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May 27, 2021

Dear Members of Congress,

On behalf of The Leadership Conference on Civil and Human Rights, a coalition charged by its diverse membership of more than 220 national organizations to promote and protect the civil and human rights of all persons in the United States, and the 62 organizations listed below, we write to urge you to close the Medicaid coverage gap as part of recovery legislation this year.

Closing this gap would provide coverage for the first time to about 2.2 million low-income people<sup>1</sup> in the 12 states<sup>2</sup> that have refused to take the option to expand Medicaid to cover people with incomes below 138% of the poverty line. Despite substantial federal incentives to do so, including the added incentives in the American Rescue Plan Act passed earlier this year, none of these states, many of which are in the South, have taken steps to implement the expansion. As a result, people with incomes below the poverty line in these states continue to have no access to health coverage. Those without coverage are primarily people of color, including 28% who are Black, 28% who are Hispanic, and 1% who are Asian or Pacific Islander.<sup>3</sup> Providing Medicaid coverage now would be a huge step toward making health equity a reality.

Medicaid expansion has narrowed racial and ethnic disparities in both coverage and access to care in the states where it has been expanded, and it has saved lives.<sup>4</sup> But these 2.2 million adults have experienced none of these gains, solely because of where they live. Without additional federal action in recovery legislation this year, people in most of these states will likely continue to suffer from a lack of access to health care for many more years, a lack of access that is costing people's lives.

In addition, it is critical to close the gap in Medicaid funding to the U.S. territories. They are facing yet another Medicaid cliff this September when a temporary federal funding boost enacted just two years ago is set to expire. Unlike the states, where federal Medicaid funding covers a specified share of their Medicaid spending, the territories receive a fixed block grant that is unrelated to, and often does not meet, the need. For example, Puerto Rico's block grant, on average, covered just 15 percent of its total Medicaid spending between 2012-

<sup>1</sup> <https://www.cbpp.org/research/health/federal-action-needed-to-close-medicaid-coverage-gap-extend-coverage-to-22-million>

<sup>2</sup> Alabama, Florida, Georgia, Kansas, Mississippi, North Carolina, South Carolina, South Dakota, Tennessee, Texas, Wisconsin and Wyoming.

<sup>3</sup> <https://www.cbpp.org/research/health/federal-action-needed-to-close-medicaid-coverage-gap-extend-coverage-to-22-million>. Without disaggregated data, we are unable to identify specific coverage rates for subgroups.

<sup>4</sup> <https://www.kff.org/medicaid/report/building-on-the-evidence-base-studies-on-the-effects-of-medicaid-expansion-february-2020-to-march-2021/>



2019.<sup>5</sup> Without more federal funding and a permanent, equitable expansion of Medicaid to the territories, nearly two million Americans living in Puerto Rico and the other U.S. territories will see their access to medical care severely curtailed, while others who only qualified under the recent expansion may lose access all together – including over half of enrollees in Guam and the Virgin Islands.<sup>6</sup> The temporary expansion of Medicaid for the territories has saved lives and increased access to medical coverage to the poorest residents, largely people of color. Therefore, we urge Congress to eliminate Medicaid block grant funding to the U.S. territories and instead provide full, permanent Medicaid funding at a fixed percentage of territories' Medicaid costs without limit as it does for the states.

Congress has a responsibility – which it has exercised in the past, in some of its proudest moments – to step in with national policies to ensure that everyone is treated equally, no matter what state or territory they live in. It must do so in this context as well by providing a federal pathway to coverage for people shut out of their state's Medicaid program. We understand that there are several options under consideration. Regardless of the approach, the critical need is for recovery legislation to close the coverage gap as quickly as possible.

Access to health care is a civil and human right. The COVID-19 pandemic amplified pre-existing inequities in health care, with deadly consequences for many Black and Brown communities.<sup>7</sup> Congress must help ensure a racially equitable recovery by creating pathways for all communities to access coverage. The recovery can leave no one behind.

Unless Congress acts now in the next recovery bill to close the Medicaid coverage gap, enabling several million people to gain access to health coverage, we will have failed to achieve the substantial progress needed to help eliminate the racial health inequities that have plagued this country for far too long. We urge Congress to take advantage of this historic opportunity to address the coverage gap, an opportunity that is unlikely to come again for many years.

Congress can no longer allow people in this country to continue to be deprived of their civil and human right to health coverage because of where they live. If the pandemic has taught us anything, it is that.

Thank you for your consideration. If you have any questions, please contact June Zeitlin, Senior Advisor, at [zeitlin@civilrights.org](mailto:zeitlin@civilrights.org).

Sincerely,

The Leadership Conference on Civil and Human Rights  
African American Health Alliance  
American Kidney Fund

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<sup>5</sup> <https://www.cbpp.org/blog/territories-looming-medicaid-cliff-highlights-need-for-full-permanent-funding>

<sup>6</sup> Id.

<sup>7</sup> <https://www.kff.org/medicaid/report/building-on-the-evidence-base-studies-on-the-effects-of-medicaid-expansion-february-2020-to-march-2021/>

American Therapeutic Recreation Association  
Association of Asian Pacific Community Health Organizations (AAPCHO)  
Association of Farmworker Opportunity Programs  
Autism Society of America  
Autistic Self Advocacy Network  
Black Women's Health Imperative  
Campaign for Tobacco-Free Kids  
Center for Disability Rights  
Center for Law and Social Policy (CLASP)  
Center for LGBTQ Economic Advancement & Research (CLEAR)  
Chinese-American Planning Council (CPC)  
Coalition of Labor Union Women, AFL-CIO  
Coalition on Human Needs  
Community Catalyst  
Criminalization of Poverty Project at the Institute for Policy Studies  
Easterseals  
Eating Disorders Coalition for Research, Policy & Action  
Epilepsy Foundation  
Equal Justice Society  
Faith in Public Action Fund  
Families USA  
First Focus Campaign for Children  
Futures Without Violence  
Girls Inc.  
Guttmacher Institute  
Health Care for America Now  
Health Care Voter  
Hispanic Federation  
Human Rights Campaign  
Japanese American Citizens League  
Lawyers' Committee for Civil Rights Under Law  
Main Street Alliance  
MomsRising  
NAACP  
National Action Network  
National Association for Children's Behavioral Health  
National Association of Councils on Developmental Disabilities  
National Center for Transgender Equality  
National Education Association  
National Employment Law Project  
National Health Care for the Homeless Council  
National Health Law Program  
National Partnership for Women & Families



National Resource Center on Domestic Violence  
National Urban League  
National WIC Association  
National Women's Law Center  
NETWORK Lobby for Catholic Social Justice  
Planned Parenthood Federation of America  
Protect Our Care  
Public Advocacy for Kids  
REDC Consortium  
RESULTS  
Spina Bifida Association  
The AIDS Institute  
The Arc  
The Children's Partnership  
UnidosUS  
Voices for Progress  
Whitman-Walker Institute