

April 4, 2023

The Honorable Charles Schumer  
Majority Leader  
United States Senate  
Washington, DC 20510

The Honorable Hakeem Jeffries  
Minority Leader  
United States House of Representatives  
Washington, DC 20515

Dear Majority Leader Schumer and Leader Jeffries:

The undersigned organizations represent a broad coalition of advocates who work to advance equitable health care access; reproductive health, rights, and justice; and maternal health within the United States. From abortion bans and restrictions, to attacks on transgender rights, to efforts to dismantle our health care systems and social safety net, the federal- and state-level threats against our fundamental rights to health and well-being abound. In this moment of crisis, we are counting on Congress to be a stalwart defender of our rights and a promoter of gender and reproductive justice. Moreover, inequities in women's health care outcomes, particularly along racial and ethnic lines, have consistently been too wide, and have only been further exacerbated by the COVID-19 pandemic. It is critical that Congress expand access to high quality, comprehensive health care, including abortion and gender-affirming care, and ensure the health and well-being of women—particularly women of color; women with disabilities; LGBTQI+, and particularly transgender, women; women immigrants; young women; and women with low incomes. Importantly, these issues are deeply interconnected in people's lives, and as such, our policies must be equally comprehensive. As the 118th Congress moves forward, we urge you to prioritize the following legislative actions:

- **Protect Medicaid** from budget cuts, block granting, work requirements, or other fundamental changes that would result in sweeping losses of access to services.
- **Protect individuals from losing Medicaid and CHIP coverage during the unwinding** of the COVID-19 public health emergency.
- **Defend and expand the Affordable Care Act (ACA)**, including but not limited to its essential reforms to expand Medicaid; create health insurance marketplaces where people can purchase health coverage that meets specific requirements, such as coverage for reproductive health services, gender-affirming care, and sexual health services; require most health plans to cover preventive health services; protect people with preexisting conditions from insurance denials; and prohibit lifetime and annual caps on essential health benefits, such as maternity care.
- **Defend Title X against attempts to cut or eliminate the program and strengthen it** through increased funding so that it can better provide family planning services to all, no matter their ability to pay.

- **Expand and improve eligibility, affordability, and access to services for all public health care programs** by:
  - Expanding access to home and community-based services, which are vital to reproductive justice for parents with disabilities who have children at home, parents who have children at home with disabilities, and people with disabilities who want to become parents;
  - Eliminating institutional bias in Medicaid;
  - Ensuring immigrants have equitable health insurance coverage regardless of status; and
  - Equitably closing the Medicaid coverage gap by extending comprehensive benefits and consumer protections on par with those that Medicaid expansion beneficiaries receive.
- **Counter discrimination in health care** and promote civil rights principles, including by providing the Department of Health and Human Services' Office for Civil Rights sufficient funding to implement and enforce Section 1557 of the ACA.
- **Alleviate racial and ethnic health inequities and address systemic racism with health systems**, including by:
  - Improving comprehensive data collection and reporting, including demographic data;
  - Increasing funding for culturally and linguistically appropriate health care and ensuring that care is accessible, including for individuals with limited English proficiency; and
  - Funding training programs to counter institutional racism and implicit bias in health care settings.
- **Protect and expand abortion and contraceptive access**, including by:
  - Working to eliminate the the Hyde amendment and other abortion bans and restrictions such as the Weldon amendment, including by opposing all expansions and re-enactments of such restrictions;
  - Opposing any action that seeks to establish personhood to a fetus, fertilized egg, or embryo;
  - Opposing new, and eliminating existing, exemptions that embolden providers and entities to refuse to provide or cover care based on religious, personal, or moral objections;
  - Protecting individuals' rights to receive health care and information based on what is best for them, not based on a provider's or institution's personal beliefs;
  - Establishing a statutory right for providers to provide abortion care and for people to receive abortion care free from medically unnecessary restrictions;
  - Establishing a statutory right to affordable abortion coverage for all;
  - Protecting the right for individuals to travel across state lines to get abortion care;
  - Protecting and expanding the right to contraception; and

- Ensuring that patients' health data remains private and is not used to criminalize individuals.
- **Address structural barriers to high-quality and accessible reproductive health care for people with disabilities.** For example, fund educational and training programs to address disability and intersectional discrimination in care, physical and financial barriers, and a lack of inclusion of people with disabilities in the health care workforce.
- **Continue to enact policies that address the ongoing maternal mortality and morbidity crisis, and that especially confront the disproportionate threats to Black and Indigenous pregnant and birthing people,** including:
  - Requiring all states to extend Medicaid and CHIP pregnancy coverage to at least 12 months after pregnancy for enrollees;
  - Directing critical funding to community-based organizations that specialize in delivering culturally-competent and evidence-based clinical or non-clinical care that improves maternal health outcomes and reduces racial and other population-based disparities;
  - Improving data collection processes and quality measures to inform more evidence-based approaches that identify and address the underlying causes of the maternal health crisis in the U.S.;
  - Investing in federal programs that expand screenings, treatment, and supportive resources for pregnant people and parents with mental health conditions and/or substance use disorders, a leading cause of maternal death and severe illness;
  - Improving reproductive and sexual health care and supports for pregnant and birthing people and parents who are incarcerated;
  - Investing in digital tools like telehealth to connect more pregnant and postpartum people to care, especially in geographically isolated communities with few available maternity care providers;
  - Leveraging innovative payment models to incentivize high-quality maternity care and non-clinical perinatal support, such as doula care, while disincentivizing riskier procedures, such as medically unnecessary c-sections; and
  - Invest in community-based initiatives to reduce levels of and exposure to environmental pollutants and climate change-related risks that worsen outcomes for pregnant people and babies.
- **Eliminate barriers that transgender people face in receiving health care,** including treatments specifically related to gender-affirming care, as well as reproductive and sexual health care, mental health care, and preventive care.
- **Invest in a health care workforce that meets patients' needs,** including by investing in building a more diverse workforce; training for practitioners to provide culturally and linguistically appropriate/concordant care; and increasing the availability of practitioners, such as midwives, doulas, comprehensive reproductive health care providers, and community-based providers, including community-based practitioners.

- **Invest in individuals’ health-related social needs—as well as broader structural drivers of health outcomes and accessibility**—including by:
  - Strengthening nutrition benefits such as SNAP and WIC and opposing proposals to expand SNAP work requirements;
  - Addressing gaps in infant nutrition security systems;
  - Establishing a national paid family and medical leave program that is inclusive of chosen family;
  - Establishing a national paid sick days program;
  - Enacting legislation that modernizes and reforms our courts through ethics reforms, transparency measures, and expanding the number of authorized judgeships for circuit and district courts; and
  - Strengthening voting rights across the country, including by restoring and strengthening the Voting Rights Act.

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Together, these policy priorities represent actions that are essential in strengthening health care access, addressing long-standing inequities, and safeguarding the health and well-being of women—including women of color, LGBTQI+ women, women with disabilities, immigrant women, young women, and women with low incomes—and all people across the country. We urge Congress to stand boldly and take action on these issues.

Sincerely,

Black Mamas Matter Alliance, Inc.  
Ipas  
Jacobs Institute of Women’s Health  
NARAL Pro-Choice America  
National Abortion Federation  
National Birth Equity Collaborative  
National Center for Lesbian Rights  
The National Domestic Violence Hotline  
National Health Law Program  
National Network to End Domestic Violence  
National Partnership for Women & Families  
National Resource Center on Domestic Violence  
Physicians for Reproductive Health  
Planned Parenthood Federation of America  
Power to Decide  
WomenHeart

CC:

Senator Ron Wyden  
Chair, Senate Finance Committee

Senator Bernie Sanders  
Chair, Senate Committee on Health, Education, Labor, and Pensions

Congressman Frank Pallone  
Ranking Member, House Energy and Commerce Committee

Congressman Richard Neal  
Ranking Member, House Ways and Means Committee