Health Equity Policy Priorities for COVID-19: What Congress Can Do Right Now

The COVID-19 pandemic has deepened existing health inequities, disproportionately affecting communities of color, immigrant communities, people with disabilities, and other marginalized communities. The federal policy recommendations described below identify concrete steps that the federal government must take to mitigate the impact of the crisis and provide immediate relief to communities. For a comprehensive description of our short-term and long-term recommendations for Congress and states, see our full policy report here.¹

Targeted State Fiscal Relief

» Automatically increase federal matching rates for Medicaid based on state economic conditions. When a recession increases the number of people who need help, ensure that states have the resources needed to provide that help, precisely when families and the economy need it most.

» Provide flexible funding for states to offset major revenue losses and to prevent cuts to programs and services that impact equitable health outcomes — like food security programs, child welfare services, education programs, and mental health services.

Targeted Action to Ensure Equitable Access to Affordable Health Coverage

» Guarantee coverage for low-income, uninsured adults in states that have not expanded Medicaid. Such adults should immediately qualify for financial assistance that pays for exchange coverage, even as Congress increases incentives for states to provide full Medicaid expansion.

» Increase premium tax credits for struggling families, including laid-off, uninsured workers. Increased assistance targeting low- and moderate-income people would address serious affordability challenges that disproportionately affect people of color.

¹ The full policy report organizes recommendations across five themes. The priority to “build strong financial incentives for improved health equity in our health care system” is omitted since this document focuses on short-term recommendations. See the full report for long-term recommendations on how state and federal payment reform efforts should incorporate specific incentives tied to improved health equity.
» **Increase immigrants’ access to Medicaid and the Children’s Health Insurance Program (CHIP)** by lifting the five-year waiting period and other restrictions currently in place for immigrants.

» **Halt the implementation of the Department of Homeland Security and Department of State public charge rules** retroactive to February 24, 2020.

» **Restore Medicaid eligibility for Compact of Free Association (COFA) migrants** and recommend inclusion of the bipartisan Covering Our FAS Allies Act (H.R. 4821/S. 2218).

» **Extend Medicaid coverage to one year postpartum for women** made eligible for Medicaid at 100% Federal Medical Assistance Percentages (FMAP) for the duration of the pandemic.

» **Pass comprehensive health coverage legislation.** Additional steps are needed, such as full Consolidated Omnibus Budget Reconciliation Act (COBRA health insurance law) subsidies for laid-off and furloughed workers, a national special enrollment period, and robust consumer assistance.

---

**Targeted Action to Expand Access to Ethical and Culturally Appropriate COVID-19 Treatment**

» **Provide additional resources to support access to home and community-based services (HCBS) and the workforce that provides them to reduce contact risk and ensure people can receive care in the safest possible setting.**

» **Provide a temporary 100% FMAP for language interpretation services under Medicaid and CHIP based on the emergency.**

» **Provide for Medicare reimbursement of interpretation services.**

» **Direct the Centers for Disease Control and Prevention (CDC) to translate public health materials into multiple languages and to engage in outreach to linguistically diverse communities.**

» **Direct the Food and Drug Administration (FDA) to prioritize racial and ethnic minority populations in clinical trials for COVID-19 vaccines and treatments.**

» **Require the Department of Health and Human Services (HHS) Office for Civil Rights to update guidance on best practices related to the ethical allocation of critical care resources and the triage of critically ill patients and ethical allocation of critical care resources.**
Targeted Action to Organize and Build a Robust Health Infrastructure in Vulnerable Communities

» Fund the CDC with at least $3.7 billion in emergency supplemental funding for local, state, territorial, tribal, and federal public health agencies to support a force of at least 100,000 community-based contact tracers, with an additional $43 billion to expand the contact tracing workforce if needed, to implement self-isolation facilities, and to provide income supports for individuals in 14-day isolation periods. Resources should be prioritized for communities based on disease prevalence and local public health staffing needs, as well as those that are limited in their capacity to acquire personal protective equipment (PPE) and necessary testing supplies.

» Pass legislation that provides flexibility for U.S. federal agencies to hire a community-based health workforce, including community health workers to support contact tracing, such as the Health Force and Resilience Force Act (H.R 6808/S. 3606).

» Ensure the CDC and other federal agencies report race, ethnicity, and primary language data, at a minimum, related to COVID-19 testing and treatment.

» Direct HHS to require cross-agency collaboration among federal agencies, private payers, and providers to identify best practices for developing effective COVID-19 strategies.

Targeted Action to Address the Social Determinants of Health

» Improve paid sick leave for workers affected by the pandemic by removing exemptions for certain employers; increasing the level of financial support, including hazard pay for lower-wage workers; and expanding access to the benefit.

» Increase the maximum Supplemental Nutrition Assistance Program (SNAP) benefit by 15%, increase the monthly minimum SNAP benefit from $16 to $30, and halt rules that weaken SNAP eligibility and benefits.

» Provide additional relief to public transportation agencies after initial funding from the coronavirus relief bill (Coronavirus Aid, Relief and Economic Security Act) is exhausted.

» Prevent and respond to child abuse and neglect by passing the Emergency Funding for Child Protection Act (H.R. 6838/S. 3660), which would strengthen programs supported by the Child Abuse Prevention and Treatment Act (CAPTA).

» Pass legislation to reduce health disparities by addressing the social determinants of health, such as the Community Solutions for COVID-19 Act (H.R. 7077/S. 3877).
This publication was written by:

**Amber Hewitt**, Director of Health Equity, Families USA

The following Families USA staff contributed to the preparation of this material (listed alphabetically):

Kimberly Alleyne, Senior Director, Communications
Justin Charles, Digital Media Associate
Stan Dorn, Director of the National Center for Coverage Innovation and Senior Fellow
Nichole Edralin, Senior Manager, Design and Publications
Eliot Fishman, Senior Director of Health Policy
Adina Marx, Communications Associate
Kelly Murphy, Director of Early Childhood Initiatives
Aaron Zhao, Health Equity Intern