

June 12, 2015

The Honorable Sylvia Mathews Burwell
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Secretary Burwell:

As members of the Latino Health Coalition (“the Coalition”), we are pleased to submit this letter following our recent meeting with the Secretary to discuss Latino health issues. We truly appreciate the Secretary’s commitment to seeking the input of our Coalition as the Department of Health and Human Services (“the Department”) continues its work to promote the health and well being of Latinas.

We thank the Department for its efforts to expand quality, affordable health coverage options through implementation of the Affordable Care Act (ACA). Latinas greatly benefit from the ACA’s expansions and improvements, particularly the women’s preventive benefit, which requires coverage of essential women’s preventive healthcare without cost sharing, including well-woman visits, screening and counseling for sexually transmitted infections (STIs), and the full range of Food and Drug Administration (FDA) approved contraceptive methods and services. We further thank the Administration for clarifying that these critical preventive services must be covered without cost sharing when they are deemed by a healthcare provider to be medically appropriate for an individual patient, regardless of their sex assigned at birth or gender identity.

Similarly, we recognize the Department’s commitment to delivering important reproductive healthcare to eligible low-income women through Medicaid/CHIP and through key federal health programs, such as the Title X family planning program. Affordable coverage for reproductive healthcare is especially critical for the health of Latinas, who disproportionately experience negative reproductive health outcomes, including high rates of unintended pregnancy due to a lack of access to resources and services.¹ All women should have an equal opportunity to access to quality, affordable healthcare, including the full range of reproductive healthcare services.

We ask the Department to continue its critical work to enhance healthcare coverage and access and remove barriers to healthcare that have a disproportionate impact on Latinas. Specifically, we urge the Department lift the harmful federal restrictions that exclude lawfully residing immigrants from accessing affordable health coverage options and to implement policies that improve access to healthcare providers who can provide quality care with cultural and linguistic competence. Additionally, we call upon the Department to improve access to reproductive healthcare by implementing and enforcing a strong birth control accommodation and taking steps, where possible, to reduce the impact of harmful statutory restrictions on abortion access.

I. Increase Access to Quality, Affordable Reproductive Healthcare Coverage

¹ Finer LB and Zolna MR, *Unintended pregnancy in the United States: incidence and disparities*, 2006, *Contraception*, 2011, 84(5):478–485.

Every woman in the United States should have access to quality, affordable healthcare, regardless of her immigration status. Denied such opportunities, immigrant women – including immigrant Latinas – face exacerbated reproductive health inequities. Indeed, lack of health insurance and high out-of-pocket costs have been cited as major factors limiting immigrant women’s access to preventive healthcare, including reproductive healthcare.² Thus, we urge the Department to reverse its current restrictions on health coverage for Deferred Action for Childhood Arrivals (DACA) grantees, and prevent the imposition of similar restrictions on those who will be newly eligible for administrative relief under the new and expanded deferred action programs.

We are pleased with the Administration’s recently announced Deferred Action for Parents of Americans and Legal Permanent Residents (LPRs) (DAPA) program and expansions to the DACA program. These actions promise to bring deportation relief and work authorization to millions of individuals, giving them the opportunity to remain with their families and make additional contributions to their communities. However, restrictive federal policies continue to put affordable health coverage out of reach for many immigrant Latinas and their families authorized to live and work in this country. For instance, soon after the creation of the DACA program, the Department carved DACA grantees out of the group of “lawfully present” immigrants eligible to purchase affordable coverage options through the ACA’s Health Insurance Marketplaces, including with financial assistance. Similarly, the Department excluded DACA individuals from eligibility for expanded coverage under the Children’s Health Insurance Program Reauthorization Act (CHIPRA), which empowers states to grant Medicaid/CHIP eligibility to lawfully residing children and pregnant women without a waiting period.³ Notably, this policy does not implement a statutory restriction – it is an arbitrary and unnecessary administrative policy that ultimately renders hundreds of thousands of DACA recipients undocumented for the purposes of healthcare. We urge the Department to reverse these federal restrictions that continue to exclude many Latinas from affordable health coverage options based on their immigration status.

II. Ensure Access to Women’s Healthcare Providers and Culturally and Linguistically Competent Care

While quality, affordable health coverage is key to addressing health inequities, Latinas must also have timely access to reproductive health services from qualified, culturally and linguistically competent women’s health providers. Health coverage is meaningless if individuals cannot obtain timely care from trusted providers.

We thank the Department for its continued work to deliver important reproductive healthcare to eligible low-income Latinas through key federal programs such as Medicaid/CHIP and the Title X family planning program. In order to reach all women in need of services, the Department must ensure that women are able to access care through these essential programs from the

² Schleicher, E, *Immigrant Women and Cervical Cancer Prevention in the United States*, John Hopkins Bloomberg School of Public Health (2007), available at <http://www.jhsph.edu/research/centers-and-institutes/womens-and-childrens-health-policy-center/publications/ImmigrantWomenCerCancerPrevUS.pdf>.

³ Centers for Medicaid & Medicare Services, *Dear State Health Official Letter* (2010), available at <http://downloads.cms.gov/cmsgov/archived-downloads/SMDL/downloads/SHO10006.pdf>.

health providers they trust. Women’s health providers, including OB/GYNs and family planning health centers, are an indispensable source of life-saving primary and preventive healthcare services for women, helping to prevent unintended pregnancy through contraception, reduce the spread of STIs/HIV through screening and diagnosis, and screen for cervical and other cancers. A significant proportion of women – particularly women of color in low-income communities – rely on women’s healthcare providers as their main or sole source of healthcare.⁴ This is particularly true for Latinas, who are far more likely to report that a women’s health provider is their main source of care.⁵

Despite the unique role women’s health providers play in improving Latinas’ healthcare access, the participation of qualified women’s health providers in federal health programs is increasingly under threat, often by official state actions to restrict or exclude providers from public programs based on non-merit factors such as services offered (including abortion) or populations served. These efforts negatively impact women’s access to healthcare and undermine the intent of federal health programs to increase healthcare access, improve health outcomes, and reduce health disparities. As such, we urge the Department to protect women’s health providers from such attacks and ensure their participation in vital federally supported programs.

Additionally, an important component of improving healthcare access for Latinas is ensuring that providers have the tools and resources to deliver high-quality, culturally and linguistically competent care to diverse patients. The availability of language access and culturally-appropriate information and healthcare is especially vital for Latinas. Many Latinas primarily speak Spanish at home and experience language barriers in accessing care. Moreover, cultural attitudes toward health and healthcare providers, as well as experiences of discriminatory or unfair treatment, may constitute additional barriers for Latinas interacting with the healthcare system. When providers have access to the tools and resources to take these critical factors into account in their clinical practice, they are more likely to build positive relationships with patients and improve health outcomes. We support the Department’s continued work in this area and ask the Department to continue implementing policies that facilitate the delivery of culturally and linguistically competent care.

III. Maintain Critical Provisions that Ensure Contraceptive Coverage

The Department should continue to further women’s access to the full range of FDA-approved contraceptives without cost sharing. We commend the Administration’s recent clarification that health plans must cover all 18 FDA-approved birth control methods for women without a copay. We further thank the Administration for clarifying that women’s preventive services, including birth control methods, must be covered without cost sharing where a provider deems they are medically appropriate for an individual patient, regardless of their sex assigned at birth or gender identity. All individuals should have affordable access to the birth control method that fits their needs without obstacles.

⁴ Gold, RB et. al, *Next Steps for America’s Family Planning Program: Leveraging the Potential of Medicaid and Title X in an Evolving Health Care System*, Guttmacher Institute (2009).

⁵ PerryUndem Research & Communication, *Women & OB/GYN providers* (2013), available at http://www.plannedparenthood.org/files/PPFA/PPFA_OBGYN_EXTERNAL_Report.FINAL.pdf.

Regrettably, the Supreme Court held in *Burwell v. Hobby Lobby* that certain closely held for-profit companies may refuse to cover contraception in their employer-sponsored health plan due to the owners' religious objection. This unprecedented decision means that women employed by companies, like Hobby Lobby, are being denied birth control coverage outright – without any alternative way for them to access no cost-sharing birth control. As such, we appreciate the administration's willingness to quickly respond to the decision and we support the Departments' efforts to ensure that women employed at such closely held for-profit companies have seamless access to contraception without cost sharing.

As the Department implements the birth control accommodation for eligible for-profit entities owned by individuals with religious objections to providing contraceptive coverage, we reiterate our request that the Department narrowly define which entities may avail themselves of the accommodations, take steps to assure that women covered under employer-sponsored health plans do not face barriers in seeking contraceptives, and establish strong oversight and enforcement procedures to ensure employers and health insurance issuers comply with the law.⁶ These measures, further detailed in our comments to the Department's proposed accommodations processes, will safeguard women's access the contraceptive coverage guaranteed to them by law.

IV. Minimize Barriers to Accessing Abortion Services

Ongoing federal restrictions on abortion coverage significantly curtail healthcare access for women – Latinas and other women of color, in particular. The Hyde Amendment withholds Medicaid coverage of abortion except in a few dire instances. Similar restrictions appear across the spectrum of federally supported healthcare programs, limiting abortion coverage for federal employees, military personnel and dependents, Peace Corps volunteers, people in federal prison or immigration detention, and Native Americans. Moreover, half the states have restricted or banned ACA Marketplace health plans from covering abortion.

We oppose such restrictions because they interfere with personal medical decision-making and impede access to constitutionally protected, safe, and legal abortion. Every woman should have access to comprehensive, quality healthcare including abortion services, regardless of her income, zip code, or type of health coverage. Restrictions on abortion coverage impose a particularly serious burden on the health of Latinas, who already experience unintended pregnancies at high rates and are more likely to enroll in federally supported programs for healthcare. We encourage the Department to take notice of the harms perpetuated by these restrictions and their disparate impact on low-income women, women of color, and young women. We urge the Department to confine the reach of these coverage restrictions to assure they do not extend beyond what is currently required by law. We further implore the Department to, where possible, implement policies that ensure women's access to safe and legal abortion.

⁶ Several of the undersigned organizations submitted comments regarding the Department's proposed rule extending the accommodation to for-profit entities and the interim final rule outlining the Department's alternative accommodations process, both of which were published in the Federal Register on August 27, 2014.

Thank you for this opportunity to provide our input. We look forward to continue working with you to improve the health and well being of Latinas and their families.

Sincerely,

Hispanic Federation
League of United Latin American Citizens
National Hispanic Medical Association
National Immigration Law Center
National Latina Institute for Reproductive Health
Planned Parenthood Federation of America
Voto Latino