



THE PARTNERSHIP FOR MEDICAID

March 12, 2021

The Honorable Bob Casey
393 Russell Senate Office Building
Washington, DC 20510

The Honorable Catherine Cortez Masto
313 Hart Senate Office Building
Washington, DC 20510

The Honorable Susie Lee
522 Cannon House Office Building
Washington, DC 20515

Dear Sen. Casey, Sen. Cortez Masto and Rep. Lee,

On behalf of the Partnership for Medicaid – a nonpartisan, nationwide coalition made up of organizations representing clinicians, health care providers, safety net plans, counties, and labor – the undersigned organizations are pleased to support your legislation, the Coronavirus Medicaid Response Act. This legislation would provide an automatic federal medical assistance percentage (FMAP) increase to state Medicaid programs during an economic downturn, as measured by state unemployment levels. Importantly, the legislation also includes necessary maintenance of effort requirements to ensure states can sustain eligibility, benefits, and services to Medicaid populations during times of hardship.

Medicaid is the lynchpin of the health care safety net. Vulnerable populations, in addition to the providers and organizations that support them, rely on the promise of Medicaid to achieve access to quality, affordable health care. In the face of economic instability and uncertainty caused by COVID-19, the Medicaid program fulfilled its purpose by providing a lifeline to millions of Americans whose livelihoods were threatened by the pandemic. Data from the Kaiser Family Foundation indicates that Medicaid enrollment has grown by more than six million individuals since February 2020,¹ meaning more than 77 million Americans are relying upon Medicaid to meet their health care needs.

By its nature, Medicaid is a countercyclical program; Americans who lose their jobs or who cannot access or afford health care coverage can turn to Medicaid in most states to fulfill their needs. This flexibility, while indispensable, carries a cost. Medicaid comprises large portions of state budgets. As evidenced by the COVID-19 crisis, states may spend more on Medicaid to meet the needs of their constituents while simultaneously seeing decreases in revenue-raising measures related to economic restrictions and shutdowns.

Absent federal support, increased Medicaid expenses place additional strain on already strapped state budgets, especially during an economic recession. As a diverse coalition, the populations our organizations support often bear the brunt of the negative consequences that occur when states have insufficient funding to maintain their Medicaid programs. This often manifests in cuts to Medicaid eligibility, benefits, or provider reimbursements. Fortunately, Congress acted as it has during previous

¹ Corallo B, Rudowitz R. *Analysis of Recent National Trends in Medicaid and CHIP Enrollment*. Kaiser Family Foundation. January 2021. <https://www.kff.org/coronavirus-covid-19/issue-brief/analysis-of-recent-national-trends-in-medicaid-and-chip-enrollment/>. Accessed February 17, 2021.

economic recessions and provided an enhanced FMAP to help states support their Medicaid programs during the public health emergency.

By making that support automatic, your legislation would offer immediate certainty to states and Medicaid populations in the face of crises with unknown duration and scope. This stability is consequential to protecting access to care and other vital services for communities served by the Medicaid program.

The Partnership for Medicaid appreciates the opportunity to work with Congress to preserve and strengthen the Medicaid program through this uncertain time and support its vital role as a safety net for millions of Americans. As such, we look forward to working with you to advance the Coronavirus Medicaid Response Act. If you have questions or seek any additional information, please contact Jonathan Westin at the Jewish Federations of North America, First Co-Chair of the Partnership for Medicaid at Jonathan.Westin@jewishfederations.org.

Thank you for your leadership on this important and timely Medicaid policy issue.

Sincerely,

American Academy of Family Physicians
American Academy of Pediatrics
American College of Obstetricians and Gynecologists
American Dental Association
American Dental Education Association
American Health Care Association
American Network of Community Options and Resources (ANCOR)
America's Essential Hospitals
Association of Clinicians for the Underserved
Association for Community Affiliated Plans
Children's Hospital Association
Easterseals
Jewish Federations of North America
National Association of Community Health Centers (NACHC)
National Association of Counties
National Association of Pediatric Nurse Practitioners
National Council for Behavioral Health
National Health Care for the Homeless Council
The Catholic Health Association of the United States