Health Care is a **Human Right**

September 9, 2021

To: Speaker Nancy Pelosi, Chairman Richard Neal, Chairman Frank Pallone, Chairman John Yarmuth, Majority Leader Chuck Schumer, Chairman Ron Wyden, Chairwoman Patty Murray, Chairman Bernie Sanders

Cc: Sen. Maria Cantwell, Rep. Suzan DelBene, Rep. Rick Larsen, Rep. Jaime Herrera Beutler, Rep. Dan Newhouse, Rep. Cathy McMorris Rodgers, Rep. Derek Kilmer, Rep. Pramila Jayapal, Rep. Kim Schrier, Rep. Adam Smith, Rep. Marilyn Strickland

Dear Congressional leadership:

We write to thank you on behalf of Health Care is a Human Right WA for your bold leadership in passing the recent #BuildBackBetter budget resolutions. HCHR is a community/labor campaign with over 50 member organizations. Our mission is to make health care a right for all people in Washington State and our country. We are part of a growing national movement for health care justice. We believe the fundamentals of our health system must be built around delivering health care to everyone in our country in an equitable way.

With COVID still surging, we need bold action to meet the urgent healthcare needs of our nation, to begin to transform our healthcare system to guarantee affordable and equitable care for everyone in our country, and to prepare for future pandemics. We call on Congress and the President to deliver on all fronts listed below and address long-standing barriers that continue to put affordable, accessible health coverage and care out of reach for tens of millions of people. **We are counting on you to adopt the strongest possible plan for negotiation of lower drug prices in order to maximize the savings to invest in health care.**

We stand in solidarity with all who advocate for different parts of this agenda and reject any effort to pit one constituency against another in competition for funding. As committees work on drafting the reconciliation package, we urge you to include the following key elements:

Preparing our national health care infrastructure for universal coverage

- **Enable Medicare to negotiate drug prices**. Allowing all prescription drug prices to be

negotiated for Medicare and private plan beneficiaries has strong bipartisan and public support and could save up to $530 billion over the next 10 years, enabling the necessary funding for top health equity priorities.

- **Expand Medicare to include dental, vision, and hearing benefits**. Dental, vision, and hearing benefits are essential to comprehensive health care but are currently not provided in traditional Medicare coverage. Nearly two-thirds of Medicare beneficiaries lack dental coverage due to the high cost. Similarly, low-income seniors are much less likely to access vision and hearing care than their higher-income or younger counterparts. Adding robust dental, vision, and hearing benefits to traditional Medicare would help nearly 38 million enrollees access critically-needed care.

- **Add an out-of-pocket maximum on cost-sharing.** Traditional Medicare is the only health plan without a cap on out-of-pocket cost-sharing. This is a barrier to accessing needed care for many beneficiaries. Calculations from the AARP Public Policy Institute revealed that half of low-income Medicare enrollees spend 27% or more of their income on out-of-pocket health care costs due to the lack of an out-of-pocket maximum in traditional Medicare.

- **Lower the Medicare eligibility age to at least 55**. Workers aged 50 to 64 are particularly vulnerable to being uninsured or underinsured due to losing employment related to age discrimination in the workplace and the exorbitant insurance premiums older adults pay to access basic care. Lowering the Medicare eligibility age would provide more affordable coverage for millions of current Medicare enrollees and help over a million currently uninsured people get affordable coverage at a time when medical care is critical to maintaining quality of life and seniors face the loss of employment and employer-sponsored insurance because they can't work outside the home during the pandemic.

Making near-term improvements to our current system

- **Maintain subsidies created by the American Rescue Plan Act.** The ARPA provision to increase tax credits has helped countless families who were previously priced out of coverage. According to research done by the Robert Wood Johnson Foundation, making ARPA's subsidy enhancements permanent would decrease the number of uninsured people by up to 4.2 million and enable more than 5 million newly eligible people to enroll in subsidized marketplace coverage.

- **Prioritize equitable interventions for Black, Indigenous, and women of color, including maternal health policy solutions,** such as permanently expanding postpartum Medicaid benefits for low-income women and birthing parents to one year after birth in every state and investing in community-based partners as proposed in the Black Maternal Health Momnibus Act of 2021 (HR 959).

- **Close the Medicaid coverage gap**. Over 2 million low-income, disproportionately Black people in the 12 non-expansion states still lack access to any realistic option to receive

affordable health insurance. We urge Congress to pass a comprehensive Medicaid direct coverage option that meets the scope of this longstanding inequity.

- **Invest in-home and community-based Medicaid services** to assist the more than 800,000 people who are currently on waiting lists for home and community-based care. Investing in these crucial services would allow seniors and people with disabilities to remain at home and in their communities, which improves quality of life and saves families and the federal government millions of dollars.

- **Give states flexibility to innovate.** We recognize that Congress cannot tackle every pressing health care issue in one reconciliation package. As a result, we urge Congress to give states the flexibility we need to continue to innovate through state-based waivers as provided for in the State-Based Universal Health Care Act (HR 3775).

- **Expand Health Care to Immigrants.** We are encouraged by the efforts to expand health care to immigrants, as in the HEAL Act and Lift the Bar Act, which would ensure access to health care through Medicaid and CHIP for millions of lawfully present immigrants who meet all of the other eligibility criteria, including income and residency requirements.

As our nation continues to recover from the dual health and economic crises of the COVID-19 pandemic, Congress has a decisive role to play in helping individuals and families get back on their feet. Thank you for your service. We applaud your efforts and appreciate your partnership in moving forward together as a nation.

Sincerely,

David Loud, Nathan Rodke, Kelly Powers
Co-Chairs, Steering Committee

Sam Hatzenbeler, Emily Brice
Co-Chairs, Policy Committee