

**National
Latina Institute
for Reproductive
Justice**



The Medicaid & Reproductive Justice Collaborative

Confronting Medicaid Cuts & Reimagining Federal Health Care Reform

May 12, 2026

Speakers

- Camille Kid, Senior Manager, Federal Policy
In Our Own Voice: National Black Women's Reproductive Justice Agenda
- Daniela Ochoa Diaz, Senior Federal Policy & Advocacy Director
URGE: Unite for Reproductive & Gender Equity
- Salen Andrews, Policy Analyst
National Latina Institute for Reproductive Justice
- Sydelle Barreto, Policy Manager
National Asian Pacific American Women's Forum

Moderator

- Madeline Morcelle, Senior Attorney
National Health Law Program

Roadmap

- About the Medicaid and Reproductive Justice Collaborative
- A brief introduction to reproductive justice
- Medicaid's importance to reproductive justice
- Medicaid cuts as reproductive oppression
- Our "Reproductive Justice Principles for Federal Universal Health Care Reform" and accompanying "Values"
- Getting involved and supporting our work

About the Medicaid & Reproductive Justice Collaborative

Our Mission & Our How

- The Medicaid and Reproductive Justice Collaborative (Collaborative) is a coalition dedicated to building collective power to advance the reproductive justice movement's vision for Medicaid and national health care reform.
- The Collaborative is a dedicated movement space for reproductive justice organizations to develop shared analysis, dream and strategize together, and build collective power on our own terms and in accordance with movement values.
- Our members include national, state, and local reproductive justice organizations.
- Together, the movement sets the direction of the Collaborative.

Our How (ctd.)

- The Collaborative is anchored by the National Health Law Program (NHeLP), which takes direction from the movement and provides operational infrastructure for this space.
- NHeLP's team of [movement lawyers](#) and policy strategists are committed to serving as solidaristic and accountable partners to reproductive justice advocates engaging in Medicaid and health care reform advocacy through the Collaborative and beyond.

Our Work

Since our founding in 2018, the Collaborative has:

- Strategized to advance and defend reproductive justice for Medicaid beneficiaries;
- Analyzed and developed resources on what Medicaid-related legal and policy developments mean for reproductive justice;
- Trained reproductive justice advocates to shape and defend federal Medicaid-related policy; and
- Advanced a shared, bold reproductive justice vision for federal universal health care reform.

Learn more on our webpage: <https://healthlaw.org/medicaid-rj-collaborative/>

2026 Strategic Priorities

The Collaborative is meeting this moment by advancing two strategic priorities.

1. We are co-creating and implementing a coordinated reproductive justice movement strategy to mitigate the damage of federal Medicaid cuts.
2. We continue to build collective power toward our bold, shared [reproductive justice vision for universal health coverage reform](#).

A brief introduction to reproductive justice

What is Reproductive Justice?

An intersectional framework and movement founded by Black women to acknowledge the unique lived experiences that impact our decisions about our bodies, families, and communities.

Grounded in a human rights framework and Black Feminist theory, the RJ movement has grown across the country and globally over the last 30+ years.

The human right to:

- Have children
- Not have children
- Parent children in safe, healthy, and sustainable communities
- Bodily autonomy and freedom from all forms of reproductive oppression

Three Frameworks

Sexual and Repro Health

- SRH health service delivery, coverage, outcomes across life course
- Care availability, access

Sexual and Repro Rights

- Legal rights to make decisions about SRH care
- Focus on law, the courts, policy
- Asks whether rights are legally protected and enforced

Repro Justice

- Founded and led by Black women, led by Black, Indigenous, People of Color
- Broader than SRH care: the right to bodily autonomy & to have children, not have children, & parent
- Emphasis on intersectionality, power, structural barriers/lived realities using a human rights framework

Reproductive Oppression

- Reproductive justice denied
- “The controlling and exploiting of women, girls, and individuals through our bodies, sexuality, labor, and reproduction (both biological and social) by families, communities, institutions and society” -- Asian Communities for Reproductive Justice
 - This oppression is maintained by intersecting systems of white supremacy, patriarchy, capitalism, and colonialism
- When institutions and society are the oppressor, it is a form of structural violence

Medicaid as a RJ issue

How Medicaid Promotes Reproductive Justice

- Medicaid provides essential health coverage to over 75 million people with low incomes - disproportionately Black, Indigenous and People of Color, people of reproductive age, LGBTQI+ people, people with disabilities and families.
- Covers a wide range of critical services across the reproductive life cycle
 - primary care
 - family planning
 - pregnancy-related care
 - HIV/STI testing and treatment
- These supports enable people to make decisions about their bodies, form families, parent with dignity and live healthy lives
- By expanding access to care and reducing health and economic inequities, Medicaid helps make reproductive autonomy more attainable

Reproductive Oppression in Medicaid

- Financed coercive and abusive practices, including forced sterilizations, and shaped by policies rooted in racism, xenophobia, and control over marginalized communities
- Hyde Amendment has created a de facto ban on abortion for most enrollees
- Eligibility barriers exclude many immigrants from care
- Policy proposals have attempted to coerce contraceptive use among beneficiaries
- These histories and present-day realities make reproductive justice a necessary framework for examining, reimagining, and transforming the Medicaid program

Medicaid cuts as reproductive oppression

The Magnitude of Medicaid Cuts under the So-Called “One Big Beautiful Bill Act

- Nearly \$1 trillion in cuts to Medicaid
 - Unprecedented—biggest cut in Medicaid’s history
 - Many cuts target Medicaid expansion states
 - States will be forced to fill huge budget holes by making changes, such as additional cuts to eligibility, optional benefits, and supplemental programs
 - Increases to uncompensated care -> Closure of hospitals/clinics/labor and delivery units, particularly in rural and underserved areas, further compounding access issues
- Congress is currently exploring further health care cuts through either a second or third reconciliation package.

Medicaid Cuts as Reproductive Oppression

- State control over reproductive lives
- Denial of the right to parent with dignity and support
- Structural deterrence from seeking care
- Structural divestment will collapse sexual and reproductive health care infrastructure
- What the cuts are paying for: tax cuts for the wealthy and corporations, massive funding increases for racialized mass deportations and border operations, and expanded surveillance and incarceration infrastructure

**Shifting from reproductive
oppression to reproductive justice in
federal health care reform**

Dear Members of Congress:

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Reproductive freedom is a life and death issue for many Black women and deserves as much recognition as any other freedom. The right to have an abortion is a personal decision that must be made by a woman in consultation with her physician. Accordingly, unimpeded access to abortion as a part of the full range of reproductive health services offered under health care reform, is essential. Moreover, abortion coverage must be provided for all women under health care reform regardless of ability to pay, with no interference from the government. WE WILL NOT ENDORSE A HEALTH CARE REFORM SYSTEM THAT DOES NOT COVER THE FULL RANGE OF REPRODUCTIVE SERVICES FOR ALL WOMEN - INCLUDING ABORTION.

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Sincerely,

BLACK WOMEN ON HEALTH CARE REFORM

August 16, 1994

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Sincerely,

1. Zinab Akbar-Kahin, GA
2. J. Adams, NJ
3. Joyce Adams, NJ
4. Cynthia Adair-Pruitt, MA
5. Paula Alvarez, IL
6. Dorothy Akana, MI
7. Tada Akem, OH
8. Barbara Alford, NJ
9. Rahmah Alford, NY
10. Ana Anaca-Carmon, MD
11. Anita Anderson, IL

108. Marlon Comy, NJ
109. Cassandra Gandy, NY
110. Loretta Buckler, GA
111. Shanon Gasko PhD, MD
112. Pwafine M. Goveanart
113. Germaine Giam, NY
114. Cynthia Davidson, IN
115. Kathy Davis, GA
116. Cristine Lacy Davis, NY
117. State Rep. Grace Davis, GA
118. LaShon Davis, IL

212. Lily Haines, NJ
213. Fannie Heard, NJ
214. Rosalind Hertz, NJ
215. Sheila Henley, IL
216. Michelle Henley, MD
217. Michelle Henwood, PA
218. Edith Hickman, VA
219. Piers Hickman, MD
220. Shila Mae Hicks, NJ
221. Jennifer B. Hill, LA
222. Pamela Hill, IL

319. Glenda Lewis
320. Madeline Lewis, GA
321. Terresa Lewis, MN
322. Gerchen Loria, IL
323. Jani Loria, NY
324. Brenda J. Lovell, MA
325. Bettie Love
326. La Don Love, MI
327. Laura G. Mackel Rice, IL
328. Naima Maker, GA
329. Pamela Malone, GA

423. Edith Ray, IL
424. J. Diane Radt, NY
425. Barbara Radt, IL
426. Sarah Radt, IL
427. Ueronica Radt, OH
428. Norbair E. Richardson, NERVA
429. Thonolisa Riles, NY
430. Antoinette M. Riley
431. Ruth Rivers, NJ
432. Jean H. Robertson, NY, NJ
433. Antoinette Robinson, NJ

522. Kai Towles, GA
523. Phanie Toory, DC
524. Michael S. Trankle, NJ
525. Cecelia Trank, PA
526. Audrey Tucker, PA
527. Linda Tucker, PA
528. Starline Hester/Turner, GA
529. Sherri Tarrandine, PA
530. Renae Thelen, NJ
531. Karlene Vaughn, GA

625. Etta Frazier, MD
626. Constance Graham, MD
627. Jo Williams, MD
628. Carmen Evans, MD
629. Faye W. Farrow, MD
630. E. Dee V. French, PA
631. Nina Linnott, PA
632. Jennifer Aiken, GA
633. Jewetta Berry, GA
634. Elizabeth Williams, GA
635. Lilla Strouman, GA

721. Ovedolun Colborne, IL
722. Valerie Phillips, IL
723. Natalie Hutchinson, IL
724. Jacqueline Anderson, IL
725. Melba Poole, IL
726. Candis Lewis, IL
727. Sherry Matthews, IL
728. Jo E. Wicker, AZ
729. Latha Funchess, NY
730. Vertie Sparks, AZ
731. Jacqueline Hammett, AZ

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Sincerely,

Active Freedom Coal. Div.
P.O. Box 1000
Atlanta, Georgia 30308
(404) 758-8390

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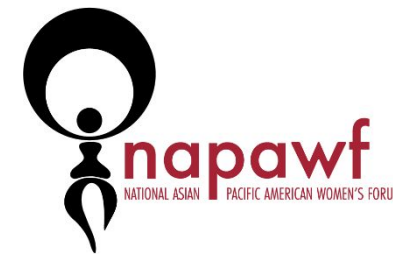
Sincerely,

Women of African Descent for Health
c/o N.E.V.M.A.
Atlanta, Georgia 30308

Women of African Descent
c/o
Atlanta, Georgia

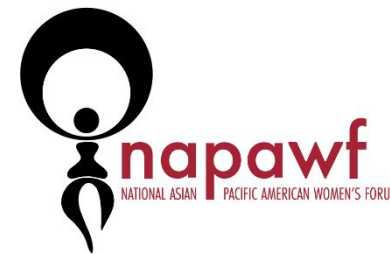
Reproductive Justice Principles for Federal Universal Health Care Reform

- Created by the Medicaid and Reproductive Justice Collaborative in 2024
- In recognition of the thirtieth anniversary of the RJ movement, our [Principles](#) for policymakers aim to build on the RJ founders' vision for health care reform articulated in their letter to Congress, "Black Women on Health Care Reform."
- Centers the vision, needs, and leadership of communities most impacted by health inequities



Reproductive Justice Values for Federal Universal Health Care Reform

- Accompanying “[Reproductive Justice Values for Federal Universal Health Care Reform](#)” (also published in 2024) available in nine languages for community audience
- Both designed as power-building tools for the movement



The RJ Principles

1. All people in the U.S. experience the human right to universal health care coverage and access, including access to culturally and linguistically appropriate sexual, reproductive, and gender-affirming health care
2. Underrecognized communities are equitably represented among policymakers
3. Underrecognized communities' concerns and vision guide reform throughout design, implementation, and evaluation

The RJ Principles

4. All people are liberated from health care discrimination
5. Coverage includes comprehensive benefits that meet all health care needs—including and going beyond what Medicaid covers
 - Sexual, reproductive, and gender-affirming care services
 - Early and periodic screening, diagnostic, and treatment services for enrollees under 21
 - Care for mental health and substance use disorders
 - Prescription drugs
 - Long-term services and supports
 - Vision, hearing, and dental
 - Whole-person care

The RJ Principles

6. Health care is affordable for everyone
7. Health care is confidential for everyone
8. People have uninterrupted access to care and can enforce their rights
 - Court access and robust due process protections
 - No one is denied care due to an institution or individuals' biases or personal objections about services
 - Public education and outreach

Conclusion

- OBBBA's Medicaid cuts aren't neutral—they are reproductive oppression, a form of structural violence
- These policies are not isolated harms, they reinforce historic patterns of exclusion, divestment, and control, with racialized, gendered harms
- The current moment calls not just for critique, but for re-imagination
- To build an equitable health care system, government must center the vision, leadership, and needs of people most impacted by structural violence, including reproductive oppression
- The Reproductive Justice Principles for Federal Universal Health Care Reform offer a transformative blueprint

Getting Involved

Joining the Collaborative: An Invitation for Reproductive Justice Movement Advocates

- To meet this moment amid Medicaid cuts, we need the power of the full reproductive justice movement behind us.
- If you work with a reproductive justice organization or are a reproductive justice movement activist already active in the movement and would like to join the Collaborative, please contact morcelle@healthlaw.org.

Supporting the Collaborative: How Allies Can Help

- If you are not at a reproductive justice organization but would like to support the Collaborative's work, please consider amplifying the following with your networks:
 - The Medicaid and Reproductive Justice Collaborative's [home page](#), which describes our work, analysis on Medicaid as a RJ issue, analysis on how Medicaid cuts will harm RJ, and includes our power-building resources dating back to 2018
 - The Collaborative's [RJ Principles for Federal Universal Health Care Reform](#) (for fellow advocates and policymakers), [Values](#) (for communities, 9 languages)
 - Please head to member websites and sign up to receive our calls to action which function in alignment with this work.
- If you'd like to join our allies contact list, contact morcelle@healthlaw.org

Get in Touch

Camille Kid, [In Our Own Voice](#): National Black Women's Reproductive Justice Agenda: camille@blackrj.org

Daniela Ochoa Diaz, [URGE](#): dochoadiaz@urge.org

[Act Now](#) at URGE

Salen Andrews, the Latina Institute: sandrews@latinainstitute.org

Sydelle Barreto, NAPAWF: sbarreto@napawf.org

Madeline Morcelle, [NHeLP](#): morcelle@healthlaw.org

Q&A