April 23, 2020

Dear Speaker Pelosi and Leaders McConnell, McCarthy, and Schumer:

As Congress takes action to advance legislation responding to the novel coronavirus (COVID-19) pandemic, the undersigned organizations strongly urge you to advance legislation that ensures all families across our nation have the ability to seek the care they need to stay healthy.

We encourage you to build on past bipartisan efforts and ensure all individuals have equitable access to testing and treatment for COVID-19; equip states and localities with sufficient financial support to combat the crisis; provide protection and support to the health care workforce and others on the frontlines of the pandemic; assure access and capacity in the health system; and protect against high and unexpected health care costs.

The United States is facing a public health emergency greater than any we have seen in several generations. As of April 22, the United States had approximately 850,000 confirmed COVID-19 cases and 48,000 deaths, affecting countless families across the country, from every Congressional district, from every geography, and from every socio-economic level. What’s more, evidence is emerging that our communities of color are suffering greater infections and deaths due to COVID 19, exacerbating already profound health disparities.

The following, targeted recommendations will provide immediate support to communities that need relief. We urge you to address these key areas in your next response package:

**Ensure access to affordable health insurance coverage.** Central to our national defense to COVID-19 is ensuring that every individual in this nation can access screening and treatment. Endangering this goal, COVID-19 has created a significant economic downturn and tens of millions of individuals have lost their jobs, economic security, and their source of employer-sponsored health insurance. To ensure that those who have lost their jobs due to COVID-19 can access testing and treatment and medical, mental, oral, and other health needs, it is critical that Congress open and strengthen the individual and work-based health insurance market to the uninsured by providing enhanced premium tax credits and COBRA subsidies; opening a national special enrollment period; and providing financial assistance for low-income, uninsured patients in the health insurance exchange in non-Medicaid expansion states.
We also urge you to leverage Medicaid coverage by offering a state option for 100% Federal Medical Assistance Percentages (FMAP) for all uninsured individuals, regardless of immigration status, for COVID-19 screening and treatment, and by replicating the 100% FMAP and phasedown for states newly expanding Medicaid. Finally, it is critical that you immediately invest in robust consumer assistance, particularly in the communities hit hardest by the pandemic such as communities of color, to help newly uninsured individuals navigate health programs and enrollment. Such assistance can be the linchpin to assuring that newly unemployed individuals and others know about and are availing themselves of health insurance options available to them and their families.

Provide states, localities, territories, and tribes with the financial support they need. Support for states, localities, territories, and tribes in previous COVID-19 relief packages was inadequate to the scale of the economic downturn and the scope of the pandemic. Congress should build upon previous COVID-19 relief packages and provide states, localities, territories, and tribes the support needed to address public health demands, cover COVID-19 related needs, protect vital state-run programs, and help states absorb the economic impact of this crisis and related economic downturn.

To this end, we urge Congress to provide an additional, short-term increase in FMAP for states, localities, territories, and tribes approximately doubling the percentage increase to FMAP provided for in Section 6008 of the Families First Coronavirus Response Act. We also urge that Congress appropriate $500 billion in additional funding to states, territories, and localities to help them meet budgetary shortfalls, including doubling the levels of funding for the Coronavirus Relief Fund, provided for in Section 5001 of the Coronavirus Aid, Relief, and Economic Security (CARES) Act. Congress also must maintain current enhanced FMAP funding levels for the Children’s Health Insurance Program (CHIP). Finally, state and localities should be provided the flexibility to protect essential health care providers from economic distress by utilizing federal health care funding to make retainer payments to essential health care providers. All funding policies described above should be provided for the duration of the pandemic and for the recovery period after the pandemic (for example, continued for 12 months after the pandemic ends).

Protect the health and safety of essential workers. Congress must ensure that all workers on the frontlines of this pandemic are safe as they do their jobs. This not only protects their health but also protects the health of all families by maintaining essential services and maximum surge-capacity in the health and long-term care systems. Congress should require full transparency and national coordination around the production, allocation, and distribution of personal protective equipment (PPE). To address current safety concerns and prepare the nation for returning to workplaces, Congress also should require the Occupational Safety and Health Administration (OSHA) to issue an emergency temporary standard on infectious disease that would provide protections to all workers for the duration of the pandemic. Direct Support Professionals, Personal Care Attendants, and other direct care workers should be designated essential personnel to ensure their access to PPE. Finally, Congress should dramatically improve paid sick leave for workers affected by the pandemic by removing exemptions for certain employers, improving the level of support for lower-wage workers, and expanding access to the benefit.

Organize and build national public health capacity to safely move beyond large-scale “lock-downs”. The future impact of COVID-19 on our communities is uncertain. Infection and death rates are predicted to increase in the short-term, and experts warn that depending on the effectiveness of our public health
strategies, infections could either resurge, or, we could contain the pandemic and prevent further outbreaks. It is critical that public health experts and science drive our national strategies in combating COVID-19. In addition to fully funding testing supplies and providing a $4.5 billion annual increase in public health funding to ensure that infrastructure is in place for this and future outbreaks, Congress should fund the Centers for Disease Control and Prevention (CDC) at least $3.6 billion in emergency supplemental funding to lead state and local efforts to oversee the monitoring and reporting of COVID-19, including comprehensive data collection, as well as to implement testing, tracing, and quarantine plans.

Congress also should ensure that experts at the CDC are leading and coordinating efforts with the National Institutes of Health (NIH), Centers for Medicare and Medicaid Services (CMS), Federal Emergency Management Agency (FEMA), Department of Defense (DOD), private payers, and providers to identify new approaches, best practices, and supporting tools to develop effective COVID-19 strategies as the pandemic’s impact on our nation evolves. Moreover, U.S. federal agencies at the forefront of the public health response, including the CDC, should be provided flexibility in their procurement and hiring process to act as quickly as possible to secure the public health resources they need to fight the pandemic.

Given the growing evidence that this pandemic is disproportionately sickening and killing communities of color, it is critical that Congress require that CDC and the federal agencies develop strategies to combat COVID-19 that are focused on the unique needs of this population. Moreover, it is critical that Congress require that health and economic data based on race and ethnicity about the impact of the pandemic be collected, made available to researchers, and reported quickly and on a rolling-basis by CDC and other federal and state bodies.

**Protect patient access to care and prohibit price gouging of health care services.** To ensure that individuals have access to safe health care, Congress should provide that telemedicine services are subject to payment parity across all payers. Additionally, as families struggle with both health and economic uncertainties, Congress should enact comprehensive consumer protections from surprise medical bills and prevent price gouging of consumer medical equipment and provider medical equipment. As vaccines and treatment for COVID-19 are developed, Congress must ensure that these drugs remain accessible and affordable to all families by requiring that manufacturers keep prices low and rapidly scale-up production.

**Prioritize the health of older adults, people with disabilities, and vulnerable populations.** Older adults and people with disabilities are most at risk from both the virus and the range of harms caused by isolation during strict physical distancing. Risk is particularly high in nursing homes where in the first two weeks of April more than 3,000 deaths from COVID-19 have been reported across the United States. In addition to the other recommendations that support these populations we urge Congress to take these additional actions.

Without additional resources to support access to Home and Community-Based Services (HCBS) and the workforce that provides them, aging adults and people with disabilities risk being forced into congregate settings, at grave risk to their health. First, targeted grants must be provided to states to increase HCBS to ensure older adults and people with disabilities can receive the services they need in their homes and communities rather than nursing facilities. Secondly, states need additional flexibility to make retainer payments to HCBS providers to protect the fragile network of entities that provide services to beneficiaries.
We request Congressional authority for states to make retainer payments to any Medicaid-enrolled provider for both the duration of the pandemic and the recovery period following the pandemic.

**Prioritize children’s health and well-being during the pandemic.** While children make up a relatively small portion of the coronavirus patient population, almost every aspect of their daily lives has been disrupted by COVID-19. From the lack of access to well child visits, their regular child care providers, and education in schools; to increased family stress and economic instability due to job loss; and increased anxiety related to isolation; the crisis is having a devastating impact on children’s health, and mental and emotional well-being.

In addition to continuous, affordable coverage through Medicaid, CHIP, the individual market or employers, Congress must also ensure that children’s access to routine services and supports are maintained through new and innovative methods. Specifically, children must be able to utilize telehealth whenever possible to maintain consistent access to their health care providers and the prevention, screening, and treatment services they need to ensure their well-being, including behavioral health, occupational health, and speech therapy services. Congress also must take immediate action to prevent and respond to the rise in child abuse and neglect stemming from COVID-related stress, especially when children lack interactions with the mandatory reporters (health care providers, educators, etc.) that would be most likely to identify these issues. This includes an immediate increase in funding for child welfare programs like CAPTA’s Community-Based Child Abuse Prevention grants, the Promoting Safe and Stable Families Program, and the Title IV-E Prevention Program.

**Ensure robust oversight of response efforts.** Finally, it is critical that during this national emergency, we are rapidly and effectively evaluating the nation’s complex response. To this this end, the role of Inspector General (IG) has never been more important, and we urge Congress to protect the IG’s oversight capacity of the national response to COVID-19.

We stand ready to provide detailed specifications and technical assistance regarding each recommendation above. We urge you to act swiftly. This pandemic has affected every person in America, from every walk of life. The COVID-19 pandemic makes clear that our collective future is secure only when everyone in our nation has the opportunity for good health and is able to safely get the health care they need, when they need it. Please reach out to Jane Sheehan, Senior Federal Relations Manager at Families USA, [JSheehan@familiesusa.org](mailto:JSheehan@familiesusa.org) to discuss any of these recommendations.

Sincerely,

**National Organizations**

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<td>Coalition of Labor Union Women</td>
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Society of State Leaders of Health and Physical Education
Swipe Out Hunger
The AIDS Institute
The Alliance for Strong Families and Communities
The American Institute of Dental Public Health
The Arc of the United States
The ATA (American Telemedicine Association)
The Coelho Center for Disability Law, Policy and Innovation
The Gerontological Society of America
The National Alliance to Advance Adolescent Health
Third Way
Transgender Law Center
Treatment Action Group
Triage Cancer
Trust for America's Health
United States of Care
United Way Worldwide
Universal Health Care Action Network
Universities Allied for Essential Medicines
Voices for Progress
Whitman-Walker Health and Whitman-Walker Institute
Young Invincibles
Union for Reform Judaism
UNITE HERE
Arthritis Foundation
National Association of County Behavioral Health & Developmental Disability Directors

**Alabama**
AIDS Alabama

**Alaska**
Alaska Children's Trust

**Arizona**
Arizona Oral Health Coalition
Asian Pacific Community in Action
Child and Family Resources, Inc.
Children's Action Alliance
Southern Arizona Oral Health Coalition (SAzOHC)
Unlimited Potential

**Arkansas**
Arkansas Advocates for Children and Families
Arkansas Community Organizations

**California**
Brighter Beginnings
California Association for Adult Day Services
California Dental Association
California Health Advocates
California Pan-Ethnic Health Network
Center for Health Equity, University of California, San Francisco
Children Now
Coalition of Orange County Community Health Centers
Community Health Councils
Community Health Partnership of Santa Clara and San Mateo Counties
Dientes Community Dental Care
Equality California
Give for a Smile
Health Access California
Jewish Family Service of Los Angeles
Maternal and Child Health Access
Mid-City CAN (Community Advocacy Network)
Orange County United Way
Partners in Care Foundation
PDI Surgery Center
Regional Asthma Management and Prevention
San Fernando Community Health Center
San Francisco AIDS Foundation
The Children's Partnership
The Coelho Center for Disability Law, Policy and Innovation
Venice Family Clinic

**Colorado**
Center for Health Progress
Colorado Consumer Health Initiative
Colorado School Medicaid Consortium
Tri-County Health Network
<table>
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<th>State</th>
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| Connecticut      | Health Equity Solutions  
                 National Association of Social Workers Connecticut Chapter  
                 The Connecticut Oral Health Initiative, Inc.  
                 Universal Health Care Foundation of Connecticut |
| District of Columbia | La Clinica del Pueblo  
                        Rebuilding Independence My Style  
                        TENAC (DC Tenants' Advocacy Coalition) |
| Delaware         | Christian Council of Delmarva  
                 Delaware Ecumenical Council  
                 Office of Christian Unity |
| Florida          | Catalyst Miami  
                 Democratic Disability Caucus of Florida  
                 Democratic Disability Caucus of Polk County  
                 Farmworker's Self-Help  
                 Florida Institute for Health Innovation  
                 Florida Voices for Health  
                 Healthy Start Coalition of Orange County |
| Georgia          | Georgians for a Healthy Future |
| Hawaii           | Hawaii Disability Rights Center |
| Idaho            | Idaho Oral Health Alliance |
| Illinois         | AIDS Foundation of Chicago  
                 Champaign County Health Care Consumers  
                 EverThrive Illinois  
                 Health & Medicine Policy Research Group  
                 Heartland Alliance  
                 Illinois Coalition for Immigrant and Refugee Rights  
                 Illinois Society for the Prevention of Blindness  
                 Protect Our Care Illinois  
                 Shriver Center on Poverty Law  
                 Southern Illinois People for Progress |
| Iowa             | Child and Family Policy Center  
                 Sisters of Charity, BVM  
                 Sisters of St. Francis, Clinton, Iowa |
| Kansas           | Johnson County Dental Care  
                 NBC Community Development Corporation  
                 Oral Health Kansas |
| Kentucky         | Advocacy Action Network  
                 Kentucky Equal Justice Center  
                 Kentucky Oral Health Coalition  
                 Kentucky Youth Advocates  
                 McNary Group  
                 Sisters of Charity of Nazareth Western Province Leadership |
| Louisiana        | Lawyer's Reentry Consulting  
                 Louisiana Partnership for Children and Families |
| Maine            | American Academy of Pediatrics, Maine Chapter  
                 Maine Consumers for Affordable Health Care  
                 Maine Council on Aging  
                 Maine Oral Health Coalition  
                 Partnership for Children's Oral Health  
                 SeniorsPlus  
                 The Bingham Program |
| Maryland         | Community Development Network of MD  
                 High Note Consulting, LLC  
                 Laurel Advocacy and Referral Services, Inc.  
                 Maryland Citizens’ Health Initiative |
| Massachusetts    | Health Care for All Massachusetts |
Michigan
Detroit Community Health Connection
Michigan Association for Infant Mental Health
Michigan Council for Maternal and Child Health
Michigan League for Public Policy
Michigan Oral Health Coalition
Mother Strong Maternal Infant Health Program, LLC
United Health Organization
United Way for Southeastern Michigan

New Jersey
BlueWaveNJ
Camden Coalition of Healthcare Providers
Hyacinth AIDS Foundation
New Jersey Appleseed Public Interest Law Center
New Jersey Citizen Action
New Jersey Oral Health Coalition
New Jersey Policy Perspective

New Mexico
Aspen copies & office supplies
Casa de Salud
Disability Rights New Mexico
Health Action New Mexico
New Mexico Oral Health Coalition

New York
A&M and Associates
Center for Disability Rights
Center for Independence of the Disabled, NY
Central Nassau Guidance and Counseling Services
Citizens’ Committee for Children of New York
CN Guidance and Counseling Services
Grand St. Settlement
Greater New York Labor-Religion Coalition
Health Migration Consulting Inc.
Healthcare Education Project
Independent Living Center of the Hudson Valley, Inc.
M&M Medical Management
Medicaid Matters New York
New York Immigration Coalition
New York Legal Assistance Group
New York State Oral Health Coalition
Schuyler Center for Analysis and Advocacy
Southern Tier ADAPT
Southern Tier Independence Center
Special Support Services

North Carolina
Charlotte Center for Legal Advocacy
Epilepsy Alliance North Carolina
Equality North Carolina
NC Child
Pisgah Legal Services

Ohio
Children’s Defense Fund-Ohio
Directions for Youth & Families
Ohio Alliance for Retired Americans Educational Fund
The Ohio Council of Churches

**Oklahoma**
- Oklahoma Policy Institute

**Oregon**
- Oregon Community Health Workers Association

**Pennsylvania**
- Center for Advocacy for the Rights and Interests of the Elderly (CARIE)
- Consumer Health Coalition
- Family First Health
- HIAS Pennsylvania
- Just Harvest
- PA Coalition for Oral Health
- Pennsylvania Council of Churches
- Pennsylvania Head Start Association
- Pennsylvania Health Access Network
- The 99% Pennsylvania
- Women’s Law Project

**Rhode Island**
- Protect Our Healthcare Coalition RI

**South Carolina**
- SC Appleseed Legal Justice Center
- Sea Island Action Network

**South Dakota**
- Toothology, Inc.

**Tennessee**
- A Voice for the Reduction of Poverty in Nashville and Beyond
- Disability Rights Tennessee
- Rural Health Association of Tennessee
- Tennessee Justice Center
- The Nashville Jewish Social Justice Roundtable

**Texas**
- Center for Public Policy Priorities
- Human Rights Initiative of North Texas
- La Unión del Pueblo Entero (LUPE)

- Mental Health America of Greater Dallas
- MHP Salud
- National Alliance on Mental Illness (NAMI) Texas
- National Association of Social Workers - Texas Chapter
- Proyecto Azteca
- Texas Democrats with Disabilities
- Texas Oral Health Coalition, Inc.
- Texas Parent to Parent

**Utah**
- Epilepsy Foundation Utah
- Senior Charity Care Foundation
- Utah Health Policy Project
- Voices for Utah Children

**Vermont**
- Addison County Community Trust
- Southern Vermont Area Health Education Center
- The Office of the Health Care Advocate, Vermont Legal Aid

**Virginia**
- Central Virginia Health Services, Inc.
- Social Action Linking Together (SALT)
- Virginia Coalition of Latino Organizations
- Virginia Health Catalyst
- Virginia Organizing
- Virginia Poverty Law Center

**Washington**
- Arcora Foundation
- Bermuda Associates LLC
- Foundation for Healthy Generations
- Health Care Is a Human Right WA
- Northwest Harvest
- Northwest Health Law Advocates
- Partners for Our Children
- Puget Sound Advocates for Retirement Action
- Smile Spokane
- Toothsavers of Washington
- Toppenish Community Chest
West Virginia
West Virginians for Affordable Health Care

Wisconsin
Wisconsin Faith Voices for Justice
Wisconsin Primary Health Care Association
Greater Wisconsin Agency on Aging Resources