



The Honorable Mitch McConnell
Senate Majority Leader
The Capitol S-230
Washington, DC 20510

The Honorable Chuck Schumer
Senate Democratic Leader
The Capitol S-221
Washington, DC 20510

Dear Leader McConnell and Leader Schumer:

As members of the National Health Collaborative on Violence and Abuse (NHCVA) and on behalf of the below signed national professional health associations, we are dedicated to reducing and addressing the health consequences of violence and abuse.

The vision of NHCVA is a healthier nation in which people live free from the pain and suffering of violence and abuse, and without fear of harm or retaliation. A community without violence and abuse is the foundation of hope for a more peaceful world. Children, adults and elders thrive best in respectful interpersonal relationships. NHCVA member organizations work together to advance health policy at the state and federal level to reach that goal and develop the capacity of health professionals and the infrastructure of health systems to prevent and address the harms of current or past exposure to violence and abuse.

The select organizational members of NHCVA below are writing to express concerns with proposed changes to the ACA currently being considered in the Senate, such as the so called “skinny repeal” and lay out principles for any health reform proposals. We understand that survivors of violence and abuse need comprehensive health insurance that they can afford for themselves and their children. Access to health care, including behavioral and mental health services, is critical for survivors to heal and thrive, and to improving their health outcomes over a lifetime.

Over the past years, survivors of violence and abuse have seen a remarkable increase in their ability to afford health insurance and access critical health and behavioral health services. The Affordable Care Act (ACA) helped to make more coverage affordable and provided a guaranteed and expanded set of benefits that women and their families need. Women who have a pre-existing condition cannot be turned away from coverage – this includes prohibiting insurance discrimination against victims of domestic or sexual violence. Pregnant women now have guaranteed maternity benefits as part of their insurance package, and their newborns will get the screenings and care they need. For women who have stayed in unhealthy relationships for fear of losing their health insurance, there are options to access affordable health care not tied to their partner. In other words, affordable and comprehensive coverage is within reach for all women.

Coverage for children, including children who have been exposed to violence and abuse has also been strengthened. Children have seen unprecedented levels of enrollment in health insurance, and it is well documented that covering parents increases the likelihood that children will be insured. Strengthened benefit packages for children including access to behavioral and mental health services, and the strong emphasis on coordinated care and prevention mean that children can more seamlessly access the care they need to health and thrive.

We support the package of “essential health benefits” because the mental health and substance abuse disorder treatments are critical – to all our patients but particularly survivors of abuse. The essential health benefits also provide comprehensive coverage of maternity and pediatric benefits. Most notably, we support coverage of assessment and

brief counseling for domestic and other interpersonal violence that currently must be offered in all new private insurance plans. We do not support new proposals for states to request a waiver for EHBs.

Recent efforts to repeal these existing health care protections have not recognized the unique situations in which survivors seek health insurance and health care. We are concerned that proposed changes make health insurance less affordable by reducing federal financial help and raising premiums and by changing standards about what services should be covered services. We are also concerned that proposed changes would eliminated coverage options for millions of families on Medicaid and caps the care that they can receive.

We have watched the health care debate unfold and are evaluating each proposal on its impact on the health and care of survivors. We urge policymakers to immediately stop consideration of policy efforts that will have the following impacts on survivors:

- **Makes buying health insurance more expensive—and increases out of pocket expenses** Survivors will pay more out of pocket for their premiums, and even more for a rich benefit package. For non-covered services, survivors will have to reach into their pockets and pay for care themselves.
- **Eliminates coverage for many low-income survivors**
Survivors will lose coverage if policymakers eliminate the Medicaid expansion, which has helped millions of low-income survivor's access health care through their state Medicaid program.
- **Penalizes survivors for situations out of their control**
Policies that require continuous coverage, will penalize survivors, who may experience gaps in their health care as an abuser cuts off care without informing the survivor, or where crisis or unpredictable situations may impact the ability to maintain coverage. These survivors would be charge more because of the actions of an abuser—and through no fault of their own.
- **Keeps survivors from needed medical and behavioral health services**
Elimination of, or flexibility in, the Essential Health Benefits takes away the important guarantees that ALL health plans cover a comprehensive benefit package that includes medical and behavioral health services.

We also echo the sentiments and objectives set forth by the American Medical Association, The American Academy of Family Physicians, the American Academy of Pediatrics, the American Congress of Obstetricians and Gynecologists and the American College of Physicians to maintain the following principles in any revisions to the ACA:

- **Do not increase the number of uninsured:** Individuals with health insurance coverage should not become uninsured because of any legislative or administrative short-term actions or inactions.
- **Ensure a viable health care safety net.** There should be a viable and equitable safety-net health care program for low-income children, youth and adults including those enrolled in Medicaid.
- **Ensure vital patient protections remain in the health insurance marketplace, including:**
 - Policies prohibiting health insurers from imposing annual and lifetime caps on benefits should be retained and made applicable to all insurers, public and private.
 - Insurance reforms that prevent discrimination against individuals in the insurance market must be preserved.
 - All health insurance products should be required to cover evidence-based essential benefits including coverage, at no out-of-pockets cost to insured persons, to those preventive care and vaccines identified by the United States Preventive Services Task Force, the Advisory Committee on Immunization Practices, the Women's Preventive Services Initiative, Bright Futures, and other designated evidence-based assessment entities.

- Premium assistance and cost-sharing reduction subsidies aimed at assisting qualifying individuals with the purchase of health care coverage and/or paying their deductibles and co-pays should be preserved; any proposals to alter such subsidies should provide, at minimum, comparable assistance especially for lower-income persons who otherwise would be unable to afford coverage and services.
- The individual and small group markets should be protected.

Victims of violence frequently need medical and mental health services as they recover from violence and abuse—and this bill takes away coverage for these services for the lowest-income survivors. Among the benefits lost is the requirement that health plans pay for screening and brief counseling for domestic violence and interpersonal violence—ensuring that health care providers can be reimbursed for their work. This service is currently required to be provided for free (with no copay or cost-sharing) to survivors.

The NHCVA instead encourages policymakers to focus on improving market stability and affordability of comprehensive coverage. Thank you for the opportunity to share these concerns and recommendations. Please consider us a valuable resource as you move forward. We hope to partner with you to preserve the health care coverage gains achieved, and to continue to find ways to improve the quality of health care for all Americans.

Sincerely,

Academy on Violence and Abuse
American Academy of Neurology
American College of Physicians
The American Congress of Obstetricians and Gynecologists
American Medical Women's Association
The Gay and Lesbian Medical Association
Family Violence Prevention Caucus of the American Public Health Association
Futures Without Violence
International Association of Forensic Nurses
Nursing Network on Violence Against Women International

cc: U.S. Senate