

United States Senate
Washington, DC 20510

September 25, 2017

Dear Senator:

On behalf of the undersigned organizations representing millions of people who support equality for lesbian, gay, bisexual, transgender, and queer (LGBTQ) people nationwide, we write to express our opposition to the Graham-Cassidy-Heller-Johnson (Graham-Cassidy) proposal, and its underlying provisions to repeal and replace the Affordable Care Act (ACA). We are deeply concerned about the negative impact that the Graham-Cassidy bill would have on many vulnerable and marginalized communities—including the LGBTQ community—that already face systemic discrimination and healthcare disparities.

The ACA has served as a lifeline for millions of LGBTQ people who too often have found themselves cut off from critical healthcare services.¹ Prior to implementation of the ACA, LGBTQ people had some of the lowest insured rates of any population in the country. The individual market reforms, including the ban on preexisting condition exclusions, have made it possible for many in our community to obtain health insurance for the first time in their lives. Thanks to the ACA, from 2013-2017, the uninsurance rate for low- and middle-income LGBTQ people was reduced by 35%.² There is evidence that this reduction has been greater in states that opted for the Medicaid expansion,³ and currently 1.8 million LGBTQ people rely on Medicaid.⁴ For those with particularly low incomes – under 250% of the federal poverty level – 40% of LGBTQ, compared with 22% of non-LGBTQ people, rely on Medicaid. For many people living with HIV, as one example, protections for those with pre-existing conditions has made insurance affordable and treatment accessible. Tens of thousands of people living with HIV have qualified for care under the Medicaid expansion, gaining access to life-saving treatments before becoming disabled by the virus. As a result, people living with HIV are able to have healthier and longer lives.

The Graham-Cassidy proposal will have a detrimental impact on the positive trend of health coverage for LGBTQ people and so many other vulnerable populations. Under previous repeal and replace legislation with comparable provisions for block-granting Medicaid the Congressional Budget Office projected 32 million people could ultimately lose coverage.⁴ These projections foreshadow an unacceptable growth in the uninsured rate and an equally unacceptable exacerbation of health care disparities.

The Graham-Cassidy proposal fundamentally changes the Medicaid program, imposing a per capita cap funding structure and terminating the expansion of the program under the ACA. The magnitude of the lost funding will have a swift, stark, and devastating impact on the most

¹ <http://hrms.urban.org/quicktakes/Uninsurance-Rate-Nearly-Halved-for-Lesbian-Gay-and-Bisexual-Adults-since-Mid-2013.html>

² <https://www.americanprogress.org/issues/lgbt/news/2017/03/22/428970/repealing-affordable-care-act-bad-medicine-lgbt-communities/>

³ <https://www.americanprogress.org/issues/lgbt/reports/2014/11/17/101575/moving-the-needle/>

⁴ <https://www.americanprogress.org/issues/lgbt/news/2017/03/22/428970/repealing-affordable-care-act-bad-medicine-lgbt-communities/>

⁴ <https://www.cbpp.org/research/health/like-other-aca-repeal-bills-cassidy-graham-plan-would-add-millions-to-uninsured>

vulnerable among us: women and children, the elderly, people with disabilities, and persons living with HIV. The legislation also strips the requirement to cover essential health benefits under the Medicaid expansion, leaving millions without access to the critical benefits that often save lives, such as substance abuse treatment and mental healthcare services.

The bill will also increase premiums for people with pre-existing conditions, including many significant, chronic health conditions for which LGBTQ people are at greater risk of experiencing relative to their peers. For example, people with major depressive disorder will see a premium surcharge of \$8,490, while someone with breast cancer will see a surcharge of \$28,660.⁵ Research shows that 65% of LGBTQ people have a pre-existing medical condition, such as diabetes or heart disease.⁶ Rather than increasing coverage, passage of this bill will cause millions of people to lose coverage while making coverage unaffordable for those who remain in the market.

Graham-Cassidy would give states broad waiver authority to eliminate the ACA's core protections for people with pre-existing health conditions. Insurers would still have to *offer* coverage to those with pre-existing conditions, but they could make such coverage so expensive that it would be essentially meaningless. For LGBTQ older adults, many of whom face pronounced health disparities in physical and mental health, including depression, high blood pressure, heart disease, cholesterol, diabetes, obesity, and HIV/AIDS, cost increases of this magnitude would result in the loss of health care coverage.

Prior to the ACA, employer-provided health plans frequently limited the maximum amount of coverage employees could receive over their lifetime. In 2009, 59% of covered employees had health plans with lifetime maximums, meaning they could face bankruptcy if they encountered serious health problems and were left unable to cover their healthcare costs.⁷ By allowing states to seek waivers to specified essential health benefit requirements, the Graham-Cassidy proposal gives states—and subsequently employers—the ability to narrow the definition of these essential health benefits. Ultimately, this would dismantle the ACA's ban on lifetime limits and annual out-of-pocket spending limits for essential health benefits, once again leaving individuals to risk bankruptcy in order to obtain basic healthcare.⁸

LGBTQ people, particularly people of color and those living with HIV, face systemic discrimination and health disparities, which the ACA was helping to address. Graham-Cassidy would take us backward, shredding the health care safety net and leaving many in our community to risk bankruptcy in order to obtain basic health care. The one-two punch of gutting Medicaid and eliminating the ACA's marketplace subsidies would strip coverage away from millions and inflict some of its worst harm on LGBTQ people, who already experience health disparities because of economic disadvantage and discrimination.

The provision barring Planned Parenthood and its affiliated clinics from participating in essential

⁵ <https://www.americanprogress.org/issues/healthcare/news/2017/09/18/439091/graham-cassidy-aca-repeal-bill-cause-huge-premium-increases-people-pre-existing-conditions/>

⁶ <https://www.americanprogress.org/issues/lgbt/news/2017/07/06/435452/senate-health-care-bill-devastating-lgbtq-people/>.

⁷ <https://kaiserfamilyfoundation.files.wordpress.com/2013/04/7936.pdf>

⁸ <https://www.brookings.edu/blog/up-front/2017/03/24/new-changes-to-essential-benefits-in-gop-health-bill-could-jeopardize-protections-against-catastrophic-costs-even-for-people-with-job-based-coverage/>;

<https://www.brookings.edu/2017/05/02/allowing-states-to-define-essential-health-benefits-could-weaken-aca-protections-against-catastrophic-costs-for-people-with-employer-coverage-nationwide/>

public health programs not only violates the procedural requirements of legislation adopted under budget reconciliation, it constitutes terrible health policy. Barring these clinics from receiving federal reimbursement for care provided will jeopardize the ability of these providers to deliver preventive healthcare services, such as cancer screenings and STD and HIV testing, as well as services like gender transition-related care that may not be offered elsewhere in many communities. Often, health centers such as Planned Parenthood offer the only culturally competent healthcare available to LGBTQ people, especially in rural and isolated areas. Rather than improving care options, Graham-Cassidy would disproportionately impact people—including people of color, immigrants, young people, and members of the LGBTQ community—who already face structural barriers to accessing care.

We strongly urge the members of the Senate to reject provisions such as those contained in the Graham-Cassidy-Heller-Johnson proposal that would harm millions of Americans and deny them the health benefits that save lives.

Sincerely,

Adolescent Counseling Services/Outlet
AIDS Foundation of Chicago
AIDS United
Alaskans Together For Equality
Alliance For Full Acceptance (AFFA)
American Civil Liberties Union
American Psychological Association
APLA Health
Asian & Pacific Islander American Health Forum
Basic Rights Oregon
BiNet USA
California LGBT Health and Human Services Network
Callen-Lorde Community Health Center
Center For Black Equity
CenterLink: The Community of LGBT Centers
Colorado Consumer Health Initiative
Colorado Organization for Latina Opportunity and Reproductive Rights (COLOR)
Community Research Initiative of New England
Consumer Health First
Dab the AIDS Bear Project
Equal Rights Washington
Equality Arizona
Equality California
Equality Federation
Equality Florida
Equality Michigan
Equality North Carolina
Equality Ohio
Equality Pennsylvania
Equality Texas
Equality Utah
Equality Virginia
EqualityMaine
Fair Wisconsin

Family Equality Council
Fenway Health
Forward Together
Freedom Oklahoma
Gender Health Center
Georgia Equality
Georgians for a Healthy Future
GLBTQ Legal Advocates & Defenders (GLAD)
GLMA: Health Professionals Advancing LGBT Equality
HealthRIGHT 360
HIV Medicine Association
Human Rights Campaign
Jackson Cty Democrats (OR) LGBTQ Caucus
JCD LGBTQ Caucus (Oregon)
Justice in Aging
Lambda Legal
LGBT Center of Raleigh
Liberty City Democratic Club
Los Angeles LGBT Center
Lotus Rising Project
LPAC
MassEquality.org
Mazzoni Center
Minnesota AIDS Project
MomsRising
Montana Human Rights Network
Movement Advancement Project
NASTAD
National Asian Pacific American Women's Forum (NAPAWF)
National Black Justice Coalition
National Center for Lesbian Rights
National Center for Transgender Equality
National Coalition for LGBT Health
National Coalition of Anti-Violence Programs
National Council of Jewish Women
National Gay & Lesbian Chamber of Commerce (NGLCC)
National Health Law Program
National LGBT Bar Association
National LGBTQ Task Force Action Fund
National Queer Asian Pacific Islander Alliance (NQAPIA)
NEAT - the National Equality Action Team
NMAC
One Colorado
Our Family Coalition
Out2Enroll
OutFront Minnesota
OutServe-SLDN
Palmetto Project
People For the American Way
PFLAG National
Pride at Work

Progressive Leadership Alliance of Nevada
PROMO
Resource Center (Dallas, TX)
Rogue Rainbow Elders
Ryan White Medical Providers Coalition
Sacramento LGBT Community Center
SAGE (Advocacy & Services for LGBT Elders)
SC Equality
SCPHCA-SCMHP
Secular Coalition for America
SEIU District 1199 WV/KY/OH
Sexuality Information and Education Council of the U.S. (SIECUS)
Southern AIDS Coalition
Southern HIV/AIDS Strategy Initiative
The AIDS Institute
The Center for American Progress
The Gay and Lesbian Community Center of Southern Nevada
The Health Initiative
The Lesbian, Gay, Bisexual & Transgender Community Center
The National Latina Institute for Reproductive Health
The Pride Center at Equality Park
The Tennessee Transgender Political Coalition
The Trevor Project
Transgender Law Center
True Colors Fund
Universal Health Care Action Network of Ohio
URGE: Unite for Reproductive & Gender Equity
Whitman-Walker Health
Wyoming Equality
Young Invincibles