AMERICAN HEALTH CARE ACT THREATENS REPRODUCTIVE JUSTICE FOR WOMEN OF COLOR

UPDATED MAY 2017 | FACT SHEET

Reproductive justice will be attained when all people have the economic, social and political power and means to make decisions about their bodies, sexuality, health and families. Because of the Affordable Care Act (ACA), millions of women of color have gained access to affordable coverage and critical health care. The ACA is working – in the majority of states, more than 80 percent of women of color ages 18-64 are now insured.[1] Conservative lawmakers are gambling with the health and economic stability of Black, Latina and Asian and Pacific Islander (AAPI) women, families and communities. Women of color will be disproportionately impacted by proposed rollbacks to health care coverage and stand to lose the most under the so-called American Health Care Act (AHCA). Our health and lives are on the line.

THE AHCA WOULD PUSH COVERAGE OUT OF REACH FOR WOMEN OF COLOR, EXACERBATING HEALTH DISPARITIES.

The ACA led to significant coverage gains for women of color;[2] 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.

- 15 million Black people now have coverage for preventive services without cost sharing.[3] Between 2012 and 2014, the uninsured rate among Black women fell by nearly seven percent.[4]
    - Black women have higher breast cancer mortality rates compared to other racial and ethnic groups.[5] In 2010, the Centers for Disease Control and Prevention reported that the breast cancer death rate for Black women aged 45-64 was 60 percent higher than that for white women.[6] Coverage for preventive services without cost sharing removes barriers to care, enabling Black women to access essential health care such as breast cancer screenings.

- 17 million Latinos/as now have coverage for preventive services without cost sharing, and between 2012 and 2014, the uninsured rate among Latinas fell by nine percent.[7]
    - Cervical cancer is highly preventable, but Latinas have the highest rates of cervical cancer in the United States.[8] Coverage for preventive services without cost sharing removes barriers to care, enabling Latinas to access essential health care like cervical cancer screenings.

- 8 million Asian-Americans now have coverage for preventive services without cost sharing.[9] Between 2010 and 2015, the uninsured rate among Asian-Americans and Pacific Islanders (AAPI) fell over 7 percent.[10] Over 2 million Asian-Americans gained coverage under the ACA, giving more AAPI women coverage for preventive services without cost sharing.[11]
    - Cancer is the leading cause of death for AAPI communities[12], and cervical cancer incidence rate is higher in several Asian American, Native Hawaiian, and Pacific Islander (AANHPI) subgroups than in non-Hispanic whites. For instance, the incidence rate is twice as high in Cambodians as in non-Hispanic whites, and 40 percent higher among Vietnamese women.[13]

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THE AHCA WOULD ROLLBACK PROTECTIONS FOR PEOPLE WITH PREEXISTING CONDITIONS, FURTHER EXACERBATING HEALTH DISPARITIES FOR WOMEN OF COLOR.

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.[14] Without such protections, already existing health disparities for women of color and their families could be exacerbated. An estimated 133 million Americans have preexisting conditions,[15]any of whom could have been denied coverage or subject to increased cost without the current ACA protections. Under the AHCA proposal, states would be able waive two ACA protections that are vital to people with preexisting conditions — the Essential Health Benefits and the prohibition against insurers charging higher premiums for those with preexisting conditions.[16] This would open the door for insurance companies to charge individuals with preexisting conditions astronomically higher premiums, thereby denying them access to affordable coverage.

Prior to the ACA, insurance companies could define preexisting conditions to include conditions such as asthma, menstrual irregularities, obesity, diabetes, or if someone has ever received mental health treatment, had cancer or been pregnant.[17] Rolling back these protections could allow insurers once again to discriminate against women by allowing them to consider pregnancy, having a C-section or even receiving medical treatment for prior domestic violence as preexisting conditions.

The AHCA would put the health of millions of women of color at stake.

- One in four Black women over age 55 has diabetes.[18] And, Black women have 14 percent higher cancer death rates than non-Hispanic white women, despite a six percent lower incidence rate.[19]
- Latinas are 17 times more likely to die from diabetes than non-Hispanic white women are.[20] And, compared to non-Hispanic whites, cervical cancer incidence rates are 44 percent higher for Latinas, and liver and stomach cancer incidence rates are about twice as high.[21]
- Other health conditions, like the Hepatitis B virus (HBV), were also considered preexisting conditions prior to the ACA.[22] Chronic HBV affects about 1.3 million people in the United States, and AAPIs account for over half of the chronic hepatitis B cases and resulting deaths.[23] AAPI women are 20 percent more likely to die from viral hepatitis as compared to non-Hispanic whites.[24]

THE AHCA WOULD DEFUND PLANNED PARENTHOOD FROM THE MEDICAID PROGRAM, JEOPARDIZING WOMEN OF COLOR'S ACCESS TO CRITICALLY IMPORTANT HEALTH CARE.

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.[25] 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 2014, 15 percent of Planned Parenthood patients were Black,[26] 23 percent were Latino/a[27] and four percent were AAPI.[28]
- Planned Parenthood health centers are a lifeline for quality health care for underserved communities. Fifty-four percent of Planned Parenthood health centers are in underserved areas. In 21 percent of counties with a Planned Parenthood health center, Planned Parenthood is the only

safety-net family planning provider, and in 68 percent of counties with a Planned Parenthood health center, Planned Parenthood serves at least half of all safety-net family planning patients.[29]

THE AHCA'S RESTRICTIONS ON ABORTION FUNDING WOULD FURTHER COMPROMISE WOMEN OF COLOR'S ABILITY TO MAKE REPRODUCTIVE HEALTH DECISIONS WITH DIGNITY AND WITHOUT POLITICAL INTERFERENCE.

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.[30]

- Women of color experience disproportionately high rates of unintended pregnancy and[31] are more likely to live in poverty,[32] 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. A recent study found that a woman who seeks but is denied abortion care is three times more likely to fall into poverty than a woman who is able to get the care she needs.[33]

THE AHCA WOULD DECIMATE THE MEDICAID PROGRAM, TAKING AWAY HEALTH CARE FROM MILLIONS OF WOMEN OF COLOR.

The AHCA would essentially gut the Medicaid program by restructuring it into per capita caps, slashing $880 billion in federal funding and ending the ACA's Medicaid expansion.[34] This will leave millions of women and families[35] without health care coverage, increasing health and economic disparities for communities of color. Medicaid is integral to women's health. Medicaid finances over half of all births in the United States, and accounts for 75 percent of all public dollars spent on family planning.[36] One in five women of reproductive age, and nearly half (48 percent) of all low-income women of reproductive age, are enrolled in the Medicaid program. Medicaid is particularly important for women of color.[37]

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.

- Nearly one-third (31 percent) of Black women of reproductive age are enrolled in the Medicaid program. [38]
- Over one quarter (27 percent) of Latinas of reproductive age are enrolled in the Medicaid program.[39]
- Nearly one-fifth (19 percent) of AAPI women are enrolled in the Medicaid program. The program is particularly important for Southeast Asian and Pacific Islander women.[40] For example, 62 percent of Bhutanese women, 43 percent of Hmong women and 32 percent of Pakistani women currently receive their insurance through Medicaid.[41]

THE AHCA WOULD INCREASE COST SHARING AND PREMIUMS, HITTING WOMEN OF COLOR HARDEST BECAUSE OF GENDER- AND RACE-BASED WAGE GAPS.

The AHCA cuts the financial assistance that low- to middle-income families need to afford coverage, hiking up premium costs. 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, will be denied. Approximately 13 million women who gained access to maternity coverage under the ACA[42] stand to lose their coverage.

The AHCA's continuous coverage provision allows companies to charge exorbitant penalties for those who have experienced a gap in coverage. 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. 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,[43] Latina[44] and AAPI women.[45]

- Black women are typically paid 63 cents for every dollar paid to white, non-Hispanic men.[46]
- Latinas are paid 54 cents for every dollar paid to white, non-Hispanic men.[47]
- While Asian-American women as a whole earn 85 cents for every dollar paid to white, non-Hispanic men, Southeast Asian and Pacific Islander women experience some of the widest wage gaps compared to other racial and ethnic groups. For example, Burmese and Marshallese women make only 44 cents for every dollar paid to white, non-Hispanic men.[48]

The AHCA would have a devastating, long-term impact on women of color's health, economic security and progress.

It is an attack on reproductive justice.

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