



January 13, 2010

The Honorable Nancy Pelosi
Speaker, U.S. House of Representatives
The Capitol
Washington, DC 20515

The Honorable Harry Reid
Majority Leader, U.S. Senate
The Capitol
Washington, DC 20510

CC: Senator Max Baucus, Chairman, Senate Finance Committee
Senator Tom Harkin, Chairman, Senate HELP Committee
Senator Christopher Dodd, Senate HELP Committee
Senator Richard Durbin, Assistant Majority Leader, U.S. Senate
Representative Steny Hoyer, Majority Leader, U.S. House of Representatives
Representative George Miller, Chairman, House Education and Labor Committee
Representative Charles Rangel, Chairman, House Ways and Means Committee
Representative Henry Waxman, Chairman, House Energy and Commerce Committee
Christina Tchen, Director, White House Office of Public Engagement
Nancy-Ann DeParle, Director, White House Office of Health Reform

Dear Speaker Pelosi and Majority Leader Reid:

Women are strong supporters of health care reform, and believe that the economic challenges our families are facing make it even more important that we achieve quality, affordable health care for all this year. To this end, **Raising Women's Voices**, **Women of Color United for Health Reform**, and our many allies listed below, have come together to reach out to you at this critical moment in health care reform. Our organizations reach thousands of women all over the country and engage them in the current debate, to make sure that a broad array of women's voices are heard in health care reform discussions and women's concerns are addressed by our representatives.

We appreciate your support for health care reform and your leadership in the passage of legislation that will significantly reduce the number of people without health insurance. We are pleased that the House and the Senate bills include provisions that will improve women's ability to obtain health coverage, such as bans on insurance denials for pre-existing conditions and on the use of gender rating; requiring coverage of preventive services without co-pays; the inclusion in insurance networks of essential community providers that so many women rely on; the expansion of Medicaid eligibility; and, establishment of federal subsidies for insurance purchased through "exchanges." These are important steps towards assuring access to high quality care that meets the needs of diverse women.

However, we know that much work remains to be done to develop final legislation. Many aspects of the House and Senate legislation differ, and some of these differences will have a significant impact on women. We urge you to follow these recommendations in developing the final legislation.

Improve women's health services:

We call on you as leaders to produce final legislation that does not add new barriers or burdens to women's access to abortion coverage. Neither the House nor the Senate bills' treatment of abortion care is acceptable. The House bill's Stupak Amendment would bring about a complete ban on abortion coverage in private insurance plans offered through the exchange. It is unrealistic to expect that insurance companies will respond by offering abortion riders, or that families will have the foresight or extra funds to purchase these riders. The Senate bill's Nelson provision would allow politically-conservative states to deny women any abortion coverage in private insurance purchased through exchanges. In more politically-progressive states that do permit abortion coverage, women or their partners (or their employers) would have to make two payments each month for a standard insurance policy: one for abortion coverage and one for everything else. This requirement would create unnecessary administrative costs, stigmatize a legal procedure and could lead to violations of individual privacy because anti-choice insurance or bank employees processing premium checks would know who is buying abortion coverage. Moreover, we fear insurers will simply stop offering abortion coverage, rather than comply with the burdensome two-check system.

We urge you to return to the sensible Capps provision that was included in the leadership versions of both the House and Senate bills. The Capps language preserves the ban on use of federal funds for abortion coverage, but does not exclude abortion from private insurance policies for which women will be using their own funds. The segregation of federal funds from private funds spelled out in Capps achieves the goal of creating "abortion neutral" language. Excluding one health service from otherwise comprehensive private health insurance coverage for political/ideological reasons would further set an unfortunate precedent that could be exploited in the future by opponents of other types of treatments.

Provisions in the Senate bill requiring that women's preventive health services and screenings be covered without co-pays or deductibles are important for women's health and should be included in the final legislation.

Cover more people:

We support several provisions in the House bill that help women and their families by requiring most employers to offer coverage and contribute premium payments for their full-time and part-time workers; expanding Medicaid eligibility to 150% of the federal poverty level; extending Medicaid eligibility to citizens of the Compact of Free Association States; providing funding for U.S. citizens in Puerto Rico and other U.S. territories to establish an Exchange; and allowing young adults to stay on their parents' coverage until age 27. We also urge you to include the language of Senate Amendment 2991, introduced by Senator Menendez, which would allow states to provide optional Medicaid coverage of lawfully residing immigrants without a five-year waiting period.

Make coverage more affordable:

The House bill includes provisions that will help minimize cost-related barriers for women, including a public option in the exchange that could compete with private insurers and lower prices; a provision allowing anyone who isn't already covered (including undocumented immigrants) to shop for health insurance through the new exchange; and requiring plans offered through the exchange to cover at least 70% of medical expenses. We also support the House's policy lifting insurers' anti-trust exemption, which can lead to unfairly high premiums. When it comes to subsidies to help people buy coverage, the House bill is better for families earning less than 250% of poverty, while the Senate bill is better for families earning between 250 and 400% of poverty. We urge you to take the better subsidy provisions from each of the bills. In addition, we believe that penalties for violating the individual mandate should be less burdensome to low-income people, as in the House legislation.

Make coverage fairer:

It is crucial to women that the House provisions banning gender and health status rating and limiting age rating in all markets remains in the final bill. It is also important to preserve the Senate provisions which ban coverage denials for children starting this year. We believe that women will benefit from provisions in the House bill that establish a national health insurance exchange, with consistent standards and strong enforcement.

Address health disparities:

The reduction of health disparities is a goal of health reform. The House bill takes a more comprehensive approach toward eliminating health disparities and we support the provisions that expand translation and language services. The House bill also rightly increases payments for primary care providers and brings Medicaid rates up to the level of Medicare payments, so that Medicaid recipients will be able to receive treatment from more doctors. Greater health data research is also needed to address health disparities. As such, we support the Senate bill's data collection provision that would mandate the collection of race, ethnicity, and primary language along with gender, race and other categories across all HHS agencies.

Thank you for your leadership and your commitment to passing health care reform legislation. We look forward to working with you to ensure that health care is affordable, accessible and of high quality for *all* women and their families. Please feel free to contact Amy Allina of Raising Women's Voices at (202) 682-2640 or Jessica Gonzalez of Women of Color United for Health Reform at (212)422-2553 with any questions.

Sincerely,

Raising Women's Voices for the Health Care We Need (Avery Institute for Social Change, The MergerWatch Project of Community Catalyst and The National Women's Health Network) and **Women of Color United for Health Reform** (National Asian Pacific American Women's Forum, National Black Women's Health Imperative and National Latina Institute for Reproductive Health), along with our allies:

ACCESS/Women's Health Rights Coalition
African Family Health Organization
Asian American Justice Center
Asian Communities for Reproductive Justice
Asian & Pacific Islander American Health Forum
Binational Center for the Development of Oaxacan Indigenous Communities
Black Women for Wellness
Black Women's Health Alliance
Boston Black Women's Health Institute
Bucks County National Organization for Women
California Black Women's Health Project
California Commission on the Status of Women
California Family Health Council, Inc
California Religious Coalition for Reproductive Choice
California Latinas for Reproductive Justice

California Partnership
Catholics for Choice
Center for Policy Analysis
Center for Women Policy Studies
Farmworker Legal Services of NY, Inc.
Hispanic Federation
Ibis Reproductive Health
Illinois Caucus for Adolescent Health
Institute of Women and Ethnic Studies
Law Students for Reproductive Justice
Maryland Women's Coalition for Health Care Reform
Maternal and Child Health Access
Maternity Care Coalition
Medical Students for Choice
Metro New York Health Care for All Campaign
Miami International Latinas Organizing for Leadership and Advocacy
Montana Women Vote
Ms. Foundation for Women
National Abortion Federation
National Asian American Pacific Islander Mental Health Association
National Council of Jewish Women, California
National Organization for Women
National Immigration Law Center
National Institute for Reproductive Health
Nevada County Citizens for Choice
New Voices Pittsburgh
Oregon Foundation for Reproductive Health
Our Bodies Ourselves
Pacific Institute for Women's Health
PathWays PA
Physicians for Reproductive Choice and Health
Planned Parenthood Federation of America
Pro-Choice Public Education Project (PEP)
Reproductive Health Access Project
Reproductive Health Technologies Project
Reproductive Rights Coalition of Monterey County
South Asian Americans Leading Together
Southwest Women's Law Center
WCLA- Choice Matters
Wisconsin Alliance for Women's Health
Women's Law Project
Women's Medical Fund
WomenVote PA
WOMEN'S WAY
West Virginia FREE, Advocates for Reproductive Health and Justice