



Policy Priorities for the Biden-Harris Administration

Part Two: Unfinished Business: Legislative Priorities for a 2021 COVID-19 Relief Package

Second in a three-part policy series focused on actions the new administration must take to promote health equity.

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Unfinished Business: Legislative Priorities for a 2021 COVID-19 Relief Package

While a COVID-19 relief package was passed in December of 2020, it fell far short of adequately addressing the health and economic needs of people and states. Policymakers must do more for those who are hardest hit by the pandemic, giving everyone a fair shot at coming through this crisis healthy and whole. Further, they must help states protect key services and supports that are a lifeline for millions who face income, food and housing insecurity.

The COVID-19 relief package is “unfinished business,” and is insufficient in addressing what has been laid bare by the pandemic: deep structural inequities in our policies and programs that result in disparate rates in health opportunity and economic security. A COVID Relief package does not address these longstanding inequities but is an important first step in responding to the pandemic and in rebuilding trust with those who are disproportionately impacted.

As the Biden-Harris Administration jumpstarts its efforts to lead the country in recovering from a dual pandemic of racism and COVID-19, we encourage them to be bold in their approach and center racial justice and health equity. To date, the ideas promoted by the new Administration are a hopeful signal that relief is on the way and equity is paramount. Day one efforts to unwind the harm of the Trump Administration coupled with a much-needed COVID package are a strong start to advancing health justice. We encourage Congress and the Executive branch to take concrete steps to resuscitate the economy; we also encourage them to recognize the need for *health coverage* in the context of a *health crisis*. As such, we call on them to craft and champion health policies that are equitable, making health coverage affordable and accessible. We also recognize that individual and state fiscal support, as well as addressing the social factors that individuals and families face — from financial security and housing to food access — all must be addressed in any COVID-19 response. Finally, we know that amid confusion and delays in vaccine supply coupled with distrust, a national strategy to vaccine distribution is vital in the coming days and weeks.

The development of a COVID Relief package is underway as conditions worsen for people across the country. This document paired with our [Undoing the Harm](#) publication offers short-term steps to jumpstart a movement to address inequity during the pandemic. Below is a checklist of health-specific provisions for the policymakers to consider as they work to build consensus and deliver on their vision for a more equitable and just future, starting with COVID relief.

Unfinished Business: Health Priorities for COVID-19 Relief

There are four key policy domains vital to advancing health justice in any COVID relief package. They include a national vaccine strategy; affordability and coverage; access and quality; and the social factors that affect people’s health. The recommended policies are drawn from community and state partners working to address the crisis and are outlined in more detail in our [2020 set of recommendations to Congress](#).

Vaccine Strategy

While [H.R. 8337](#), enacted in December, included nearly \$29 billion for vaccine purchases and distribution plus more than \$22 billion for testing and contact tracing, more is required. We fully support the Administration's efforts to launch a national strategy that will accelerate COVID-19 testing, outreach and education and vaccination — including addressing supply chain challenges and investment in the public health workforce. More resources are needed in communities hardest hit by the pandemic. Specifically, any COVID relief package must include an expansion of testing and vaccine access in Black, Indigenous and other people of color (BIPOC) communities and other underserved areas of the country. It must also include an expansion of the public health workforce in BIPOC communities, and no cost sharing mandate for vaccines paired with a 100 percent FMAP Medicaid reimbursement for states. Finally, disaggregated data collection about COVID-19 is central to any understanding of the pandemic's devastating effects on communities and is instrumental in designing interventions that reduce inequity. States and communities need funding and technical assistance to collect data properly. As policymakers work in support of a more cohesive, national approach to vaccination, we call upon decision makers to center equity, from resource distribution to protecting people from financial ruin.

Affordable Health Coverage

As people lose their jobs, they lose their health insurance too — widening the coverage gap for people of color in this country. Even before COVID-19 hit, 29 million people in the U.S. lacked health insurance coverage, including a disproportionate share of people of color who face unjust and discriminatory barriers to health and economic security. For example, [11.4% of Black people are uninsured versus 7.8% of white people and the disparity is even greater for Hispanic/Latinx and American Indian/Alaska Native at 20% and 21.7%](#). With the COVID-19 pandemic already causing a nearly 15% unemployment rate and rising, it is estimated that [14.6 million people have lost their employer-sponsored insurance](#) — further exacerbating the underlying coverage gap for people of color. Further, we know that uninsured Black people are more likely to fall in the coverage gap in states that have not expanded Medicaid. These disparities in coverage can be reduced by expanding Medicaid in non-expansion states and improving Marketplace affordability.

Secure & Sustain State Medicaid Programs

- ❑ Shore up the Medicaid program by increasing and extending the enhanced federal matching rate to 14 percentage points.
- ❑ The enhanced match should extend to the expansion population (up to a cap of 100%). The 100% federal match for non-expansion states (and the equivalent for late-expanders) should last for several years to encourage these states to expand. See the [SAME Act](#) and the [Patient Protection and Affordable Care Enhancement Act](#) as models to build on.
- ❑ At a minimum, the enhanced match and the [FFCRA maintenance of effort \(MOE\)](#) provision should last for the duration of the economic contraction and phase back down gradually as state revenues recover.
- ❑ Provide a dedicated 10 percentage point increase in the FMAP to strengthen and improve states' home and community-based services (HCBS) programs.

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- ❑ Allow Medicaid coverage to begin 30 days pre-release for criminal justice populations. See [Re-Entry Act](#).
 - ❑ Extend postpartum coverage in Medicaid from 60 days to a full 12 months and require Medicaid programs to cover oral health care for pregnant people. See [MOMMA's Act](#).
 - ❑ Provide a dedicated Medicaid FMAP increase of at least 5 percentage points to sustain and improve access to needed dental services. Medicaid recipients have seen a significant decline in receipt of oral health care, especially for individuals with related chronic conditions that put them at greater risk.
 - ❑ Extend full federal funding (through 100% FMAP) to Medicaid services furnished through urban Indian health programs to American Indians/Alaska Natives (AIANs), in addition to services furnished through IHS/Tribal providers to AIANs and fix the [“four walls” limitations on IHCP “clinic” services](#) by removing the prohibition on billing for services provided outside a clinic facility.

Make ACA Plans Affordable

- ❑ Shore up ACA premium subsidies by adopting a gradual sliding scale for affordability that avoids economic disincentives for low-income households and large “cliffs”; eliminate premiums for all with income below 200 percent FPL; and cap premiums at 8.5 percent, setting a maximum percentage of income that anyone would have to pay. Learn [more here](#) as a way to boost the [Patient Protection and Affordable Care Enhancement Act](#).
- ❑ Eliminate cost sharing for COVID-19 related treatment in all private health plans, including short-term limited duration insurance (STLDI) plans and other coverage arrangements not subject to federal coverage standards.

Protect Individuals from Financial Ruin

- ❑ Protect individuals from medical debt and put in place standard practices to make sure that health care entities communicate with consumers any debt that is owed and alerts the consumers of any assistance that they qualify for before any debt is sent into collections. See the [The COVID-19 Medical Debt Collection Relief Act of 2020](#) and [The Strengthening Consumer Protections and Medical Debt Transparency Act](#).

Access and Quality

It is vital to ensure access to high quality care during the pandemic — and to advance policies that specifically address inequity in access to resources and support populations that are left behind. People of color, people with disabilities, LGBTQ+ people, people for whom English is not the first language, and many others often have difficulty obtaining health care that meets their needs during the best of times. This includes access to a diverse set of providers located nearby and that are physically accessible. COVID-19 has worsened these inequities. The [Trump administration's reinterpretation of section 1557](#) combined with [public charge](#) and anti-immigrant, [anti-woman](#), [anti-LGBTQ+](#) policies have [sowed fear](#) in excluded communities, leading to [delays in seeking care](#) if people seek care at all. The backdrop of structural discrimination and a raging pandemic have further reduced access to quality care. Notably, as rates of mental illness and substance use soar with [over 40 percent](#) of all adults reporting some mental health and/or substance use challenge, the implications for BIPOC, low-income people and LGBTQ+

populations — for whom treatment/services are already hard to access — are dire. For children and youth, [rising rates](#) of suicidal ideation and Emergency Department use during COVID-19 signal a long-term mental health and substance use crisis. Without specific attention to the needs of people challenged by a health care system that does not see them, trauma and death will continue at high rates. Finally, many low-income people, disproportionately BIPOC, are essential workers and carry greater risk without access to health insurance, savings, paid leave or social supports; consumer assistance is more important than ever to help people get connected to care and supports. We must use policy interventions to address these inequities by directing resources to where they are needed, building infrastructure that reorients our systems toward equity and reversing policies that perpetuate inequity.

Ensure Equitable Access to Coverage and Health Services

- ❑ Invest \$400 million in consumer assistance network to match consumer need for support in navigating the health care enrollment process. In recognition of increasing demand, invest \$30 million in consumer assistance program (CAP) grants to states, building the needed infrastructure to support consumers year-round.
- ❑ Allow states to receive enhanced FMAP for administrative services, and in particular, for interpretation/translation services for individuals with limited English proficiency (LEP).
- ❑ Authorize the Department of Labor to assess civil monetary penalties to strengthen parity in mental health and substance use disorder benefits as COVID-19 accelerates SUD/MH incidence. See [H.R.2848](#), the Parity Enforcement Act of 2019.
- ❑ Provide \$58 million for the Centers for Disease Control and Prevention’s (CDC’s) infectious diseases and opioid program line to support and expand services essential for overdose prevention and harm reduction services.
- ❑ Increase funding for substance use disorders recovery services by at least \$250 million annually, including \$10 million to build the capacity of Recovery Community Organizations (RCOs) through the Building Communities of Recovery (BCOR) program.
- ❑ Increase funding for Every Student Succeeds Act (ESSA) Title IV, part A, to support schools addressing students’ mental health and substance use disorders as they return to in-person learning.
- ❑ Increase access to Medicaid home- and community-based services (HCBS) by allowing for retroactive access to HCBS, facilitating access to personal protective equipment (PPE) for HCBS providers, and maintaining the public health emergency flexibilities permitting payment for HCBS in hospital settings and Appendix K retainer payments.

Build a Workforce that Mirrors Community

- ❑ Fund and create a civilian corps (non-law enforcement) of first responders including peer support specialists, trained mental health and substance use disorders clinicians, social workers and other health personnel, as referenced in the [Biden-Sanders Unity Task Force Recommendations](#), including mobile crisis teams, as alternatives to police for crisis intervention.
- ❑ Increase funding for the Coronavirus Provider Relief Fund with a separate stream for non-Medicare providers.
- ❑ Appropriate funding for peer certification and education/training to assist people with lived experience in building careers in the mental health and substance use disorders services workforce as part of COVID recovery.

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- ❑ Eliminate restrictions on funding for dental therapists in the Indian Health Care Improvement Act. Currently, the [IHCIA exempts](#) the dental health aide therapist (DHAT) provider type from the expansion unless DHATs are authorized under state law, positioning them to provide needed care.

Social Determinants of Health

The social determinants of health — poverty, unequal access to care, housing, geography, employment, education and structural racism — must be confronted as they are significant contributing factors to worsening health disparities, as well as obstacles to the coverage and quality objectives in addressing the COVID-19 pandemic. As such, individuals and families need their most basic needs fulfilled during this crisis in order to mitigate spread, allow people to recover and ensure long-term health and economic security.

Secure Housing, Food and Economic Security for individuals and families

- ❑ Appropriate at least \$30 billion in emergency rental assistance targeted to households most at risk of losing their homes. Emergency resources must be targeted to households with the lowest incomes, who are facing the greatest risk of eviction.
- ❑ A broad, national eviction moratorium to keep renters in their homes when the federal eviction moratorium issued by the Centers for Disease Control and Prevention (CDC) to ensure there is not a gap in protections before state and local governments can distribute emergency rental assistance to households in need and the small landlords who provide their housing. See the [Eviction Crisis Act](#).
- ❑ Invest \$28 billion for 500,000 housing vouchers and \$8 billion for Emergency Solutions Grants to address the urgent health and housing needs of people experiencing homelessness. Additionally, invest \$44B for National Housing Trust Fund. See the [Family Stability & Opportunity Vouchers Act](#).
- ❑ Increases SNAP benefit level by 15% and minimum SNAP Benefit to \$30/month through 2021 and waives work requirements for SNAP. Learn more [here](#).
- ❑ Provide at least \$400/week Unemployment Insurance (UI) supplement through 2021 and extend the CARES Act UI provisions over the same time period.
- ❑ Include additional one-time payment of \$1,400 per person that includes mixed-status households and adult dependents.
- ❑ Extend emergency paid leave that is inclusive of caregiving and is no less than the minimum wage and expand the reimbursement for paid leave costs to local governments.

Safeguard the Safety Net

- ❑ Provide robust, at least \$350 billion, in funding for state and local aid as outlined in the Biden framework [here](#).
- ❑ Provide, at a minimum, [\\$50 billion](#) to states and localities to help ramp up testing centers in communities that are disproportionately affected and/or are medically underserved health areas.

Protect Essential Workers

- ❑ Increase funding for personal protective equipment (PPE) for health care and essential workers. See [S. 3570](#) to expedite procurement of equipment needed to combat COVID-19.
- ❑ Create a [Heroes Fund](#) to provide premium pay to essential workers through the end of the calendar year. Frontline workers should also be granted the new benefit of up to \$25,000.
- ❑ Provide \$100 million for the Occupational Safety and Health Administration (OSHA) and require an emergency OSHA standard, including workers not typically covered by OSHA.