

September 8, 2020

Dear member of Congress,

On behalf of the 20 undersigned faith organizations, we urge you to swiftly pass a fourth major COVID-19 legislative package that prioritizes health care for vulnerable communities.

Several of our organizations wrote in early May to share our priorities for the fourth major COVID-19 legislative package. We explained that our diverse faith traditions compel us to protect the most vulnerable - including low-income people, Communities of Color, immigrants, people with disabilities, Indigenous communities, incarcerated individuals, and frontline workers. We were optimistic that Congress would produce bipartisan legislation addressing the health care needs of these communities in late spring, yet for nearly four months, Congress has failed to pass a relief package. To date, more than 6.3 million people in the United States have tested positive for COVID-19 and nearly 190,000 have died.<sup>1</sup> Now more than ever, Congress has a moral obligation to immediately pass substantive legislation that prioritizes health care for all.

The next coronavirus package must center marginalized groups, many of which are disproportionately impacted by COVID-19. For example, the age-adjusted COVID-19 mortality rate for Black, Indigenous, and Latinx people is over three times as high as the mortality rate for white people.<sup>2</sup> More than 105 million Americans – including older adults, individuals with disabilities, and people with underlying health conditions who live in nursing homes and group living facilities or are supported by home health care aides – are at a heightened risk for infection.<sup>3</sup> And prisons and jails have become hotspots for infection, as more than 115,000 inmates and 25,000 prison staff have tested positive for COVID-19, while over 900 inmates and 70 staff have died.<sup>4</sup>

We must ensure that all people have access to quality, affordable health care during this public health crisis. We urge you to call for immediate consideration of a fourth package that includes the following priorities:

- **Ensure free and robust testing, treatment, and vaccines for all people.** The Families First Coronavirus Response Act and CARES Act significantly expanded coverage and funding for diagnostic testing and treatment, but these services remain costly, inaccessible, and inadequate. Congress must significantly increase funding for testing, including for the uninsured and noncitizens, and support state and local efforts to expand specialized testing sites in low-income neighborhoods, Communities of Color, Native

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<sup>1</sup> <https://coronavirus.jhu.edu/map.html>

<sup>2</sup> <https://www.apmresearchlab.org/covid/deaths-by-race>

<sup>3</sup> <https://www.kff.org/global-health-policy/press-release/about-4-in-10-adults-in-the-u-s-are-at-greater-risk-of-developing-serious-illness-if-infected-with-coronavirus-due-to-age-or-underlying-health-conditions/>

<sup>4</sup> [https://docs.google.com/spreadsheets/d/1X6uJkXXS-O6eePLxw2e4JeRtM41uPZ2eRcOA\\_HkPVTk/edit#gid=1197647409](https://docs.google.com/spreadsheets/d/1X6uJkXXS-O6eePLxw2e4JeRtM41uPZ2eRcOA_HkPVTk/edit#gid=1197647409)

American communities, immigrant detention facilities, and all federal and state prisons and jails. Congress must also increase federal funding for treatment, mandate that all public and private insurance plans cover treatment for all people without cost-sharing, and expand Medicaid coverage to provide treatment for the uninsured. Finally, Congress must invest in vaccine research and ensure that eventual vaccines are safe, free, and available for all.

- **Provide funding for state contact tracing programs.** Robust contact tracing programs have been proven to help control infectious disease outbreaks, but only three states and Washington D.C. have enough staff to investigate the rising number of COVID-19 cases.<sup>5</sup> Congress must dramatically increase funding for state contact tracing programs to ensure that states can adequately track the spread of the virus.
- **Provide additional Medicaid funding for states, localities, and tribes, including a significant increase to the Federal Medical Assistance Percentage (FMAP) and support for home- and community-based services (HCBS).** Currently, states, localities, and tribes are responsible for much of the cost of response to COVID-19 this emergency. Since the pandemic began, Medicaid enrollment has grown by 4 million people nationwide, yet many state and local budgets are increasingly strained.<sup>6</sup> Medicaid funding is especially necessary to sustain home- and community-based services, which allow seniors and people with disabilities to receive medical care at home rather than in congregate care facilities or nursing homes that have become hotspots for infection.<sup>7</sup> Congress must supplement the initial 6.2 percent FMAP increase by boosting FMAP to a minimum of 14 percent total. This increase should be retroactive to January 1, 2020 and remain in effect until at least until September 30, 2021, and subsequent changes to FMAP must be tied to state fiscal health and unemployment rates. Congress must also continue the strong maintenance of effort protections to ensure that people do not lose coverage during the pandemic. These provisions prevent states from cutting Medicaid funding, disenrolling individuals, or altering the package of services that existed at the beginning of the public health emergency.
- **Open a special enrollment period for health insurance.** As a result of the pandemic, millions of people are losing not only their jobs but also their employer-provided health insurance. While some employees may be eligible to maintain their current plan under COBRA, this is often prohibitively expensive as employees are required to pay the full premium without any employer contribution. Since the onset of the pandemic, approximately 6.2 million net workers have lost access to health insurance that they

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<sup>5</sup> <https://www.npr.org/sections/health-shots/2020/08/07/899954832/coronavirus-cases-are-surg-ing-the-contact-tracing-workforce-is-not>

<sup>6</sup> <https://www.epi.org/publication/health-insurance-and-the-covid-19-shock/>

<sup>7</sup> <https://www.cbpp.org/research/health/states-are-leveraging-medicaid-to-respond-to-covid-19>

previously received from their employer.<sup>8</sup> Congress should establish a special enrollment period and provide funding for enrollment assistance to ensure that newly unemployed people can become insured.

- **Protect frontline health care workers.** Doctors, nurses, and other medical professionals are risking their lives to provide care in unprecedented circumstances but still lack basic workplace protections. Congress must direct the Occupational Safety and Health Administration (OSHA) to issue an Emergency Temporary Standard, which would require employers to create and implement certain safety protocols. These protocols should apply to private sector health care workers as well as workers in states receiving Medicaid funding. Congress must also provide hazard pay to frontline health care workers so they can manage unexpected expenses during the pandemic.
- **Encourage President Trump to dramatically increase the availability of medical supplies by fully invoking manufacturing authority the Defense Production Act and releasing any remaining medical supplies in the Strategic Defense Stockpile.** Medical providers will be unable to safely and effectively provide care without an immediate increase in ventilators, personal protective equipment, and other medical supplies. President Trump must immediately release any medical supplies left in the Strategic Defense Stockpile to the states and fully invoke manufacturing authority under the Defense Production Act. The federal government must fully fund factory conversion, place orders across multiple companies and industries, and distribute equipment fairly to all states according to need rather than political consideration.
- **Require the Center for Disease Control and Prevention to upgrade data surveillance systems to collect and release robust federal demographic data.** The Paycheck Protection Program and Health Care Enhancement Act directed the Center for Disease Control and Prevention to collect and release federal demographic data concerning COVID-19 infection and mortality rates. Unfortunately, the CDC does not have appropriate public health infrastructure to accomplish this. We urge Congress to require the CDC to upgrade their COVID-19 surveillance systems to collect comprehensive demographic data so Congress can begin to understand and address demographic disparities in COVID-19 outcomes.
- **Increase funding and access for mental health services.** The COVID-19 pandemic has caused significant mental trauma due to job loss, death of loved ones, and social isolation. Roughly one-third of U.S. adults reported experiencing stress, anxiety, or great sadness that was difficult to cope with alone since the pandemic began, yet only 31

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<sup>8</sup> <https://www.epi.org/publication/health-insurance-and-the-covid-19-shock/>

percent of those who wanted to access mental health care were able to see a professional.<sup>9</sup> Congress must allocate significant funding for mental health services, expand access to broadband internet, and ensure that telehealth is covered at parity with in-person care.

No matter our faith tradition, we are called to protect the most vulnerable in our communities and ensure that all people can access quality, affordable health care. We urge you to prioritize the above health care recommendations in the next major coronavirus package.

Sincerely,

American Muslim Health Professionals

Bayard Rustin Liberation Initiative

Congregation of Our Lady of the Good Shepherd, U.S. Provinces

Franciscan Action Network

Friends Committee on National Legislation

Islamic Relief USA

Jewish Federations of North America

Jewish Women International

Muslim Caucus of America

National Advocacy Center of the Sisters of the Good Shepherd

National Council of Churches

National Council of Jewish Women

NETWORK Lobby for Catholic Social Justice

Pax Christi USA

Poligon Education Fund

Tennessee Conference, United Methodist Church Board of Church and Society

The United Methodist Church - General Board of Church and Society

Union for Reform Judaism

Unitarian Universalists for Social Justice

United Church of Christ

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<sup>9</sup> <https://www.commonwealthfund.org/publications/issue-briefs/2020/aug/americans-mental-health-and-economic-consequences-COVID19>