

January 8, 2025

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

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

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

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

Dear Majority Leader Thune, Leader Schumer, Speaker Johnson, and Leader Jeffries,

On behalf of the 134 undersigned members of the National Coalition for Gender Justice in Health Policy (NCGJHP) and allied organizations,<sup>i</sup> we urge you to protect Medicaid and oppose all attempts to cut the program, such as through work requirements, block grants, per capita caps, cuts to Federal Medical Assistance Percentages (FMAP) or mandatory or optional benefits, eliminating Medicaid expansion, or eliminating or restricting states' ability to tax health care providers to help finance their share of Medicaid funding. Each of these changes would systematically decimate health insurance coverage for and endanger the health and lives of millions of people in underserved communities, including low-income women, LGBTQI+ people, people of color, people with disabilities, and rural communities nationwide. Cuts to Medicaid would only serve to widen gender and intersecting racial, disability, geographical, and other health inequities.

### **I. Protecting Medicaid is Vital to Health Care Access and Equity and Economic Security**

Medicaid currently provides access to affordable, comprehensive, high-quality, and cost-effective health insurance coverage, including sexual, reproductive, and transgender health care coverage, for more than 72 million people across the United States. This includes roughly one in five women and 1.2 million LGBTQI+ adults, many of whom are people of color or people with disabilities.<sup>ii</sup> Medicaid, including Medicaid expansion, helps women and LGBTQI+ people with low incomes live healthier and more economically secure lives by increasing the diagnosis and early treatment of chronic conditions, enhancing educational achievement and higher rates of future employment and earnings for covered children, as well as reducing intergenerational health inequities.<sup>iii</sup> Medicaid expansion has also been associated with preventing tens of thousands of premature deaths each year.<sup>iv</sup> Medicaid provides vital coverage for 41% of U.S. births, including 64% of births among Black women, and is the leading source of family planning coverage in the U.S.<sup>v</sup> It is also critical for people with disabilities, providing crucial services such as long-term services and supports, and behavioral health services.<sup>vi</sup> Medicaid is the leading source of coverage for people with HIV, and Medicaid expansion has been particularly critical in making progress toward ending the HIV epidemic: increasing HIV diagnoses, promoting access to critical treatments and preventive services, and improving

outcomes.<sup>vii</sup> Additionally, all states have implemented the Breast and Cervical Cancer Treatment option to extend Medicaid eligibility to people diagnosed with these conditions, providing access to lifesaving care.<sup>viii</sup>

## **II. Any Potential Medicaid Cuts Would Gut Health Care Access for Low-Income and Underserved Communities, Widening Gender and Intersecting Health Inequities**

Cuts to Medicaid would leave millions of women and LGBTQI+ people with low incomes, and particularly women and LGBTQI+ people of color and with disabilities, without health care coverage and access, including sexual, reproductive, and transgender health care access, jeopardizing their health and economic security and widening gender and intersecting health inequities nationwide.

**Medicaid work requirements are just severe Medicaid cuts by another name.**<sup>ix</sup> Research demonstrates that most working-age Medicaid enrollees work, and nearly all those who do not work cannot due to disabilities, serious health conditions, childcare or caregiving responsibilities, or because they are in school.<sup>x</sup> Studies also show that work requirements in safety net programs create burdensome and confusing red tape, paperwork, and reporting requirements that result in sweeping eligibility losses, including for low-wage workers.<sup>xi</sup> For example, under Georgia’s current “Pathways to Coverage” Medicaid work requirement program, only 5,542 of the 300,000 low-income Georgians who should have gained coverage through Medicaid expansion have been able to do so.<sup>xii</sup> Moreover, Medicaid work requirements hurt state economies because they are extremely expensive to implement, increasing state spending on insurance. They also make it harder for people to *stay* employed.<sup>xiii</sup>

Medicaid work requirement “exemptions” for those who cannot work are ineffective and misleading. We know from experience that exemptions from safety net program work requirements, such as those on the basis of pregnancy, disability, caregiving responsibilities, or interpersonal violence are extremely difficult to obtain due to documentation requirements.<sup>xiv</sup> Enrollees also often experience significant power differentials with program caseworkers, who have a great deal of discretion in whether to grant work requirement exemptions, and often arbitrarily refuse them.<sup>xv</sup> Many people would fall through the cracks and lose their health insurance coverage.

**Similarly, other Medicaid cuts, such as changing the program’s open-ended funding guarantee into block grants or per capita caps, cutting FMAPs, or ending or restricting mandatory or optional benefits, all threaten the coverage of tens of millions of people.**

Each of these proposals would reduce the amount of federal funding available to states to provide health care, including sexual, reproductive, and transgender health services. With less federal funding, states would likely scale back Medicaid eligibility and benefits. States that have implemented Medicaid expansion may attempt to reverse course, dropping lifesaving coverage for millions, while states considering expanding might halt those vital efforts. States might lower their income threshold for pregnancy Medicaid eligibility or drop critical optional eligibility groups such as coverage for people with breast and cervical cancer, family planning coverage, or home and community-based services, leaving millions without lifesaving

services. If Congress caps funding, cuts or reduces FMAPs, or cuts or restricts mandatory or optional services, it would likely leave people with low incomes and underserved communities without access to essential care.

**Finally, we are concerned about discussions to restrict or prohibit states' ability to use provider taxes to help finance a portion of the state share of Medicaid costs.** Nearly all states use provider taxes on health care entities such as managed care plan issuers, hospitals, and nursing facilities to help finance a portion of their share of Medicaid costs.<sup>xvi</sup> Without these taxes, states likely could not finance their contribution to the cost of their Medicaid programs, resulting in massive coverage losses.

We are deeply concerned that Congress is exploring ways to cut Medicaid. If you have any questions, please contact NCGJHP Co-chairs Madeline T. Morcelle at the National Health Law Program ([morcelle@healthlaw.org](mailto:morcelle@healthlaw.org)), Sarah Coombs and Shaina Goodman at the National Partnership for Women and Families (National Partnership) ([scoombs@nationalpartnership.org](mailto:scoombs@nationalpartnership.org) and [sgoodman@nationalpartnership.org](mailto:sgoodman@nationalpartnership.org)), and Sophie Mraz at Planned Parenthood Federation of America (PPFA) ([sophie.mraz@ppfa.org](mailto:sophie.mraz@ppfa.org)), as well as Jessi Leigh Swenson at the National Partnership ([jswenson@nationalpartnership.org](mailto:jswenson@nationalpartnership.org)) and Helena Hernandez at PPFA ([helena.hernandez@ppfa.org](mailto:helena.hernandez@ppfa.org)).

Sincerely,

### **National Groups**

National Health Law Program  
National Partnership for Women and Families  
Planned Parenthood Federation of America  
AccessBetter Sexual and Reproductive Health Education  
ACLU  
Advocates for Trans Equality  
Advocates for Youth  
AIDS United  
All\* Above All  
American Association of Birth Centers  
Asian & Pacific Islander American Health Forum  
Assistive Technology Law Center  
Association of Nurses in AIDS Care  
Autistic People of Color Fund  
Autistic Women & Nonbinary Network  
Caring Across Generations  
Center for Biological Diversity  
Center for Health Law and Policy Innovation  
Center for Law and Social Policy (CLASP)  
Center for Reproductive Rights  
Coalition for Asian American Children and Families  
Disability Rights Education and Defense Fund  
Doctors for America

Families USA  
FORGE, Inc.  
Guttmacher Institute  
Ibis Reproductive Health  
Inclusive Counseling  
Indivisible  
Jacobs Institute of Women's Health  
Justice in Aging  
MomsRising  
National Association of Certified Professional Midwives  
National Abortion Federation  
National Asian American Pacific Islander Mental Health Association  
National Asian Pacific American Families Allied for Substance Awareness and Harm Reduction  
National Asian Pacific American Women's Forum  
National Black Justice Coalition  
National Center for Youth Law  
National Council of Jewish Women  
National Family Planning & Reproductive Health Association  
National Hispanic Medical Association  
National Institute for Reproductive Health  
National Latina Institute for Reproductive Justice  
National LGBTQI+ Cancer Network  
National Partnership for New Americans  
PFLAG National  
Physicians for Reproductive Health  
Positive Women's Network-USA  
Power to Decide  
Prevention Institute  
Reproductive Freedom for All  
Reproductive Freedom for All (formerly NARAL Pro-Choice America)  
Reproductive Health Access Project  
SEIU  
SIECUS: Sex Ed for Social Change  
Southeast Asia Resource Action Center (SEARAC)  
The AIDS Institute  
The National Association of Nurse Practitioners in Women's Health (NPWH)  
The National Domestic Violence Hotline  
The US Gender and Disability Justice Alliance  
Union for Reform Judaism  
Upstream USA  
URGE: Unite for Reproductive & Gender Equity  
Us Society for Augmentative and Alternative Communication  
Whitman-Walker Institute  
Women of Reform Judaism

**Alabama**

Alabama Campaign for Adolescent Sexual Health

**Arizona**

William E. Morris Institute for Justice

**Arkansas**

Disability Rights Arkansas

**California**

AJL Community Health

American Atheists

APLA Health

Asian Americans Advancing Justice Southern California (AJSOCAL)

Atheists United

CA LGBTQ Health and Human Services Network

California Coalition for Reproductive Freedom

Calpride Valle Central

Equality California

Essential Access Health (also serving Hawaii)

Family Voices of California

GLIDE

Health Access California

Health Access California

Lyon-Martin Community Health Services Maternal and Child Health Access

Nevada County Citizens for Choice

Sacramento LGBT Community Center

San Diego

San Joaquin Pride Center, INC.

The Center for Health & Prevention at CAPSLO

The Children's Partnership

Transgender Resource, Advocacy and Network Service

Viet Rainbow of Orange County (VROC)

**Colorado**

Colorado Center on Law and Policy

Disability Law Colorado

**Delaware**

Community Legal Aid Society Inc.

**Florida**

The Pride Center at Equality Park

Disability Rights Florida

**Georgia**

Healthy Mothers Healthy Babies, Coalition of Georgia

**Hawaii**

Essential Access Health (also serving California)

Hawai'i Health & Harm Reduction Center

Hep Free Hawai'i

**Illinois**

Health & Medicine Policy Research Group

Transformative Justice Law Project of IL

**Kentucky**

Kentucky Equal Justice Center

**Louisiana**

Louisiana Coalition for Reproductive Freedom

Lift Louisiana

**Maryland**

Public Justice Center

**Massachusetts**

Disability Law Center (MA)

Health Law Advocates

Massachusetts Law Reform Institute (MLRI)

**Michigan**

OutCenter Southwest Michigan

Center for Civil Justice

Disability Rights Michigan

**Minnesota**

Impetus - Let's Get Started LLC

OutFront Minnesota

**Nebraska**

Nebraska Appleseed

**Nevada**

Foundation for Sexual and Gender Affirmation and Research

Inclusive Counseling

**New Jersey**

Disability Rights New Jersey

**New Mexico**

Bold Futures NM

**New York**

The Legal Aid Society (New York City)

**North Carolina**

Pisgah Legal Services

**Ohio**

Ohio Poverty Law Center

**Pennsylvania**

Pennsylvania Health Law Project

Women's Law Project

**South Carolina**

South Carolina Appleseed Legal Justice Center

**Tennessee**

Healthy and Free Tennessee

Tennessee Justice Center

**Texas**

Texans Care for Children

**Virginia**

Birth In Color

Legal Aid Justice Center

**Washington**

Northwest Health Law Advocates (NoHLA)

YWCA | Seattle | King | Snohomish

**Wisconsin**

Disability Rights Wisconsin

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<sup>i</sup> The National Coalition for Gender Justice in Health Policy (NCGJHP) (formerly the Women's Health Defense Table) is a coalition of over sixty 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

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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.

<sup>ii</sup> CMS, July 2024 Medicaid & CHIP Enrollment Data Highlights, <https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/report-highlights/index.html> (last visited Nov. 25, 2024); KFF, Women’s Health Insurance Coverage, Dec. 13, 2023, <https://www.kff.org/womens-health-policy/fact-sheet/womens-health-insurance-coverage/>; Lindsey Dawson et al., KFF, LGBT+ People’s Health Status and Access to Care, Jun. 30, 2023, <https://www.kff.org/report-section/lgbt-peoples-health-status-and-access-to-care-issue-brief/>; Patrick Drake & Alice Burns, Working-Age Adults with Disabilities Living in the Community, Jan. 4, 2024, <https://www.kff.org/medicaid/issue-brief/working-age-adults-with-disabilities-living-in-the-community/>.

<sup>iii</sup> Madeline T. Morcelle, Emma Parker-Newton, & Rolonda Donelson, *Protect Medicaid Funding Issue #7: Access to Sexual and Reproductive Health Care 1* (Sep. 2024), <https://healthlaw.org/wp-content/uploads/2024/09/07-PMF-AccessToSRHServices07.30.2024.pdf>; Rose C. Chu et al., HHS, *Medicaid: The Health and Economic Benefits of Expanding Eligibility 1* (2024), <https://aspe.hhs.gov/sites/default/files/documents/effbde36dd9852a49d10e66e4a4ee333/medicaid-health-economic-benefits.pdf>; see generally, Rolonda Donelson & Madeline T. Morcelle, *Protect Medicaid Funding Issue #13: Medicaid Work Requirements Hurt the U.S. Workforce* (Sep. 2024), <https://healthlaw.org/wp-content/uploads/2024/09/013-PMF-Low-Wage-Workers.pdf>.

<sup>iv</sup> *Id.*

<sup>v</sup> Morcelle *supra* note iii at 1; Usha Ranji et al., KFF, *Financing Family Planning Services for Low-Income Women: The Role of Public Programs* (Oct. 25, 2019), <https://www.kff.org/womens-health-policy/issue-brief/financing-family-planning-services-for-low-income-women-the-role-of-public-programs/>.

<sup>vi</sup> Wayne Turner et al., Nat’l Health Law Prog., *What Makes Medicaid, Medicaid? Services 2*, 10 (Updated Spring 2023), <https://healthlaw.org/wp-content/uploads/2023/04/Protect-Medicaid-series-Services-FINAL-2.pdf>.

<sup>vii</sup> Michelle Yiu, Rolonda Donelson, & Madeline T. Morcelle, *Protect Medicaid Funding Issue #9: People with HIV 2–3*, (Sep. 2024), <https://healthlaw.org/resource/protect-medicaid-funding-series-2024/>.

<sup>viii</sup> Kaiser Fam. Found., State Eligibility for Medicaid Breast and Cervical Cancer Treatment Program (BCCTP), Jul. 1, 2021, [https://www.kff.org/other/state-indicator/state-eligibility-for-medicaid-breast-and-cervical-cancer-treatment-program-bcctp/?currentTimeframe=0&sortModel={\"colId\":\"Location\",\"sort\":\"asc\"}](https://www.kff.org/other/state-indicator/state-eligibility-for-medicaid-breast-and-cervical-cancer-treatment-program-bcctp/?currentTimeframe=0&sortModel={\).

<sup>ix</sup> Madeline T. Morcelle, Nat’l Health Law Prog., *Proposed Medicaid Work Requirements are Another Dangerous Attack on Sexual and Reproductive Health and Justice* (Apr. 21, 2023), <https://healthlaw.org/proposed-medicaid-work-requirements-are-another-dangerous-attack-on-sexual-and-reproductive-health-and-justice/>.

<sup>x</sup> Bruno Showers, *The Return of Work Requirements: a Bad Idea That Won’t Work*, ARK. TIMES (Feb. 27, 2023), <https://arktimes.com/arkansas-blog/2023/02/27/the-return-of-work-requirements-a-bad-idea-that-wont-work>.

<sup>xi</sup> Aiden Lee et. al, HHS ASPE, *Medicaid Enrollees Who are Employed: Implications for Unwinding the Medicaid Continuous Enrollment Provision*, 1 (April 2023),



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<https://aspe.hhs.gov/sites/default/files/documents/779b6ef3fbb6b644cdf859e4cb0cedc6/medicaid-esi-unwinding.pdf>; Madeline Guth et. al, Kaiser Fam. Found., *Understanding the Intersection of Medicaid & Work: A Look at What the Data Say* (Apr. 23, 2024), [https://www.kff.org/medicaid/issue-brief/understanding-the-intersection-of-medicaid-work-a-look-at-what-the-data-say/#:~:text=KFF%20analysis%20of%20federal%20survey,%E2%80%9CMedicaid%20adults%E2%80%9D\)%20were%20working](https://www.kff.org/medicaid/issue-brief/understanding-the-intersection-of-medicaid-work-a-look-at-what-the-data-say/#:~:text=KFF%20analysis%20of%20federal%20survey,%E2%80%9CMedicaid%20adults%E2%80%9D)%20were%20working) (last visited Nov. 26, 2024); *see also* Anna Goldman, *Analysis of Work Requirement Exemptions and Medicaid Spending*, JAMA INTERNAL MED. (Nov. 2018), <https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2701627>; Rolonda Donelson & Madeline T. Morcelle, Nat'l Health Law Prog., *Protect Medicaid Funding Issue #13: Medicaid Work Requirements Hurt the U.S. Workforce 1* (Sep. 2024), <https://healthlaw.org/wp-content/uploads/2024/09/013-PMF-Low-Wage-Workers.pdf>.

<sup>xii</sup> Andy Miller, *Georgia's Work Requirement Slows Processing of Applications for Medicaid, Food Stamps*, GPB (Dec. 6, 2024), <https://www.gpb.org/news/2024/12/06/georgias-work-requirement-slows-processing-of-applications-for-medicaid-food-stamps>.

<sup>xiii</sup> *Id.* at 2; Rolonda Donelson & Madeline T. Morcelle, Nat'l Health Law Prog., *Protect Medicaid Funding Issue #14: Medicaid Work Requirements Hurt State Economies 2* (Sep. 2024), <https://healthlaw.org/wp-content/uploads/2024/09/014-PMF-State-Budgets.pdf>.

<sup>xiv</sup> Morcelle, *supra* note ix.

<sup>xv</sup> *See, e.g.*, Rachael A. Spencer et al., *Women's Lived Experiences with Temporary Assistance for Needy Families (TANF): How TANF Can Better Support Women's Wellbeing and Reduce Intimate Partner Violence*, 19(3) *Int. J. Environ. Res. Pub. Health* 15, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8834626/pdf/ijerph-19-01170.pdf>.

<sup>xvi</sup> Edwin Park, Georgetown Ctr. for Children & Families, *Congressional Republican Leaders Start to Show Their Hand: Draconian Medicaid Cuts on the Agenda for Next Year*, Nov. 18, 2024, <https://ccf.georgetown.edu/2024/11/18/congressional-republican-leaders-start-to-show-their-hand-draconian-medicaid-cuts-on-the-agenda-for-next-year/>.