

July 20, 2020

Re: Access to health care during and after the COVID-19 pandemic

Dear Legislator:

Thank you for your leadership to help ensure the health and wellbeing of our state's residents during the COVID-19 pandemic. Although Washingtonians have benefited in many ways from the relief measures passed by Congress and the actions taken by Governor Inslee, the current crisis exacerbates disparities and inequities that leave many without adequate health coverage and care. ***The undersigned organizations urge you to preserve and strengthen the safety net to ensure that all residents have equitable, affordable access to needed health care services.***

The pandemic has made access to health coverage for all Washington residents even more important but also more out of reach. Affordability continues to be a major barrier for Washington residents to purchase and maintain health insurance. As people lose jobs, entire families lose employer-sponsored coverage. The Office of Financial Management recently issued alarming conclusions about the impact of COVID-19 on Washington State's health coverage: for newly unemployed workers, the uninsured rate increased from 10.4 percent prior to the pandemic to a staggering 52.3 percent by the week ending on July 4.ⁱ

The pandemic has laid bare existing health and racial inequities. Residents who are Hispanic, Black, American Indian or Alaska Native, or Native Hawaiian or Other Pacific Islander suffer significantly more COVID-19 infections, hospitalizations, and deaths.ⁱⁱ Seniors and individuals with chronic health conditions are also affected disproportionately, yet they lack access to affordability assistance and comprehensive coverage comparable to what is provided to younger adults without disabilities. Immigrants in our communities also may lack access to affordability programs and to testing and treatment of COVID-19 infections.

Access to care is critical to ensuring the health of our communities. Black and Latinx populations make up a disproportionate share of essential workers, who are at greater risk of exposure to COVID-19. For example, we are witnessing a surge in COVID-19 cases among agricultural workers in Yakima County. These frontline workers, deemed "essential," have continued to work despite the higher risk of exposure in the agricultural sector. Yet many of these workers lack access to health care due to coverage exclusions based on immigration status. At the same time, people of color are more likely than White people to be uninsured.ⁱⁱⁱ These racial health inequities – heightened risk of exposure to infection and lack of access to health care – are rooted in structural racism.^{iv}

Eliminating health coverage for low-income people and immigrants in the midst of a pandemic is inhumane, inequitable, and counterproductive. The forecasted revenue shortfall presents our state with enormous challenges. "Savings options" recently identified by the Health Care Authority include eliminating coverage for immigrant children and adults and COFA islanders, as well as benefits related to cancer treatment, reproductive care, maternity supports, interpreter services, and dental care. These cuts would target the very communities that experience the most significant health inequities, including those related to COVID-19, and

would endanger public health by further reducing access to care. Budget cuts in prior years exacerbated underlying inequities and caused lasting damage for our state's most under-resourced communities.^v

Investing in health care will speed our state's economic recovery. Cutting state services reduces economic activity, which in turn worsens a recession and dampens recovery.^{vi} On the other hand, when a state increases spending during a recession, it stimulates economic recovery by creating more business activity, jobs, and spending, which increases the GDP. This impact is greater than the amount of the investment itself.^{vii} The experience of U.S. states after the Great Recession bears this out; states that cut spending in response to the Great Recession fared worse in economic terms and recovered more slowly than states that expanded public expenditures.^{viii}

As a state, we must systemically address issues at the intersection of structural racism, public health, health inequities, and the current pandemic. It may be tempting to look at the state's challenging budget situation caused by this crisis and conclude that we cannot avoid making cuts in health care and human services. But this will only exacerbate racial disparities. On the contrary, the crisis demands that we push in the opposite direction, by redirecting existing resources and making new investments that focus on addressing longstanding inequities.

We urge you to approach the challenges ahead with a commitment to reversing the health disparities caused by systemic inequities and inadequate investment in the safety net.

Sincerely,

Northwest Health Law Advocates
ACLU of Washington
Cedar River Clinics
Cham Refugees Community (Cham Health Board)
Children's Alliance
Community Health Network of Washington
Community Health Plan of Washington
Congoese Integration Network
Doctors for America, Washington State Chapter
Economic Opportunity Institute
El Centro de la Raza
End of Life WA
Health Care for All-Washington
Health Care Is a Human Right WA
HealthierHere
Iraqi /Arab Health Board
Islamic Civic engagement Project
Latino Community Fund of Washington State
Latinos Promoting Good Health
Latinx Health Board

Legal Voice
Northwest Immigrant Rights Project
OneAmerica
Para Los Niños
Puget Sound Advocates for Retirement Action
Snohomish County
Somali Health Board
Surge Reproductive Justice
Susan G Komen Puget Sound
SYL Foundation
Upstream USA
Washington Association for Community Health
Washington Community Action Network
Washington Healthcare Access Alliance
Washington Immigrant Solidarity Network
West African Community Council
League of Women Voters of Washington
Physicians for a National Health Program - Western Washington

ⁱ OFM, [Estimated Impact of COVID-19 on Washington State’s Health Coverage](#) (July 15, 2020).

ⁱⁱ DOH, [COVID-19 Morbidity and Mortality by Race, Ethnicity and Language in Washington State](#) (July 2, 2020).

ⁱⁱⁱ OFM, [Washington State Health Services Research Project: Research Brief No. 95](#) (Dec. 2019).

^{iv} Dr. Rhea W. Boyd, [The Injustice of Inequitable Disease: Addressing Racial Health Inequities amid the COVID-19 Pandemic](#), Briefing before the House Committee on Energy and Commerce (June 17, 2020).

^v Kim Justice, [Cuts on the Rise, Health in Decline: The Impact of Cuts to Washington State’s Health Care Structures](#), Washington State Budget & Policy Center (Feb. 7, 2012); Marilyn Watkins, [Recession Budgets Left Washington Vulnerable to COVID-19](#), Economic Opportunity Institute (May 11, 2020).

^{vi} Nicolas Johnson, Phil Oliff, and Erica Williams, [An Update on State Budget Cuts](#), Center on Budget and Policy Priorities (Feb. 9, 2011).

^{vii} Robert E. Scott, [Worst recovery in postwar era largely explained by cuts in government spending](#), Economic Policy Institute (Aug. 2, 2016); Michael Madowitz, [What Have We Learned About Austerity Since the Great Recession?](#), Center for American Progress (May 30, 2014).

^{viii} Adam S. Hersh, [Austerity is Hammering State Economies](#), Center for American Progress (June 21, 2012).