



National Hispanic Leadership Agenda

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United States Hispanic Leadership Institute
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Voto Latino

December 6, 2022

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

The Honorable Charles Schumer
Majority Leader
U.S. Senate
Washington, D.C. 20510

As leaders of civil rights and advocacy organizations that work to empower more than 62 million Latinos in the U.S., we thank you for everything you've done to improve the daily lives of Hispanic families. We urge you to build on that record of accomplishment by prioritizing two urgent issues for end-of-year health care legislation: preventing Hispanic families from experiencing the greatest Medicaid losses in American history when the public health emergency (PHE) ends; and providing full funding parity for Puerto Rico's Medicaid program ahead of the December 16 expiration of the current strengthened level of federal medical assistance percentage (FMAP).

Congress should prevent unprecedented losses of Medicaid coverage that threaten disproportionate harm to Latinos and other historically marginalized communities

When the PHE ends, state Medicaid programs will need to redetermine eligibility for nearly [90 million people](#). The HHS Assistant Secretary for Planning and Evaluation (ASPE) found that, if Medicaid operates as it did before the pandemic, [15 million people will lose Medicaid](#). This is [more than seven times the largest previous one-year drop in Medicaid coverage](#).

More than half of those who lose coverage will come from communities of color. An estimated 4.6 million Latinos are projected to lose Medicaid, two-thirds of whom will remain eligible for Medicaid but be terminated administratively, because of state-imposed paperwork barriers.

These things will happen if Medicaid transitions back to standard, pre-pandemic operations. It is therefore imperative to strengthen Medicaid so that, when continuous coverage requirements end, the program transitions back to something far more protective of Latino families. To accomplish this goal, which we know you share, we urge three changes to the Medicaid statute:

1. The Centers for Medicare & Medicaid Services (CMS) need realistic enforcement authority. The agency should be authorized to halt a state's administrative terminations, pending a corrective action plan, if CMS finds that state policies are causing the termination of eligible beneficiaries.

2. Each state Medicaid program should be required to achieve specific, feasible overall outcomes, such as a minimum percentage of renewals that are based on data matches, and a maximum percentage of terminations that are administrative.

3. Each state Medicaid program should be required to renew coverage administratively when CMS finds that, for specific groups of people, such renewal would improve program integrity by increasing the overall accuracy of redetermination outcomes.

Congress should prevent U.S. citizens who live in Puerto Rico from experiencing devastating health care cutbacks less than ten days before Christmas

Structurally, Puerto Rico faces a twofold inequity: unlike states, Puerto Rico's FMAP is artificially low relative to need; and the funding that the territory does receive is capped. While states' FMAP varies based on per capita income,ⁱ Puerto Rico's federal matching rate is statutorily set far below where it would be if it operated under the same rules as states.ⁱⁱ At the same time, when Puerto Rico reaches its annual funding ceiling, it must make up additional Medicaid costs with its own already limited funds or cut the program. Every state is guaranteed additional federal Medicaid funding when residents need more help, a protection that does not extend to U.S. citizens who live in Puerto Rico. As one result of these constraints, benefits within Puerto Rico's Medicaid are also already less generous than what is legally required of states.ⁱⁱⁱ

These structural problems threatened to cause particularly terrible harm when the COVID-19 pandemic began. In response, Congress increased Puerto Rico's FMAP from 55% to 76%, and in September 2021, the Centers for Medicare and Medicaid Services (CMS) exercised its authority to increase Puerto Rico's 2022 allotments to nearly \$3 billion.

That FMAP increase expires on December 16, but Puerto Ricans' health care needs will continue in full force: the public health emergency remains in place, winter months raise the likelihood of increased illness, and the island's basic infrastructure has been devastated by another hurricane. If Congress lets Puerto Rico's supplemental funding expire, nearly 30% of the island's current federal Medicaid funding will disappear.^{iv} That staggering cut is likely to further undermine the Puerto Rican health care system, triggering potential provider reimbursement cuts that accelerate the exodus of health care expertise from the island. In addition to extending this supplemental funding, Congress should leave in effect CMS's increase of the island's territorial allotments.

As you know, those born in Puerto Rico are U.S. citizens by birth. They should not be left wondering whether their access to health care will be slashed because of an arbitrary end date in federal law. As a long-term solution, Congress must advance health equity by eliminating the current discriminatory policy that denies Latino citizens the kind of health care access Medicaid provides to residents of all 50 states and the District of Columbia. But

in the meantime, preserving current federal matching rates beyond the approaching December 16 cliff must be a top Congressional priority.

Thank you for your dedication to improving the health and well-being of our community and the nation.

Sincerely,



Elena Rios, MD, MSPH, MACP
National Hispanic Medical Association
President and CEO
NHLA Health Committee Co-Chair



Lupe M. Rodriguez
National Latina Institute for Reproductive Justice
Executive Director
NHLA Health Committee Co-Chair



Eric Rodriguez
UnidosUS
Senior Vice President, Policy and Advocacy



Laura M. Esquivel
Hispanic Federation
Vice President, Federal Policy and Advocacy

ⁱ State FMAPs can range from 50% to 83%.

ⁱⁱ Given the territory's low per capita income, if Puerto Rico's statutory FMAP (currently 55%) was calculated like the states, its FMAP would be 83%.

ⁱⁱⁱ For example, non-emergency medical transportation is not required and its ability to deliver comprehensive Early Periodic Screening, Diagnostic, and Treatment (EPSDT) for children is limited.

^{iv} A 21 percentage-point FMAP drop from 76% to 55% would represent a 28% relative decline, compared to the current 76% FMAP.