetes – allowing insurers charge significantly higher premiums for coverage based on a woman’s health status.
 - Prior to the ACA, insurance companies could define pre-existing conditions to include a variety of conditions including pregnancy, prior cesarean sections, prior treatment for domestic violence or sexual assault, cancer, respiratory illness, and disabilities. Repealing the ACA pre-existing conditions protections would allow insurers to charge people more just because of their health status, in certain circumstances.
 - 1 in 3 people would live in states that narrow the scope of essential health benefits ([Families USA, 5/25](#)). In many cases, this means that women would have to pay an estimated \$1,000 per month more for plans that include maternity coverage – in effect, going back to days when women could be charged higher premiums than men. ([CBO report, 5/24](#))
 - The repeal bill lets insurance companies charge people over 50 as much as five times more than everyone else – what AARP estimates is an \$8,400 “unaffordable age tax.”
 - The House-passed repeal bill would let insurance companies go back to putting annual and lifetime limits on health care coverage – including those with insurance through their employer – meaning families can be bankrupted by a major illness even if they have insurance.
- **Blocks low-income patients from receiving health care at Planned Parenthood health centers.**
 - Every year, 2.5 million women, men, and young people rely on Planned Parenthood for essential health care services, like birth control and lifesaving cancer screenings. Many of these people, particularly those in rural areas and medically underserved areas, will have nowhere else to turn to for care if Planned Parenthood health centers are forced to close their doors.
 - Women should be able to choose their health care provider, the same as politicians in Washington, D.C.
 - Despite false claims, community health centers simply cannot absorb Planned Parenthood’s patients. States like Texas and Wisconsin have suffered serious public health consequences when communities lost access to Planned Parenthood.
- **Guts Medicaid.** The GOP plan defunds Medicaid, which means that millions of women, kids, seniors in nursing homes and people with disabilities will lose their health coverage or be forced to pay a lot more.
 - Repeal slashes Medicaid by more than \$800 billion – cuts that reduce funding for nursing home care, care for people with disabilities, mental health care, family planning and treatment for substance use disorders.
 - The impact of these cuts will be staggering: Medicaid pays for 60 percent of all nursing

home care, 60 percent of care for disabled kids and half of all births.

- Working families, who already are struggling to make ends meet, will be especially hard hit. It will be harder and more expensive for them to get affordable nursing home care for an elderly parent, or homecare services that allow many seniors to remain at home. And these massive federal Medicaid cuts will lead to cuts in care for people with severe physical or mental disabilities – especially children. (Families USA email on 6/13, based on Geoff Garin research)

Politicians in DC should listen to what their constituents are saying, and reject this disastrous legislation. Republicans are ignoring the American people and those who know health care best. Experts agree the Senate should abandon attempts to repeal the ACA and work across party lines to keep what works and fix what doesn't in our health care.

- According to a May 25 Quinnipiac Poll, only 1 in 5 voters supports this health care repeal.
- Those who know health care best – including the AARP, American Medical Association, American Cancer Society Cancer Action Network and American Hospital Association – are unified in opposing the Republican repeal bill.
- The Senate is following the same disastrous path as the House, pushing to gut coverage for people with pre-existing conditions and planning to do the same long-term damage to Medicaid.

The Senate should drop its secret, partisan process and commit to hold hearings and get expert testimony and analysis on any health care reform bill.

- Just like the House, Senate Republicans are writing their bill in secret with no public hearings, without listening to women and without listening to experts to learn what repeal will mean to their constituents.
- The Senate bill is being written by a Republican-only panel of men handpicked by Republican leadership, and they do not plan on holding hearings.
- This is not how legislation should be drafted, especially legislation that is an attack on women's health.

Medicaid

The AHCA guts the Medicaid program – restructuring by capping funding, slashing over \$800 billion in federal funds, and effectively ending Medicaid expansion – resulting in devastating consequences for the nearly 40 million women who rely on it.

- Women would bear a disproportionate share of the burden because they make up a majority (53 percent) of Medicaid beneficiaries. ([CBPP report, 5/11](#))
- Medicaid federal cap proposals, such as block grants and per capita caps, would result in dramatic changes and cuts to the Medicaid program overall. States could limit who is eligible for Medicaid, end or limit coverage for currently required healthcare services, and reduce long-term services and supports. ([Justice in Aging/NPWF fact sheet](#), March)
- Medicaid plays a key role in women’s sexual and reproductive health care. Medicaid cuts disproportionately impact women of color.
 - One in five women of reproductive age is enrolled in Medicaid. The program is particularly important for women of color.
 - 31% of black women of reproductive age are enrolled in Medicaid
 - 27% of Latinas of reproductive age are enrolled in Medicaid ([Guttmacher, 2017](#))
 - Medicaid accounts for 75% of all public dollars spent on family planning in the U.S. ([Guttmacher 2017](#))
 - Medicaid covered 12.9 million women ages 15-44 in 2015. (CBPP report, 5/11)
 - Medicaid finances over half of all births in the United States.
- The House repeal bill also permits states to impose work requirements on Medicaid beneficiaries, which would penalize those least able to get and hold a job while keeping others from improving their health and participating in the workforce. ([CBPP report, 5/11](#))
 - Almost two-thirds of the 11 million beneficiaries who risk losing coverage from a work requirement are women. Many of these are women with a disability or chronic health condition or who are caring for a family member.
 - Many others have low-wage jobs that don’t offer health coverage. ([CBPP report, 5/11](#))

Attack on Reproductive Health and Rights (Combo Messages)

(Source for these messages is All Above All, 6/9/17)

- The ACA repeal bill is an all-out attack on women’s health care and economic security. It bans insurance coverage for abortion, bars reimbursements to Planned Parenthood, and leaves tens of millions without health coverage.
- This bill would make it harder to prevent unintended pregnancy and nearly impossible to get an abortion covered by insurance.
- Low-income people and communities of color bear the brunt of these cruel political ploys – and if this bill becomes law, the harm to our families and communities would be devastating.
 - Medicaid is an important health insurance program for women. Fully one in five women of reproductive age are enrolled in Medicaid.
 - Medicaid is a particularly important health program for women of color. Nearly one in three Black women of reproductive age and one in four Latinas of reproductive age are enrolled in this health insurance program. Without this coverage, women of color will lose access to the types of services that combat pervasive health disparities. These services include contraceptives, screening for breast and cervical cancer, and well-woman visits
 - Since federal funds are currently, and cruelly, restricted from being used to cover abortion in almost all circumstances, “defunding” or cutting funds and insurance reimbursements to Planned Parenthood really means politicians are taking away resources that are being used for birth control, STI screenings and prevention, cancer screenings, and other lifesaving care.
- Our communities won’t be punished by politicians who target women’s reproductive health decisions for political gain. We will keep pushing for solutions that help our families to thrive. We urge Senators to meet these attacks with a bold and uncompromising vision for justice and fight these harmful policies every step of the way.

Defunding Planned Parenthood

(Source for all messages in this section is PPFA's May 26 fact sheet, "The Irreplaceable Role of Planned Parenthood Health Centers, and June 2017 Talking Points)

What Congress is proposing would end access to health care for millions of women and patients around the country.

- When politicians talk about "defunding" Planned Parenthood, they're talking about blocking low income women from coming to us for breast exams, cancer screenings, birth control, and other care – the very services that keep women healthy and prevent unintended pregnancy.
- Planned Parenthood doesn't get a big check from the federal government. Like any other health care provider or hospital, the nonprofit is reimbursed for services provided to patients. What this bill is actually saying is – many women in America can no longer see the health care provider that provides them high quality, affordable care in their community.
- The public health community has been clear – Community Health Centers cannot absorb Planned Parenthood's 2.4 million patients.

Of all of the Medicaid providers and hospitals that provide reproductive care, Congress is singling out Planned Parenthood and threatening the critical care millions of patients rely on.

- They are trying to dictate to women what care they can receive, and where they can get it.
- They are willing to sacrifice women's access to birth control, STD, and HIV testing and life-saving cancer screenings in order to achieve one goal: to end access to safe, legal abortions. That's not what this is about, and we are not going to let that happen.
- Make no mistake – this attack on women's rights would not stop with Planned Parenthood. The same people who are trying to "defund" Planned Parenthood are trying to end the nation's family planning program.

This would undermine the enormous progress we've made in sexual and reproductive health care.

- We're at a historic low in teen pregnancy, and a 30-year low in unintended pregnancy – thanks to better access to family planning and information. ([Guttmacher, 2016](#))

Support for Planned Parenthood cuts across party lines.

- The American people do not want – and did not vote to see – their healthcare stripped away. Twenty national polls have shown that Americans overwhelmingly support Planned Parenthood. And even 50 percent of Trump's own supporters do not want to see patients blocked from accessing care at Planned Parenthood. ([PerryUndum, 1/17](#))

Blocking access to care at Planned Parenthood would be devastating.

- The idea that other providers could just absorb Planned Parenthood's patients has been [resoundingly dismissed by experts](#) – in fact the American Public Health Association called the idea [ludicrous](#).
- A recent study in the [New England Journal of Medicine](#) showed that blocking patients from going to Planned Parenthood in Texas was associated with a 35 percent decline in women in publicly funded programs using the most effective methods of birth control and a dramatic 27 percent increase in births among women who had previously accessed injectable contraception through those programs. ([NEJM, 3/3/16](#))

- More than half of Planned Parenthood's health centers are in rural and underserved communities, meaning that often without Planned Parenthood, patients would have nowhere else to turn for reproductive health care. ([Families, 1/13](#))

ADDITIONAL BACKGROUND:

Planned Parenthood is a leading provider of high-quality, affordable health care for women, men, and young people, and the nation's largest provider of sex education. One in five women has relied on a Planned Parenthood health center for care in her lifetime.

Blocking people from accessing family planning and preventive care at Planned Parenthood health centers comes at too high a cost. Without Planned Parenthood, many people would have nowhere else to turn for care. Those who already face barriers to accessing health care – especially people of color, people with low incomes, as well as people who live in rural areas – would be impacted the most.

- In 2015, Planned Parenthood health centers saw 2.4 million patients and provided more than 4.2 million tests and treatments for sexually transmitted infections, more than 320,000 breast exams, nearly 295,000 Pap tests, and birth control to nearly 2 million women.
- Planned Parenthood leads the country with the most up-to-date medical standards and guidelines for reproductive health care and uses clinical research to advance health care delivery to reach more people in need of care.
- Fifty-six percent (56%) of Planned Parenthood health centers are in health professional shortage areas, rural or medically underserved areas. **Planned Parenthood health centers provide primary and preventive health care to many who otherwise would have nowhere to turn for family planning care.**
- **More than one third (35%) of Planned Parenthood patients are people of color**, with nearly 500,000 patients who identify as Latino and nearly 360,000 patients who identify as Black.
- **Seventy-five percent of Planned Parenthood patients have incomes at or below 150 percent of the federal poverty level (FPL)**, and at least 60 percent of Planned Parenthood patients access care through the Medicaid program and/or the Title X family planning program.
- For many people, Planned Parenthood is their **only source of care** – making their health centers an irreplaceable component of this country's health care system.
- As experts in reproductive health care, Planned Parenthood health centers often provide family planning services that other safety-net providers simply do not offer.
 - In a study of community health centers (CHCs), over two-thirds (69%) reported referring their patients to family planning providers, like Planned Parenthood health centers, for family planning care.
 - Many FQHC sites do not offer reproductive care. In fact, in 2015, 40 percent of FQHC locations provided contraceptive care to fewer than 10 patients. In stark contrast, nearly all Planned Parenthood health centers offer the full range of contraceptive method options, compared to only 52 percent of FQHC sites.
 - In 57 percent of counties with a Planned Parenthood health center, Planned Parenthood serves at least half of contraceptive patients seeking care at publicly funded providers. In 26 percent of the counties with a Planned Parenthood health center, Planned Parenthood serves

five times as many contraceptive patients as FQHCs.

- CBO estimates that 360,000 women would completely lose access to care if Congress were to block all Medicaid patients from accessing care at Planned Parenthood health centers.
- The CBO also projected that permanently barring Planned Parenthood health centers from participating in federal programs would result in a net cost of \$130 million to taxpayers over 10 years, due to an increase in unintended pregnancies without the high-quality contraceptive care Planned Parenthood provides. It is estimated Planned Parenthood health centers prevent nearly 560,000 unintended pregnancies each year.
- The public health community has been clear – **community health centers (CHCs) cannot absorb Planned Parenthood’s patients**. Blocking patients from coming to Planned Parenthood would cause a national health care disaster, with many completely losing access to the timely health care they need.

Maternity Care

- Women will lose access to maternity coverage. CBO expects that states that previously did not cover these benefits would again stop ensuring coverage for those services, if the House-passed AHCA becomes law. (PPFA, 5/26)
 - Only 18 states mandated coverage of maternity care in the nongroup market before 2014. ([CBO report, 5/24](#))
 - Before the ACA, the vast majority of plans in the individual market did not cover maternity care. In fact, only 12 percent of plans in the individual market covered this benefit. ([NWLC report, 2012](#))
- Before the ACA, even among plans that covered maternity services, the coverage was not always comprehensive or affordable. ([NWLC report, 2012](#))
 - One study found that several plans charged a separate maternity deductible that was as high as \$10,000. ([NWLC report, 2012](#))
 - Some plans had waiting periods of up to a year before maternity care would be covered. ([NWLC report, 2012](#))
- Instead of guaranteed coverage of maternity care, under the AHCA, many women would have to buy a maternity "rider" if they want care – at \$1,000 per month. (CBO report, 5/24) This assumes, of course, that the woman planned to become pregnant and purchased the extra insurance, which is a problem given nearly half of the births in this country are unplanned. (Guttmacher, 9/2016)
- Without coverage of maternity care, new parents could face large medical bills. Maternity care can be extremely expensive: \$21,001 was the average cost of all payments made for maternity and newborn care in 2010 for women who had commercial insurance. ([NPWF fact sheet, March](#))
- Coverage of maternity care is essential for the health of women and babies. Uninsured pregnant women are less likely to seek prenatal care in the first trimester and to receive the optimal number of visits during their pregnancy. Moreover, inadequate use of prenatal care is associated with higher rates of infant and maternal mortality. ([NPWF fact sheet, March](#))
- Eliminating guaranteed coverage of maternity care will disproportionately harm Black women, who due to pervasive health disparities, are 3 to 4 times more likely to die from pregnancy-related complications than white women. Politicians should be working to drastically improve Black maternal health, not taking care away. ([Black Mamas Matter Alliance](#))
- 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, research shows. ([CBPP report, 5/11](#))
- Gutting Medicaid will have particularly serious consequences for women: Medicaid finances over half of all births in the United States.
- Private insurance coverage of maternity care promotes the health of women and children and makes an expensive life event more affordable. ([Guttmacher report, 6/14/17](#))
- Eliminating the requirement to cover maternity care would undermine recent progress, would do little to reduce health insurance premiums overall and would end up shifting costs to women and their families, health care providers and the government. ([Guttmacher report, 6/14/17](#))

Abortion Coverage and Access

- Women should be able to make decisions about abortion with dignity and respect, and without politicians interfering – and a majority of Americans agree. (All* Above All, 6/9/17)
- Already, too many women are denied abortion coverage because of how much they earn, where they live, or how they are insured. With the ACA repeal bill, anti-abortion politicians are trying deny abortion coverage for nearly all women. (All* Above All, 6/9/17)
- The ACA repeal bill withholds abortion coverage from virtually all women, including those enrolled in private insurance, and penalizes private health insurance companies willing to offer a full range of reproductive health services, including abortion. (All* Above All, 6/9/17)
 - Dangerous provisions in ACA repeal bill would deny states the ability to provide their residents comprehensive reproductive health coverage that includes abortion. (All* Above All, 6/9/17)
- For many, coverage for abortion care means the difference between getting the health care they need and being denied that care. (All* Above All, 6/9/17)
 - The impact of such a denial can have long-term, devastating effects on a woman and her family’s economic future. A recent study found that a woman who seeks but is denied abortion care is more likely to fall into poverty than a woman who is able to get the care she needs. (All* Above All, 6/9/17)
 - When politicians restrict insurance coverage of abortion care, low-income families, people of color, immigrant women and youth are hardest hit. ([In Our Own Voice, NPAWF, NLIRH, NPWF fact sheet](#), May)
- This mean-spirited bill is another attempt by anti-abortion policymakers who – having failed in their efforts to make abortion illegal – seek to interfere with a woman’s personal decision-making by placing affordable abortion care out of reach for as many people as possible. (All* Above All, 6/9/17)
- The absence of abortion coverage can result in sizable out-of-pocket costs. A clinic-based abortion at 10 weeks’ gestation is estimated to cost between [\\$400 and \\$550](#), whereas an abortion at 20-21 weeks’ gestation is estimated to cost \$1,100-\$1,650 or more. ([Kaiser, 1/2015](#))

Women of Color

[\(From joint In Our Own Voice – National Black Women’s Reproductive Justice Agenda, National Asian Pacific American Women’s Forum, National Latina Institute for Reproductive Health, NPWF fact sheet, May\)](#)

The AHCA is an attack on reproductive justice. It would have a devastating, long-term impact on women of color’s health, economic security and progress by cutting coverage, driving up costs, gutting Medicaid, defunding Planned Parenthood, and eliminating key protections.

Coverage Losses

- Rolling back the ACA’s financial supports and coverage expansions will lead to women of color losing health coverage. This means cutting off access to one of the ACA’s most important gains for women’s health: the guarantee of no-cost-sharing coverage of preventive services. Without coverage, women of color will lose access to the types of services that combat pervasive health disparities, such as contraceptives, screening for breast and cervical cancer and well-woman visits.

Cost Increases

- Increasing premiums, higher cost sharing and soaring penalties will hit women of color harder because they already earn less due to pervasive racial and gender inequalities. This will undoubtedly add to existing health disparities given the deeply entrenched historical income [inequalities](#) for Black and Latino women. People of color already [report](#) less confidence in their ability to afford health care. ([Kaiser, 8/6/15](#))
- The additional burdens this bill would place on low- to middle-income women of color will push quality, comprehensive health coverage out of reach and exacerbate the already high rates of poverty experienced by Black, Latina and AAPI women. Under the ACA, marketplace plans are not able to deny coverage or increase premiums based on prior health conditions or medical history, including for pregnancy and childbirth. Without such protections, already existing health disparities for women of color and their families could be exacerbated.
- For those who can retain coverage, the AHCA’s erosions of Essential Health Benefits standards will drastically increase cost sharing. By gutting the Essential Health Benefits provision, coverage for maternity and newborn care, mental health services, and certain pediatric services, among other benefits that women of color depend on, could be denied.

Defunding PP

- Defunding Planned Parenthood further threatens women of color’s access to essential preventive health services, including reproductive health care such as sexually transmitted infection (STI) testing and treatment, contraceptives and counseling, and cancer screenings. Planned Parenthood health centers provide high-quality primary and preventive health care to many women of color who otherwise would have nowhere to turn for care.
- Defunding Planned Parenthood would unravel the safety net that our communities rely on for trusted care.
- In 2015, more than one third (35%) of Planned Parenthood patients are people of color, with nearly 500,000 patients who identify as Latino and nearly 360,000 patients who identify as Black.

Abortion Restrictions

- The AHCA would tighten restrictions on those who receive health care tax credits, prohibiting them from purchasing health care plans that include abortion coverage and disincentivizing

insurance companies from offering plans that cover abortion care. Women of color experience disproportionately high rates of unintended pregnancy and are more likely to live in poverty, and thus less likely to be able to afford abortion care (or other health care) out of pocket.

- When politicians restrict insurance coverage of abortion care, low-income families, people of color, immigrant women and youth are hardest hit.

Medicaid Work Requirements

- Under AHCA, new mothers who are enrolled in Medicaid could be forced to return to work within 60 days after giving birth in order to keep their health insurance.
- These harsh work requirements are unnecessary and are an attack on women of color's ability to make thoughtful decisions about their health and the way they choose to raise their children.
- Work requirements such as these prey on stereotypes that stigmatize mothers of color. Rather than provide incentive to work, these requirements can further push women of color and their children into poverty by eliminating healthcare coverage at a time when they need it most.
 - 31 percent of Black women of reproductive age are enrolled in the Medicaid program.
 - 27 percent of Latinas of reproductive age are enrolled in the Medicaid program.
 - 19 percent of AAPI women are enrolled in the Medicaid program. The program is particularly important for Southeast Asian and Pacific Islander women.

Pre-existing Conditions

- Given Black and Latino women have higher rates of many chronic illnesses, these exorbitant costs will hurt the health and financial security of women of color the most. For instance, African-American women are the group [most likely](#) to die from the breast cancer. Without healthcare coverage and access to treatment, the racial disparities in breast cancer rates could persist or even widen.

Survivors of Sexual, Domestic and Interpersonal Violence

- Under the AHCA, survivors of sexual assault or domestic violence are vulnerable to discriminatory practices that were prevalent pre-ACA, which effectively priced many people out of the private insurance market and deterred many from seeking the treatment that they need. ([NWLC blog post, 5/19/17](#))
- Without all of the protections put into place by the ACA, survivors of domestic violence and sexual assault are at the mercy of insurance companies and states. ([NWLC blog post, 5/19/17](#))
- Pre-ACA, women were routinely denied health insurance or quoted high premium rates for a range of reasons, including having received treatment for domestic violence or sexual assault, such as prophylactic medication to prevent HIV infection or mental health services. ([NWLC blog post, 5/19/17](#))
 - A rape survivor described the insurance rates she was quoted pre-ACA as being equivalent to her monthly rent payment. As a result of these high rates, she went three years without health insurance coverage. ([NWLC blog post, 5/19/17](#))
- Supporters of the ACA repeal bill claim that survivors of domestic violence are protected because the bill retains a portion of the ACA that prohibits insurers from considering “*conditions arising out of acts of domestic violence*” in determining evidence of insurability. But this protection is not enough to ensure survivors of domestic violence are treated fairly in the insurance market.
 - Further, the provision on domestic violence does not reach survivors of sexual assault, so they are without any protections at all in the ACA repeal bill. ([NWLC blog post, 5/19/17](#))
- *Messaging note:* Instead of saying that being a survivor is a pre-existing condition, consider adding a few more details: The house bill could allow insurance companies to consider prior treatment for sexual assault or prior treatment for domestic and interpersonal violence a pre-existing condition when setting premiums in certain circumstances.

People with Disabilities

- Attacks on the Medicaid program will disproportionately impact people with disabilities, because Medicaid is a key source of care. It is unconscionable to take away this lifeline.
- The ACA created an adult Medicaid expansion group that now covers millions of people with disabilities and their caregivers who previously fell through coverage gaps.
 - Roughly 3 in 10 adults eligible for Medicaid expansion have a mental or behavioral health condition. ([CCD fact sheet](#))
 - Medicaid provides health care services and long term services and supports that maintain the health, function, independence, and well-being of 10 million enrollees with disabilities and, often, their families. ([CCD fact sheet](#))
- The ACA improved access to services for people with disabilities and chronic conditions to help them live healthy, independent and fulfilling lives. ([CCD fact sheet](#))
- The AHCA is insufficient to keep people with disabilities insured or to support anyone with complex medical needs. ([Arc blog post, 5/4](#))
- If signed into law as currently written, this bill will result in people with disabilities and their family members losing health coverage in the private insurance market and in Medicaid. ([Arc blog post, 5/4](#))
- The AHCA allows states to waive the federal EHB requirements and again allow plans to offer less comprehensive coverage. ([CCD fact sheet](#))
 - The result will be plans that charge much more to cover the key services people with disabilities really need, while healthy people will be incentivized to pick cheaper plans with skimpy coverage. ([CCD fact sheet](#))
 - This scenario would price many people with pre-existing conditions out of the market through benefit design, even if the law technically did not allow plans to charge more for pre-existing conditions. ([CCD fact sheet](#))
 - Allowing states to waive essential benefits would open pathways to new forms of health care discrimination through benefit design. ([CCD fact sheet](#))
- Those lucky enough to retain their coverage will find that some of the services they need – Essential Health Benefits – are no longer available. ([Arc blog post, 5/4](#))
- Medicaid-funded long term supports and services, which help people live independently and be included in their communities, will be even scarcer as waiting lists for services will grow all across the country. Some may end up living in nursing homes and institutions because community services are no longer available. ([Arc blog post, 5/4](#))
- Cuts to Medicaid mean states will face difficult choices about what people to cut from the program or what services to roll back. ([Arc blog post, 5/4](#))
 - Reduced federal funding will likely lead to cuts of Medicaid services that are optional for states to provide, but critical to people with disabilities – such as Home and Community-Based Services (HCBS). Cuts to these cost-effective and successful optional services may lengthen waiting lists for HCBS and force people out of their homes and communities and into more expensive institutions which states are required by Medicaid law to provide. ([CCD fact sheet](#))

Older Women

- Premiums would skyrocket for people who need affordable health care the most - lower-income people, older adults, and people with pre-existing conditions.
 - For example, 64 year olds making \$26,500 would see their premiums increase 800percent or \$14,400 a year.
 - In total, premiums would consume 61percent of their income under AHCA (compared to only 6 percent of their income under the ACA). ([Families USA, 5/25](#))
- The bill's \$834 billion in cuts to Medicaid will end the program as we know it, risking access to home and community-based services, nursing home care, and other essential services, including for the one in five (11 million) people with Medicare who also rely on Medicaid. (MRC)
- The changes Congress proposes for Medicaid will make it more expensive for older adults to access basic healthcare services, stay in their homes if they need long-term services and support, and pay for prescription drugs. Older women in particular will be impacted because they tend to live longer and have fewer resources and lower incomes than older men. ([Justice in Aging/NPWF fact sheet](#), March)
 - Medicaid pays for half of the nation's long-term services and supports, and women make up over two-thirds of people receiving home and community based care. ([CBPP report, 5/11](#))
- Women comprise more than two-thirds (68 percent) of dually eligible Medicare and Medicaid enrollees ages 65 and older. Dual eligibles rely on Medicaid for long-term services and supports, assistance with Medicare premiums, co-pays, and coinsurance and prescription drug costs. If Medicaid is jeopardized or limited, many older women may not be able to afford to see a doctor, get needed medication, or get the help they need with daily activities. ([Justice in Aging/NPWF fact sheet](#), March)
- Older women are less likely to be able to absorb the climbing costs of healthcare and are more likely to need Medicaid. ([Justice in Aging/NPWF fact sheet](#), March)
- Women age 65 and over are nearly twice as likely as men to live in poverty. This gap widens as women age—women who are between 75 and 79 are three times as likely to be impoverished. ([Justice in Aging/NPWF fact sheet](#), March)
- Widowed women are twice as likely to be living in poverty as their male counterparts. ([Justice in Aging/NPWF fact sheet](#), March)
- Cuts to the Medicaid program through capped federal funding could have disastrous effects for older women who need care. Older women represent 72 percent of all Medicare beneficiaries living in nursing homes, assisted living facilities, and other long-term care facilities. ([Justice in Aging/NPWF fact sheet](#), March)
- Medicaid federal cap proposals, such as block grants and per capita caps, could leave many older women with serious health conditions waiting for treatment or unable to see their doctor, and put them at financial risk as a result of a health-related incident. ([Justice in Aging/NPWF fact sheet](#), March)

LGBTQ People

- As a result of the ACA, thousands of low-income people living with HIV have been able to obtain health insurance through the Medicaid expansion. This critical coverage ensures that people living with HIV have access to lifesaving treatments. The AHCA's drastic changes to Medicaid will likely strip these people, and other vulnerable populations, of essential healthcare coverage. ([HRC, 5/4](#))
- Systemic discrimination against LGBTQ people leaves them with some of the lowest rates of insurance coverage in the nation. The LGBTQ community has benefitted from the ACA's tax credit structure and the Medicaid Expansion, and the rescission of both of these critical components will have devastating consequences for a community already facing significant health care disparities. ([HRC, 5/4](#))
- The AHCA would also cut federal funding for Planned Parenthood, which could jeopardize the ability of clinics to deliver preventive health services, including HIV testing and transition-related care. ([HRC, 5/4](#))
- The ACA's public health and prevention fund, established to expand investments in the nation's public health infrastructure, would also be repealed. Health centers, like those operated by Planned Parenthood, often offer the only culturally competent healthcare available, especially in rural and isolated areas. ([HRC, 5/4](#))
- The Affordable Care Act provided coverage to thousands of people living with HIV by expanding Medicaid, increased coverage for low-income LGBTQ community members by expanding Medicaid eligibility, and contained groundbreaking nondiscrimination protections. For the first time ever, the Affordable Care Act banned discrimination in health care based on sex, sexual orientation, and gender identity. ([NCLR, 5/4](#))
- After 30 years of progress in fighting HIV, this plan turns back the clock and endangers those living with HIV by cutting off access to care. ([NCLR, 5/4](#))

Children and Young People

- 5 million children would lose Medicaid eligibility under the #AHCA. ([Brandeis report, May](#))
 - Children comprise 35,781,107 of all Medicaid enrollees, and receive important health screenings and services through Medicaid's Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program. By detecting and treating health issues in children early on, Medicaid helps ensure that children from low income families can learn grow and thrive. ([NHeLP website, 5/24/17](#))
 - This will have a huge impact on children with disabilities. Many special education services required under the Individuals with Disabilities Education Act (IDEA) are funded through Medicaid. ([NHeLP website, 5/24/17](#))
- AHCA's roll back of Medicaid's federal minimum eligibility for children ages 6-19 from 138 percent FPL to 100 percent FPL would disproportionately harm black and latinx children. ([Brandeis report, May](#))
 - 14 percent of Latinx kids and 12 percent of Black kids would lose Medicaid coverage under the #AHCA. ([Brandeis report, May](#))
- Proposed cuts to Medicaid would shift the burden of paying for important services from the federal government onto school districts and state governments already facing budget crunches. To meet federal requirements to provide special education services, schools will likely cut other programs, while states may need to raise additional revenue or cut other state services if federal Medicaid funding is cut. ([NHeLP website, 5/24/17](#))

Rural Communities

- Nearly 1.7 million rural people have newly gained coverage through the Medicaid expansion. ([CBPP report, 5/16](#))
- In at least eight expansion states, more than one-third of expansion enrollees live in rural areas: Alaska, Arkansas, Iowa, Kentucky, Montana, New Hampshire, New Mexico, and West Virginia. ([CBPP report, 5/16](#))
- Moreover, in expansion states overall, rural residents make up a larger share of expansion enrollees than they do of these states' combined population. ([CBPP report, 5/16](#))
- The Medicaid expansion has also become a critical financial lifeline sustaining rural hospitals.
- The House-passed bill would roll back this progress in coverage and harm rural providers by effectively ending the Medicaid expansion. ([CBPP report, 5/16](#))
- The bill's new tax credit for the purchase of individual market coverage would be woefully inadequate for many people in rural areas. Unlike the ACA's far more generous and flexible tax credit, the House bill's credit wouldn't adjust for geographic variation in premiums and would provide too little assistance for older people. These deficiencies would leave many of the 1.6 million current rural marketplace enrollees unable to afford their high insurance premiums. ([CBPP report, 5/16](#))
- Rural areas also tend to have older residents, so they would be particularly harmed by the House bill's inadequate adjustment for age. ([CBPP report, 5/16](#))
- More than half of Planned Parenthood's health centers are in rural and underserved communities, meaning that often without Planned Parenthood, patients would have nowhere else to turn for reproductive health care. ([Families, 1/13](#))

Mental Health and Substance Use

Mental Health

- It is estimated that more than 32 million people gained access to coverage for mental health and substance use disorders (or both) benefits under the ACA. ([NPWF fact sheet, March](#))
- This is very important for women who, for example, are nearly twice as likely as men to be diagnosed with depression. ([NPWF fact sheet, March](#))
- Prior to the ACA, mental health coverage often was excluded from plans, or was very limited. ([NPWF fact sheet, March](#))

Substance Use Disorders

- Medicaid is a vital tool in increasing insurance coverage and access to treatment for individuals with SUD. ([NHeLP report, 6/1/17](#))
 - Medicaid represents the single largest source of insurance coverage for SUD treatment. Of the 20.2 million adults in the U.S. with an SUD, 23 percent are covered by Medicaid. ([NHeLP report, 6/1/17](#))
- Capping Medicaid's federal funding will significantly reduce the funding states receive for their programs and will lead many states to limit Medicaid eligibility of adults with SUD and to cut coverage of SUD services. ([NHeLP report, 6/1/17](#))
- States may also seek to impose burdensome cost utilization controls, which will further restrict access to life-saving SUD medication and services for low-income adults. ([NHeLP report, 6/1/17](#))
 - SUD services are expensive and access would be cost prohibitive for individuals if they could no longer get this care through the Medicaid program. ([NHeLP report, 6/1/17](#))
- Access to timely, mental health preventive services is crucial for reducing the burden of the opioid epidemic, and Medicaid plays a vital role in preventing development of SUDs. ([NHeLP report, 6/1/17](#))
- Medicaid's comprehensive coverage of medication-assisted treatment (MAT) and naloxone has been strengthened by the ACA's essential health benefits (EHBs) requirement. ([NHeLP report, 6/1/17](#))
- Tackling addiction requires reliable coverage and access to long-term treatment services and recovery supports. The losses to coverage and services imposed by the repeal bill do not make up for the proposed \$839 billion in Medicaid cuts and the return to private insurance policies that discriminate against people with pre-existing conditions, including substance use disorders. ([Community Catalyst talking points, 6/14/17](#))
- The health care repeal bill would cause millions of people to lose health coverage and disproportionately hurt communities of color, where access to coverage and treatment for substance use disorders is already limited. ([Community Catalyst talking points, 6/14/17](#))

Veterans

- About 1.75 million veterans – nearly 1 in 10 – could see their health care coverage weakened or lost entirely if House Republican plans to cut traditional Medicaid or roll back Medicaid expansion were to become law. ([Families/VoteVets fact sheet, May](#))