



STRONGER COMMUNITIES. STRONGER AMERICA.

November 5, 2021

U.S. Department of Health and Human Services
Office of the Assistant Secretary for Planning and Evaluation
Strategic Planning Team
Attn: Strategic Plan Comments
200 Independence Avenue, SW, Room 434E
Washington, DC 20201

On behalf of UnidosUS, we write to offer our comments in response to the Department of Health and Human Services (HHS) draft Strategic Plan for Fiscal Years 2022-2026. UnidosUS, previously known as NCLR (National Council of La Raza), is the nation's largest Hispanic civil rights and advocacy organization. Through its unique combination of expert research, advocacy, programs, and an Affiliate Network of nearly 300 community-based organizations across the United States and Puerto Rico, UnidosUS simultaneously challenges the social, economic, and political barriers at the national and local levels.

COVID-19 Gives Policymakers an Opportunity to Build a More Equitable Health System

While the COVID-19 pandemic highlighted longstanding disparities in our existing health system, it also gave policymakers an opportunity to build a more equitable system and address the policies that led to disproportionately high levels of suffering for Latinos.

We appreciate that the Biden Administration took immediate steps to undo several harmful policies of the previous Administration, and ensure greater access to health services and programs. The American Rescue Plan Act (ARPA) helped millions of struggling families afford health coverage and COVID-19 vaccines and treatments, and the Build Back Better Act has the potential to further improve Latinos' access to health coverage and care. At the same time, recovering and rebuilding from the pandemic will depend largely upon the Administration's work through existing authority and programs.

After 2017, Latino coverage rates began to decline (for both children and adults), following years of progress which resulted from the Affordable Care Act (ACA).¹ A number of factors contributed to this trend, including that mixed status families were avoiding public benefit programs out of fear and confusion, states were imposing new barriers to access, and the previous Administration's actions to severely curtail outreach to and enrollment of the eligible

uninsured.² As a result, considerable work remains to improve Latinos' access to quality, affordable health coverage.

The 2022-2026 Strategic Plan includes a number of encouraging elements that can help to accomplish this goal. As HHS works to implement its Strategic Plan over the next four years, it should consider key elements that influence and reduce Latinos' access to and enrollment in health and human services programs.

- **Immigration status remains one of the key barriers to coverage for millions of uninsured Latinos.**³ Within its existing authority, HHS can begin to eliminate unnecessary restrictions on immigrants' access to coverage.
- **Latinos make up a significant share of the population that is eligible but uninsured (both for Medicaid, Children's Health Insurance Program [CHIP], and the ACA Marketplace).**⁴ Reducing churn for those already enrolled and reaching the eligible but uninsured will be critical to the success of HHS's Strategic Plan.
- **Culturally and linguistically competent care that adequately accounts for social determinants of health (SDOH) are essential for advancing health equity.** Recognizing immigration status as an SDOH will enable greater efforts to address this factor that influences health. HHS should also ensure that efforts to expand telehealth do not exacerbate and widen existing disparities.

Below we provide additional feedback on some of the goals and objectives articulated in the Strategic Plan.

Strategic Goal 1: Protect and Strengthen Equitable Access to High Quality and Affordable Healthcare

Strategic Objective 1.1: Increase choice, affordability, and enrollment in high-quality healthcare coverage

Eliminating unnecessary restrictions on immigrants' access will increase choice for millions of Latinos.

- **Access for lawful immigrants:** While the ACA Marketplace and financial assistance are available to many categories of lawful immigrants, individuals with Deferred Action for Childhood Arrivals (DACA) status are ineligible.⁵ In fact, DACA is the only deferred enforcement status excluded from the Marketplace. Pre-pandemic estimates suggest nearly half of people with DACA are uninsured, due to serious

limits on their coverage options. DACA recipients were excluded from Marketplace coverage administratively through rulemaking, and thus, this policy can be undone administratively.⁶ The Centers for Medicare and Medicaid Services (CMS) also excluded DACA recipients from Medicaid and CHIP eligibility.⁷

To achieve this Strategic Objective and increase choice for hundreds of thousands of DACA recipients (nearly 90% of whom are Latino), **HHS should strike 45 CFR §152.2(8) in order to clarify ACA eligibility for people granted DACA, and clarify that people with DACA are “lawfully present” for the purposes of Medicaid and CHIP.** We would also urge HHS to clarify that individuals granted Special Immigrant Juvenile Status, as well as those applying for that status, are “lawfully present” for the purposes of ACA coverage.

- Access for the undocumented: Several states have recently shown an interest in expanding access for undocumented immigrants. In California, all children and young adults, regardless of immigration status, are eligible for the state’s Medicaid program.⁸ Since the pandemic began, both Illinois and California expanded their Medicaid programs to cover older adults, regardless of status.⁹ In 2016, California also submitted a waiver request to CMS to allow undocumented individuals to purchase unsubsidized coverage through the ACA Marketplace (though it ultimately withdrew it after the 2016 election).¹⁰ In addition to expanding Medicaid for certain immigrants using state-only funds and Section 1332 waivers, the “unborn child” option allows states to cover prenatal care and labor services for pregnant women regardless of their immigration status. To date, only 17 states have chosen to offer this coverage.¹¹

States have several options to expand coverage choices for immigrants, but state health officials may be unaware of how to implement or utilize existing authorities. The regulatory agenda and anti-immigrant rhetoric of the previous Administration led California to withdraw its Section 1332 waiver request mentioned above. The Biden Administration now has the opportunity to develop an administrative approach that welcomes state innovations to expand coverage for immigrants. While the previous Administration issued guidance inviting states to submit proposals to restrict coverage (*e.g.*, through work requirements or block grants), **HHS should instead issue guidance describing the full array of options available to states and invite states to submit proposals under existing waiver authority (*e.g.*, Section 1332) to expand access for immigrants.**¹²

Increasing enrollment among Latinos requires reducing churn and reaching Latinos who are eligible but uninsured.

- **Reducing churn:** Increasing enrollment not only involves reaching new individuals but eliminating gaps in coverage that millions of Americans experience throughout the year. Churn has real consequences for individuals' health and the health system overall. Unstable Medicaid coverage leads to significant increases in costly emergency department use, office visits, and hospitalizations.¹³ Latinos are more likely to experience churn (losing and re-enrolling in coverage within a year) than non-Hispanic whites.¹⁴ **To achieve Strategic Objective 1.1, it is important that HHS improve the processes for keeping people enrolled, which will be critically important when the ongoing public health emergency (PHE) ends and the maintenance of effort requirements imposed by the *Families First Coronavirus Response Act* are no longer in effect.**

HHS can help reduce churn within its existing authority by ensuring that mid-year income checks by states do not increase churn. While the previous Administration considered periodic data checks a means to “ensure program integrity,” we were pleased to see the recent report from the Assistant Secretary for Planning and Evaluation (ASPE) express appropriate concern about the role that these checks play in churn.¹⁵ We are especially concerned about the role that frequent checks can play in reducing Latino children’s health coverage.¹⁶

In order to better achieve Strategic Objective 1.1, HHS should clarify the circumstances under which periodic data matching can be used and require state Medicaid agencies to demonstrate that automated systems accurately identify changes in income that make a person ineligible. HHS can also improve enrollment by requiring states to provide at least 30 days for a request for missing information and enforce this requirement. In its December 2020 guidance, CMS explained that “[i]f additional information is needed, it may be reasonable for states to allow beneficiaries 30 days to respond and provide any necessary information.”¹⁷ While the August 13, 2021, State Health Officials letter reiterated this direction, making this a requirement that appears in regulation will help further improve enrollment and ensure that there is consistency in years to come.

- **Enrolling the eligible but uninsured:** In addition to keeping current beneficiaries enrolled, millions of Latinos are current eligible for Medicaid, CHIP, and the ACA

Marketplace, but remain uninsured. Prior to the pandemic, more than two million uninsured Latinos were eligible for Medicaid or CHIP.¹⁸ As a result of the ARPA, millions of uninsured Latino adults now have a pathway to affordable health coverage: around 70% can now access a zero-premium plan, while 80% qualify for a low-premium plan.

Despite the freeze or reversal of some Trump Administration policies (like Medicaid work requirements and the public charge rule), and even after a targeted promotional and enrollment effort associated with the 2021 Special Enrollment Period, millions of Latinos remain unenrolled in coverage for which they qualify. While as many as three million Latinos now qualify for low-premium Marketplace plans, as well as 2.6 million who qualify for zero-dollar plans, during the 2021 SEP only around 560,000 Latinos enrolled in coverage (though ethnicity is unknown for over 800,000).¹⁹ We appreciate the Department's work to date, but it is clear much more is needed to increase enrollment.

Investing in targeted culturally and linguistically appropriate outreach to Latinos is one of the most straightforward ways that HHS can increase enrollment. Latinos make up 30% of the remaining uninsured, and limited English proficiency compounds the access and enrollment problems for many Latinos. While the 2021 SEP saw Latino participation increase from similar periods in previous years (16% in 2020 to 19% in 2021), our own survey and feedback from our state Affiliates make clear many Latinos remain unaware of the ARPA changes.

To achieve this Strategic Objective, HHS should dedicate a proportional share of outreach and promotional funding for 2022 Open Enrollment (and future Special Enrollment Periods) to targeted outreach to the Latino community, including in states with the largest shares of eligible uninsured Latinos (*e.g.*, Texas and Florida). In its evaluation of the state's own marketing and outreach, Covered California found that in addition to spending more time online than non-Hispanics, Latinos "pay more attention to ads created specifically for Latinos or ads created for the general population that include Latinos."²⁰

In addition to targeted Latino outreach, HHS should develop a targeted and dedicated outreach strategy for eligible immigrant and mixed-status households for the upcoming Open Enrollment period and future enrollment windows. While outreach to Latinos may reach many of these individuals, immigrant and mixed-status families have particular concerns and questions about enrollment and

eligibility that may not be addressed by current Latino outreach (*e.g.*, complex questions about immigration status). Millions of uninsured individuals who are blocked from enrolling in Medicaid and CHIP by the five-year bar may be eligible for Marketplace coverage.

Therefore, it is critical that HHS conduct outreach specifically tailored to this population, given their more limited coverage choices. This could involve ads and testimonials profiling immigrant consumers, as well as a toolkit with consumer-facing materials for enrollment assisters with detailed answers to common immigration-related questions and to dispel misinformation around the revised public charge rule.

Strategic Objective 1.3: Expand equitable access to comprehensive, community-based, innovative, and culturally-competent healthcare services while addressing social determinants of health

Expansion of telehealth and technology-based interventions should account for the digital divide among communities of color.

- The COVID-19 pandemic accelerated the transition to greater telehealth delivery by necessity. As patients were unable or uncomfortable traveling to their provider’s office, HHS and CMS wisely implemented a number of flexibilities to ensure people could still receive the treatment they needed. As the Strategic Plan explains, HHS will now need to support “appropriate retention of telehealth flexibilities implemented for the COVID-19 pandemic, increasing access to broadband, and providing technical assistance, training and information for patients and providers.”

The expansion of telehealth, as well as other technology-based clinical interventions, should carefully account for different levels of digital literacy and access. Throughout the pandemic, non-English speakers were less likely to use telemedicine than English speakers; Latinos used telehealth less than non-Hispanic whites or blacks; and Latinos were less likely to use video visits than telephonic visits.²¹ At the same time, Latinos are twice as likely as non-Hispanic whites to want a telehealth visit but are unable to obtain one; and for those that did, Latinos were less likely to be satisfied with their telehealth experience than non-Hispanic whites.²² One factor likely contributing to these outcomes is that the share of Latino adults who are not digitally literate is about three times the rate for white adults (35% vs. 11%).²³ As it considers ways to improve telehealth and other technological interventions, **HHS**

should provide guidance to state Medicaid programs on how to leverage existing authorities to provide technology and other support to patients to ensure they have the tools and resources they need to keep up with the changing health care landscape; to the degree current authority allows, HHS should continue to allow audio-only telehealth visits given Latinos' higher use of telephonic visits than video visits; and continue to invest in underserved communities to build telehealth infrastructure for health centers and other community providers as HHS did earlier this year via the Health Resources and Services Administration (HRSA).²⁴

Recognizing immigration status as a social determinant of health will demonstrate the Department's commitment to improving immigrant Latinos' health.

- Immigration status has an outsized impact on Latinos' ability to access the public benefits and services that are critical to addressing SDOH. While HHS manages many ongoing efforts to address SDOH (*e.g.*, the Healthy People 2030 Initiative and HRSA's Office of Health Equity) none have yet publicly recognized immigration status as a SDOH.²⁵

Under the Healthy People 2030 Initiative, HHS describes how social and community context, racism, discrimination and other factors shape an individual's health.²⁶ The fear and anxiety that results from uncertainty about one's immigration status or toxic anti-immigrant rhetoric also has a toll on an individual's mental health.²⁷ The psychological toll on DACA recipients, in particular when their status is in jeopardy, is widely documented.²⁸ Stress, discrimination, and avoidance of public programs and services such as Medicaid/CHIP, the Supplemental Nutrition Assistance Program (SNAP), housing subsidies, and other benefits are closely interrelated, and the effects of these factors is widespread, particularly since 2017.²⁹ It is also important to collect accurate data to better understand the interrelationship between immigration status, adverse childhood experiences, and the impact on one's health. To effectively achieve this Strategic Objective, **HHS should publicly recognize immigration status as a SDOH and incorporate this change into all efforts to address SDOH across the Department.**

We believe the 2022-2026 Strategic Plan offers a promising road map for the Department's efforts to increase access and advance health equity throughout all of its work. We welcome the opportunity to discuss these priorities and how we can be helpful in your efforts. For more

information or questions, please contact Matthew Snider, Senior Health Policy Analyst, at msnider@unidosus.org.

Notes

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