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May 27, 2021

Dear Members of Congress,

On behalf of The Leadership Conference on Civil and Human Rights, a coalition charged by its diverse membership of more than 220 national organizations to promote and protect the civil and human rights of all persons in the United States, and the 61 organizations listed below, we write to urge you to close the Medicaid coverage gap as part of recovery legislation this year.

Closing this gap would provide coverage for the first time to about 2.2 million low-income people¹ in the 12 states² that have refused to take the option to expand Medicaid to cover people with incomes below 138% of the poverty line. Despite substantial federal incentives to do so, including the added incentives in the American Rescue Plan Act passed earlier this year, none of these states, many of which are in the South, have taken steps to implement the expansion. As a result, people with incomes below the poverty line in these states continue to have no access to health coverage. Those without coverage are primarily people of color, including 28% who are Black, 28% who are Hispanic, and 1% who are Asian or Pacific Islander.³ Providing Medicaid coverage now would be a huge step toward making health equity a reality.

Medicaid expansion has narrowed racial and ethnic disparities in both coverage and access to care in the states where it has been expanded, and it has saved lives.⁴ But these 2.2 million adults have experienced none of these gains, solely because of where they live. Without additional federal action in recovery legislation this year, people in most of these states will likely continue to suffer from a lack of access to health care for many more years, a lack of access that is costing people's lives.

In addition, it is critical to close the gap in Medicaid funding to the U.S. territories. They are facing yet another Medicaid cliff this September when a temporary federal funding boost enacted just two years ago is set to expire. Unlike the states, where federal Medicaid funding covers a specified share of their Medicaid spending, the territories receive a fixed block grant that is unrelated to, and often does not meet, the need. For example, Puerto Rico's block grant, on average, covered just 15 percent of its total Medicaid spending between 2012-

¹ <https://www.cbpp.org/research/health/federal-action-needed-to-close-medicaid-coverage-gap-extend-coverage-to-22-million>

² Alabama, Florida, Georgia, Kansas, Mississippi, North Carolina, South Carolina, South Dakota, Tennessee, Texas, Wisconsin and Wyoming.

³ <https://www.cbpp.org/research/health/federal-action-needed-to-close-medicaid-coverage-gap-extend-coverage-to-22-million>. Without disaggregated data, we are unable to identify specific coverage rates for subgroups.

⁴ <https://www.kff.org/medicaid/report/building-on-the-evidence-base-studies-on-the-effects-of-medicaid-expansion-february-2020-to-march-2021/>



2019.⁵ Without more federal funding and a permanent, equitable expansion of Medicaid to the territories, nearly two million Americans living in Puerto Rico and the other U.S. territories will see their access to medical care severely curtailed, while others who only qualified under the recent expansion may lose access all together – including over half of enrollees in Guam and the Virgin Islands.⁶ The temporary expansion of Medicaid for the territories has saved lives and increased access to medical coverage to the poorest residents, largely people of color. Therefore, we urge Congress to eliminate Medicaid block grant funding to the U.S. territories and instead provide full, permanent Medicaid funding at a fixed percentage of territories’ Medicaid costs without limit as it does for the states.

Congress has a responsibility – which it has exercised in the past, in some of its proudest moments – to step in with national policies to ensure that everyone is treated equally, no matter what state or territory they live in. It must do so in this context as well by providing a federal pathway to coverage for people shut out of their state’s Medicaid program. We understand that there are several options under consideration. Regardless of the approach, the critical need is for recovery legislation to close the coverage gap as quickly as possible.

Access to health care is a civil and human right. The COVID-19 pandemic amplified pre-existing inequities in health care, with deadly consequences for many Black and Brown communities.⁷ Congress must help ensure a racially equitable recovery by creating pathways for all communities to access coverage. The recovery can leave no one behind.

Unless Congress acts now in the next recovery bill to close the Medicaid coverage gap, enabling several million people to gain access to health coverage, we will have failed to achieve the substantial progress needed to help eliminate the racial health inequities that have plagued this country for far too long. We urge Congress to take advantage of this historic opportunity to address the coverage gap, an opportunity that is unlikely to come again for many years.

Congress can no longer allow people in this country to continue to be deprived of their civil and human right to health coverage because of where they live. If the pandemic has taught us anything, it is that.

Thank you for your consideration. If you have any questions, please contact June Zeitlin, Senior Advisor, at zeitlin@civilrights.org.

Sincerely,

The Leadership Conference on Civil and Human Rights
African American Health Alliance
American Kidney Fund

⁵ <https://www.cbpp.org/blog/territories-looming-medicaid-cliff-highlights-need-for-full-permanent-funding>

⁶ Id.

⁷ <https://www.kff.org/medicaid/report/building-on-the-evidence-base-studies-on-the-effects-of-medicaid-expansion-february-2020-to-march-2021/>

American Therapeutic Recreation Association
Association of Asian Pacific Community Health Organizations (AAPCHO)
Association of Farmworker Opportunity Programs
Autism Society of America
Autistic Self Advocacy Network
Black Women's Health Imperative
Campaign for Tobacco-Free Kids
Center for Disability Rights
Center for Law and Social Policy (CLASP)
Center for LGBTQ Economic Advancement & Research (CLEAR)
Chinese-American Planning Council (CPC)
Coalition of Labor Union Women, AFL-CIO
Coalition on Human Needs
Community Catalyst
Criminalization of Poverty Project at the Institute for Policy Studies
Easterseals
Eating Disorders Coalition for Research, Policy & Action
Epilepsy Foundation
Equal Justice Society
Faith in Public Action Fund
Families USA
First Focus Campaign for Children
Futures Without Violence
Girls Inc.
Guttmacher Institute
Health Care for America Now
Health Care Voter
Hispanic Federation
Human Rights Campaign
Japanese American Citizens League
Lawyers' Committee for Civil Rights Under Law
Main Street Alliance
MomsRising
NAACP
National Action Network
National Association for Children's Behavioral Health
National Association of Councils on Developmental Disabilities
National Center for Transgender Equality
National Education Association
National Employment Law Project
National Health Care for the Homeless Council
National Partnership for Women & Families
National Resource Center on Domestic Violence



National Urban League
National WIC Association
National Women's Law Center
NETWORK Lobby for Catholic Social Justice
Planned Parenthood Federation of America
Protect Our Care
Public Advocacy for Kids
REDC Consortium
RESULTS
Spina Bifida Association
The AIDS Institute
The Arc
The Children's Partnership
UnidosUS
Voices for Progress
Whitman-Walker Institute