May 12, 2025

The Honorable John Thune
Majority Leader
U.S. Senate
Washington, D.C. 20510

The Honorable Chuck Schumer
Minority Leader
U.S. Senate
Washington, D.C. 20510

The Honorable Mike Johnson
Speaker of the House
U.S. House of Representatives
Washington, D.C. 20515

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

Dear Congressional Leadership,

On behalf of the 131 undersigned members of the National Coalition for Gender Justice in Health Policy (NCGJHP) and allied organizations, we are writing to express our concerns with Medicaid proposals currently under consideration through reconciliation.[i] Our organizations strongly oppose any cuts to the Medicaid program, including but not limited to per capita caps, work requirements, Federal Medical Assistance Percentage (FMAP) cuts, provider tax restrictions, eligibility verifications, rule repeals, further immigrant eligibility restrictions, retroactive coverage, restrictions on transgender care for minors, or provider exclusions (e.g., "defunding" Planned Parenthood health centers).

The reconciliation bill would bring about devastating coverage losses for children and families who rely on Medicaid's affordable and lifesaving coverage. Medicaid is a lifeline for nearly 72 million people, including nearly 24 million women of reproductive age and approximately half (37 million) of all children in the U.S.[ii] This bill would worsen the U.S. maternal mortality and morbidity epidemic. It would also drive-up uncompensated care rates, forcing even more health care providers to shutter their doors, particularly in rural communities. These are harms that families cannot afford to withstand.

I. Medicaid, including Medicaid expansion, is critical in the fight to end the maternal mortality epidemic and help families thrive.

Among wealthy countries, the U.S. is the most dangerous place to give birth.[iii] The maternal mortality and morbidity epidemic is particularly dangerous for people with disabilities, who face a maternal death rate that is 11 times higher than the rate for nondisabled people.[iv] Black women are three times more likely to die from pregnancy-related causes than white women, and American Indian and Alaska Native women are twice as likely.[v] Medicaid is uniquely positioned to improve maternal health outcomes and ensure access to vital pregnancy services: Medicaid is the largest payer of pregnancy-related services in the U.S., covering 41% of U.S. births, more than half of all births in rural communities, and as high as 61% of births in states like Louisiana.[vi] Medicaid enrollees are more likely to receive adequate prenatal care than uninsured people, leading to better pregnancy outcomes.[vii] In particular, Medicaid expansion has proven vital in the fight to end the maternal mortality crisis, increasing access to essential care during

the pre-pregnancy, pregnancy, and postpartum periods. Numerous studies show that expansion is associated with improvements in maternal health and infant health outcomes.[viii] The American Rescue Plan Act's State plan option to extend pregnancy eligibility, which 48 states and D.C. have now adopted, has improved continuity of coverage and access to care.[ix]

The experiences of Medicaid enrollees speak for themselves. Consider Natasha from Maryland, who was left uninsured with a high-risk pregnancy after losing her job of 10 years.[x] Fortunately, Medicaid was there for her, providing the health insurance coverage she needed to support her during and after pregnancy. The coverage provided essential tests and treatment of her Oligohydramnios, a condition of low amniotic fluid that can cause complications if left untreated. Thanks to Medicaid, Natasha was able to give birth to a healthy baby and have a healthy postpartum period.

Or consider Dejasia from Arkansas, who was finally approved for Medicaid in her third trimester, following a delay in her eligibility determination.[xi] Her Medicaid coverage was invaluable during a complicated labor and delivery. Her baby was not receiving enough oxygen, and she ultimately needed an unplanned cesarean section. Without Medicaid, that procedure would have resulted in unfathomable medical debt (the cost of a c-section in Arkansas is estimated to be greater than $9,964 without insurance).[xii]

Medicaid is also crucial for child health outcomes. Medicaid automatically enrolls the infants of enrollees into the program upon birth, and maintains continuous coverage for that infant's first year.[xiii] Research has shown that early access to Medicaid during childhood yields better long-term health and educational outcomes through adulthood.[xiv] When parents have health insurance, their children are more likely to have coverage as well.[xv]

II. Funding caps and FMAP cuts would exacerbate the maternal mortality crisis and hurt children and families.

Whether for the entire Medicaid program or Medicaid expansion specifically, per capita caps and FMAP cuts (including "FMAP normalization," the latest political euphemism for cutting the Medicaid expansion FMAP) would trigger coverage losses for millions, worsening the maternal health crisis and hurting families. Capping federal Medicaid funding per enrollee could shift $532 billion in costs to states. [xvi] If implemented jointly with the elimination of the Affordable Care Act's enhanced Medicaid expansion FMAP rate, this combination of policies could shift $1 trillion in costs to states, an amount states will be unable to replace.[xvii] The resulting funding losses of any combination of these cuts would trigger coverage and benefit losses, exacerbating the maternal mortality crisis and hurting children and families.

By reducing the amount of federal Medicaid funding states receive, per capita caps or FMAP reductions would force states to cut or narrow critical Medicaid eligibility and benefits for families, such as prescription drugs, certain lifesaving yet optional maternal health services, breast and cervical cancer treatment, and home-and-community-based services for people with disabilities that help keep families together.[xviii] States may also pursue exceptions or reversals that undermine Medicaid's crucial Early and Periodic Screening, Diagnostic, and Treatment benefit for enrollees under age 21, or the prohibition on cost-sharing that is generally applicable

to all care for children.[xix] Depending on the state, FMAP cuts would also either trigger or strongly incentivize Medicaid expansion backsliding. Both types of cuts would wreak havoc on the health and wellbeing of children and families, and worsen the maternal health crisis.

III. Work requirements would worsen the U.S. maternal health crisis and the health of families.

Work requirements are one of the most insidious strategies to cut Medicaid because they do so by causing people to lose coverage rather than improving employment outcomes.[xx] Work requirements force individuals to overcome extensive red tape to prove that they are already working or qualify for an exemption, or risk losing their health insurance. For example, in Arkansas' Medicaid work requirement experiment, nearly one in four of those subject to the requirement lost their health insurance coverage during a seven-month period.[xxi] Enrollees also had trouble reporting their hours worked because the online reporting portal inexplicably shut down from 9pm to 7am daily.[xxii] These bureaucratic challenges related to work requirements threaten the health and well-being of enrollees.

Nearly three decades of evidence on work requirements in public benefit programs demonstrate that they do not improve employment outcomes—their purported purpose—and instead trip people up and blame them for falling.[xxiii] In fact, most Medicaid enrollees who can work already do so, especially parents.[xxiv] Approximately six in ten mothers on Medicaid (62%) are working—a rate higher than women without children—and another quarter are caring for family members. [xxv]

Work requirements would lead to widespread coverage losses, including for populations who are supposed to be "exempt." Research on public benefit work requirements shows that exemptions for certain populations (*e.g.*, based on pregnancy, disability, caregiving responsibilities, or intimate partner violence) consistently fail, causing people to wrongly lose their coverage.[xxvi] Without access to Medicaid, people experience poorer health outcomes that may limit their ability to consistently work and remain employed, preventing them from experiencing positive health outcomes and economic security. Case filings in prior litigation on Medicaid work requirements document stories of people who have been impacted, including parents, children, and those with disabilities.[xxvii]

IV. Medicaid cuts would cause uncompensated care to skyrocket, forcing rural hospitals and other maternal and child health providers to close.

Labor and delivery units are closing across the country, especially in rural communities. Medicaid is essential in keeping those that remain operating, since Medicaid accounts for about 20% of their funding and finances half of rural births.[xxviii] The Medicaid cuts described above would trigger coverage losses that would drive up uncompensated care and result in rural hospital closures. Research shows that rural hospitals in states without Medicaid expansion face increasing closures, especially of specialty units like obstetrics.[xxix] Since the end of 2020, more than 100 rural hospitals have stopped delivering babies or announced they will stop by 2025.[xxx] As of April 2025, over 700 hospitals in rural areas are at risk of closing, which would not only significantly impact maternal health, as people travel farther distances to care, but could also

destabilize rural economies.[xxxi] Reduced federal funding for Medicaid would also increase financial strains on other safety-net providers.

Even if cuts solely target the Medicaid expansion population, they would harm families in non-expansion states. Many individuals living near state borders rely on health care providers or hospitals in neighboring expansion states. These cuts would drive up uncompensated care, and could force those providers to close, affecting both Medicaid enrollees and other health care consumers. Reduced economic activity in expansion states would ripple outwards, affecting the health care economy and labor market across state lines.

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Millions of lives currently hang in the balance as you consider cuts to the Medicaid program. Families nationwide are counting on you to stop any and all cuts. If we can provide assistance on this matter, please contact:

NCGJHP Co-chairs
Amani Echols and Sarah Coombs at the National Partnership for Women and Families (National Partnership) (aechols@nationalpartnership.org and scoombs@nationalpartnership.org)
Madeline T. Morcelle at the National Health Law Program (morcelle@healthlaw.org)
Sophie Mraz at Planned Parenthood Federation of America (sophie.mraz@ppfa.org)

Additional Contacts
Dvora Lovinger and Rolonda Donelson at the National Partnership (dlovinger@nationalpartnership.org and rdonelson@nationalpartnership.org)
Helena Hernandez at Planned Parenthood Federation of America (helena.hernandez@ppfa.org).

Sincerely,

National Groups
Abortion Access Front
Access Ready Inc.
Advocates for Youth
AFT: Education, Healthcare, Public Services
AIDS United
All* Above All
American Atheists
American Civil Liberties Union
American Society for Reproductive Medicine
Autistic Self Advocacy Network
Autistic Women & Nonbinary Network
Birthworkers of Color Collective
Caring Across Generations
Center for Biological Diversity
Center for Reproductive Rights
CenterLink: The Community of LGBTQ Centers
Clearinghouse on Women's Issues

Community Catalyst
Defend Public Health
Disability Rights Education and Defense Fund (DREDF)
Families USA
Feminist Majority Foundation
Guttmacher Institute
Hadassah, The Women's Zionist Organization of America
Human Rights Watch
Ibis Reproductive Health
If/When/How: Lawyering for Reproductive Justice
Jacobs Institute of Women's Health
Legal Action Center
MomsRising
National Asian Pacific American Women's Forum
9to5 National Association of Working Women
National Council of Jewish Women
National Health Law Program
National Institute for Reproductive Health
National Latina Institute for Reproductive Justice
National Network of Abortion Funds
National Nurses United
National Partnership for Women & Families
National Women's Law Center
Network of Jewish Human Service Agencies
New Disabled South
Oxfam America
People Power United
Physicians for Reproductive Health
Physicians for Social Responsibility
Planned Parenthood Federation of America
Poder Latinx
Positive Women's Network-USA
Prevention Institute
Reproductive Freedom for All
Reproductive Health Access Project
Rhia Ventures
RHITES (Reproductive Health Initiative for Telehealth Equity & Solutions), a fiscally sponsored project of the Hopewell Fund)
Service Employees International Union (SEIU)
SIECUS:Sex Ed for Social Change
SiX Action
Society for PAs in Pediatrics
Supermajority Ed Fund
The Arc of the United States
The National Association of Nurse Practitioners in Women's Health (NPWH)
UCSF Bixby Center for Global Reproductive Health

Union for Reform Judaism
Vote Pro-Choice
WePair Health
Women's March
Women of Reform Judaism

Alabama
Alabama Campaign for Adolescent Sexual Health

Arkansas
Arkansas Black Gay Men's Forum

California
Alliance For TransYouth Rights
BIPOC Student Midwives Fund
California Latinas for Reproductive Justice
Citizens for Choice
East Bay Leadership Council
Friends Outside
Law Foundation of Silicon Valley
Luna & Sol Community Healing Collective
San Francisco Bay Physicians for Social Responsibility
SORADA Research and Consulting
TransFamily Support Services

Florida
Progress Florida
The Pride Center at Equality Park
Women's Foundation of Florida

Georgia
Healthy Mothers Healthy Babies, Coalition of Georgia

Illinois
Illinois Caucus for Adolescent Health (ICAH)
Prevent Child Abuse Illinois

Louisiana
Reproductive Justice Action Collective

Maine
Community Doulas
EqualityMaine
Physicians for Social Responsibility, Maine

Maryland
Doula Alliance of Maryland
FreeState Justice, Inc.

Massachusetts
Mass Equality.org
Massachusetts Peace Action

Michigan
Public Health Awakened-Michigan Chapter

Missouri
PROMO Missouri

New Hampshire
Reproductive Freedom Fund of New Hampshire

New Mexico
Equality New Mexico
Health Action New Mexico
Transgender Resource Center of New Mexico

New York
Coalition for Asian American Children and Families
League of Women Voters of St. Lawrence County NYS
Physicians for Social Responsibility - New York

North Carolina
Western North Carolina Chapter Physicians for Social Responsibility

Ohio
Abortion Forward (Previously Pro-Choice Ohio)

Oregon
Physicians for Social Responsibility - Oregon

South Carolina
Columbia NOW, National Organization for Women, SC
Harriet Hancock LGBT Center Foundation
Palmetto State Abortion Fund
Women's Rights and Empowerment Network

Texas
Black Book Sex Ed
Physicians for Social Responsibility Texas

Vermont
Doula Association of Vermont

Virginia
Network NOVA & the Virginia Grassroots

Washington
Northwest Health Law Advocates (NoHLA)
Southwest Washington RESULTS
Surge Reproductive Justice

Wisconsin
End Domestic Abuse Wisconsin
Fair Wisconsin
Milwaukee LGBT Community Center
Muslim Women's Coalition
Stepping Stones, Inc.
The Bridge to Hope
Tri County Council on DV/SA, Inc.
Wisconsin Coalition Against Sexual Assault

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[i] The National Coalition for Gender Justice in Health Policy (NCGJHP) (formerly the Women's Health Defense Table) is a coalition of over seventy organizations fighting at the federal level for gender justice in access to affordable, comprehensive, nondiscriminatory, and high-quality health care, and particularly sexual and reproductive health care, for low-income and underserved communities. Beginning with our initial defense of Medicaid and the Patient Protection and Affordable Care Act (ACA) in 2016, NCGJHP has provided national leadership on protecting Medicaid, the ACA, and related civil rights from federal cuts, repeal attempts, and other fundamental threats that would undermine sexual and reproductive health care access and sow gender injustice in health care.

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