



### **AMCHP Statement on Graham-Cassidy Bill**

The Association of Maternal & Child Health Programs (AMCHP) has serious concerns that provisions included in the Graham-Cassidy-Heller-Johnson proposal would have a negative impact on maternal and child health populations. Adding potentially millions of additional Americans to the ranks of the uninsured would strain an already stretched safety net, reduce opportunities for prevention and early intervention, and undermine improvements that are promoting continuity of care for women of reproductive age and children with special health care needs.

Eliminating the Prevention and Public Health Fund would create an immediate 12 percent gap in the budget for the Centers for Disease Control and Prevention (CDC) which would in turn force the CDC to defund critical state and local public health efforts.

The potential for eliminating the requirement to cover Essential Health Benefits (EHBs) for services such as clinical preventive services, mental health, and maternity care is particularly troubling. Assurance of coverage for these services is critical to increasing the likelihood that pregnant women receive appropriate medical care and that all babies have a healthy start to life. Waiving the EHBs would return us to a situation like prior to 2013 when only nine states required coverage and only 12 percent of individual market plans included maternity coverage – this at a time when the U.S. has one of the highest infant mortality rates among industrialized countries and an increasing maternal mortality rate. In addition, the bill weakens protections for individuals with pre-existing conditions by allowing states to waive the current prohibition against charging higher premiums based on health status. This is particularly concerning for the maternal and child health community, as insurers would once again be allowed to charge women more for having had a prior pregnancy or families more for having a child born with special health needs.