



COLORADO HEALTH POLICY COALITION

Representative Diana DeGette
Representative Doug Lamborn
Representative Ed Perlmutter
Representative Jason Crow
Representative Joe Neguse
Representative Ken Buck
Representative Scott Tipton
Senator Michael Bennet
Senator Cory Gardner

RE: H.R. 6201 Families First Coronavirus Response Act

The Colorado Health Policy Coalition urges the members of Colorado’s Congressional delegation to fight for Coloradans who are struggling to make ends meet, as Congress negotiates a second round of critical relief.

Through the Colorado Health Policy Coalition, our state’s health care stakeholders stand united to advance health equity, which exists when everyone can achieve optimal health. Our broad-based coalition consists of Colorado-based health care providers, advocates, nonprofits and community organizations, all of which are dedicated to, and have tremendous expertise in serving people facing economic insecurity and other structural barriers to health.

Over 50% of Coloradans across all geographic regions of our state are experiencing poverty or are just one missed paycheck away from being unable to afford the basics. For many of these Coloradans, COVID-19 will be a catastrophic event in their life - whether they become infected or not - unless our policymakers take action to guarantee access to care, replace lost wages, and ensure other needs are met.

We urge you to fight for the key provisions outlined below in the final relief package, without which the health and safety of Coloradans facing economic insecurity and other structural barriers to health will be severely jeopardized.

Provisions to Include in Final COVID-19 Package

Emergency Paid Sick Leave Program

We urge you to support emergency paid leave provisions that protect all workers. **The Families First Coronavirus Response Act passed by the House is insufficient because it does not include emergency paid sick leave for nearly 80% of our population.** Closures and cancellations due to COVID-19 mean many people can’t work, and many will not be able to pay for essentials like food, housing and health care.¹ In fact, 40% of households say they could not cover an emergency expense that costs \$400 without needing to borrow, sell something, stop paying other bills, or simply not being able to pay.² 20% of American households have less than \$400 in their bank accounts.³

We are disappointed that our country’s largest employers (500 employees or more) are exempted from providing paid leave and that Congress was not able to develop a solution to help small employers (50 or

¹ [A State of Emergency for Hourly-Wage Workers, Colorado Trust](#), March 14, 2020

² [Survey of Household Economics and Decisionmaking](#), 2018

³ [Survey of Consumer Finances](#), 2016

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fewer employees) ensure their employees do not go without income during this public health crisis. Many of those who are left out of the House bill's sick leave provisions will be required to miss work, either because they are ill or must care for elderly family members or children out of school. Making sure they can take time off work without suffering economic catastrophe is essential to public health and to the economic wellbeing of our families and our state. We urge your support of paid leave provisions in the final relief package that -

- Require **all employers** to allow employees to gradually accrue seven days of paid sick leave and to provide an additional 14 days available immediately in the event of any public health emergency, including the current coronavirus crisis.
- Eligible workers should receive a benefit for a month (up to three months) in which they must take 14 or more days of leave from their work due to a qualifying COVID-19-related reasons.
- Paid sick leave should cover days when your child's school is closed due to a public health emergency, when your employer is closed due to a public health emergency, or if you or a family member is quarantined or isolated due to a public health emergency.
- Reimburse small businesses—defined as businesses with 50 or fewer employees—for the costs of providing the 14 days of additional paid sick leave used by employees during a public health emergency.
- Enable construction employees to receive sick pay based on hours they work for multiple contractors.
- Makes the bill effective immediately so that employees in areas covered under a qualifying Public Health Emergency, upon the date of enactment, can take 14 days of paid sick leave in order to address COVID-19.
- Benefits paid under this program should not be subject to federal income taxes.

Unemployment Insurance

We urge you to support unemployment insurance (UI) provisions that -

- Provide \$1 billion in 2020 for emergency grants to states for activities related to processing and paying UI benefits., including \$500 million to states for staffing, technology, systems, and other administrative costs;
- Require employers to provide notification of potential UI eligibility to laid-off workers
- Ensure that workers have at least two ways (for example, online and phone) to apply for benefits,
- Ensure applicants are notified regarding the receipt and status of the application for UI benefits.
- Provide states with access to interest-free loans to help pay regular UI benefits through December 31, 2020, if needed.
- Require the Secretary of Labor to provide technical assistance to states that want to set up work-sharing programs, in which employers reduce hours instead of laying employees off, and then employees receive partial unemployment benefits to offset the wage loss.

Emergency FMAP Increase

As has been done in other national emergencies, we urge you to support an increase to states' federal medical assistance percentage for the duration of the COVID-19 public health emergency. **While H.R. 6201 increased the FMAP by 6.2%, that should be increase to 8% to ensure states have the resources needed to contain the epidemic.**

Health First Colorado, the state's Medicaid program, provides health coverage for over a million Coloradans, including people in nursing homes, people with disabilities, working adults, and – with the

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Child Health Plan Plus (CHP+) program - close to half of Colorado children. As the program that provides health coverage to nearly 1 in 5 Coloradans, Health First Colorado will be a critical tool in our efforts to combat the rapid spread of COVID-19 and the epidemic's impact on Coloradans facing economic insecurity. Additional federal support for the program will be critical as health care costs rise due to increased need for care and as the eligible population grows with the economic downturn. While federal funds and hospital provider fees cover 100 percent of the health care costs of adults covered under the Medicaid expansion, states must pay 50 percent of the costs of care for populations - including seniors people with disabilities - who will likely suffer the most severe complications if they contract COVID-19. A rapid expansion in need for services will strain Colorado's already strained budget, just when Coloradans are most in need of a range of public supports.

Individuals Experiencing Homelessness

People experiencing homelessness are at an increased risk of contracting COVID-19 because it is nearly impossible to self-isolate and many have existing health conditions like diabetes that make them more vulnerable to the virus. The recommended preventative measures, including frequent handwashing and avoiding large gatherings are not feasible for the roughly 30,000 people experiencing homelessness in Colorado. Homeless service providers and outreach workers are doing their best to respond to tremendous new challenges, but they are understaffed and under-resourced. **H.R. 6201 Families First Coronavirus Response Act neglects the urgent needs of people experiencing homelessness, we urge you to make the following corrections to the bill:**

- Provide emergency funding to shelters to quickly and permanently house people who are currently experiencing homelessness.
- Provide adequate personal protective equipment (PPE) like masks and gloves to clinics and agencies that provide direct services to this population.
- Enact a moratorium on evictions and foreclosures; and provide emergency rental assistance funding to states to avoid adding more people to the homeless population.

Food Assistance and Nutrition

The economic consequences of COVID-19 will put many Coloradans in jeopardy of going without enough food. We urge you to support provisions that fund and protect access to domestic nutrition assistance programs. Specially, we urge you to support

- An appropriation of \$500 million to the Special Supplemental Nutrition Program for Women Infants and Children (WIC) to provide nutritious foods to low-income pregnant women or mothers with young children who lose their jobs or are laid off due to the COVID-19 emergency.
- An appropriation of \$400 million to the Emergency Food Assistance Program (TEFAP) to assist local food banks meet increased demand during the emergency.
- Designation of these supplemental appropriations as emergency spending to exempt the funding from discretionary spending limits
- The suspension of work requirements for the Supplemental Nutrition Assistance Program (SNAP, formerly known as the food stamp program
- An authorization that allows the Department of Agriculture to approve state plans to provide emergency SNAP assistance to households with children who would otherwise receive free or reduced-price meals if not for their schools being closed due to the COVID-19 emergency.
- An appropriation of \$250 million for the Senior Nutrition program in the Administration for Community Living (ACL) to provide approximately 25 million additional home-delivered and pre-

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packaged meals to low-income seniors who are homebound and have disabilities, and/or have multiple chronic illnesses .

Uninsured Coloradans

We urge you to ensure access to services for the uninsured. In 2018, 8% of our state, or 425,200 Coloradans, were uninsured.⁴ Without Congressional action, these individuals may not have access to testing and treatment for COVID-19, impeding our ability to contain the virus and putting everyone at risk. **We urge you to pass legislation that allows states to extend Medicaid eligibility to uninsured populations for the purposes of COVID-19 diagnostic testing and treatment. State expenditures for medical and administrative costs should be matched by the federal government at 100 percent.** In addition, the National Disaster Medical System should reimburse the costs of COVID-19 diagnostic testing provided to individuals without coverage.

As you well know, our health care safety-net is already experiencing strain as a result of COVID-19. Currently in Colorado, there are forty (40) Free and Charitable Clinics and Pharmacies across Colorado providing care to the uninsured. They do not receive any federal funding and rely on private donations. Like their Federally Qualified Health Clinic counterparts, Free and Charitable Clinics and Pharmacies are on the frontlines of the COVID-19 outbreak and are facing an influx of uninsured individuals and families seeking diagnosis and ongoing treatment. Without additional funding to keep the doors open at our safety-net clinics, uninsured individuals may be forced to forgo treatment and/or seek expensive care at our already overburdened hospital emergency departments. We urge you to include specific language naming Free and Charitable Clinics and Charitable Pharmacies as eligible entities to access all future coronavirus federal funding.

Cost Sharing

We must keep in mind the high costs of testing and treatment associated with COVID-19, and protect our state from a consequent outbreak of medical bankruptcies. **We urge you to ensure all Coloradans have access to needed care without cost sharing** by including the following provisions in the final relief package:

- Ensure that American Indians and Alaskan Natives do not experience cost sharing for COVID-19 testing, including those referred for care away from an Indian Health Service or tribal health care facility.
- Require Medicaid to provide coverage for COVID-19 diagnostic testing, including the cost of a provider visit in order to receive testing. Coverage must be provided at no cost to the beneficiary.
- Require private health plans to provide coverage for COVID-19 diagnostic testing, including the cost of a provider, urgent care center and emergency room visits in order to receive testing. Coverage must be provided at no cost to the consumer.
- Require Medicare Advantage to provide coverage for COVID-19 diagnostic testing, including the associated cost of the visit in order to receive testing. Coverage must be provided at no cost to the beneficiary.
- Require Medicare Part B to cover beneficiary cost-sharing for provider visits during which a COVID-19 diagnostic test is administered or ordered. Medicare Part B currently covers the COVID-19 diagnostic test with no beneficiary cost-sharing.
- Ensure that individuals enrolled in TRICARE, covered veterans, and federal workers have coverage for COVID-19 diagnostic testing without cost-sharing.

⁴ [Health Insurance Coverage of the Total Population](#), Kaiser Family Foundation, 2018

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- Ensure uninsured individuals can access COVID-19 diagnostic testing services through the National Disaster Medical System as mentioned above, including the cost of a provider, urgent care center and emergency room visits in order to receive testing. Services must be provided at no cost to the consumer.

We know you recognize that our state's response to the COVID-19 outbreak over the coming days and weeks must include key actions to preserve the health, safety and economic security for all Coloradans, including those currently disadvantaged by health inequities and social and economic barriers to health. We thank you in advance for ensuring these essential provisions are included in Congress' second round of COVID-19 relief for states. Thank you for your unwavering commitment to the health and safety of all Coloradans.

Sincerely,

Colorado Health Policy Coalition

Organizations participating in the Colorado Health Policy Coalition include:

Boulder County

Center for Health Progress

Clinica Colorado

Colorado Center for Law and Policy

Colorado Children's Campaign

Colorado Cross-Disability Coalition

Colorado Association for School-Based Health Care

Caring for Colorado Foundation

Colorado Nonprofit Association

Colorado Safety Net Collaborative

Colorado Organization for Latina Opportunity and Reproductive Rights

One Colorado

Colorado Behavioral Healthcare Council

Colorado Regional Health Information Organization (CORHIO)

Colorado Chapter of the American Academy of Pediatrics

Hunger Free Colorado

Planned Parenthood of the Rocky Mountains

Northeast Health Partners, RAE Region 2

STRIDE Community Health Center

Mile High Health Alliance

Mind Springs Health

West Springs Hospital

Tri-County Health Network