

May 3, 2011

The Honorable John Boehner  
Speaker  
United States House of Representatives  
Washington, DC 20515

The Honorable Nancy Pelosi  
Minority Leader  
United States House of Representatives  
Washington, DC 20515

The Honorable Harry Reid  
Majority Leader  
United States Senate  
Washington, DC 20510

The Honorable Mitch McConnell  
Minority Leader  
United States Senate  
Washington, DC 20510

The Honorable Paul Ryan  
Chairman  
House Budget Committee  
United States House of Representatives  
Washington, DC 20515

The Honorable Chris Van Hollen  
Ranking Member  
House Budget Committee  
United States House of Representatives  
Washington, DC 20515

The Honorable Kent Conrad  
Chairman  
Senate Budget Committee  
United States Senate  
Washington, DC 20510

The Honorable Jeff Sessions  
Ranking Member  
Senate Budget Committee  
United States Senate  
Washington, DC 20510

**Dear Speaker Boehner, Minority Leader Pelosi, Majority Leader Reid, Minority Leader McConnell, Chairman Ryan, Ranking Member Van Hollen, Chairman Conrad and Ranking Member Sessions:**

As organizations committed to advancing access to reproductive and other health care services for poor and low-income individuals, we are writing to voice our strong opposition to attempts to cap or reduce funding for the Medicaid program, or to in any way weaken its coverage of family planning services and supplies.

We are deeply concerned by the proposal made in the House Budget Committee's Fiscal Year (FY) 2012 budget, authored by Chairman Ryan, to convert the Medicaid program into a block grant. Medicaid is the cornerstone of health care for the poor and low-income; more than 58 million Americans are currently enrolled in Medicaid.

Medicaid is the largest source of public funding for family planning services and supplies, helping to pay for contraceptive services and supplies, annual exams, breast and cervical cancer screenings, and STD/HIV screening. According to the Guttmacher Institute, publicly funded family planning services, such as those provided through Medicaid, helped prevent nearly 2 million unintended pregnancies in 2006, nearly half of which would have ended in abortion. Without these services, the number of unintended pregnancies among poor women would nearly double.

The need for publicly funded family planning services and supplies has increased dramatically in recent years. The recession has caused millions of Americans to lose their jobs, resulting not only in the loss of wages but also in the loss of employer-based insurance. According to recent data from the Guttmacher Institute, the number of American women aged 15–44 who were covered by private insurance fell by 2.3 million between 2008 and 2009. This decrease was accompanied by significant increases in the number of women who were on Medicaid—in 2009, 14.8 percent of women of reproductive age were on Medicaid, up from 13.2 percent in 2008.

Publicly funded family planning services and supplies prevent unintended pregnancy, a critical component of public health. Unintended pregnancy is associated with an increased risk of morbidity for women and increases the likelihood of low birth-weight babies and infant mortality. In recent years, more than half of all states have expanded eligibility for family planning care under Medicaid. These states have demonstrated that spending more on Medicaid-funded family planning results in improved contraceptive use, fewer unintended pregnancies, and longer intervals between births. In fact, the proven effectiveness in increasing the spacing between births led the National Governors Association to take the position that expanding Medicaid eligibility for family planning is an important step states can take to improve birth outcomes. Along with being good public health, helping women and men prevent unintended pregnancy is economically responsible: every \$1 spent on family planning saves \$3.74 in public costs for pregnancy-related health care.

The House Budget Committee's FY 2012 budget proposes to turn Medicaid into a "block grant," which would provide states with a fixed or capped amount of money for their Medicaid programs each year. The budget proposal claims that turning Medicaid into a block grant will give states more "flexibility," but the reality is that states already have significant flexibility in administering their Medicaid programs. States are currently given broad discretion over defining benefits, choosing delivery care models, and adjusting how providers and plans are paid.

Contrary to what proponents of the House-passed budget claim, converting Medicaid into a block grant would only shift risks and costs to states and reduce needed funding, forcing many poor and low-income individuals to go without care or to seek care in our nation's emergency rooms, resulting in increased health care costs. In addition, capped federal funding would leave states unable to respond to changes in the economy, such as when a recession causes more people to be in need of and eligible for Medicaid. Moreover, the House budget would fund the block grant well below the current federal funding level, which would force states to either cut benefits or lower Medicaid eligibility levels, or both.

Today, Medicaid is explicitly designed to respond to a state's fluctuating needs. States can, consistent with federal standards, tighten eligibility criteria, but they cannot ration coverage on a first-come, first-serve basis. Maintaining the current federal/state matching structure, where the federal government pays a portion of states' costs in providing care to Medicaid enrollees, is integral to ensuring coverage for millions of people and continuing vital public health services.

The goals of reducing the national deficit and improving public health are not mutually exclusive—in reality, sound public health policy is the cornerstone upon which sound economic policy can be built. Nowhere is this more apparent than in public funding for family planning. Medicaid is essential to the health and well-being of millions of poor and low-income Americans, and to ensuring a healthy workforce and healthy children. We strongly urge you to oppose any attempt to cap or reduce funding for the Medicaid program, or to in any way weaken the coverage of family planning services and supplies.

Please contact Robin Summers at [rsummers@nfprha.org](mailto:rsummers@nfprha.org) or 202-577-6064 or Cate Hodgetts at [hodgetts@healthlaw.org](mailto:hodgetts@healthlaw.org) or 202-289-7661 ext. 307 with any questions. Thank you.

Sincerely,  
National Family Planning & Reproductive Health Association  
National Health Law Program  
Advocates for Youth  
American Association of University Women (AAUW)  
American Congress of Obstetricians and Gynecologists  
American Medical Student Association

American Nurses Association  
American Public Health Association  
American Social Health Association  
American Society for Emergency Contraception  
Asian & Pacific Islander American Health Forum  
Association of Reproductive Health Professionals (ARHP)  
Black Women's Health Imperative  
California Primary Care Association  
Catholics for Choice  
Center for Reproductive Rights  
Community Health Councils  
Family Planning Councils of America  
Feminist Majority  
Ibis Reproductive Health  
Illinois Maternal and Child Health Coalition  
Medical Students for Choice  
NARAL Pro-Choice America  
NARAL Pro-Choice Oregon  
National Asian Pacific American Women's Forum (NAPAWF)  
National Association of Nurse Practitioners in Women's Health (NPWH)  
National Coalition of STD Directors (NCSD)  
National Council of Jewish Women (NCJW)  
National Council of Jewish Women, California  
National Latina Institute for Reproductive Health  
National Organization for Women  
National Partnership for Women & Families  
National Women's Health Network  
National Women's Law Center  
New Mexico Center on Law and Poverty  
Physicians for Reproductive Choice and Health  
Planned Parenthood Federation of America  
Public Health Solutions  
Raising Women's Voices for the Health Care We Need  
Religious Coalition for Reproductive Choice  
Reproductive Health Technologies Project  
Sexuality Information and Education Council of the U.S. (SIECUS)  
State Family Planning Administrators  
Union for Reform Judaism  
Unitarian Universalist Association of Congregations  
U.S. Positive Women's Network (PWN)  
Wisconsin Alliance for Women's Health  
Women Organized to Respond to Life-threatening Disease (WORLD)