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**

- Families USA
- 1,000 Days
- A Voice of Reason
- ACA Consumer Advocacy
- ACCESS
- ADAP Advocacy Association
- African American Health Alliance
- Aging Life Care Association
- AIDS Alliance for Women, Infants, Children, Youth & Families
- Allergy & Asthma Network
- Alliance for Retired Americans
- America’s ToothFairy: National Children's Oral Health Foundation
- American Art Therapy Association
American Association for Geriatric Psychiatry
American Association for Psychoanalysis in Clinical Social Work
American Association of Public Health Dentistry
American Association of Suicidology
American Association on Health and Disability
American Diabetes Association
American Federation of State, County & Municipal Employees
American Federation of Teachers
American Foundation for Suicide Prevention
American Kidney Fund
American Medical Student Association
American Muslim Health Professionals
American Psychological Association
American Public Health Association
Asian & Pacific Islander American Health Forum
Association for Community Affiliated Plans
Association of Asian Pacific Community Health Organizations
Association of State and Territorial Dental Directors
Asthma and Allergy Foundation of America
Autistic Self Advocacy Network
Beech Acres Parenting Center
Benevis Practice Services
Beyond Flexner Alliance
Brain Injury Association of America
Center for Law and Social Policy (CLASP)
Center for Medicare Advocacy
Center for Public Representation
Child Welfare League of America
Childhelp
Children's Advocacy Institute
Children's Defense Fund
Children's Health Fund
Children's HealthWatch
CIR-SEIU Committee of Interns & Residents
Coalition for Disability Health Equity
Coalition for Hemophilia B Inc.
Coalition of Labor Union Women
Coalition on Human Needs
Community Access National Network
Congregation of Our Lady of the Good Shepherd, U.S. Provinces
Consumer Action
Crohn's & Colitis Foundation
Cystic Fibrosis Foundation
Dominican Sisters of Sinsinawa Peace and Justice Office
Eating Disorders Coalition for Research, Policy & Action
Epilepsy Foundation
Epilepsy Information Service of Wake Forest School of Medicine
First Focus Campaign for Children
Global Justice Institute, Metropolitan Community Churches
GO2 Foundation for Lung Cancer
Guttmacher Institute
Health Care for America Now (HCAN)
Health Care Voices
Health Care Voter
HealthBegin
HealthConnect One
HealthHIV
Healthy Schools Campaign
Help Me Grow National Center
Hispanic Federation
HIV Dental Alliance
Human Rights Campaign
Indivisible
Interfaith Center on Corporate Responsibility
Jon C Burr Foundation
Justice in Aging
Lakeshore Foundation
Little Lobbyists
Long Term Care Community Coalition
Lupus and Allied Diseases Association, Inc.
March for Moms
March of Dimes
Medicaid | Medicare | CHIP Services Dental Association
Medicare Rights Center
Mental Health America
Mi Familia Vota
Mom Congress
MomsRising
| National Association for the Advancement of Colored People (NAACP) | National Network for Youth |
| National Alliance of State and Territorial AIDS Directors (NASTAD) | National Organization for Women |
| National Advocacy Center of the Sisters of the Good Shepherd | National Partnership for Women & Families |
| National Alliance for Medicaid in Education | National Respite Coalition |
| National Alliance on Mental Illness | National Rural Health Association |
| National Association for Children's Behavioral Health | National Urban League |
| National Association for Rural Mental Health | National WIC Association |
| National Association of Area Agencies on Aging (n4a) | National Women's Health Network |
| National Association of Community Health Workers | National Council on Aging |
| National Association of Councils on Developmental Disabilities | NETWORK Lobby for Catholic Social Justice |
| National Association of Counties | Nurse-Family Partnership |
| National Association of County and City Health Officials | Nursing First LLC |
| National Association of County Behavioral Health & Developmental Disability Directors | OCA - Asian Pacific American Advocates |
| National Association of Dental Plans | Oral Health Nursing Education Program (OHNEP) |
| National Association of Free and Charitable Clinics | Oral Health Progress and Equity Network (OPEN) |
| National Association of Pediatric Nurse Practitioners | Oxfam America |
| National Association of School Nurses | Partners in Health |
| National Association of Social Workers | Pathways for Rare and Orphan Studies |
| National Birth Equity Collaborative | Pax Christi USA |
| National Black Nurses Association | PFLAG National |
| National Center for Healthy Housing | PIH Engage |
| National Center for Transgender Equality | Planned Parenthood Federation of America |
| National Center on Adoption and Permanency | Planning Alternatives for Change |
| National Child Care Association | Population Health Alliance |
| National Coalition on Health Care | Post-Polio Health International |
| National Consumers League | Postpartum Support International |
| National Council of Jewish Women | Power to Decide |
| National Crittenton | Prevent Blindness |
| National Eating Disorders Association | Prevention Institute |
| National Employment Law Project | Primary Care Collaborative |
| National Equality Action Team | Primary Care Development Corporation (PCDC) |
| National Family Support Network | Provincial Council Clerics of St. Viator |
| National Health Care for the Homeless Council | Public Advocacy for Kids (PAK) |
| National Health Law Program | Public Sector HealthCare Roundtable |
| National Hispanic Council on Aging | PWF Consulting |
| National Immigration Law Center | Residential Eating Disorders Consortium |
| National Institute for Children's Health Quality (NICHQ) | RESULTS |
| | Santa Fe Group |
| | School-Based Health Alliance |
| | Service Employees International Union (SEIU) |
| | Sisters of Charity of Nazareth Congregational Leadership |
| | SMART Recovery |
| | Social Security Works |
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
Connecticut
Health Equity Solutions
Mental Health Connecticut
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

Minnesota
Apple Tree Dental
Greater Friendship Missionary Baptist Church
Minnesota Oral Health Coalition
SEIU Healthcare Minnesota
TakeAction Minnesota
West Central Initiative

Mississippi
Mississippi Center for Justice

Missouri
Missouri Budget Project
Missouri Health Care for All
Women's Voices Raised for Social Justice

Nebraska
Nebraska Appleseed

Nevada
Nevada Disability Advocacy & Law Center
Silver State Equality-Nevada
Culinary Union Local 226

New Hampshire
Advocates Building Lasting Equality in NH
New Hampshire Oral Health Coalition

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
Okahoma 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)

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