

MEMORANDUM

TO: House Offices

FROM: Clare Coleman, President & CEO, NFPRHA  
Jessica Marcella, Vice President, Advocacy & Communications, NFPRHA

DATE: March 24, 2017

RE: NFPRHA Strongly Opposes HR 1628, the American Health Care Act

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On behalf of the National Family Planning & Reproductive Health Association (NFPRHA), a membership organization representing providers and administrators committed to helping people get the family planning education and care they need to make the best choices for themselves and their loved ones, NFPRHA urges members of the House of Representatives to oppose HR 1628, the fiscal year (FY) 2017 budget reconciliation package. If enacted, this bill would repeal major provisions of the Affordable Care Act, fundamentally restructure the financing of the Medicaid program, and bar Planned Parenthood from participating in the Medicaid program for one year, all of which would have devastating impacts on millions of Americans, particularly the poor and low-income. Passage of HR 1628 would strip essential health care coverage from 24 million people, jeopardize access to family planning and sexual health services for the nearly 12.8 million women of reproductive age who currently rely on Medicaid for their health coverage, and upend the family planning safety net.

NFPRHA represents nearly 800 institutions that operate or fund a network of nearly 3,500 safety-net health centers and service sites that provide high-quality family planning and other preventive health services to millions of low-income, uninsured, or underinsured individuals in 50 states, the District of Columbia, and territories. Services are provided through state, county, and local health departments as well as hospitals, family planning councils, Planned Parenthoods, federally qualified health centers, and other private non-profit organizations.

HR 1628 includes a drastic restructuring of the Medicaid program, transforming the program from an entitlement program to a per capita cap with the option of a block grant. Medicaid is the largest payer for family planning, paying for 75% of the publicly funded family planning provided in the United States. Per capita caps and block grants are both cuts by another name, shifting risks and costs to the states and reducing critical funding, which will force many poor and low-income individuals to go without care or to seek care in our nation's emergency rooms. Supporters of HR 1628 argue that these changes are necessary to give states the "flexibility" they need to innovate their programs. However, the reality is that states already have significant flexibility and these proposals would, in fact, limit the flexibility of the states by drastically reducing the funds available to deliver care to the most vulnerable populations.

HR 1628 would also place a one-year ban on Planned Parenthood from receiving federal reimbursements for health services provided to Medicaid beneficiaries. Planned Parenthood plays a

critical role in the provision of family planning and other preventive health care services to 2.5 million women and men each year. According to the Guttmacher Institute, “in the 332 of the 492 counties that Planned Parenthood health centers served in 2010, Planned Parenthood served at least half of the women obtaining publicly supported contraceptive services from a safety-net health center.”<sup>ii</sup> This disproportionate share of Patients choose Planned Parenthood for myriad reasons, and policymakers should not be inserting themselves into that selection process. Planned Parenthood is a trusted provider of high-quality comprehensive family planning and sexual health care, and patients who rely on Medicaid for their health coverage should have the same rights to seek care from them as any other patient.

Furthermore, HR 1628 would repeal several major provisions and protections of the Affordable Care Act, including the individual mandate, the Medicaid expansion, and the premium tax credits. In the most recent manager’s amendment, HR 1628 would repeal the requirement for health insurance plans to cover the ten essential health benefits. This provision undermines indispensable coverage such as the contraceptive coverage requirement, which according to government estimates in 2015, helped ensure that 55 million women could access contraception without copays or other cost-sharing.

If the American Health Care Act becomes law, it will severely limit the ability of poor and low-income Americans to access the critical preventive health care services they need to lead healthy, productive, and happy lives. NFPRHA looks forward to working with you to strengthen America’s health care system, and in particular, the family planning safety net. We urge you to oppose HR 1628. Please do not hesitate to contact [Jessica Marcella](#), Vice President, Advocacy & Communications, or any member of NFPRHA’s policy team at (202) 293-3114.

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<sup>i</sup> “Uninsured Rate Among Women of Reproductive Age Has Fallen More than One-Third under the Affordable Care Act.” Guttmacher Institute, accessed March 23, 2017. <https://www.guttmacher.org/article/2016/11/uninsured-rate-among-women-reproductive-age-has-fallen-more-one-third-under>.

<sup>ii</sup> Hasstedt K. *Understanding Planned Parenthood’s Critical Role in the Nation’s Family Planning Safety Net.* Guttmacher Policy Review, Vol. 20 (2017).