

January 19, 2020

Dear President-elect Biden and Presidential Transition Co-chairs:

As a broad and diverse group of stakeholders who strongly support comprehensive, affordable health coverage, we congratulate you on your historic victory and express our appreciation for your commitment to protect and improve health care. We write to urge you to make safeguarding and strengthening high-quality health coverage an urgent priority for the Biden Administration as you grapple with the COVID-19 public health and economic crises.

During the campaign, you repeatedly emphasized the importance of building on the Affordable Care Act. Despite the extraordinary gains achieved by that legislation, millions of people remain without health insurance and millions more face unaffordable costs. These problems have become even more urgent since the arrival of the novel coronavirus, which triggered job losses that took away many families' health insurance,¹ and drew renewed attention to longstanding inequities in our health care system.

Recent Census Bureau data show that people of color now comprise slightly more than half of all uninsured adults, with African-Americans and Latinos far more likely than Whites to lack coverage.² Emerging evidence suggests that, controlling for other factors, people without health insurance are significantly more likely to contract COVID-19, pass the virus to others in their communities, and die from the disease.³ Despite the promise of free COVID-related tests and treatment, many people experiencing symptoms nevertheless delay seeking care because of cost concerns.⁴ With previous outbreaks of infectious disease, people without insurance have been significantly less likely to obtain even free vaccines.⁵ As some of the country's leading experts in communicable disease observed years ago, in addition to endangering the families who lack health coverage, significant health insurance gaps "must now also be recognized as a risk to the nation's health."⁶

To counter those risks during the current crisis, **we urge the incoming Biden administration to take the following actions on Day 1:**

- **Press Congress to provide significant assistance with comprehensive health insurance in any COVID-19 relief legislation.** For example, such legislation could include enhanced federal Medicaid funding with strong maintenance-of-effort requirements, maximum premium tax credits for unemployment insurance claimants, full premium payment for COBRA coverage, and significant consumer assistance to help laid-off workers sign up for insurance.
- **Issue an executive order calling on all federal agencies to make health insurance more affordable and to enroll the eligible uninsured into comprehensive, affordable, understandable coverage,** as quickly as possible, to the maximum extent of their legal authority. Such an order would create an immediate pathway for guidance and regulations that improve affordability and increase enrollment.*

* Resulting administrative policies could include increased financial assistance for the purchase of comprehensive private plans; expanded Medicaid options to provide more continuous coverage; streamlined and automated enrollment and renewal; funding of culturally- and linguistically-competent outreach and consumer assistance, targeted at high-need populations; supports for employer-sponsored coverage; a COVID-19 Special Enrollment Period; qualifying DACA immigrants for insurance affordability programs; promoting testing, treatment, and

The diverse organizations signing this letter stand ready to help. During the public health emergency, we have pulled together an informal coordinating group to advance our shared interest in protecting and promoting health coverage. **We hope to meet regularly with the incoming administration, perhaps starting with White House and HHS officials soon after the Inauguration.** Let's work together toward achieving the goal we all share: ensuring that everyone in our country obtains secure, affordable, comprehensive health coverage.

If you have any questions or we can provide further assistance, please contact Jen Taylor, Families USA's Senior Director for Federal Relations, at JTaylor@familiesusa.org.

Sincerely,

Alliance to Fight for Health Care
American Benefits Council
American College of Physicians
America's Health Insurance Plans
Association for Community Affiliated Plans
Blue Cross Blue Shield Association
Business Group on Health
Easterseals
Families USA
Federation of American Hospitals
National Association of Community Health Centers
National Birth Equity Collaborative
National Immigration Law Center
National Partnership for Women & Families
Pacific Business Group on Health
Small Business Majority
The Center for Black Health & Equity
The ERISA Industry Committee
UnidosUS
United States of Care

vaccination for COVID-19; addressing social determinants of health and racial and ethnic health disparities, including through more stratified data collection; facilitated transitions between Marketplaces and Medicaid/CHIP; state initiatives to lower consumer costs and increase enrollment; and rescinding harmful regulations and guidance issued by the Trump Administration, including its approval of waivers to terminate eligible people who do not document satisfaction of work requirements.

Young Invincibles

¹ See, e.g., NPR, The Robert Wood Johnson, Foundation, and Harvard T.H. Chan School of Public Health. *The Impact of Coronavirus on Households Across America* (September 2020), https://cdn1.sph.harvard.edu/wp-content/uploads/sites/94/2020/09/NPR-RWJF-Harvard-National-Report_092220_Final-1.pdf, finding that 6% of all U.S. adults report that someone in their household lost health insurance since the start of the Coronavirus outbreak. Based on U.S. Census Bureau estimates that 255.2 million adults age 18 and older live in the U.S., that translates into more than 15 million adults reporting health insurance losses during the pandemic. U.S. Census Bureau. "Estimates of the Total Resident Population and Resident Population Age 18 Years and Older for the United States, States, and Puerto Rico: July 1, 2019 (SCPRC-EST2019-18+POP-RES)." December 2019. <https://www2.census.gov/programs-surveys/popest/tables/2010-2019/state/detail/SCPRC-EST2019-18+POP-RES.xlsx>.

² Health Table 3. Current Health Insurance Status, by Select Characteristics: United States. For population totals, Food Table 2b. Food Sufficiency for Households, in the Last 7 Days, by Select Characteristics: United States. *U.S. Census Bureau Household Pulse Survey, Week 19*. December 2, 2020. <https://www.census.gov/data/tables/2020/demo/hhp/hhp19.html>.

³ See, e.g., McLaughlin JM, et al. (2020) County-Level Predictors of COVID-19 Cases and Deaths in the United States: What Happened, and Where Do We Go from Here? *Clin Infect Dis*. 2020 Nov 19:ciaa1729. doi: 10.1093/cid/ciaa1729; Weng, C. H., et al. (2020). High Prevalence of SARS-CoV-2 Infection Among the Uninsured Hispanic/Latino Population: a Retrospective Cohort Study. *Journal of general internal medicine*, 1–3. Advance online publication. <https://doi.org/10.1007/s11606-020-06026-3>; Cordes, J., Castro, M.C. (2020) Spatial analysis of COVID-19 clusters and contextual factors in New York City. *Spatial and Spatio-temporal Epidemiology*, Volume 34, 2020, 100355, ISSN 1877-5845, <https://doi.org/10.1016/j.sste.2020.100355>; Millett, G.A., et al. (2020) Assessing differential impacts of COVID-19 on black communities. *Annals of Epidemiology*, Volume 47, Pages 37-44, ISSN 1047-2797, <https://doi.org/10.1016/j.annepidem.2020.05.003>; Kiros, G, and Gaddis, K. (2020) Abstract PO-004: Association between county-level socioeconomic characteristics and health indicators with COVID-19 deaths in Florida. *Cancer Epidemiol Biomarkers Prev* December 1 2020 (29) (12 Supplement) PO-004; DOI: 10.1158/1538-7755.DISP20-PO-004. https://cebp.aacrjournals.org/content/29/12_Supplement/PO-004; Chakraborty J. (2020) Convergence of COVID-19 and chronic air pollution risks: Racial/ethnic and socioeconomic inequities in the U.S. *Environ Res*. 2020 Dec 10;193:110586. doi: 10.1016/j.envres.2020.110586.

⁴ Witters, D. (2020) In U.S., 14% With Likely COVID-19 to Avoid Care Due to Cost. *Gallup News*. April 8, 2020. <https://news.gallup.com/poll/309224/avoid-care-likely-covid-due-cost.aspx>.

⁵ See, e.g., Lu, P. J., et al. (2015). Racial and Ethnic Disparities in Vaccination Coverage Among Adult Populations in the U.S. *American journal of preventive medicine*, 49(6 Suppl 4), S412–S425. <https://doi.org/10.1016/j.amepre.2015.03.005>; Smith, P.J., et al. (2006). Associations Between Childhood Vaccination Coverage, Insurance Type, and Breaks in Health Insurance Coverage. *Pediatrics*. Jun 2006, 117 (6) 1972-1978; DOI: 10.1542/peds.2005-2414); Lu, P.J. et al. (2019). Seasonal Influenza Vaccination Coverage Trends Among Adult Populations, U.S., 2010-2016. *American journal of preventive medicine*, 57(4), 458–469. <https://doi.org/10.1016/j.amepre.2019.04.007>

⁶ Wynia, M.K, and Gostin, L. "The Bioterrorist Threat and Access to Health Care." *Science* 31 May 2002: Vol. 296, Issue 5573, pp. 1613.