

November 14, 2022

The Honorable Nancy Pelosi
Speaker
House of Representatives
Washington, DC 20515

The Honorable Kevin McCarthy
Republican Leader
U.S. House of Representatives
Washington, DC 20515

The Honorable Chuck Schumer
Majority Leader
U.S. Senate
Washington, DC 20510

The Honorable Mitch McConnell
Minority Leader
U.S. Senate
Washington, DC 20510

Dear Speaker Pelosi, Leader McCarthy, Majority Leader Schumer, and Minority Leader McConnell,

As organizations working for the health and economic security of women, children, and families, we are committed to dismantling health inequities and expanding access to quality health care for all. Women and families, particularly women and families of color, are facing widening health inequities that have been further exacerbated by the pandemic. We urge Congress to take action to expand women and children's access to vital health care and services, a critical health equity investment.

As this Congress draws to a close, we ask for the following policies to be prioritized in a year-end package to better protect women and families' health and economic security.

- **Strengthen our nation's health care safety net, with a focus on Medicaid and the Children's Health Insurance Program (CHIP). We urge you to:**
 - **Include the mandatory, permanent extension of Medicaid coverage to 12 months postpartum** as an essential tool in preventing maternal mortality and morbidity and prioritize the maternal health provisions from the House-passed version of H.R. 5376.
 - **Provide additional Medicaid funding for Puerto Rico and the U.S. territories** to avoid severe, damaging cuts that could affect more than 1 million residents in Puerto Rico alone and have devastating effects on the women and families enrolled in this coverage.
 - **Ensure continuous eligibility for individuals eligible for CHIP or Medicaid, permanently fund CHIP, and streamline enrollment.**
- **Pass the Pregnant Workers Fairness Act** via any available procedural mechanism to ensure that pregnant workers are no longer forced to choose between their health and the health of their pregnancy and their economic security.

Mandatory, Permanent Extension of Medicaid Coverage to 12 Months Postpartum

Access to postpartum coverage is critical for the wellbeing of parents and infants, and Medicaid plays an [essential role](#) in ensuring this access. Congress must permanently increase guaranteed pregnancy coverage from 60 days to one year postpartum to eliminate the risk of coverage disruption, as the majority of Medicaid-insured women experience a gap in insurance six months after birth. Pregnant women receiving coverage through CHIP should likewise be guaranteed 12 months of post-delivery coverage. Black and Hispanic women are [disproportionately affected](#) by insufficient postpartum coverage through Medicaid. Extending mandatory Medicaid postpartum coverage is a key strategy in promoting continuity of coverage and addressing maternal health equity.

Congress must also prioritize the critical maternal health investments from the House-Passed version of H.R. 5376. Robust federal funding should be provided for the outlined [comprehensive solutions](#) that address the [social drivers](#) of maternal health inequities, including support for maternal mental health equity grant programs, for growing and diversifying the perinatal health workforce, and for additional evidence-based investments that center the people most severely impacted by our nation's maternal health crisis.

Provide Medicaid Funding for Puerto Rico and the U.S. Territories

Puerto Rico is facing a crisis: without prompt congressional action to increase Medicaid funding, more than 1 million residents could see drastic cuts to eligibility and benefits. In December, the federal government's share of Medicaid costs paid in the U.S. territories will revert, falling well short of the needed funding – and below what the territories would receive if they had the same funding structure as the states. In Puerto Rico, the Medicaid matching rate is at risk of dropping from 76 to 55 percent – a decrease that would be a massive blow to the territory's health care system. Such a reduction in funding would be disastrous, resulting in devastating cuts in Medicaid eligibility, benefits, and provider payments. These cuts would be dire for women and families: among nonelderly adult women living Puerto Rico, 447,000 report having insurance through Medicaid, including 441,000 Latinas, 61,000 Black women and 34,000 multiracial women.¹ It is crucial that Congress take action to provide Puerto Rico and other territories with the necessary funding required to maintain health care coverage for their residents.

Further Strengthen Safety Net Coverage by Ensuring Medicaid and CHIP Continuous Eligibility, Permanent CHIP Funding, and Creating a State Option for Express Lane Eligibility

CHIP ensures access to high-quality, affordable, pediatric-appropriate health care for children in working families. CHIP has played a critical role in reducing the number of uninsured children by more than 68 percent, from an uninsurance rate of nearly 15 percent in 1997 to [less than five percent](#) in 2016, while [improving health outcomes](#) and access to care for children and pregnant women. CHIP, together with Medicaid, plays a particularly important role for children of color: in the first 6 months of 2020, [more than half](#) of Black, multi-racial, and Hispanic children relied on Medicaid and CHIP as their source of health

¹ Original National Partnership analysis on file with organization.

coverage. Congress must prioritize CHIP as a critical part of the health insurance system for children; delaying CHIP permanency will cost billions of more dollars down the line.

Continuous eligibility for children and adults in CHIP and Medicaid ensures that they [will remain eligible](#) for Medicaid coverage or for CHIP for a one-year period, regardless of changes in their family's income. Children with health coverage are [more likely](#) to show improved health, lower rates of disability, and greater financial security in adulthood, and continuous coverage helps to avoid issues of delayed care and unfilled prescriptions caused by gaps in insurance coverage. By guaranteeing continuous Medicaid or CHIP eligibility for children in every state, Congress can advance health equity by promoting continuity of treatment for low-income children who experience [disproportionate rates](#) of health disparities.

Streamlined enrollment through Express Lane Eligibility (ELE) is an especially important tool as states confront the need to redetermine eligibility for nearly 90 million people following the end of the public health emergency. Through ELE, children can qualify for health coverage based on determinations already made by other need-based programs. Many states have been unwilling to implement this new option because the gains that result from investing in system improvements could end if ELE sunsets. To establish this vital tool as viable for states, Congress needs to make it a reliable option for children and adults alike.

Pass the Pregnant Workers Fairness Act

Pregnant workers are [forced out of their jobs](#) and denied reasonable accommodations that would enable them to continue working and supporting their families. [One million pregnant workers](#) each year live in the 20 states that have no pregnancy accommodation laws whatsoever, leaving their health and economic security solely up to their employer. The Pregnant Workers Fairness Act (PWFA) will help [end this discrimination](#) and ensure that the workplace is an environment where needed accommodations are routinely expected and provided. Birthing people need income to support themselves, their babies and their families, and to build assets, and they should not have to choose between keeping their jobs and building economic security or maintaining their health during pregnancy. By passing the PWFA, Congress can help guarantee that pregnant workers can maintain their incomes and have a safe and healthy pregnancy.

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Together, these actions represent common sense investments in our health care safety net that will promote maternal health equity, provide continuity of coverage for women and children with low incomes, and safeguard health and economic security. We urge Congress to take these actions in a year end package.

Sincerely,

Academic Pediatric Association
African American Health Alliance
AIDS Alliance for Women, Infants, Children, Youth & Families
American Academy of Family Physicians
American Academy of Pediatrics
American Academy of Social Work and Social Welfare

American Association for Psychoanalysis in Clinical Social Work
American Federation of Teachers
American Group Psychotherapy Association
American Mental Health Counselors Association
American Pediatric Society
American Physical Therapy Association
American Psychiatric Association
Amida Care
Association for Community Affiliated Plans
Association of Asian Pacific Community Health Organizations (AAPCHO)
Association of Medical School Pediatric Department Chairs
Birth Defects Research & Education Foundation Inc.
Children's HealthWatch
Children's Hospital Association
Coalition on Human Needs
Community Catalyst
Community Health Plan of Washington
El Paso Health
Family Values @ Work
Family Voices
Family Voices NJ
First 1,000 Days Kansas
First Focus on Children
Futures Without Violence
Hawaii Children's Action Network Speaks!
Health Plan of San Mateo
Healthy Teen Network
HEAR US Inc.
Hemophilia Federation of America
High Flight Arts and Letters
Ipas
Karabelle Pizzigati Initiative, School of Public Policy, University of Maryland College
Park
Legal Aid at Work
March for Moms
Maternal Mental Health Leadership Alliance
Mental Health America
Michigan Breastfeeding Network
MomsRising
National Association for Children's Behavioral Health
National Association of Pediatric Nurse Practitioners
National Association of School Nurses
National Center on Adoption and Permanency
National Children's Campaign
National Council of Jewish Women
National Employment Law Project
National Family Planning & Reproductive Health Association
National Health Care for the Homeless Council
National Health Law Program

National Juvenile Justice Network
National Partnership for Women & Families
National WIC Association
NETWORK Lobby for Catholic Social Justice
New Jersey Citizen Action
Pediatric Policy Council
Pennsylvania Council of Churches
Physicians for Reproductive Health
Planned Parenthood Federation of America
Prevent Blindness
Protect Our Care
Rhia Ventures
Social Action Linking Together (SALT)
Society for Pediatric Research
SPAN Parent Advocacy Network
Sycamores
Tennessee Health Care Campaign
Texas Kids Can't Wait
The Children's Agenda
The National Alliance to Advance Adolescent Health
UnidosUS
Union for Reform Judaism
United Way of Buffalo & Erie County
United Way of Washtenaw County
West Chester Food Cupboard
West Virginia Council of Churches
Women's Law Project
ZERO TO THREE