



May 7, 2020

The Honorable Mitch McConnell
Senate Majority Leader
317 Russell Senate Office Building
Washington, DC 20510

The Honorable Nancy Pelosi
Speaker of the House
1236 Longworth House Office Building
Washington, DC 20515

The Honorable Chuck Schumer
Senate Minority Leader
322 Hart Senate Office Building
Washington, DC 20510

The Honorable Kevin McCarthy
House Minority Leader
2468 Rayburn House Office Building
Washington, DC 20510

Dear Leader McConnell, Speaker Pelosi, Leader Schumer, and Leader McCarthy:

We are in the midst of an unprecedented national public health and economic crisis. People are hurting from lost jobs, lost wages, and even lost loved ones. But for so many in this country, the current crisis comes on top of and simultaneous with existing crises: crises created by barriers to health care, racial and disability injustice, cruel anti-immigration and anti-abortion agendas, unlivable wages, and a stunning lack of worker-supportive policies.

As one of the leading voices for women and families, we urge you to strongly center those most impacted by continuing with a people-first and families-first strategy for response and relief. We advocate for the following policies in the next Congressional package:

Provide Workers with Paid Leave and Paid Sick Days to Open the Economy Safely

- Provide universal access to paid sick days and paid leave by closing the large employer loophole: FFCRA only provides paid sick days and paid family leave to workers at employers with fewer than 500 employees. This leaves out approximately 59 million private sector workers, about 6.5 million of whom have no access to paid sick days of any kind, and nearly 42 million of whom have no paid family leave through their employer. Many of the rest may have insufficient leave, may not be able to use it for these purposes, or may face barriers to using leave such as punitive absence control policies. This particularly harms low-income workers and people of color who work in hourly jobs, such as workers at large grocery and pharmacy companies who have been deemed essential, and who are less likely to have paid sick days and paid family leave than higher-income salaried workers.
- Remove all exclusions and exemptions: Millions of workers who wanted relief from the impossible choice of going to work sick or losing their job will still be stuck. FFCRA permits the Department of Labor (DOL) to exempt small employers (those with fewer than 50 employees) from requirements to provide emergency paid sick days and longer-term paid family leave for child care, if those requirements would

jeopardize the viability of the business. DOL's interpretation of this exemption is overly broad and undermines the positive effect on public health with any business able to self-exempt themselves. This could exclude up to 34 million private sector workers at small businesses, 12 million of whom do not currently have any paid sick days, and nearly 30 million of whom have no paid family leave. We support efforts to combine removing this exemption with supports to help small businesses pay for this benefit. FFCRA also permits DOL to exempt health care workers and first responders – potentially as many as 16.6 million workers – from all paid sick days and paid leave requirements. DOL's guidance also interpreted these provisions broadly.

- Expand uses for paid leave: FFCRA narrowed the reasons for taking longer term paid leave just to care for a son or daughter whose school or place of care has been closed due to the coronavirus pandemic. Workers need the ability to transition from paid sick days to longer paid family and medical leave when an individual or their loved one falls ill from coronavirus. Data shows that those who get seriously ill from coronavirus may need six to eight weeks to beat the infection and additional time to recover enough to work, and even relatively routine cases can require several weeks of isolation and recovery at home. Those who are ill and in isolation will depend on nearby loved ones to monitor their health and provide care during this period. Individuals who get sick or family members need time to recover or care for loved ones while staying attached to their job.
- Provide full wage replacement for paid sick days: While FFCRA provides full wage replacement for workers to take paid sick days for their own personal health, it only provides two-thirds wage replacement to care for family members, including children whose school or place of care is closed. It also caps wages for all paid sick days purposes. For low-income workers who already may struggle to make ends meet, the level of wage replacement makes a critical difference. And due to the gender and racial wage and wealth gaps, compounded for women of color, women and workers of color are less able to weather the pandemic with anything less than full wage replacement. Working people should be able to receive full wage replacement for all purposes for taking paid sick days.
- Include paid safe days in the paid sick days standard: News reports show that the quarantines and lock-downs are trapping women in abusive households and nationally we have seen a surge in domestic violence. Risk of job loss is especially troubling for domestic violence survivors because they often need financial security in order to seek assistance. We cannot let this pandemic further isolate this vulnerable population. Paid safe days would allow survivors to recover from or seek assistance related to domestic violence, stalking or sexual assault without risking job or income loss.
- Remove sunset provision: FFCRA's paid sick days and paid family leave provisions sunset on December 31, 2020, and yet many still expect the country to be dealing with the coronavirus crisis at that point in time. These provisions should be extended at least until the end of 2021, and preferably be made permanent so working people are protected for future public health emergencies.

Require and Support Improved Monitoring and Tracking of COVID-19 by Race and Ethnicity

- Congress should require the collection and public reporting of COVID-19 testing, confirmed cases, hospitalizations, and mortality by race and ethnicity, including relevant subgroups to enable the equitable distribution of resources – particularly to communities that are disproportionately impacted and under-served. This will also enable improved accountability and inform better post-pandemic public health planning. In addition, Congress should supply funds at the federal, state, and local levels to allow for improved data standardization and collection and strengthen data infrastructures.

Ensure Access to Life-Saving COVID-19 Testing and Treatment

- Eliminate out-of-pocket costs for COVID-19 testing, treatment, and vaccination. Congress should ensure that testing, related treatment, and eventual vaccination for COVID-19 must be made easily accessible, at no cost to all individuals in the U.S., including all immigrants regardless of status, justice-impacted individuals, and people living in the territories.
- Protect patients from surprise medical bills. Congress should pass legislation that bans surprise billing, ensuring that all patients, including those who may be suffering from COVID-19, are protected from further financial uncertainty as they seek health care services.
- Open a national special enrollment period. Congress should require all health insurance exchanges to provide a special enrollment period to allow uninsured individuals to sign up for health coverage in the ACA Marketplace.
- Improve access to affordable coverage in the ACA marketplaces. Congress should improve affordability for consumers who purchase plans through the ACA marketplaces by increasing financial assistance for those who qualify and expanding eligibility for tax credits.
- Reject attempts to weaken maintenance of effort provision. Congress should continue to prevent states from adopting Medicaid eligibility restrictions or other barriers to coverage.
- Provide an increase in FMAP. Congress should provide additional support to states by increasing the federal Medicaid match that was included in the Families First Act for both traditional and expansion Medicaid groups. This should apply for the duration of the pandemic and through the recovery period. FMAP relief should be pegged to economic conditions, which would trigger automatic increases over the course of the crisis. All U.S. territories and tribes must be included in Medicaid relief aid.
- Improve access to telehealth. Congress should require all health plans including all federal health plans, private plans, and ERISA plans to cover telehealth at parity with in-person care, including audio-only interactions for those without broadband access.

Protect and Support the Health of Birthing Women and Mitigate the Impact of the Pandemic on the Maternal Health Crisis in Communities of Color

- Launch a Website for Women: Congress should require the federal government to establish, publicize and keep up-to-date a single website with sections for pregnant people and members of their care team offering the most current information and

guidance about pregnancy, birth and postpartum/infant periods during the COVID-19 pandemic.

- Expand and extend Medicaid coverage. Congress should extend Medicaid coverage for pregnant people to at least 12 months after childbirth. Medicaid should also cover birth center care for all eligible families who want to choose this option, and reimburse these services at higher, sustainable rates. Prenatal and postpartum care should be available in birth center settings for eligible women who may not choose or be eligible for a birth center birth.
- Include specific policies aimed at safeguarding the health of justice-involved pregnant, birthing and postpartum women. Congress should release pregnant and postpartum people from federal correctional facilities and provide them with transitional services, including maternity and medical care, mental and behavioral health services, housing, food and transportation.
- Appropriate emergency funds to pay for the services of community-based perinatal health workers. Congress should support community-based providers, who serve a disproportionate share of low income women and women of color, to mitigate some of the additional burden these groups are potentially facing during this crisis.

Protect and Expand Abortion Access

- No abortion restrictions: The need for reproductive health care doesn't end during a pandemic. In fact, during times of crisis, ensuring people's ability to choose when and whether to parent becomes even more important. Reproductive health restrictions and harmful abortion coverage bans don't belong in a COVID response package.

Sincerely,

A handwritten signature in black ink, appearing to read 'D. Ness', followed by a long horizontal flourish.

Debra L. Ness
President