May 9, 2023

The Honorable Charles Schumer
Majority Leader
U.S. Senate
Washington, D.C. 20510

The Honorable Mitch McConnell
Minority Leader
U.S. Senate
Washington, D.C. 20510

The Honorable Kevin McCarthy
Speaker
U.S. House of Representatives
Washington, D.C. 20515

The Honorable Hakeem Jeffries
Democratic Leader
U.S. House of Representatives
Washington, D.C. 20515

Dear Leaders Schumer, McConnell, and Jeffries, and Speaker McCarthy,

The undersigned member organizations of the Women's Health Defense Table and allied national organizations write to express our strong opposition to the House-passed debt ceiling bill (H.R. 2811). The Women's Health Defense Table is a coalition of national organizations working together to protect and strengthen access to health care, including reproductive and sexual health care, for women (including transgender, queer, and intersex women) and nonbinary people. From our inception in 2016, protecting Medicaid has been a central focus of our work. Consistent with our mission, we urge you to exclude Medicaid work requirements and other program cuts from any debt ceiling or budget negotiations or legislation. Such changes would result in deeply harmful losses of health care coverage and access for people with low incomes and underserved populations nationwide. Instead, Congress must raise the debt ceiling without cutting Medicaid through work requirements or other changes.

As the country's largest public health insurance program, Medicaid plays a critical role in promoting equitable access to reproductive and sexual health care for all.[i] Women comprise the majority of adults covered by Medicaid. The program covers more than forty percent of women's births in the U.S., including sixty-five percent of births among Black women, who are at the highest risk for maternal death and severe morbidity.[ii] Amidst a worsening maternal mortality crisis, Medicaid coverage enables broader access to the maternity services that are necessary for healthier maternal and infant health outcomes.[iii] It is also the leading source of family planning coverage in the U.S.[iv] All states provide Medicaid coverage for breast and cervical cancer treatment.[v] Thus, at a time when reproductive and sexual health care access is under attack on all fronts, it is especially critical to protect Medicaid from cuts, including work requirements.[vi]

Medicaid work requirements are just severe Medicaid cuts by another name. Decades of research and experience demonstrate that work requirements in safety net programs create burdensome and confusing red tape, paperwork, and reporting requirements that result in sweeping eligibility losses and keep people in poverty. Consider Arkansas, the only state to fully implement Medicaid work requirements in a Medicaid context. In the first month that Arkansas' work requirement penalties went into effect, they ended Medicaid coverage for 4,300 people.[vii] In 2018, over 18,000 people with low incomes lost their Medicaid coverage because they could not meet the new requirements.[viii] Those 18,000 people lost access to affordable and comprehensive health coverage, including sexual and reproductive health care coverage, and suffered worse health and economic outcomes as a result. For example, people reported rationing their medications, delaying their care, and accumulating increased medical debt. For decades, similarly punitive work requirements in the Supplemental Nutrition Assistance Program (SNAP) and Temporary Assistance for Needy Families (TANF) program have undermined reproductive justice by impeding program access. H.R. 2811's work requirement proposal would systematically decimate coverage for and endanger the health and lives of women nationwide—especially those who already face the most barriers to accessing health care.

Most people enrolled in Medicaid and other safety net programs work if they can.[ix] H.R. 2811 requires that individuals work a minimum number of hours each week and meet burdensome reporting requirements to stay covered, yet many Medicaid enrollees, and especially women enrolled in the program, work low-wage jobs with fluctuating hours week to week.[x] Consequently, compliance is often out of their hands. Those who do not work generally cannot due to poor health or structural barriers such as a lack of access to affordable childcare, caregiving support, transportation, or internet access.[xi] Women, and particularly lesbian, gay, bisexual, transgender, queer, and intersex (LGBTQI+) women, women of color, and women with disabilities, including behavioral health conditions, also face sexism, racism, ableism, and other intersecting forms of discrimination that impede their access to employment that will satisfy work requirements. Job loss due to the COVID-19 pandemic also most harms women of color, making it more difficult to comply with work requirements.[xii]

H.R. 2811's proposed Medicaid work requirement exemptions are also misleading. We know from experience that exemptions from safety net program work requirements are extremely difficult to obtain. In addition to the issues above, people who are pregnant, have disabilities, or have caregiving responsibilities may struggle to prove that they qualify for exemptions. Enrollees also often experience significant power differentials with program caseworkers, who have a great deal of discretion in whether to grant work requirement exemptions, and often arbitrarily refuse them.[xiii] These same power

dynamics would severely restrict Medicaid enrollees' ability to obtain H.R. 2811's proposed pregnancy-related, disability-related, caregiving, and other exemptions. Many people would fall through the cracks and lose their Medicaid coverage.

Medicaid work requirements will only serve to further gut access to reproductive and sexual health care for women and nonbinary people with low incomes, and especially parents, people of color, people with disabilities, and LGBTQI+ people. Indeed, America's leading physician groups oppose punitive requirements that run counter to the core tenets of Medicaid and their responsibility as physicians: improving equitable access to high quality health care.[xiv] Protecting Medicaid from work requirements and other cuts is a sexual and reproductive health and justice and gender equity imperative. It is time for Congress to raise the debt ceiling instead of defaulting on Medicaid beneficiaries, including women and their families, across the United States.

Please contact Madeline T. Morcelle, JD, MPH, at morcelle@healthlaw.org with any questions or concerns. Thank you for your leadership.

Sincerely,

Advocates for Youth
AIDS Alliance for Women, Infants, Children, Youth & Families
AIDS United
American Atheists
American Federation of Teachers
Association of Asian Pacific Community Health Organizations
Association of Maternal & Child Health Programs
Autistic People of Color Fund
Autistic Women & Nonbinary Network
Bazelon Center for Mental Health Law
Center for Biological Diversity
Center for Law and Social Policy
Center for Reproductive Rights
Community Catalyst
Disability Policy Consortium
Guttmacher Institute
Human Rights Campaign
Ipas
Jacobs Institute of Women's Health
MomsRising
NARAL Pro-Choice America
NASTAD
National Association of Nurse Practitioners in Women's Health
National Center for Lesbian Rights
National Council of Jewish Women

National Family Planning & Reproductive Health Association
National Health Law Program
National Latina Institute for Reproductive Justice
National Partnership for Women & Families
National Women's Law Center
Physicians for Reproductive Health
Planned Parenthood Federation of America
Positive Women's Network-USA
Power to Decide
Prevention Institute
Protect Our Care
Reproaction
Reproductive Health Access Project
Rhia Ventures
SIECUS
Sojourners
The National Birth Equity Collaborative
The National Domestic Violence Hotline
The National Women's Health Network
Upstream USA
We Testify
WomenHeart: The National Coalition for Women with Heart Disease

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[i] Madeline T. Morcelle & Emma Parker-Newton, Nat'l Health Law Prog., *Protect Medicaid Funding: Access to Reproductive and Sexual Health* (March 15, 2023), https://healthlaw.org/wp-content/uploads/2023/03/PMF-Issue-7-Access-To-Reproductive-Sexual-Health-Care.pdf.

[ii] Of note, cisgender women are not the only people who need sexual and reproductive health care. More inclusive data collection and analysis are needed to help us better understand how Medicaid helps people across gender identities, and particularly transgender, intersex, and nonbinary people, access reproductive and sexual health care. MACPAC, *Medicaid's Rose in Financing Maternity Care* (Jan. 2020), https://www.macpac.gov/wp-content/uploads/2020/01/Medicaid%E2%80%99s-Role-in-Financing-Maternity-Care.pdf; Latoya Hill et al., *Racial Disparities in Maternal and Infant Health: Current Status and Efforts to Address Them*, KFF (Nov. 1, 2022), https://www.kff.org/racial-equity-and-health-policy/issue-brief/racial-disparities-in-maternal-and-infant-health-current-status-and-efforts-to-address-them/.

[iii] Donna L. Hoyert, Nat'l Ctr. for Health Statistics, *Maternal Mortality Rates in the U.S., 2021* (Mar. 2023), https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2021/maternal-mortality-rates-2021.pdf.

[iv] Usha Ranji et al., KFF, *Financing Family Planning Services for Low-Income Women: The Role of Public Programs* (Oct. 25, 2019), https://www.kff.org/womens-health-policy/issue-brief/financing-family-planning-services-for-low-income-women-the-role-of-public-programs/.

[v] KFF, State Eligibility for Medicaid Breast and Cervical Cancer Treatment Program (Jul. 1, 2021), https://www.kff.org/other/state-indicator/state-eligibility-for-medicaid-breast-and-cervical-cancer-treatment-program-bcctp/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D.

[vi] Madeline T. Morcelle, Nat'l Health Law Prog., *Proposed Medicaid Work Requirements are Another Dangerous Attack on Sexual and Reproductive Health and Justice* (Apr. 21, 2023), https://healthlaw.org/proposed-medicaid-work-requirements-are-another-dangerous-attack-on-sexual-and-reproductive-health-and-justice/.
[vii] *Id.*
[viii] Robin Rodowitz, KFF, *February State Data for Medicaid Work Requirements in Arkansas* (Mar. 25, 2019), https://www.kff.org/medicaid/issue-brief/state-data-for-medicaid-work-requirements-in-arkansas/.
[ix] Bruno Showers, *The Return of Work Requirements: a Bad Idea That Won't Work*, ARK. TIMES (Feb. 27, 2023), https://arktimes.com/arkansas-blog/2023/02/27/the-return-of-work-requirements-a-bad-idea-that-wont-work.
[x] Adam Searing, Georgetown U. Ctr. for Children & Families, *State Medicaid Work Rules Ignore the Reality of Working Life for Americans in Low Wage Jobs* (Mar. 16, 2018), https://ccf.georgetown.edu/2018/03/16/state-medicaid-work-rules-ignore-the-reality-of-working-life-for-americans-in-low-wage-jobs/.
[xi] *See* Showers, *supra* note ix.
[xii] Diana Boesch & Shilpa Phadke, Ctr. for Am. Prog., *When Women Lose All the Jobs: Essential Actions for a Gender-Equitable Recovery* (Feb. 1, 2021), https://www.americanprogress.org/article/women-lose-jobs-essential-actions-gender-equitable-recovery/.
[xiii] *See, e.g.*, Rachael A. Spencer et al.,*Women's Lived Experiences with Temporary Assistance for Needy Families (TANF): How TANF Can Better Support Women's Wellbeing and Reduce Intimate Partner Violence*, 19(3) Int. J. Environ. Res. Pub. Health 15, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8834626/pdf/ijerph-19-01170.pdf.
[xiv] Am. Academy of Pediatrics, America's Leading Physician Groups Oppose Medicaid Work Requirements (Apr. 24, 2023), https://www.aap.org/en/news-room/news-releases/aap/2023/americas-leading-physician-groups-oppose-medicaid-work-requirements/.