Congress Must Respond to Deep Health Inequities for Black People During COVID-19: Medicaid is the Lever

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Community Catalyst is a national, non-profit consumer advocacy organization founded in 1998 with the belief that affordable, quality health care should be accessible to everyone. We work in partnership with national, state and local organizations, policymakers, and philanthropic foundations to ensure consumer interests are represented wherever important decisions about health and the health system are made: in communities, courtrooms, statehouses and on Capitol Hill. For more information, visit communitycatalyst.org. Follow us on Twitter @healthpolicyhub.

The National Medical Association is the collective voice of African American physicians and the leading force for parity and justice in medicine. The NMA is the oldest organization of African American professionals in America representing African American physicians and the patients we serve in the United States and its territories. For more information, visit www.nmanet.org.

Congress Must Respond to Deep Health Inequities for Black People During COVID-19: Medicaid is the Lever

As the country reflects on racial inequity and racism highlighted by the killings of George Floyd, Breonna Taylor, Tony McDade and countless other Black people, and on the disproportionate impact of COVID-19 on Black and brown populations, there are clear steps that Congress can take to confront racist policies that are harming people. This moment calls for strong political leadership that matches the bravery and resilience of Black Americans.

The pandemic has laid bare the inequity that plagues our health care system. While calls for expanded testing, treatment and contact tracing are designed to respond to and control the pandemic, they fall short of meeting the needs of people in a crisis that is harming Black people at unprecedented levels and traumatizing them, their children and their communities.

The facts are stark: Black people are almost 4 times more likely to die from the virus than whites; Black families are more likely to live in substandard congregate housing; and Black people are more likely to face unemployment. Black communities have faced longstanding and unfair barriers to health care, safe housing and economic security due to systemically racist and discriminatory policies, practices and behaviors.

We have seen how these policies and practices play out in the COVID-19 context: restrictive testing eligibility requirements, testing locations primarily placed outside of communities where Black and brown people live, and increased exposure to the virus in workplaces with limited access to personal protective equipment (PPE), including frontline health care workers and essential staff, many of whom are people of color. The statistics paint not just a picture of inequity and structural racism but also underscore the consequences of years of discrimination, as well as unequal treatment and injustices in health care, criminal justice and employment.

According to recent data from the Surgo Foundation and analysis from Harvard Medical School, the counties most at risk in this country are disproportionately populated by Black and Latinx people. A COVID-19 vulnerability index developed by researchers and now housed on the CDC website shows that 60 percent of Black Americans live in COVID-vulnerable communities, relative to only 34 percent of white Americans. Further, the odds of contracting COVID-19 are highest in areas where prevention restrictions lag and states refuse to expand Medicaid. If you are high-risk (non-white) and live in a non-expansion state, you have 52 percent higher odds of being uninsured. If you are uninsured, you lack a pathway to testing and treatment. Even if localities erect testing centers and targeted treatment, such care is limited and fear remains high for populations that are more likely to defer accessing care due to concerns about medical debt and collections.

Congress has an opportunity to take an important step during the current crisis to acknowledge the structural inequities of our health care system by investing in what people need during a health crisis that threatens their security: **health coverage**.

Below we offer five key policies that move us closer to equitable care for Black people across this country.

1 BOOST & STABILIZE MEDICAID FUNDING

Invest in the Medicaid program. Congress must increase and extend the federal matching rate to 14 percentage points as governors, state legislatures, counties and mayors have recommended. State revenues are declining precipitously while demand for coverage is going up. Unemployment rates are rising and disproportionately impacting Black Americans. At the same time, state budgets are simultaneously flailing and this will force states to make difficult choices between an array of programs from education and food access to health coverage. All indicators point to needed investment in Medicaid to ensure people have access to health coverage during this health crisis. Investment in Medicaid is a "two-fer": it is a proven economic stimulus and it provides health and economic security for people. A number of states are already making budget cuts that include provider and eligibility worker cuts to Medicaid when they are needed most – during a pandemic. As the confluence of unemployment and COVID-19 risks intersect on racial lines, Medicaid is best positioned to scale up and protect the wealth and health of Black Americans. Supporting the House-passed HEROES Act is the surest way to protect state budgets and family security. Unlike the Senate's recent HEALS Act proposal that entirely omits a boost in Medicaid funding from any recovery package, HEROES enhances federal funding for Medicaid, gives state governments and health care providers predictability, and ensures that Medicaid beneficiaries retain their coverage throughout the crisis.

Stabilize Medicaid for future downturns. Congress should connect the Medicaid Federal Medical Assistance Percentage (FMAP) to state unemployment levels, so that federal aid would ebb and flow with a state's economy. Congress has an opportunity to ensure that coverage decisions are made solely on the economic needs of a state, not based on political decision making that can lead to bias and inequity. The recently introduced Coronavirus Medicaid Response Act sets up states for success and protects people from economic disaster.

2 INVEST IN MEDICAID PROVIDERS

Pay Medicaid providers. The targeted distribution of funding to Medicaid providers continues to lag relative to other provider types. According to Manatt consulting, Medicaid providers continue to face barriers to urgent financial support that could help keep their doors open. The most urgent crisis is to maintain primary care infrastructure, including obstetricians and pediatricians. These caregivers are the backbone of our health care system and are a key lever to address inequities at the community level. These providers are left out of COVID-19 fiscal relief and already are disadvantaged by lower rates than their Medicare-serving peers. The HEALS Act reinforces this practice by funding a failed Provider Relief Fund, by low-balling providers and omitting structural investments in Medicaid. According to 2019 data on the diversity of the physician workforce, only five percent identify as Black or African American. Put another way, African Americans are one in eight in the U.S. population but only one in 15 doctors. Studies show that Black physicians disproportionately serve Medicaid patients and work in hospitals or health settings that are under-staffed and under-resourced. A recent analysis in *Health Affairs* shows double-digit decline in independent physician practice revenue – these practices are more likely to be located in underserved areas where Medicaid populations reside. While ensuring that Medicaid providers are shielded from provider cuts by funding an enhanced FMAP is paramount as noted above, Congress also can do more by providing better oversight of the Coronavirus Provider Relief Fund.

Protect Frontline Health Workers. Personal Protective Equipment (PPE) for health care and essential

workers – disproportionately Black and brown women – is essential to safeguarding our heroes and mitigating spread of the virus to households and communities. It is well-documented that there continues to be a shortage of personal protective equipment (PPE) for our health care workers and our essential workers – most recently in states facing their first significant spikes in the virus. Demand continues to rise as health care workers take care of a growing number of critically ill patients and more health care workers are put at risk as non-emergent settings re-open and the need to provide safe health settings for patients increases. Health care workers and essential workers do not have adequate protection to prevent contracting and spreading the virus to their families. We rely on our health care workers to be at the frontlines and it is our responsibility to make sure they are safe and fully equipped. Congress must direct the President to use the Defense Production Act to require U.S. companies to produce PPE to meet the demands of the pandemic and provide additional funding to states and localities to help respond to a changing pandemic environment.

3 INCENTIVIZE STATES TO EXPAND MEDICAID

Provide incentives for states to expand Medicaid. When states set up barriers to accessing coverage where the largest populations of Black people live, they racialize a program designed to provide equitable access to health coverage and care. For example, 46 percent of Blacks and 36 percent of Latinx people are working and living in the remaining non-expansion states. These are mostly in southern states where a larger than proportional share of the nation's people of color reside. Expanding Medicaid – especially in this moment – would have dramatic effects for Black and brown lives. By way of example, following Louisiana's expansion of Medicaid in 2016, the uninsured rate for Black and Latinx adults dropped by 12 and 16 percentage points respectively. In comparison, over that same time period, Georgia's rates remained largely unchanged. We must continue to encourage and support efforts to close the coverage gap. Any enhanced federal Medicaid match should extend to the expansion population (up to a cap of 100 percent). In addition, the 100 percent federal match for non-expansion states (and the equivalent for late-expanders) should last for several years to encourage the remaining states to expand. Removing these barriers to entry will grant states renewed opportunity to extend coverage to people in their states, disproportionately Black people. Congress should pass the States Achieve Medicaid Expansion (SAME) Act that reinstates 100 percent match to expand Medicaid.

4 SUPPORT MEDICAID CONNECTIONS IN RE-ENTRY

Allow Medicaid coverage to begin 30 days pre-release for criminal justice populations. Due to mass incarceration, Black and brown people are overrepresented in the criminal justice system – compounding the health inequities faced by Black communities already bearing the brunt of COVID-19. Decarceration is essential to protecting the health of people who are directly affected by these systems. Congress can change federal law to permit use of federal matching funds for the purposes of supporting COVID-19 testing and treatment, enabling community-based providers with infectious disease expertise to provide treatment in jails and prisons, and facilitating of warm handoffs to community providers on reentry. Strengthening Medicaid's role to allow it to support reentry services is an essential component of an overall public health strategy to reduce transmission of the coronavirus and mitigate potential future COVID surges.

5 EXTEND MEDICAID POSTPARTUM TO REDUCE MORTALITY

Extend Medicaid postpartum for a full 12 months. Black physicians and health providers, Black-led reproductive justice organizations, and affected family members have worked tirelessly to raise awareness within Congress for inequities of Black maternal health outcomes and the urgent need for action. Over the past few months, a number of bills have been introduced to address racial inequities in pregnancy outcomes for women. We need more support for all birthing persons – and addressing maternal mortality is one important step toward that goal. Pregnancy-related deaths have reached crisis proportions, with mortality for Black and Indigenous women nearly four times as high as for white women. COVID-19 adds new urgency to this longstanding crisis. The majority of pregnancy-related deaths happen not during delivery, but rather during the vulnerable postpartum period. Because of COVID-19, there is increased stress for pregnant people, especially when they return home lacking access to needed in-person support from family and other caregivers. Despite these risks, pregnancy-related Medicaid currently only covers women for eight weeks after delivery of a child. This coverage cutoff exposes new mothers to a health insurance cliff and, particularly in states without Medicaid expansion, can leave them without access to medical services that are essential for their well-being, as well as the health of their infants. Congress has an opportunity to address this longstanding structural inequity for women by simply extending Medicaid during the postpartum period to one full year as a requirement for program participation.

Congress should use the next package to include Medicaid improvements that respond to the crisis while also dismantling unfair barriers to care.

All people in this country – regardless of race, ethnicity, disability, gender identity, sexual orientation or income – should have equitable access to high quality health care. Congress can take steps now that meet the moment of dueling public health crises: racism and COVID-19. We implore leadership to be bold and leverage Medicaid to save lives.

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