

June 29, 2025, 10:00 P.M. EST

**RE: Vote “NO” on H.R.1, the One Big Beautiful Bill Act**

Dear Senator,

The American Civil Liberties Union (ACLU) strongly urges you to **vote “NO” on H.R.1, the One Big Beautiful Bill Act (OBBBA)**. The ACLU opposes this legislation, and any amendments or additional provisions, that gut Medicaid and includes dangerous attacks on civil rights and liberties. As currently written, the OBBBA:



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- Undermines the rights of people with disabilities by slashing Medicaid and creating obstacles to accessing health care services
- Increases funding dramatically for an immigration detention and deportation apparatus that is denying due process and violating human rights obligations
- Restricts access to preventive health care and undermines reproductive freedom by blocking Medicaid patients from seeking care at Planned Parenthood health centers
- Restricts access to life-saving health care for transgender people
- Restricts state efforts to regulate the growing use of artificial intelligence to ensure it serves the public interest and does not infringe on individuals' rights
- Restricts access to higher education opportunities

The ACLU strongly urges the Senate to reject these attacks on Americans' civil liberties. **The ACLU will score the vote on final passage of the bill,** unless **all** the above problems are addressed during consideration of the bill.

**The OBBBA's Changes to Medicaid Will Harm People with Disabilities**

***Medicaid Provides the Means for People with Disabilities to Leave Institutions and Exercise Their Constitutional Right to Liberty***

The Supreme Court ruled in the landmark case *Olmstead v. L.C.*, 527 U.S. 581 (1999), that the Americans with Disabilities Act requires states to support individuals with disabilities in the community, instead of relegating individuals to hospitals, institutions, and nursing homes. Life in an institutional setting is restricted, regimented, and profoundly limiting for those forced into it. Accessing the community means freedom from the restrictions and isolation characteristic of institutional life. For people with disabilities, Medicaid coverage for in-home and community-based care means more than just health insurance – it's about basic civil rights.

Since the *Olmstead* decision, tens of thousands of seniors and people with disabilities have left nursing homes and institutions to enjoy greater



autonomy and equality in the community. The in-home supports that allow people with disabilities to stay in their own homes are not covered by private insurance but are covered almost exclusively by the Medicaid program. Funding is already insufficient: more than 700,000 people are on waiting lists for these services. Community placement is also less expensive than nursing home or institutional care, so these services, in turn, create cost-savings within Medicaid. Medicaid is an innovative and efficient program that spends much less per person and has curbed spending growth much better than private insurance.

Yet, the current version of OBBBA unconscionably slashes Medicaid funding by at least \$1 trillion, imposing the largest cuts in the history of the program by a factor of four, and puts nearly 12 million low-income and working class people at risk of losing their health care coverage. Despite claims to the contrary by supporters of the bill, many of the bill's provisions – including, for example, reducing provider taxes – would severely damage the ability of states to serve seniors and people with disabilities. This is the case because when the federal share of Medicaid funding is reduced or states must contribute a greater share, states will have to reduce services, rates, and eligibility or find other ways to meet budget shortfalls. However, Medicaid law does not allow states to limit enrollment in nursing homes and institutions. Therefore, the brunt of a trillion dollars in cuts will necessarily fall on in-home and community-based care and other essential services that allow adults and children with disabilities to stay in their own homes and live autonomously. This isn't mere conjecture; a recent [report](#) examined state practices and clearly demonstrated that in 2010 to 2012, all states reduced spending for home- and community-based services when federal Medicaid funding was cut.

### ***The OBBBA Creates Obstacles to Accessing Care Through Medicaid and Puts Lives at Risk***

**This bill includes numerous provisions that will make it more difficult for poor and disabled people to get and maintain coverage through Medicaid.** It asks individuals who already face complicated and perhaps even dire life circumstances to jump through more hoops and meet additional demands. Indeed, the cost savings assume that those who are eligible for Medicaid coverage will stumble, fail to comply, and lose their health insurance, thereby “saving” the government hundreds of billions of dollars.

One particularly glaring example is the imposition of punishing work reporting requirements on individuals between the ages of 19 and 64 in the Medicaid expansion group. Evidence from states that have experimented with this policy shows that thousands lost insurance coverage or failed to qualify for insurance not because they weren't working but because of unclear

eligibility rules and confusing applications or because they had difficulty maneuvering the online system and the maze of red tape and bureaucracy.

The simple truth is work reporting requirements don't increase employment, and they don't acknowledge the reality of people's lives or of low-wage work in America. Many Medicaid enrollees are already working — and paying taxes. But often they work in jobs with unpredictable schedules, no sick leave, and no health benefits. We need only look at the plight of many home care workers and aides, predominantly women of color, who must manage their own chronic health conditions while also helping to care for seniors and people with disabilities. Under this legislation, they become one emergency or misstep away from losing their employment and then their health care.



Other individuals who are subject to these requirements under the OBBBA may be caring for family members, recovering from illness, or managing disabilities that make employment difficult or impossible but, for a variety of reasons, have trouble qualifying for a work requirements exemption. In fact, work requirements disproportionately harm people who are unable to work due to physical or mental disabilities but do not meet strict federal definitions of disability in Medicaid and therefore can only get coverage through the expansion program. As a result of this bill, they will all face added burdens to maintain their coverage and safeguard their health.

These new work reporting requirements target vulnerable individuals and, paradoxically, undermine the creation of a healthy, stable workforce. Attempting to meet the requirements — or prove one's eligibility for an exemption — makes access to health care more difficult and overwhelming. Moreover, history shows that states will experience significant difficulty and cost implementing this misguided policy; chaos is a virtual certainty. The result will be greater loss of coverage, worse health outcomes, and deepening inequality.

The OBBBA contains multiple other provisions that undermine access to care. For example, it increases out-of-pocket costs by requiring some enrollees, who live at the federal poverty level, to contribute as much as \$35 in co-payments. These extra costs will place significant strain on individuals who will then certainly ration, delay, or avoid getting the care they need. The legislation also requires more frequent eligibility checks, going from an annual verification process to one that occurs every six months. This new administrative and bureaucratic requirement burdens agencies and enrollees and will lead to errors on both sides that cause coverage losses. The bill also penalizes states by reducing the federal matching funds by 10 percent if the state government chooses to provide undocumented children and adults with health care coverage using only state funds.

***The OBBBA's Cuts to Medicaid Will Harm Public Safety***



Access to health care makes our communities safer: states that expanded Medicaid during the Affordable Care Act (ACA) rollout saw violent crime decrease by more than five percent.<sup>1</sup> Medicare and Medicaid are vital for the safety and stability of formerly incarcerated people by providing access to necessary health care programs upon release. Implementation of work reporting requirements compromises access to critical programs. Formerly incarcerated people face significant barriers to finding and maintaining employment, and, on average, need over six months to find their first job post-release.<sup>2</sup> Work requirements will create a healthcare coverage gap for formerly incarcerated people who are especially vulnerable to death or overdose in their first weeks after release — one study demonstrates that the risk of dying during the first two weeks after release is nearly 13 times that of the risk to the non-incarcerated public.<sup>3</sup> Implementing work requirements will risk lives.

These and other provisions in the legislation threaten the health and wellness of millions, especially people with disabilities. They are harmful to millions of people, weaken our communities, and should be rejected.

**The OBBBA Increases Funding Dramatically for an Immigration Detention and Deportation Apparatus That Is Denying Due Process and Violating Human Rights Obligations**

**This bill cuts critical programs and services for American communities while also making drastic changes to our immigration system that will harm thousands of people now—and for generations to come—including mixed-status families and your constituents. From breadwinners to caregivers, this bill will allow federal law enforcement to terrorize and disappear people who contribute to our nation and are simply trying to raise their families.**

This bill includes unprecedented amounts of money to supercharge a reckless deportation program that is already repeatedly violating immigration laws and core Constitutional due process protections, despite mounting court orders finding these operations unlawful.<sup>4</sup> Right now, around 59,000

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<sup>1</sup> Jacob Vogler, “Access to Healthcare and Criminal Behavior: Evidence from the ACA Medicaid Expansions,” *Journal of Policy Analysis and Management* 39, no. 4 (2020): 1166–1213, <https://doi.org/10.1002/pam.22239>

<sup>2</sup> Ingrid A. Binswanger et al., “Release from Prison—A High Risk of Death for Former Inmates,” *New England Journal of Medicine* 356, no. 2 (January 11, 2007): 157–165, <https://doi.org/10.1056/NEJMsa064115>

<sup>3</sup> Ingrid A. Binswanger et al., “Release from Prison—A High Risk of Death for Former Inmates,” *New England Journal of Medicine* 356, no. 2 (January 11, 2007): 157–165, <https://doi.org/10.1056/NEJMsa064115>

<sup>4</sup> This is particularly true in the context of the administration’s policies deporting or “transferring” people to third countries where they may face torture. Judges in several cases has ruled against the government for attempting to remove people without due process. See e.g., *Kilmar Abrego Garcia v. Noem et. al*, No. 25-1404 (8:25-cv-00951-PX) (April 18, 2025, 4th Cir.) (“The



immigrants—including families with young children—on any given day are detained in facilities around the country, often in remote, for-profit facilities without access to counsel. ICE is refusing to release pregnant and medically vulnerable individuals, as well as longtime residents. This agency is disappearing people into a system rife with abuse, medical neglect, and dangerous conditions as years of documentation by Congress, oversight agencies, physicians, journalists, advocates, and whistleblowers have established.<sup>5</sup> Thirteen people have died in ICE custody since October, compared to a total of 12 people in all of fiscal year 2024 and just four deaths in fiscal year 2023, making this expansion even more concerning.<sup>6</sup>

Rather than addressing these mounting abuses, section 90003 of this bill authorizes \$45 billion for immigration detention, including for families with young kids, which will add 750,000 detention beds for children and adults by 2029. The Department of Homeland Security now seeks to reserve for itself the sole authority to decide the detention standards for facilities—particularly troubling at a time when its subagencies are eliminating guidance on the care of infants and pregnant people and DHS has effectively dismantled its civil rights and detention oversight offices.

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government is asserting a right to stash away residents of this country in foreign prisons without the semblance of due process that is the foundation of our constitutional order. Further, it claims in essence that because it has rid itself of custody that there is nothing that can be done. This should be shocking not only to judges, but to the intuitive sense of liberty that Americans far removed from courthouses still hold dear.”); *see also* .V.D. v. U.S. Department of Homeland Security, 1:25-cv-10676, (D. Mass.), J.G.G. v. TRUMP, 1:25-cv-00766, (D.D.C.), and Julio Cesar Sanchez Puentes et al v. Krist Noem et. Al, Case 3:25-cv-00127-DB (W.D. TX).

<sup>5</sup> See e.g. ACLU, *American Oversight & Physicians for Human Rights, Deadly Failures: Preventable Deaths in U.S. Immigration Detention* (2024), <https://www.aclu.org/publications/deadly-failures-preventable-deaths-in-us-immigrant-detention>; House Committee on Oversight Affairs, May 2024, <https://oversightdemocrats.house.gov/sites/evo-subsites/democrats-oversight.house.gov/files/evo-media-document/2024-05-10.JBR%20RG%20AOC%20to%20Dodaro-GAO%20re%20Medically%20Necessary%20Surgeries.pdf>; “Jayapal, Stansbury Call for Transparency on Conditions at Immigration Detention Centers,” Feb. 16, 2024, <https://jayapal.house.gov/2024/02/16/jayapal-stansbury-call-for-transparency-on-conditions-at-immigration-detention-centers/>; U.S. Government Accountability Office, *Immigration Detention: ICE Can Improve Oversight and Management*, Jan. 9, 2023, <https://www.gao.gov/products/gao-23-106350>; Human Rights Watch, *Systemic Indifference Dangerous & Substandard Medical Care in US Immigration Detention* (2017), <https://www.hrw.org/report/2017/05/08/systemic-indifference/dangerous-substandard-medical-care-us-immigration-detention>; ACLU, *No Fighting Chance: ICE's Denial of Access to Counsel in U.S. Immigration Detention Centers*, (2022), <https://www.aclu.org/publications/no-fighting-chance-ices-denial-access-counsel-us-immigration-detention-centers>;

<sup>6</sup> Jeff Arnold, *NewsNation*, “Migrant deaths in ICE custody continue to spark concerns,” June 27, 2025, <https://www.newsnationnow.com/us-news/immigration/migrant-deaths-ice-custody-concerns/>; Jeff Arnold, *The Hill*, “Migrant deaths in ICE custody spark concerns,” June 27, 2025, <https://thehill.com/policy/international/5374028-migrant-deaths-in-ice-custody-canadian-citizen-florida/>.



In its current form, the bill also attempts to skirt critical decades-old protections for children in detention by allocating funding for family detention in facilities “regardless [sic] whether the facility is licensed by the State or a political subdivision of the State in which the facility is located.” This is particularly alarming given the recent filing in the *Flores* Settlement Agreement, which has governed conditions of confinement and limited the detention of children for decades. Last week, the plaintiffs submitted numerous new declarations with testimony from detained parents saying their babies and toddlers—some of whom had been detained for weeks—did not have access to clean drinking water or sufficient medical, legal, or other services.<sup>7</sup>

This bill includes numerous attacks on the rights of and protections for unaccompanied children—for example, mandating the collection of their DNA and allocating funds for DHS to investigate the tattoos of 12-year-old children in its custody,<sup>8</sup> which is particularly alarming given the agency’s misuse and misidentification of tattoos to designate and send alleged “alien enemies” to El Salvador. But one of the most concerning elements in the bill—ostensibly about protecting children—creates new vetting requirements for sponsors of unaccompanied children. These provisions will allow “wellness checks” to be used as enforcement actions against parents, other sponsors, and children—with children used as bait. In recent weeks, the Trump administration has removed around 500 unaccompanied children from their sponsors (including their parents and foster families), putting children in immigration detention.<sup>9</sup> Numerous medical associations and professionals<sup>10</sup>— and DHS’s own experts<sup>11</sup>— have documented the harm family detention causes to children and their parents, including possible lifelong neurological damage to children.

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<sup>7</sup> *Flores v. Bondi*, No. CV 85-4544-DMG-AGRx, June 20, 2025, <https://youthlaw.org/sites/default/files/2025-06/Dkt.%201584%20-%20Opposition%20to%20Motion%20to%20Terminate%20the%20Flores%20Settlement.pdf>.

<sup>8</sup> Section 88001(b)(3); Section 100051 (11).

<sup>9</sup> Priscilla Alvarez, *CNN*, “Trump administration takes hundreds of migrant children out of their homes, into government custody,” June 4, 2025, <https://www.cnn.com/2025/06/04/politics/migrant-children-families-government-custody>; *Miami Herald*, “Trump administration targets Florida foster kids, migrant youth for deportations,” June 25, 2025, <https://www.miamiherald.com/news/politics-government/article309334350.html>

<sup>10</sup> Scott A. Allen & Pamela McPherson, NYT Letter: “Re: Protected Whistleblower Disclosure – Ongoing Risks of Harm from Detention to Migrant Children and Families” (May 24, 2021); Julie M. Linton, Marsha Griffin, and Alan J. Shapiro, American Academy of Pediatrics Publications, “Detention of Immigrant Children” (2017); Ana María López, MD, MPH, FACP, President, American College of Physicians, “Internists Call for Congressional Oversight of Family Detention” (July 20, 2018).

<sup>11</sup> Government Accountability Project, “DHS Whistleblowers Raise New Concerns To Congress About Child Detention,” (March 2019) <https://whistleblower.org/press-release/dhswhistleblowersraisenewconcernstocongress/>





The bill also gives ICE almost \$30 billion to hire more ICE agents and make other expenditures in order to arrest and deport our neighbors. Over the last several weeks, we have seen increasingly abusive immigration policing by masked and heavily armed agents, at times using excessive force against community members, and even erroneously arresting U.S. citizens in their rush to meet arbitrary arrest quotas.<sup>12</sup> Adding more agents—again, with less oversight—is dangerous and wasteful.

Adding to this growing and lawless enforcement operation, the bill creates a \$10 billion border slush fund plus an additional \$10 billion to fund state and local operations for immigration enforcement, including the arrest of undocumented immigrants. Courts have repeatedly held that immigration enforcement is the responsibility of the federal government, not the role of states<sup>13</sup>—and for good reason. Allowing states to engage in federal immigration enforcement—like Texas Governor Greg Abbott’s notorious and abusive Operation Lone Star—have led and will lead to racial profiling and unlawful detentions of U.S. citizens and others in our communities. The bill gives the Department of Defense \$10 billion for border operations, including the “temporary detention” of immigrants. We have already seen a dangerous escalation of the military’s presence at the border and involvement in interior, civil operations in Los Angeles. Expanding the role of the military and its interaction with civilians on American soil, including on military bases, risks violations of the Posse Comitatus Act and is an unnecessary and wasteful use of military resources.

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<sup>12</sup> *Reuters*, “Los Angeles ICE raids fuel controversy over masked agents,” Jun. 9, 2025, <https://www.reuters.com/world/us/los-angeles-ice-raids-fuel-controversy-over-masked-agents-2025-06-09/>; *CNN*, “Masked ICE officers: The new calling card of the Trump administration’s immigration crackdown,” Jun. 21, 2025, <https://www.cnn.com/us/ice-immigration-officers-face-masks>; Alisha Ebrahimi, *CNN*, “‘We are not safe in America today’: These American citizens say they were detained by ICE,” Jun. 27, 2025, <https://www.cnn.com/2025/06/27/us/american-citizens-detained-ice-immigration>; Dani Anguiano, *The Guardian*, “US citizen arrested during Ice raid in what family describes as ‘kidnapping’,” Jun. 26, 2025, <https://www.theguardian.com/us-news/2025/jun/26/immigration-ice-raid-andrea-velez>.

<sup>13</sup> See, e.g., *Arizona v. United States*, 567 U.S. 387, 394-95 (2012). Regulation of entry into and expulsion from the United States are exclusively federal matters from which the States are excluded. See, e.g., *Chy Lung v. Freeman*, 92 U.S. 275, 280 (1875) (“The passage of laws which concern the admission of citizens and subjects of foreign nations to our shores belongs to Congress, and not to the States.”); *Truax v. Raich*, 239 U.S. 33, 42 (1915) (“The authority to control immigration—to admit or exclude aliens—is vested solely in the Federal government.”); *Hines v. Davidowitz*, 312 U.S. 52, 62 & n.10 (1941) (noting the “continuous recognition by this Court” of “the supremacy of the national power . . . over immigration . . . and deportation”); *Takahashi v. Fish & Game Comm’n*, 334 U.S. 410, 419 (1948) (“The Federal Government has broad constitutional powers in determining what aliens shall be admitted to the United States [and] the period they may remain,” and “the states are granted no such powers”); *De Canas v. Bica*, 424 U.S. 351, 354 (1976) (“Power to regulate immigration is unquestionably exclusively a federal power.”).



This bill not only targets undocumented immigrants but attacks the legal immigration system. It includes numerous escalating fees to make it impossible for most vulnerable people to get protection in the U.S. — for example, at least \$250 for neglected children applying for special immigrant juvenile status, at least \$100 per year for asylum applicants, and over \$1,000 to appeal immigration judge decisions. Legal policies and programs like asylum were established to ensure that people escaping life-threatening danger and violence can get protection in the United States, but these fees will add barriers for some of the most vulnerable people, undermining their rights to due process. These are only some of the bill's provisions that will have lasting detrimental effects on our U.S. immigration system.

### **The OBBBA Restricts Access to Reproductive Healthcare and Undermines Reproductive Freedom**

**This bill would block Medicaid patients from seeking care at Planned Parenthood health centers.** Planned Parenthood is the nation's leading provider and advocate of high-quality, affordable sexual and reproductive health care for all people. Planned Parenthood health centers provide millions of people in the U.S. with birth control, sexually transmitted infection (STI) testing and treatment, and lifesaving cancer screenings. In addition, without using any federal funds, they provide safe abortion care in places where it is legal. This bill directly targets the low-income patients that Planned Parenthood serves, blocking their access to lifesaving preventive care that would be covered by Medicaid when delivered by virtually any other health care provider.

Planned Parenthood health centers, like other health care providers, get reimbursed by the state and federal government when they provide care to patients who have insurance through public programs like Medicaid. When lawmakers exclude Planned Parenthood providers from participating in Medicaid like other providers, that means patients lose their providers. The consequences of excluding Planned Parenthood from federal reimbursements would be catastrophic, shutting down health centers and stripping millions of patients across the country of access to essential and affordable health care. In many communities, Planned Parenthood health centers are the only affordable providers with expertise in sexual and reproductive health. For those communities, the gap left by Planned Parenthood health centers would mean that many patients would have nowhere to turn for care.

### **The OBBBA Restricts Access to Life-Saving Health Care for Transgender People**

**This bill blocks access to medically necessary, life-saving health care for low-income and disabled transgender people.** This bill imposes a discriminatory and life-threatening ban on coverage of gender affirming medical care for transgender people who have health insurance through



Medicaid and CHIP. This will push life-saving, essential healthcare out of reach for many transgender people across the country.

Decisions about medical care should be between patients and their medical providers and never up for debate by politicians. Medical and mental health treatment for transgender people is guided by evidence-based clinical guidelines and based on the individual needs of each patient. For decades, gender affirming medical care has been shown to improve the health and well-being of those who need it. Banning access to medically necessary, life-saving gender affirming care for low-income and disabled people is incomprehensibly cruel and utterly devastating.



### **The OBBBA Restricts State Efforts to Regulate the Growing Use of Artificial Intelligence to Ensure It Serves the Public Interest and Does Not Infringe on Individuals' Rights**

As released by the Budget Committee, the bill includes a **"moratorium" on state efforts to address harms from the rapidly growing use of artificial intelligence.** The explosion of AI is transforming economic sectors while also creating new challenges, such as discriminatory harms from AI that decides who gets a loan, is admitted to school, is offered a job, and more. Generative AI has also created concerns about the impact of "deepfakes" on societal institutions. States are actively shaping responses to these challenges; state-level efforts not only combat AI's harms but also help pave the way for effective federal regulation. The bill's current "moratorium" is framed as a condition on federal broadband funding, placing states in an untenable position: regulate AI harms or deploy broadband to underserved communities. The moratorium should be stripped from the bill in its entirety.

### **The OBBBA Restricts Access to Higher Education Opportunities**

**The bill would re-open the door to the exploitation of students by predatory institutions, decrease financial aid, and restrict the ability of students to access colleges, universities, and professional schools, especially students from low- and moderate- income households who are disproportionately students of color and students from rural communities.** The bill significantly overhauls the federal financial aid and student loan system administered by the U.S. Department of Education (USDOE) but does nothing to make higher education more affordable and accessible. Instead, it dismantles vital consumer protections for students against predatory for-profit colleges and programs. In addition, the bill eliminates certain graduate and professional student loan programs entirely, reduces the number of students eligible for Pell Grants, and eliminates deferment, forbearance, and lower payment options for borrowers experiencing any financial hardships. Finally, the bill prevents future

administrations from taking regulatory actions to make loan repayment for students more affordable.

For all of these reasons, the ACLU strongly urges you to vote “NO” on final passage of H.R.1, the One Big Beautiful Bill Act, and will score the vote. Please do not hesitate to contact Madison Roberts ([mroberts@aclu.org](mailto:mroberts@aclu.org)) with any questions.

Sincerely,

A handwritten signature in blue ink, appearing to read "Mike Zamore", with a stylized flourish at the end.

Mike Zamore  
National Director, Policy & Government Affairs



