



2020

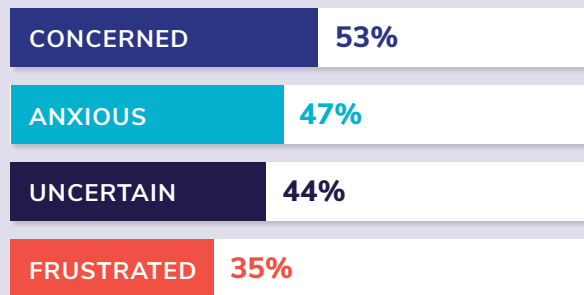
HEALTH CARE LEGISLATIVE CANDIDATE GUIDE

Health care remains one of the [most important problems facing America](#)ⁱ. [Voters are concerned about access to and the cost for health care and insurance](#)ⁱⁱ. See page 4 for specific COVID and health care data.

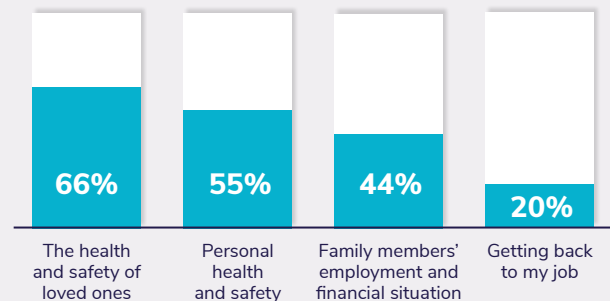
Health Care During the COVID Pandemic

The COVID-19 pandemic has illuminated the need for effective solutions that address both the immediate challenges and the long-term gaps in our health care systems to ensure people can access quality health care they can afford. Americans are feeling a **mix of emotions** related to the pandemic, and **those emotions are overwhelmingly negative**.*

Q: Which of the following words best describe your feelings when it comes to things going on in your life today?



Across the board, when asked to rank different concerns, the public is deeply concerned about their **health and financial wellbeing**, describing an interconnection of these parts of their life and broader society.



In addition, the pandemic has illuminated deficiencies of our health care system.

- ★ People feel that the **U.S. was caught unprepared** to handle the pandemic and our losses have been greater than those of other countries.
- ★ People **blame government for the inadequate pandemic response, not health care systems**.

*National survey conducted May 1-3, 2020, carries a confidence interval of 90%, with a margin of error between 2-4%. It included a sample size of 2,156 respondents, with oversamples for African American women, Republican-identified men and women, and Republican-identified high school-educated white men. Health status of respondents was not collected or oversampled. These findings have been compared with findings from our ongoing listening effort which began before the pandemic.



Key Messages for Candidates:

- **Acknowledge the moment:** “Our country is at a pivotal moment. The pandemic, economic recession, and national discussion on race have created a renewed call for action. They have also magnified the critical problems that exist in our health care system.”
- **Take an active stance:** “It is long past time to examine our systems and address gaps that have existed for decades. We must find solutions and common ground to build a health care system that serves everyone.”
- **Commit to prioritize people’s needs:** “I will put people’s health care needs first and I’m already formalizing the ways I gather input and work with community and business leaders to put effective solutions in place.”
- **Commit to both addressing disparities and finding common ground:** “The health care system, as it’s currently structured, isn’t working for far too many. I will work to address the lack of fairness and shared needs to build a health care system that works for all of us.”



About United States of Care

United States of Care is a nonpartisan nonprofit working to ensure every person in America has access to quality, affordable health care regardless of health status, social need or income. USofCare works with elected officials and other state partners across the country by connecting with our extensive [health care expert network](#) and other state leaders; providing technical policy assistance; and providing strategic communications and political support. Contact USofCare at help@usofcare.org

Promising State Policies to Respond to People's Health Care Needs

In the wake of COVID, policymakers have a critical opportunity to enact solutions to meet their constituents' short- and long-term health care needs. Shared needs and expectations are emerging in response to the pandemic, including the desire for solutions that:

- **Ensure individuals are able to provide for themselves and their loved ones, especially those worried about the financial impact of the pandemic.**
 - Protect against high out-of-pocket costs.
 - Expand access to telehealth services for people who prefer it to improve access to care.
 - [Extend Medicaid coverage for new moms](#)ⁱⁱⁱ to remove financial barriers to care to support healthier moms and babies.

- **Ensure a reliable health care system that is fully resourced to support essential workers and available when it is needed, both now and after the pandemic.**
 - Ensure safe workplaces for front-line health care workers and essential workers and increase the capacity to maintain a quality health care workforce.
 - Support hospitals and other health care providers, particularly those in [rural](#)^{iv} or distressed areas.
 - Expand mental health services and community workforce to meet increased need.

- **Ensure a health care system that cares for everyone, including people who are vulnerable and those who were already struggling before the pandemic hit.**
 - Adopt an integrated approach to people's overall health by coordinating people's physical health, behavioral health and social service needs.
 - Establish coordinated data collection to quickly address needs and gaps in care, especially in vulnerable communities.

- **Provide accurate information and clear recommendations on the virus and how to stay healthy and safe.**
 - Build and maintain capacity for detailed and [effective testing and surveillance](#)^v of the virus.
 - Resource and implement [contact tracing](#)^{vi} by utilizing existing programs in state health departments, pursuing public-private partnerships, or app-based solutions while also ensuring strong privacy protections.

For more detailed recommendations, see USofCare's:

- [Call to Action: State Legislative Recommendations to Address COVID-19](#)^{vii} and
- [Preparedness Handbook to Plan, Prevent and Prepare for COVID-19 Surges](#)^{viii}



By the Numbers

The pandemic is showing different impacts for people across the country that point to larger challenges individuals and families are grappling.



A disproportionate number of those infected by COVID-19 are **Black, Indigenous, and people of color**. According to recent CDC data, 31.4% of cases and 17% of deaths are among Latino residents and 19.9% of cases and 22.4% of deaths were among Black residents.^{ix} They make up **18.5% and 13.4%** of the total population, respectively.^x



Access to health care in rural areas^{xiii} has only become more challenging during the pandemic and will likely have **lasting impacts on rural communities**.^{xiv}



The economic fallout of the pandemic has caused **nearly 27 million Americans to lose their employer-based health insurance**.^{xv} An estimated 12.7 million would be eligible for Medicaid; 8.4 million could qualify for subsidies on exchanges; leaving 5.7 million who would need to cover the cost of health insurance policies (**COBRA**^{xvi} policies averaged \$7,188 for a single person to \$20,576 for a family of four) or remain uninsured.



Seniors are at greatest risk. According to a CDC estimate on August 1, 2020, **80% of COVID-19** deaths were among patients ages 65 and older.^{xi} In 2018, only 16% of Americans were in this age range.^{xii}



HEALTH COVERAGE:

- The uninsured rate in the United States was **9% in 2018** (43.84 million Americans).^{xvii}
- The national **unemployment rate jumped from 4.4% in March to 14.7% in April and decreased to 10.2% in July**, which has **severed millions from their employer sponsored insurance**.^{xviii}
- National **Medicaid enrollment increased by 844,177 between March and April of 2020**. Between March and April of last year, enrollment decreased by 102, 918.^{xix}



COVID: Data about the virus changes on a daily basis. This is a collection of resources to inform ongoing responses to COVID-19.

- On January 20, 2020, the **first confirmed case of COVID-19** in the United States was reported outside of Seattle, Washington.^{xx}
- On January 31, 2020, Alex Azar, Secretary of the Health and Human Services Department **declared coronavirus a national public health emergency**.^{xxi}
- On March 6, 2020, President Trump signed a **\$8.3 billion emergency funding bill** in response to COVID-19, the first coronavirus relief package.^{xxii}
- On March 13, 2020, President Trump **declared coronavirus a national emergency**.^{xxiii}
- On March 18, 2020 President Trump signed the **Families First Coronavirus Response Act** (the second coronavirus relief package), which made testing free and expanded paid sick leave policy.^{xxiv}
- On March 27, 2020 President Trump signed the Coronavirus Aid, Relief, and Economic Security (**CARES Act**), the third coronavirus relief package. This \$2 trillion in funding was distributed in a **variety of ways**, including (but not limited to) one-time payments to families, extra unemployment benefits, additional emergency allocations to public health agencies and safety net programs, and nearly \$340 billion in funding to states to tackle COVID-19 response.^{xxv}
- Since the CARES Act distributions to states, states have been left to tackle COVID-19 response with little guidance or restriction from the federal government. The variety of approaches can be found **here**.^{xxvi}
- On April 24, 2020, President Trump signed the **fourth coronavirus relief package**, which included \$484 billion to provide additional aid to small businesses and hospitals.^{xxvii}

SOURCES:

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- ⁱⁱ <https://www.kff.org/report-section/kff-health-tracking-poll-early-april-2020-the-impact-of-coronavirus-on-life-in-america-politics-findings/>
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- ^{iv} <https://bipartisanpolicy.org/blog/reforming-rural-health-care-in-the-era-of-covid-19/>
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- ^{xvi} <https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/cobra>
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- ^{xx} <https://www.nejm.org/doi/full/10.1056/NEJMoa2001191>
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- ^{xxiv} <https://www.npr.org/2020/03/19/818322136/heres-what-is-in-the-families-first-coronavirus-aid-package-trump-approved>
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