

June 14, 2022

Dear Senator,

The undersigned 21 organizations from the Washington Interreligious Staff Community (WISC) Health Care Working Group write to urge you to advance a budget reconciliation package that prioritizes health care for vulnerable communities. Guided by the belief that health care is a fundamental human right, our organizations work each day to protect existing domestic health care programs and increase access to quality, affordable, and equitable health care. Our diverse faith traditions compel us to protect the most vulnerable among us – including individuals in rural areas, low-income people, People of Color, immigrants, people with disabilities and chronic illnesses, incarcerated individuals, and seniors and children. While the COVID-19 pandemic has drawn attention to disparate health outcomes in these communities, these populations have long experienced unique barriers to obtaining comprehensive care. Especially as families face rising costs due to inflation, we must center these marginalized groups and ensure that all people can access care. The WISC Health Care Working Group encourages Congress to pass a budget reconciliation package that improves state Medicaid infrastructure, addresses the Black maternal health crisis, and makes the Affordable Care Act tax credits permanent.

### **Improving Medicaid Infrastructure**

Because each state manages its own Medicaid program within federal guidelines, there is tremendous variation in the scope of services available across the United States. Nevertheless, all states have an opportunity and moral obligation to significantly fund their Medicaid programs, and Congress must lead the way by establishing stronger minimum standards so that all people can access care no matter where they live. We urge Congress to improve Medicaid in the following ways:

#### *Close the Medicaid Coverage Gap and Increase the FMAP for Expansion States*

Despite significant progress since the Affordable Care Act, millions of low-income people still lack access to health insurance. While 38 states and Washington D.C. have expanded Medicaid coverage to low-income adults, 12 states have refused to do so, despite enhanced federal incentives in the American Rescue Plan Act. As a result, [2.2 million people](#) – 60 percent of whom are People of Color and 85 percent of whom live with a disability – remain locked out of preventive care, mental health services, and other medical care. Congress must fulfill the promise of the Affordable Care Act and close the Medicaid coverage gap in these 12 states.

We also recognize that states that have already expanded Medicaid deserve assistance in maintaining coverage. Medicaid expansion in these states has been [proven](#) to expand coverage, narrow racial health gaps, increase financial stability, and improve health outcomes across multiple metrics. To ensure that these outcomes continue, we urge Congress to increase the federal matching assistance percentage (FMAP) from 90 percent to 93 percent.

#### *Provide 12 Months of Postpartum Coverage*

Providing continuous Medicaid coverage for one year postpartum is critical to improving maternal and child health outcomes. While Medicaid finances roughly [40 percent](#) of births in the United States, including 59 percent of births to Hispanic mothers and 65 percent of births to Black mothers, federal law

only requires states to continue covering these mothers for 60 days postpartum. Even as the American Rescue Plan Act allowed states to extend coverage via a state plan amendment, [only half](#) of states have or are planning to do so. Yet the need for postpartum medical care does not end after two months; in fact, [over 70 percent of postpartum spending](#) occurs between three and twelve months after delivery, as continuous postpartum care is critical for detecting postpartum depression, birth-related complications, and other chronic conditions. Congress must provide 12 months of postpartum coverage to ensure that mothers can continue accessing life-saving care beyond 60 days.

#### *Provide 12 Months of Continuous Eligibility for Children*

The reconciliation bill also presents an opportunity to improve child health outcomes by requiring 12 months of continuous eligibility for children enrolled in Medicaid and CHIP. Since 1977, federal law has allowed states to provide continuous eligibility, but [only half](#) of states currently do so. As a result, Children of Color, children in the South, and children under 250 percent of the federal poverty line are all [less likely](#) to remain insured. Providing continuous coverage in all states will ensure that the most vulnerable children do not lose out on health care.

#### *Provide Medicaid Coverage for Incarcerated Individuals*

Congress must use the reconciliation package to allow state Medicaid programs to cover incarcerated individuals 30 days before their release. Returning citizens experience [disproportionately high rates](#) of mental illness, substance abuse disorders, and chronic physical health conditions – yet the disconnect between health coverage in prisons and jails and community health providers can lead to significant gaps in treatment during an important transitional period. Allowing state Medicaid providers to cover incarcerated individuals will help ensure continuity of care and improve their health outcomes.

#### *Establish Permanent Medicaid Funding to the U.S. Territories*

With federal Medicaid funding set to expire in December 2022, the U.S. territories are experiencing yet another Medicaid cliff. While regular federal funding covers a specified share of each state's Medicaid spending, U.S. territories receive federal funding via temporary fixed block grants. Although recent appropriations legislation temporarily increased the block grant, the current level is [still inadequate](#) given natural disasters and COVID-19, and the temporary nature of block grants creates instability within territorial health systems. Congress must permanently increase Medicaid funding to the U.S. territories to better align with the state funding structure and ensure that all people eligible for Medicaid can access consistent and high-quality care.

#### **Addressing the Black Maternal Health Crisis**

Congress must also take bold action to address the maternal health crisis that disproportionately affects Communities of Color. Black mothers in the United States [three to four times more likely](#) to die from pregnancy-related complications than white women, while Hispanic, Native American, and Asian American and Pacific Islander people experience disproportionate mortality and morbidity rates as well. To address these disparities, Congress must include the Black Maternal Health Momnibus Act ([S.346/H.R.959](#)) in reconciliation legislation. This package invests in social determinants of health, funds community-based organizations seeking to improve maternal health outcomes, and expands and diversifies the perinatal workforce.

## **Making Affordable Care Act Premium Tax Credits Permanent**

Finally, Congress must act now to avoid substantial increases in health care premiums. Over the past two years, temporary premium tax credits enacted in the American Rescue Plan Act saved families an average of [40 percent](#) on monthly premiums and led to a record 14.5 million people enrolled in the marketplace. [According to HHS](#), unless Congress extends these provisions beyond 2022, 8.9 million people will face higher premiums (approximately \$400 more per year), 1.5 million people would lose all subsidies (approximately \$3,200 per year), and 3 million people would become uninsured altogether. Furthermore, an additional [14.4 million people](#) are expected to be disenrolled from Medicaid once the public health emergency ends and will likely turn to the marketplace for alternative coverage. Congress must make the Affordable Care Act premium tax credits permanent to ensure that all families can access affordable care through the marketplace.

Health inequities in the United States are the result of a long history of systemic racism, ableism, classism, and other forms of oppression. All our faiths call us to end these stark divides and ensure that everyone has access to quality, affordable, and equitable medical care. Unless Congress and the Biden administration improve Medicaid infrastructure, address the Black maternal health crisis, and make Affordable Care Act premium tax credits permanent, we will fail to eliminate the inequities that have plagued the United States for far too long. We urge you to support a reconciliation bill that advances these priorities.

Sincerely,

Alliance of Baptists

American Muslim Health Professionals

Church World Service

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

Dean's Advisor for Political and Economic Justice, Virginia Theological Seminary

The Episcopal Church

Evangelical Lutheran Church in America

Franciscan Action Network

Friends Committee on National Legislation

Georgia Interfaith Public Policy Center

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

Presbyterian Church USA

Seay-Hubbard United Methodist Church

Sojourners

South Carolina Christian Action Council

United Church of Christ

The United Methodist Church - General Board of Church and Society

Union for Reform Judaism