

May 1, 2017

The Honorable Paul Ryan  
Speaker, U.S. House of Representatives  
U.S. Capitol Building  
Washington, DC 20515

The Honorable Nancy Pelosi  
Minority Leader, U.S. House of Representatives  
U.S. Capitol Building  
Washington, DC 20515

Dear Speaker Ryan and Leader Pelosi,

On behalf of physicians, certified nurse-midwives/certified midwives, and nurse practitioners who provide care for the women of America, along with our patient partners, we stand together for women and families and against House passage of the MacArthur (R-NJ) Amendment to the American Health Care Act (AHCA, HR 1628). Rather than support recent gains in women's access to healthcare and coverage, the MacArthur Amendment and AHCA turn back the clock and reverse hard-won progress. We stand ready to continue work with Congress to advance legislation that promotes women's health, healthcare and coverage.

In our letter of March 22, 2017, we expressed opposition to the AHCA because it threatened women's access to care protected by Essential Health Benefits (EHBs) requirements, eliminated the Medicaid expansion, cut qualified providers at Planned Parenthood from the Medicaid program, and made severe reductions to Medicaid and other programs critical to women and newborns. We said that **important health initiatives for women and newborns should be built upon and improved - not rolled back.**

However, the MacArthur Amendment to AHCA places women's health and coverage at even greater risk. The MacArthur Amendment would enable states to waive EHBs including those for maternity and newborn care, preventive services, and services for mental health and substance use disorders; to waive community rating rules; and to shunt patients with costly healthcare conditions or illnesses into unproven government high risk pools. **Supporters of the bill claim this bill maintains protections for those with preexisting conditions, but allowing states to waive coverage of EHB and charge people more based on their health status renders the promise of coverage for preexisting conditions to be meaningless.** If all that the Secretary may require of a state waiver application is an un-validated attestation that the purpose of their requested waiver is to reduce premium costs, increase the number of persons with healthcare coverage, or advance another benefit to the public interest in the state, including the guarantee of coverage for persons with pre-existing medical conditions, it is meaningless in protecting health, quality healthcare and coverage. **Women and families must not be made to suffer, lose access to care and coverage, and pay higher healthcare costs.**

EHB is a critical protection that ensure women have guaranteed access to a robust set of health care services. Making certain categories of coverage optional – such as maternity care – would not substantially lower the premiums that people pay for health coverage. For example, the requirement for maternity care as an EHB is not a source of health cost growth. Rather, by sharing risk across a broad population of beneficiaries it provides vital protection for women and families from the risk of tens of thousands of dollars of out-of-pocket costs associated with normal physiologic labor and delivery, cesarean section, and birth complications. In exchange for monthly premium costs of just \$8 – 14 according to one recent analysis, the maternity care EHB provides significant security for people wishing

to grow their families in the U.S.<sup>1</sup> Furthermore, **since everyone is at some point a newborn, childbirth affects all of us. Enabling exclusion of maternity care from health coverage denies people access to the care that everyone deserves for the best start in life.**

Congress should move to protect and advance health, quality care and coverage, particularly for women and newborns, and not to endanger them as the AHCA and the MacArthur Amendment would do. Americans of both parties agree.<sup>2</sup> A recent Kaiser Family Foundation poll found “relatively few Americans want to see the president and Congress decrease funding for a variety of different health priorities – including spending for reproductive health services for lower-income women (21 percent).”<sup>3</sup>

**When women have access to quality, evidence-based, affordable care throughout their lives, they enrich our workforce, achieve higher levels of education, reach their goals, and actively contribute to the success of their families and their communities. We urge the U.S. House in the strongest possible terms to get it right, not fast. The AHCA and the MacArthur Amendment turn the clock back on women’s health and should not move forward.**

We stand ready to continue assisting Congress in advancing health policy that supports women’s access to high quality healthcare and coverage, and is effective at controlling and reducing the costs that people pay for their healthcare.

Sincerely,

American Academy of Pediatrics  
American College of Nurse-Midwives  
American College of Physicians  
American Congress of Obstetricians and Gynecologists  
National Association of Nurse Practitioners in Women's Health  
National Partnership for Women & Families  
Planned Parenthood Federation of America

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<sup>1</sup> Bayram R, Dewey B. Milliman white paper: are essential benefits here to stay. Milliman, Inc., 2017. <http://us.milliman.com/uploadedFiles/insight/2017/essential-health-benefits.pdf>, retrieved April 26, 2017.

<sup>2</sup> Goldstein A, Clement S. Public pans Republicans’ latest approach to replacing Affordable Care Act. Washington Post, April 26, 2017. [https://www.washingtonpost.com/national/health-science/public-pans-republicans-latest-approach-to-replacing-affordable-care-act/2017/04/25/25355eb0-26aa-11e7-bb9d-8cd6118e1409\\_story.html?utm\\_term=.e3688a89df49](https://www.washingtonpost.com/national/health-science/public-pans-republicans-latest-approach-to-replacing-affordable-care-act/2017/04/25/25355eb0-26aa-11e7-bb9d-8cd6118e1409_story.html?utm_term=.e3688a89df49), retrieved April 27, 2017.

<sup>3</sup> Kirzlinger A et al. Kaiser Health Tracking Poll - Late April 2017: The Future of the ACA and Health Care & the Budget. The Henry J. Kaiser Family Foundation, April 26, 2017. [http://kff.org/health-reform/report/kaiser-health-tracking-poll-late-april-2017-the-future-of-the-aca-and-health-care-the-budget/?utm\\_campaign=KFF-2017-April-Late-April-Tracking-Poll&utm\\_medium=email&hsenc=p2ANqtz-8XxveNn2EV9-8Uxw3cJQvGuO3Xfv75htCQUNC39D-R0uOdk13SSg22J2coPshOgbzlhEbAxK-S5OceEB8blLTgx2mVA&hsmi=51170147&utm\\_content=51170147&utm\\_source=hs\\_email&hsCtaTracking=1bae28e2-34e5-478e-9576-67ca9926abd7%7C0cf0ab48-32f8-48e9-adbb-906b2d3f6d93](http://kff.org/health-reform/report/kaiser-health-tracking-poll-late-april-2017-the-future-of-the-aca-and-health-care-the-budget/?utm_campaign=KFF-2017-April-Late-April-Tracking-Poll&utm_medium=email&hsenc=p2ANqtz-8XxveNn2EV9-8Uxw3cJQvGuO3Xfv75htCQUNC39D-R0uOdk13SSg22J2coPshOgbzlhEbAxK-S5OceEB8blLTgx2mVA&hsmi=51170147&utm_content=51170147&utm_source=hs_email&hsCtaTracking=1bae28e2-34e5-478e-9576-67ca9926abd7%7C0cf0ab48-32f8-48e9-adbb-906b2d3f6d93), retrieved April 26, 2017.