

July 27, 2020

The Honorable Dianne Feinstein  
Senator  
United States Senate  
Washington, DC 20510

The Honorable Kamala Harris  
Senator  
United States Senate  
Washington, DC 20510

The Honorable Nancy Pelosi  
Speaker  
U.S. House of Representatives  
Washington, D.C. 20515

The Honorable Kevin McCarthy  
Minority Leader  
U.S. House of Representatives  
Washington, D.C. 20515

Dear Senator Feinstein, Senator Harris, Speaker Pelosi and Minority Leader McCarthy:

On behalf of 74 organizations, we write to urge you to pass a comprehensive COVID-19 stimulus package that responds appropriately to California's recent unprecedented surge in COVID-19 cases and deaths as well as the dire health and economic impacts of the current pandemic on all Californians and the diverse communities of our state.

**COVID-19 Cases and Deaths are Rising:** California is experiencing a devastating resurgence of COVID-19. In the last several weeks, COVID-19 related hospitalizations have risen 28%, including a 20% percent increase in patients requiring intensive care. The state's death toll is now above 7,000.<sup>1</sup> The public health emergency is causing additional shut-downs, closures and other severe economic impacts. While all across California, from the [Bay Area](#) to [San Bernardino](#), [San Diego](#) to [San Luis Obispo and Santa Barbara](#) to [Sacramento, Los Angeles, and Fresno](#), wait times for COVID-19 are surging and testing shortages loom, particularly in low-income communities. At the same time, the sudden and widespread job and income losses due to the necessary stay-at-home orders have left millions of Californians without health insurance coverage. California is projected to have the largest increase in the number of uninsured due to COVID-19 (689,000) and is second only to Texas in the total number of uninsured (3.2 million) in the state.<sup>2</sup>

**California's low-wage workers, people of color and immigrants are bearing the brunt of the pandemic:** The health and economic impacts of COVID-19 have not been borne equally. COVID-19 is magnifying systemic disparities in health and wealth due to historic, structural racism in California and our nation. Daily we continue to hear of reports both nationally and in California of unequal distribution of coronavirus disease and death burden on Black, Indigenous and Persons of Color (BIPOC), immigrants, Limited-English Proficient (LEP) individuals, LGBTQ+, and persons with disabilities.<sup>3</sup> These communities have long been disenfranchised

---

<sup>1</sup> "California Shuts Bars, Indoor Dining and Most Gyms, Churches," New York Times, July 13, 2020. <https://www.nytimes.com/aponline/2020/07/13/business/ap-us-virus-outbreak-california.html>

<sup>2</sup> "The COVID-19 Pandemic and Resulting Economic Crash Have Caused the Greatest Health Insurance Losses in American History," July 2020. Families USA. <https://familiesusa.org/wp-content/uploads/2020/07/COVID-254-Coverage-Loss-Report-7-14-20.pdf>

<sup>3</sup> "COVID-19 has shown that California must fix inequities in health care for communities of color," CalMatters, May 19, 2020. <https://calmatters.org/commentary/covid-19-has-shown-that-california-must-fix-inequities-in-health-care-for-communities-of-color/>

from our health and social support systems. The lack of access to quality, culturally and linguistically appropriate health care and access to fair distribution of resources has already led to higher prevalence of non-communicable conditions including diabetes, hypertension, asthma and depression in these communities, which are now compounded by the ongoing outbreak. Those with these pre-existing conditions are more likely to not survive COVID-19.

Worse still, low-income BIPOC and immigrants overrepresented in low-wage and non-medical essential workforce, jails, homeless shelters and immigration centers are at heightened risk of directly contracting COVID-19. The risk of economic instability due to the COVID-19 business slowdown particularly affects these same workers. Nearly 2 in 3 (65.5%) workers at high risk of losing jobs or hours because they work in a highly affected industry, are people of color, including more than 4 in 10 (43.8%) who are Latinx, more than 1 in 8 (13.2%) who are Asian, and about 1 in 20 (4.7%) who are Black. Children of color are more likely to have parents who are essential workers.<sup>4</sup>

### **California Needs Critical COVID-19 Relief Now:**

California is experiencing a \$54 billion shortfall due to the economic impacts of COVID-19. The Governor's [May Revise proposal](#), which was ultimately rejected by the Legislature, included billions in reductions to Medi-Cal and public health care programs, including cuts to Medi-Cal eligibility and services at a time when Californians are still reeling from the impacts of COVID-19. Without federal relief, these cuts could be right back on the table, on top of major cuts to health that were adopted and are scheduled.

On Friday, May 15, 2020, the U.S. House of Representatives took an important step by passing H.R. 6800, the Health and Economic Recovery Omnibus Emergency Solutions (HEROES) Act. This legislation would protect families' health insurance coverage and benefits including access to oral and mental health care services and allow California to invest adequately in its public health response to COVID-19 so that our state's containment, mitigation and recovery strategies address these inequities and respond to the needs of all Californians during this time.

We strongly encourage Republicans and Democrats to work together to build upon efforts in the HEROES Act in order to ensure that millions of Californians will be able to access health care coverage and we can reverse the disparate impacts of COVID-19. We urge a Congress to prioritize the needs of individuals including, frontline workers, unemployed uninsured and underinsured, children, people of color, people in rural communities and Californians regardless of immigration status over corporate interests and partisan politics so all Californians can achieve optimal health and economic well-being. Below are some of the specifics that must be prioritized for urgent inclusion in a new package:

**STATE FISCAL RELIEF:** Congress must increase federal matching rates for Medicaid, fully fund Indian Health Services and provide flexible funding so California can offset major revenue losses and cost increases triggered by the recession:

- **Increase Federal Medicaid Assistance Percentages (FMAP) for Medicaid to 14%** retroactive to January 1, 2020, and remaining until at least September 30, 2021, and longer for states with continued high unemployment conditions, to support state

---

<sup>4</sup> "California Workers with Less Education, People of Color, and Immigrants are Shouldering the Economic Burden of COVID-19," April 16, 2020. <https://calbudgetcenter.org/news/california-workers-shouldering-the-economic-burden-of-covid-19/>

Medicaid programs in continuing to provide full access to comprehensive Medicaid benefits, including oral and behavioral health. Medicaid has been a crucial and quick vehicle to move money to states in any economic downturn, but is especially important in a pandemic. As a condition of receiving this relief, states should be prohibited from imposing new Medicaid eligibility restrictions or taking away people's benefits and coverage during the public health emergency.

- **Provide full federal funding to Indian Health Services** so states and Tribes can respond to projected caseload increases due to COVID-19.
- **Allocate \$500 billion in state emergency relief funds for state governments** who are on the frontlines dealing with the economic impacts of the current pandemic, and another \$500 billion for local governments, as requested through the National Governor's Association proposal.

### **HEALTH CARE COVERAGE FOR CRITICAL PHYSICAL, ORAL AND MENTAL HEALTH**

**NEEDS:** Dedicated funds should be set aside to ensure individuals can afford to pay for health insurance, access testing, treatment and vaccines, get help in accessing the care and coverage they need and be able to access oral and mental health care services.

- **Make private health insurance affordable** by broadening premium tax credits in exchanges like Covered California, and fully subsidizing COBRA coverage offered to laid-off workers. With so many losing employer-based coverage, these options are especially urgent.
- **Extend no cost sharing for COVID-19 testing, treatment and vaccines** for all individuals and across all public and private health insurance markets, and including extra funds for Home and Community Based Services (HCBS), regardless of immigration status.
- **Stop surprise medical billing by health providers and prevent price-gouging by prescription drug companies.** The industry should not use these crises to unfairly overcharge consumers.
- **Provide \$600 million in mandatory, annual funding for consumer assistance** so families can connect with the coverage and care they need.
- **Invest \$3 billion in behavioral health and substance use treatment** to help individuals and families respond more appropriately to the increased stress and anxiety caused by COVID-19 which has exacerbated mental health and substance use disorder conditions and disparities. The HEROES Act provides funds for states and local governments, Tribes, community-based organizations, primary and behavioral health organizations to more adequately respond to COVID-19 needs. This should be included in the final package.
- **Invest in Home and Community Based Services:** Provide a 10 percent enhanced FMAP specifically for Medicaid-funded Home and Community Based Services (HCBS). Medicaid is the primary payor for HCBS services, which provide services and supports to people with disabilities and older adults in their own homes. However, due to the pandemic, HCBS service systems are facing unsustainable increased demands and costs. This additional funding will help ensure that states can continue to provide HCBS services, and that people with disabilities and older adults are able to stay in their own homes--the safest place to be during the pandemic.

**EQUITABLE COVID-19 CONTAINMENT, MITIGATION AND RECOVERY:** This pandemic has already magnified and further reinforced persistent health inequities, particularly for Black, Indigenous and Persons of Color (BIPOC), immigrants, Limited-English Proficient (LEP) individuals, LGBTQ+, and persons with disabilities. Funds for COVID-19 containment, mitigation and recovery must be equitable. Excluding our immigrant family members, friends, and neighbors from federal aid hurts a large and important part of California's society and economy, but also the public health and economic recovery goals to get everyone out of this emergency.

- **Provide \$3.7 billion in funds for the Centers for Disease Control and Prevention** to establish a national system for testing, contact tracing, surveillance, containment and mitigation that includes funds for testing sites in under-served communities already in short supply, accurate collection and reporting of comprehensive and disaggregated demographic data on testing, hospitalizations and deaths, and culturally and linguistically appropriate contact tracing, mitigation and recovery work, including through the provision of grants to community-based organizations, trusted messengers in their communities, to assist with this work. Demographic data should include race, ethnicity, primary language, age, sex, gender identity, sexual orientation, disability, socioeconomic status, geographic region, treatment setting and other relevant factors.
- **Prioritize the distribution of testing and personal protective equipment (PPE)** within communities of color, and to employers in industries that traditionally hire a large percentage of people of color as “essential workers.”
- **Dedicate resources and oversight to ensuring language and communications needs are not a barrier to COVID-19 public health knowledge, testing and treatment** by requiring that all materials related to the pandemic are translated and available in alternative formats, in person communications needs, particularly at COVID-19 testing and treatment sites, including hospitals are met, requiring contact tracing efforts, both through trained staff and digital applications are accessible to people with diverse communication needs, ensuring all patients are aware of their rights under civil rights laws and making comprehensive data available through the collection and regular reporting of language and disability characteristics of COVID-19 cases and deaths at all testing, treatment and ultimately vaccine sites.
- **Invest in additional economic and social supports necessary to ensure successful containment, mitigation and recovery including** an increase SNAP benefits, immigrant inclusivity through extension of economic impact statements to those using Individual Taxpayer Identification Numbers (ITINs) and extension of work authorization and underlying status of work-authorized immigrants including DACA and TPS holders, job-protected paid leave and paid sick leave, grants for individuals and families experiencing homelessness, emergency rental assistance and support for state unemployment insurance systems.
- **Provide \$3.6 billion for elections** as provided for in the HEROES Act. The COVID-19 pandemic has created additional barriers for many communities to access the polls and will continue to do so without robust federal assistance. Congress must provide election funds in order to cover a range of unanticipated costs that stem from COVID-19 including finding bigger indoor polling spaces, moving polling spaces from schools and senior centers to safe locations and complying with other related CDC guidelines, as well as preparing for a more robust mail-in ballot program.

**Conclusion:** These priorities must be maintained in a final package and the stimulus passed without delay.

Given the dire need and urgency for education, health and human services, and many more, this is not the time to “go small” with a compromise proposal. We need Congressional leaders to stand strong for a big, broad package meet the needs of our state, and result in not just stopping the worst scenarios, but actually invests in our communities and rectify longstanding inequalities, but to take pro-active steps to get COVID-19 under control, and allow our counties to re-open physical schools, in store interactions, and more. For questions about this letter, please contact Cary Sanders, Senior Policy Director/CPEHN at: [csanders@cpehn.org](mailto:csanders@cpehn.org).

Thank you for your consideration.

Sincerely,

ADL Los Angeles

Alliance for a Better Community

Alzheimer's Los Angeles

AMERICAN FRIENDS SERVICE COMMITTEE-LOS ANGELES

ANA\California

API Equality-LA

Asian Americans Advancing Justice - Los Angeles

Asian Resources, Inc.

Association of Regional Center Agencies (ARCA)

Buen Vecino

CA Association of Public Authorities for In-Home Supportive Services (CAPA)

Cal Voices

California Alliance for Retired Americans (CARA)

California Black Health Network

California Health Professional Student Alliance (CaHPSA)

California Immigrant Policy Center

California LGBTQ Health and Human Services Network

California Pan-Ethnic Health Network

California Physicians Alliance (CaPA)

Central Valley Immigrant Integration Collaborative (CVIIC)

Children's Defense Fund-California  
Chinatown Service Center  
Clinica Monseñor Oscar A. Romero  
Community Health Councils  
Community Health Initiative of Orange County  
CRLA Foundation  
Desert AIDS Project  
Empowering Pacific Islander Communities (EPIC)  
Fresno Metro Black Chamber of Commerce  
Friends Committee on Legislation of California  
Health Access  
Inland Equity Partnership  
Jewish Family Service of Los Angeles  
Khmer Girls in Action  
Korean Community Center of the East Bay  
Latino Coalition for a Healthy CA  
Law Foundation of Silicon Valley  
LifeLong Medical Care  
Little Tokyo Service Center  
Long Beach Immigrant Rights Coalition  
Los Angeles LGBT Center  
Maternal and Child Health Access  
Mi Familia Vota  
Mid-City CAN (Community Advocacy Network)  
Mixteco Indígena Community Organizing Project  
Multi-Ethnic Collaborative of Community Agencies  
National Association of Social Workers, California Chapter

National Health Law Program  
Personal Assistance Services Council  
Public Law Center  
SAAHAS for Cause  
Sacramento Covered  
Sacramento LGBT Community Center  
San Francisco AIDS Foundation  
San Francisco Senior and Disability Action  
SEIU CALIFORNIA  
Services, Immigrant Rights & Education Network (SIREN)  
Social Security Works California  
Southeast Asia Resource Action Center (SEARAC)  
SSG/PALS for Health  
Stanford Medical School  
Stanford Summer Community College Pre-Medical Program  
Stanford University  
Street Level Health Project  
The Center for Sexuality & Gender Diversity  
The Children's Partnership  
The Los Angeles Trust for Children's Health  
TODEC Legal Center  
UDW/AFSCME Local 3930  
UndocuHealth Advocates  
United Ways of California  
Visión y Compromiso  
Western Center on Law & Poverty  
Young Invincibles