

The 2011 Congressional Republican Majority Attacks on Women

A Report by Congresswoman Carolyn B. Maloney

Introduction

Since the beginning of the 112th Congress, when the Republicans took control of the House, there has been a legislative onslaught against women. From birth until death, women will be negatively affected by the Republican Majority's harmful legislation. Some examples include attacks on preventative health care, housing and safety net entitlement programs. This report takes a critical look at legislation that has passed the House. It also examines the proposed Republican FY2012 budget approach to safety net programs. The Republican budget, put forth by Representative Paul Ryan, is also known as the 'Ryan Plan' or the self-described '*Path Towards Prosperity*'. What it actually consists of is a path towards poverty and suffering for America's women and their families. According to a Congressional Research Service reportⁱ, compared to the President's budget proposal, the Ryan Plan has spending for social safety net programs that is significantly lower (in spending for education, training and employment, social services, Medicaid and income security). With a nation that is facing high unemployment and record foreclosures, the GOP agenda is out of touch with the terrible reality that Americans are facing as they open their wallets and are forced to decide between paying for food or gas. This agenda is out of touch with American values that prize fiscal responsibility but do not forsake caring for the most vulnerable of our society. Overwhelmingly, this legislative agenda has affected the 51% of Americans who are women and rely upon social programs to raise their families.

Legislation that Has Passed the House

Funding for Preventative Care for Pregnant Women is Eliminated

H.R. 1217, *Providing for Consideration of the Bill to Repeal the Prevention and Public Health Fund*, passed the House. Any repeal of the Prevention and Public Health Fund means a loss in funding for critical services for pregnant women.ⁱⁱ This fund would provide for screening for iron deficiency, Hepatitis B and Rh incompatibility and also support women that choose to breast-feed and for tobacco cessation programs for pregnant women. Other bills that have passed the House to repeal part or all of the Affordable Health Care Act are H.R.1213 and H.R.1217, and there have been two resolutions that have passed the House that expressed a sense of Congress that health care should be repealed, H.Res.9 and H.Res. 26.

Families Would Lose Their Homes

H.R.839, *the HAMP (Home Affordable Modification Program) Termination Act of 2011*, and H.R. 861, *the NSP (Neighborhood Stabilization Program) Termination Act*, H.R.830 *the FHA Refinance Program Termination Act*, H.R.836 *the Emergency Mortgage Relief Program Termination Act*, end programs that help families and communities facing foreclosure. This virtually dooms thousands of American families whose homes are in the process of foreclosure to lose their homes.ⁱⁱⁱ The Neighborhood Stabilization Program (NSP) was established for the purpose of stabilizing communities that have suffered from foreclosures and abandonment. The program goal was to purchase and redevelop foreclosed and

abandoned homes.^{iv} The HAMP Program and the FHA Refinance Program are loan modification programs for families facing foreclosure which were designed to help as many as 3 to 4 million struggling homeowners with modifications.^v The Emergency Mortgage Relief Program was designed to provide mortgage relief to owners of properties in danger of foreclosure while prohibiting a mortgage lender from commencing any legal action against the homeowner while they are receiving assistance under the act.^{vi} These bills have passed the Republican controlled House.

Funding for School-Based Health Center Construction was Repealed

The House passed H.R.1214, *To Repeal Mandatory Funding for School-Based Health Center Construction*, which would provide a place for children and young adults to receive primary care.^{vii} This fund would provide for \$200 million over four years to help centers pay for capital improvements, such as buying medical equipment or expanding or improving building space, and it authorizes the government to distribute additional money for operating costs, such as salaries for medical professionals. According to Education Week, nearly 2,000 school-based health centers around the country provide comprehensive medical, mental-health, and social services to approximately 1.7 million children and adolescents. These school-based health centers are located in 44 states and the District of Columbia, with more than half in urban areas, according to a 2007-08 school year census conducted by the National Assembly on School-Based Health Care. Twenty-seven percent of the centers are in rural areas, with the remainder in suburban communities. Education Week also describes that in addition to treating students who are sick at school, medical personnel at the centers dispense and in some cases prescribe medication; help students manage chronic illnesses, such as diabetes and asthma; in some cases, provide medical care for students’ infant children; and offer reproductive-health-related services such as gynecological exams and screening for sexually transmitted infections.

The FY12 Republican Budget ‘*The Path Toward Prosperity*’

H.Con.Res.34

Passed the House 4/15/2011

| Party | Yea | Nay |
|-------------------|------------|------------|
| Republican | 235 | 4 |
| Democrat | 0 | 189 |

Converting Medicare to a Voucher Program Would Force Seniors to Pay Large Out-of-Pocket Expenses^{viii}

Medicare is a health and safety net for older Americans. According to a Kaiser Family Foundation report^{ix}, because women have longer life expectancies than men, more than half (56%) of the people covered by Medicare are women. By the time women are 85 or older, they account for 70% of Medicare beneficiaries. Women tend to have higher rates of chronic long-term illnesses (osteoporosis,

hypertension, etc.) and 49% of women Medicare recipients have three or more chronic health conditions, compared to 38% of men. Women are more likely than men to end up in the Medicare donut hole. One-third of women Medicare recipients (33%) need assistance with one or more activities of daily living such as eating. Older women are more likely to live alone and rely on paid assistance to meet their long-term health care needs. This particularly impacts senior women that struggle financially as 57% of women using Medicare live below 200 percent of the federal poverty level, compared to 45% of men.

A Congressional Budget Office (CBO) report describes, “Federal payments would tend to grow more slowly under the proposal than projected costs per enrollee under current law.” As a result, CBO said, “enrollees’ spending for health care — and the uncertainty surrounding that spending — would increase.”^x Here are some of the impacts that would occur if Medicare is converted to a voucher program:

- It would increase out-of pocket health care costs for the average senior by more than \$6,000
- It would put seniors at the mercy of private insurance companies
- It would repeal the closing of the prescription drug ‘donut hole’ resulting in many seniors paying thousands of dollars more for medications
- It would no longer guarantee seniors the same level of benefits and the choice of doctor that they have today under Medicare
- It would end the new free preventative health care benefit (mammograms, bone density tests and Pap tests would no longer be free-of-cost to senior women)

Seniors on a limited income would be forced to find the cash or go without other necessities to pay for vital health series. The Ryan Plan would privatize Medicare for those currently 55 years old or younger.^{xi} It would require seniors to buy their own insurance with premium help from the government, shifting the cost of increases in health care to individuals. This proposal would leave older individuals responsible for figuring out the best plan, and would result in confusion and uncertainty for older Americans. Seniors should have the care and quality of life that they thought they were getting when they paid into Medicare all their working years.

Making Medicaid a Block Grant Program

The Ryan Plan proposes a cut of \$771 billion (more than 20%) to the Medicaid program and converting Medicaid to a block grant program that would cap funds to states. Any cuts to Medicaid disproportionately affect women. Women are more likely than men to qualify for Medicaid, because they tend to be poorer on average. Women are more likely to hold low-wage or part-time jobs that do not offer employer-sponsored benefits so Medicaid may be their sole source of health coverage^{xii}. A Kaiser Family Foundation Issue brief describes that, in 2005, one in ten (10%) of women were covered by Medicaid. For low-income women it was one in five. Women comprise the majority of adult beneficiaries (69%) because they have longer life spans and are more likely to be the head of household^{xiii}. According to the National Women’s Law Center^{xiv}, over 4.5 million older, low-income women on Medicare rely on Medicaid to cover their long-term care services and Medicare cost sharing.

Nearly 17 million nonelderly women (ages 18-64) are covered through Medicaid, about $\frac{3}{4}$ of the program's adult beneficiaries.

Social Security Is Put At Risk

Social Security is the only source of income for one in four women age 65 or older and the average current benefit for women ages 65 and older is just \$12,000 a year. Without Social Security, half of women age 65 and older would be faced with increased financial insecurity.^{xv} The retirement age being raised to age 70 would result in a cut in benefits.^{xvi} There would be cuts to Social Security for everyone that earns more than \$27,000 a year. Furthermore, there are moves towards privatization of social security by allowing workers under age 55 to divert some of their payroll to a private account.^{xvii} Under the Ryan Plan, Social Security benefits would become at risk over time. According to the National Women's Law Center Co-President Nancy Duff Campbell, "The Ryan Plan would change budget rules to enable cuts to Social Security to be pushed through Congress on a fast track. Although it doesn't identify specific benefit cuts, the plan rejects the idea of requiring high earners—whose earnings above \$106,800 are currently exempt from Social Security taxes—to pay an extra penny into Social Security. So this plan would require deeper cuts than those proposed in the earlier Bowles-Simpson Plan."^{xviii}

The Ryan Budget Keeps Low-Income Families from Accessing Nutritious Food

The Supplemental Nutritional Assistance Program (SNAP), formally referred to as food stamps, is an income-eligible government program that ensures that families and individuals with low incomes and scarce resources are able to access the nutritional food that they need. The average person accesses SNAP for 6 months but time periods can range from 3 months to 3 years.^{xix} The Ryan budget proposal would cut SNAP, by \$127 billion, or 20 percent, over the next ten years.^{xx} Nationally, more than one in ten households participates in SNAP^{xxi}, including 9.6 million low-income women and children each month.^{xxii} According to a Carsey Institute study, single-parent households are more likely to participate in SNAP.^{xxiii} In its annual study, USDA found that female heads-of-households are more likely to use SNAP, with African-American households being the highest participants in SNAP.^{xxiv}

Cuts to the U.S. Department of Housing and Urban Development Agency (HUD) Place Low Income Families in Jeopardy

The final FY11 continuing budget resolution included a 6.5% cut to HUD's FY11 budget,^{xxv} including cuts to the Public Housing Operating and Capital Funds and the Community Development Fund. These funds are used to maintain public housing developments and local community development projects.^{xxvi} Public Housing Operating Fund grants finance the ongoing maintenance and management needs of public housing developments; Public Housing Capital Fund grants support development, financing, modernization and management improvements. Community Development activities include many different programs that provide assistance to a wide variety of grantees. The largest program in this account, the Community Development Block Grant (CDBG) program, provides annual grants to cities, urban counties and states to develop viable urban communities by providing decent housing and a suitable living environment, and by expanding economic opportunities, principally for low- and moderate-income persons.

The FY12 discretionary funding allocations released by the House Appropriations Committee would cut another \$8.67 billion from the Transportation, Housing and Urban Development and Related Agencies (T-HUD) Subcommittee, 15% lower than the FY11 cut. Any additional cuts to the HUD budget would result in an increased negative impact to low-income families living in HUD developments or participating in HUD Section 8 programs.

Proposed Cuts to the Women, Infant and Children (WIC) Nutrition Program

Republicans on the House Agriculture Appropriations Subcommittee proposed a major cut to the WIC program, reducing WIC funding from \$6.73 billion in FY11 to \$5.90 billion in FY12. According to the USDA Food and Nutrition Service, “WIC provides Federal grants to States for supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five who are found to be at nutritional risk.”^{xxvii} The Center on Budget and Policy Priorities describes the proposed FY12 cuts mean WIC would be forced to turn away 325,000 to 475,000 eligible low-income women and children next year. If funds are insufficient for WIC services, applicants are put on waiting lists, they do not get referred to other programs they may qualify for^{xxviii}. The exact number of women and children this will affect is yet unknown as it is dependent on food prices and the price of infant formula.

Conclusion

The legislation and the FY12 Budget Proposal passed by the Republican controlled House of Representatives have set a dangerous precedent that will be borne by women, particularly older women, who work their entire lives to support American families. Women are the primary care givers for children and the elderly. With this legislation, Congress is hurting the women who are the backbone of our nation.

The Ryan Plan removes the security that Americans have come to rely on but have also paid into throughout their lives. Women face targeted cuts to basic needs such as the ability to find adequate shelter and nutritious food for their families or to have quality health care when they are pregnant. This report gives examples of how Republicans are out-of-touch with the needs and values of everyday Americans.

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Addendum

New York District 14

Review of Recent Republican Proposed Changes to Medicaid

On April 15, 2011, House Republicans passed their budget proposal for FY2012, *H.R.Con.Res.34*. This budget proposal is also known as the Ryan Plan and the self-described, '*Path Toward Prosperity*'. This budget proposal includes suggested changes to the current structure of the Medicaid program, along with reduced federal spending. The Ryan Plan proposes to change Medicaid from an entitlement program to a block grant program and to reduce federal Medicaid spending by about \$800 billion over the next ten years. For FY2012, the Republican proposal cuts Medicaid spending in half. These proposed changes could have a negative impact on New York's district 14 residents' quality of life while not resulting in any job growth.

What Medicaid Looks Like in NY District 14 Right Now: *Who is at risk?*

- Medicaid provides health care coverage for over 15,100 seniors and individuals with disabilities in the district who are "dual eligible" for both Medicare and Medicaid
- There are 2,100 nursing home residents in the district. 69% of all nursing home residents' care is paid for by Medicaid
- Medicaid provides health care coverage (vaccinations, well-child visits, vision and dental benefits) for 37,000 children in the district
- Last year, Medicaid funds were used to pay for 2,800 births of children in the district
- There are about 274,000 emergency room visits annually in the district and, of these, Medicaid paid for 36,000, or 13%, of these visits
- There are 88,000 hospital visits annually in the district. An estimated 11% of these visits, about 10,000 hospital visits annually, are paid for by Medicaid

Cuts to Medicaid Disproportionately Affect Women

Any cuts to Medicaid disproportionately affect women. Women are more likely than men to qualify for Medicaid, because they tend to be poorer on average. Women are more likely to hold low-wage or part-time jobs that do not offer employer-sponsored benefits so Medicaid may be their sole source of health coverage^{xxix}. A Kaiser Family Foundation Issue brief describes that, in 2005, one in ten (10%) of women were covered by Medicaid. For low-income women it was one in five. Women comprise the majority of adult beneficiaries (69%) because they have longer life spans and are more likely to be the head of household^{xxx}. According to the National Women's Law Center^{xxxi}, over 4.5 million older, low-income women on Medicare rely on Medicaid to cover their long-term care services and Medicare cost sharing. Nearly 17 million nonelderly women (ages 18-64) are covered through Medicaid, about ¾ of the program's adult beneficiaries.

In the 14th Congressional District in New York, These Changes to Medicaid Could Result In:

- Reduced coverage for 15, 100 seniors and individuals with disabilities that are dually eligible for Medicaid to supplement their Medicare coverage or pay their Medicare cost sharing
- Endangered nursing home care for 2,100 seniors currently paid for under Medicaid
- Impaired health care for about 37,000 children, including 2,800 newborns annually, who currently are Medicaid beneficiaries
- Diminished payments to hospitals for the 36,000 emergency room visits paid for annually by Medicaid
- Reduced payments to hospitals for the 10,000 inpatient visits paid for by Medicaid annually
- Losses of \$1.3 billion in federal health care funding over the next decade that could cause job losses for health care providers and suppliers, slowing economic recovery and reducing income taxes and other revenues.

ⁱ Spar, Karen & Falk, Gene, Congressional Research Service, FY2012 Budget Highlights for the Human Resources “Superfunction”: Education, Training, Social Services, Health, Income Security, and Veterans, 7-5700, May 17, 2011

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