Dear Honorable Members of the United States Congress:

As organizations that represent people of color, we respectfully urge you to co-sponsor the "Medicare for All Act of 2019" (H.R. 1384/S. 1129).

Medicare for All, the only truly single-payer, universal health care system, guarantees that health care is a <u>right</u> and enables every person living in the United States to receive the health care they need to survive and thrive.

Despite many gains, 30 million people in the United States lack health insurance, and tens of millions of households have health insurance but cannot afford to receive the medical care they need. One in five working-age Americans report having problems paying their medical bills despite having health insurance, driven by pocketbook-busting premiums, copays and deductibles.[1]

Universal health care is also a racial justice necessity because communities of color, in particular, suffer from a lack of access to affordable health insurance.

People of color make up 42% of the nonelderly U.S. population, yet account for over half of the total nonelderly uninsured population. Latinx and Black people have significantly higher uninsured rates (19% and 11%, respectively) compared to white people.[2]

Medical debt remains a glaring issue for Black Americans. Nearly one in three Black Americans aged 18 to 64 has past-due medical bills.[3] Black uninsured populations face burdensome out-of-pocket medical expenses when seeking care, which often means they are forced to delay preventative care and get treated as a last resort – the most expensive form of treatment.[4]

Latinx patients are the most uninsured population in the United States today. Latinx individuals already comprise much of the workforce that is unable to get health coverage through their job. Lawmakers have curtailed the Affordable Care Act's health enrollment program, which has severely challenged the ability of outreach workers to reach Latinx patients for new coverage.

Undocumented Latinx patients suffer further as they are ineligible for government-funded insurance and subsidized private health plans. Despite the fact that undocumented adults pay taxes[5], they are ineligible to receive Medicaid health benefits and financial subsidies to buy health plans from the federal-state health insurance marketplaces.

Disturbingly, racial bias mars the entirety of American health care. In particular, Black maternal and prenatal health access remains in crisis levels. In the state of New York between 2013 and

2015, 54 Black women died for every 100,000 births -- nearly four times the rate of white women.[6]

Indeed, half of maternal deaths in our country are preventable.[7] While there are many reasons why Black mothers and mothers-to-be experience poor treatment and care, a lack of quality health access is a significant factor.

Medicaid – a lifeline for many people of color and low-income patients – is not accepted at many hospitals and doctors' offices.  Black and low-income women are more likely than others to be treated at under-resourced hospitals, increasing the chances they may experience complications during and after childbirth. Hospital quality can account for nearly 50%t[8] of the racial disparity in maternal illness. With Medicare for All, there are no "out of network" provider limits. Patients can get the care they seek, when it is appropriate and convenient for them.

Communities of color need a health care system that rectifies these long-standing structural biases and challenges. Medicare for All is that system. Medicare for All universal health care would support the health and economic security of patients of color, including finally providing full health coverage for all reproductive health services, alongside controlling the costs of prescription drugs – both glaring affordability and access issues for low and moderate-income patients of color.

Some health plans sold on the federal and state health insurance marketplaces discriminate on the basis of drug affordability for certain diseases, such as HIV/AIDS. By categorizing medications for particular conditions in the highest co-payment "tier," these plans price out patients with those ailments. These additional co-payments can result in thousands of dollars a year in extra expenses, crushing millions of households of color as they seek the care they need to survive.

There is only one form of universal health care that covers everybody, without exception, and lowers overall health care expenditures. Just as the passage of Medicare over 50 years ago helped spur hospital integration and improved health access, it can today usher in true universal health care.

It is time for Medicare for All.[9] We implore you to join the movement in support of this bill.

Sincerely,

A. Philip Randolph Institute
Action Center on Race and the Economy (ACRE)
Black Women's Health Imperative
Center for Popular Democracy
Color of Change
League of United Latin American Citizens (LULAC)
NAACP
People's Action
Policy Link
United We Dream

[1] https://www.kff.org/health-costs/press-release/new-kaisernew-york-times-survey-finds-one-in-five-working-age-americans-with-health-insurance-report-problems-paying-medical-bills/

[2] https://www.kff.org/uninsured/fact-sheet/key-facts-about-the-uninsured-population/

[3] http://apps.urban.org/features/medical-debt-in-america/

[4] https://www.urban.org/urban-wire/past-due-medical-debt-problem-especially-black-americans

[5] https://www.vox.com/policy-and-politics/2017/4/17/15290950/undocumented-immigrants-file-tax-returns

[6] https://www.acog.org/-/media/Districts/District-II/Public/SMI/v2/SMIReview072017.pdf?dmc=1&ts=20180108T2349092055

[7] https://www.mhtf.org/2018/03/16/new-data-explore-why-preventable-maternal-deaths-continue-to-occur-in-the-united-states/

[8] http://www.ajog.org/article/S0002-9378(16)30202-2/pdf

[9] https://www.cnn.com/2015/07/28/opinions/das-gaffney-racial-injustice-health-care/index.html