



June 12, 2017

The Honorable Mitch McConnell
Majority Leader
United States Senate
317 Russell Senate Office Building
Washington, DC 20510

The Honorable Charles Schumer
Minority Leader
United States Senate
322 Hart Senate Office Building
Washington, DC 20510

Dear Leader McConnell and Minority Leader Schumer:

As organizations representing civil rights, health, and social justice perspectives and that work to promote racial equity and advance racial healing, we believe all children and families should have the opportunities and resources they need to reach their full potential and thrive. Meaningful access to quality, comprehensive, and affordable health coverage and care is critical to achieving this vision. As such, we write to express our strong support for the Affordable Care Act (ACA) and our equally strong opposition to the American Health Care Act (AHCA) and any other attempts to undermine existing law.

We are deeply concerned about the Senate’s plan to repeal and partially replace the ACA and make major structural changes to Medicaid. Repealing the ACA, converting Medicaid into a per capita cap or block grant and ending the ACA’s Medicaid Expansion would reverse the historic coverage gains that communities of color and the entire nation have experienced since the ACA was enacted. From 2010 to 2015 the uninsured rate fell from 17.8% to 10.6% for African Americans, 30.9% to 16.2% for Latinos¹, 15.1% to 7.5% for Asian Americans, 14.5% to 7.8% for Native Hawaiians and Pacific Islanders, and 24.2% to 15.7% for American Indians and Alaska Natives.² The AHCA would roll back this progress by reducing financial assistance, permitting states to waive core consumer protections and ending the Medicaid Expansion and Medicaid as we know it.

Prior to the ACA, racial and ethnic minorities disproportionately lacked resources to access affordable health care and thus were less likely to be insured than white Americans.³ This lack of coverage is both a contributor, and factor, in many racial and ethnic health disparities where access to primary, preventive care and treatment

¹ *Health Insurance Coverage in the United States: 2015*, U.S. Census Bureau, Current Population Reports, Issued Sept. 2016, available at: <https://www.census.gov/content/dam/Census/library/publications/2016/demo/p60-257.pdf>.

² American Community Survey, Table S0201, 2010 and 2015 1-year estimates, available at: https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_15_1YR_S0201&prodType=table

³ *Medicaid and the Uninsured*, Kaiser Family Foundation, March 2013, available at: <https://kaiserfamilyfoundation.files.wordpress.com/2014/07/8423-health-coverage-by-race-and-ethnicity.pdf>.

for chronic diseases has life-long health outcomes. For example, African Americans are twice as likely to die from diabetes as whites.⁴ The rate of diabetes among Latinos is nearly double that of non-Latino whites.⁵ Asian Americans are 60% more likely than whites to be diagnosed with end stage renal disease resulting from diabetes.⁶ Native Hawaiians and Pacific Islanders are 30% more likely to be diagnosed with cancer than whites.⁷ American Indians and Alaska Natives have a life expectancy that is 4.4 years less than all other populations.⁸ The AHCA would reduce access to primary, preventive care by making coverage inaccessible due to higher costs and permitting states to waive consumer protections for those with preexisting conditions.

As advocates for the well-being of all communities in this country, we ask specifically that you:

Protect Medicaid and the Medicaid Expansion

The AHCA would gut Medicaid by \$800 billion and eliminate the ACA's Medicaid expansion, resulting in 14 million Americans losing access to the program.⁹ Medicaid provides services to the most vulnerable populations in the country. Ending Medicaid would be devastating for communities of color who rely on the program for critical life-saving care, for children to access routine preventive care and for persons with disabilities to live active, full lives. At present, Medicaid is a major source of coverage for low-income communities of color and covers 33.4% of African Americans, 30.7% of Latinos, 16.9% of Asian Americans, 34% of Native Hawaiians and Pacific Islanders and 34.1% of American Indians and Alaska Natives.¹⁰ Four hundred ninety-one of the 567 tribal nations reside in states that have expanded Medicaid and any changes to Medicaid would have a particularly devastating impact on the delivery of healthcare to Native people. Furthermore, the reduction in federal funding as a result of the AHCA would put states in the difficult position of having to make eligibility or coverage cuts as deficits grow over time, inflicting pain on all communities of color.

Maintain Financial Assistance

The AHCA would replace the ACA's income, age, and geography based tax credits with an age based credit. Reducing financial assistance will disproportionately impact individuals and families of color, who are more likely to be low-income than whites.¹¹ The net effect of reducing financial assistance and eliminating the Medicaid Expansion and converting Medicaid into a block grant or cap would be to leave lower and lower-middle income individuals and families with few options for affordable coverage.

⁴ *Diabetes and African Americans*, U.S. Department of Health & Human Services: Office of Minority Health, Last updated July 13, 2016, available at: <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=18>.

⁵ *Latino Programs*, American Diabetes Association, available at: <http://www.diabetes.org/in-my-community/awareness-programs/latino-programs/por-tu-familia.html>.

⁶ *Diabetes and Asians*, U.S. Department of Health & Human Services: Office of Minority Health, Last updated December 27, 2016, available at: <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=48>.

⁷ *Cancer and Native Hawaiians/Pacific Islanders*, U.S. Department of Health & Human Services: Office of Minority Health, Last updated March 29, 2016, available at: <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=76>.

⁸ *Disparities*, Indian Health Service, U.S. Department of Health & Human Services: Office of Minority Health, updated April 2017, available at: <https://www.ihs.gov/newsroom/factsheets/disparities/>

⁹ Congressional Budget Office, *H.R. 1628: American Health Care Act of 2017*, May 24, 2017, available at: <https://www.cbo.gov/system/files/115th-congress-2017-2018/costestimate/hr1628aspassed.pdf>.

¹⁰ *Summary Health Statistics: National Health Interview Survey, 2015*, National Center for Health Statistics, available at: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/NHIS/SHS/2015_SHS_Table_P-11.pdf.

¹¹ Bernadette D. Proctor, et al., *Income and Poverty in the United States: 2015*, U.S. Census Bureau, September 2016, available at: <https://www.census.gov/content/dam/Census/library/publications/2016/demo/p60-256.pdf>.

Maintain Consumer Protections that Require Health Coverage be High Quality

The AHCA would lower the standards for what plans must cover and permit states to waive consumer requirements that could result in denials of coverage if there is a lapse or high costs for those with pre-existing conditions. Prior to the ACA, many communities of color could not find affordable health insurance because they had pre-existing conditions, including disproportionately experiencing conditions such as cancer and diabetes. Lower income communities live with tight and fluctuating budgets, and under the AHCA, would be forced to choose between robust plans with premiums they cannot afford, or catastrophic coverage that offers fewer benefits with lower premiums. Those with chronic conditions could be charged more simply because they are more likely to develop such conditions. As such, the AHCA would threaten to place communities of color in the same position they were before the ACA, with few coverage options.

Any changes to the health system should, at minimum, do no harm to the 6.8 million African Americans, 10.2 million Latino Americans, 2 million Asian Americans, Native Hawaiians, and Pacific Islanders, and over half a million American Indians and Alaska Natives who gained or are eligible for coverage under the ACA.¹²

Based on these core concerns, we urge you to oppose the AHCA and any attempts to reduce the number of individuals with coverage and diminish the quality and affordability of existing coverage options. In addition, we ask that you oppose any proposal that would fundamentally change the Medicaid program as we know it.

Sincerely,

Asian & Pacific Islander American Health Forum
NAACP
National Congress of American Indians
National Council of Asian Pacific Americans
National Council of La Raza
National Urban League
PICO National Network
Race Forward: The Center for Racial Justice Innovation

CC: Senator John Cornyn, Senator John Thune, Senator John Barrasso, Senator Orrin Hatch, Senator Lamar Alexander, Senator Michael B. Enzi, Senator Tom Cotton, Senator Cory Gardner, Senator Mike Lee, Senator Rob Portman, Senator Ted Cruz, and Senator Patrick Toomey.

¹² *HHS Action Plan to Recue Racial and Ethnic Health Disparities: Implementation Progress Report 2011-2014*, ASPE Report, November 2015, available at: <https://aspe.hhs.gov/basic-report/hhs-action-plan-reduce-racial-and-ethnic-health-disparities-implementation-progress-report-2011-2014>.