

May XX

The Honorable Nancy Pelosi  
Speaker of the House  
U.S. House of Representatives  
Washington, DC 20515

The Honorable Kevin McCarthy  
House Minority Leader  
U.S. House of Representatives  
Washington, DC 20515

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

The Honorable Mitch McConnell  
Senate Minority Leader  
U.S. Senate  
Washington, DC 20510

Dear Speaker Pelosi, Minority Leader McCarthy, Majority Leader Schumer, and Minority Leader McConnell:

**On behalf of xx organizations representing xxx, we urge Congress to act swiftly to restore essential support for access to COVID-19 testing, treatment and vaccines.** As bipartisan negotiations regarding additional funding for the COVID-19 response continue, Congress must include measures to ensure that everyone, regardless of insurance status, can continue to access lifesaving vaccines, testing, and treatment. The Health Resources and Services Administration (HRSA) COVID-19 Uninsured Program is critical to support these services and urgently requires funding.

Originally established by the Families First Coronavirus Response Act, and most recently funded as part of the American Rescue Plan Act in 2021, the HRSA COVID-19 Uninsured Program reimburses health care providers who render COVID-19 testing, treatment, and vaccine services to uninsured individuals.<sup>1</sup> The program has provided essential mitigation measures to lessen the harm and scope of the COVID-19 pandemic by ensuring that cost sharing does not prevent individuals from seeking vaccination, testing, and treatment. Since its inception, the Uninsured Program has paid for more than 30,000 COVID-19 tests, treatment for more than 34,000 individuals, and for the administration of more than 18,000 COVID vaccines.<sup>2</sup> Unfortunately, due to insufficient funds, HRSA has been unable to process claims for testing and treatment since March 22 and stopped accepting claims for vaccinations on April 5.

Sustained and adequate funding is essential for the federal government and public health agencies to support the country's ongoing efforts to prevent and mitigate the harmful effects of COVID-19. Without the HRSA Uninsured Program, uninsured Americans have already begun losing access to testing, treatment, and vaccination services, placing themselves and other members of their communities at risk of infection. Unless Congress acts, this lack of funding will only exacerbate existing racial and ethnic disparities in access to health services for historically marginalized communities. For example, Latino children and families are much more likely to be uninsured compared to their white counterparts<sup>3</sup> and have disproportionately suffered from the

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<sup>1</sup> COVID-19 Claims Reimbursement to Health Care Providers and Facilities for Testing, Treatment, and Vaccine Administration for the Uninsured. <https://www.hrsa.gov/CovidUninsuredClaim>

<sup>2</sup> HHS COVID-19 Funding, Testing, Treatment, and Vaccine Administration for the Uninsured, accessed May 3, 2022 from <https://taggs.hhs.gov/Coronavirus/Uninsured>

<sup>3</sup> Whitener, Kelly, Snider, Matthew. "Expanding Medicaid Would Help Close Coverage Gap for Latino Children and Parents." *Center For Children and Families*, 29 June 2021, <https://ccf.georgetown.edu/2021/06/29/expanding-medicaid-would-help-close-coverage-gap-for-latino-children-and-parents/>.

health and economic consequences of the virus.<sup>4,5</sup> Similarly, Black communities have been overrepresented in the essential workforce before and during the pandemic, have suffered a disproportionate share of deaths from the disease, and are also more likely to be uninsured than their white counterparts.<sup>6,7,8</sup> For uninsured individuals, the HRSA Uninsured Program has been one of the only means of accessing COVID-19 testing, treatment, and vaccination services regardless of immigration status. Failing to adequately fund the HRSA Uninsured Program not only places these communities at greater risk, but also risks undoing the progress that has been made toward equitable access to COVID-19 services, including vaccines.

Furthermore, the HRSA Uninsured Program has acted as a lifeline for safety net providers across the country, many already operating on thin margins and grappling with severe workforce shortages. Without a commitment from Congress to restore the program, these providers will be forced to absorb the additional costs or make tough decisions about limiting the COVID-19 services they provide to uninsured individuals, potentially decreasing access to care and leaving our nation unprepared for future variants and surges.<sup>9</sup>

This threat is particularly concerning as the nation prepares for the new availability of a COVID-19 vaccine for children younger than five years of age. If and when the FDA issues an emergency use authorization for a vaccine for this population, the HRSA Uninsured Program must be operational to ensure access for uninsured young children and their caregivers.

Individual states currently have the option to provide Medicaid coverage for COVID-19 testing, treatment, and vaccination to people who are uninsured, regardless of their income, with full federal funding for those costs by filing a Disaster Relief State Plan Amendment with the Centers for Medicare & Medicaid Services (CMS).<sup>10</sup> However, this option is only available through the end of the month in which the COVID-19 public health emergency (PHE) ends – at present, through July 15, 2022. The short duration, continued uncertainty, and bureaucratic complexity of this pathway make the state option to cover COVID-19 services for uninsured individuals challenging to implement and likely to exacerbate inequitable access to services: a national solution is called for.

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<sup>4</sup> “Covid-19 Provisional Counts - Health Disparities.” *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention, 27 Apr. 2022, [https://www.cdc.gov/nchs/nvss/vsrr/covid19/health\\_disparities.htm](https://www.cdc.gov/nchs/nvss/vsrr/covid19/health_disparities.htm).

<sup>5</sup> Despres, Cliff. “Update: Coronavirus Case Rates and Death Rates for Latinos in the United States.” *Salud America*, 19 Apr. 2022, <https://salud-america.org/coronavirus-case-rates-and-death-rates-for-latinos-in-the-united-states/>.

<sup>6</sup> Tomer A and JW Kane, “To protect frontline workers during and after COVID-19, we must define who they are.” *Brookings Institute*, 10 June 2020. <https://www.brookings.edu/research/to-protect-frontline-workers-during-and-after-covid-19-we-must-define-who-they-are/>.

<sup>7</sup> Hill L and S Artiga, “COVID-19 Cases and Deaths by Race/Ethnicity: Current Data and Changes Over Time.” *Kaiser Family Foundation*, February 2022. <https://www.kff.org/coronavirus-covid-19/issue-brief/covid-19-cases-and-deaths-by-race-ethnicity-current-data-and-changes-over-time/>.

<sup>8</sup> Artiga S, L Hill, K Orgera, and A Damico. “Health Coverage by Race and Ethnicity, 2010-2019,” *Kaiser Family Foundation*, July 2021. <https://www.kff.org/racial-equity-and-health-policy/issue-brief/health-coverage-by-race-and-ethnicity/>

<sup>9</sup> The White House Fact Sheet: Consequences of Lack of Funding for Efforts to Combat Covid-19 if Congress Does not Act. <https://www.whitehouse.gov/briefing-room/statements-releases/2022/03/15/fact-sheet-consequencesof-lack-of-funding-for-efforts-to-combat-covid-19-if-congress-does-not-act/>.

<sup>10</sup> Tolbert, Jennifer et al. “Implications of the Lapse in Federal Covid-19 Funding on Access to Covid-19 Testing, Treatment, and Vaccines.” *KFF*, 28 Mar. 2022, <https://www.kff.org/coronavirus-covid-19/issue-brief/implications-of-the-lapse-in-federal-covid-19-funding-on-access-to-covid-19-testing-treatment-and-vaccines/>.

Protecting the health and wellbeing of all communities as next phase of the pandemic unfolds requires lawmakers to prioritize the policies and programs that have shown to have the greatest impact. Congress must act urgently to restore the COVID-19 Uninsured Program to fulfill the promise of access to testing, treatment, and vaccinations without cost-sharing.

If you have questions or would like to discuss this issue further, please contact Stephanie Glier at the American Academy of Pediatrics at [sglier@aap.org](mailto:sglier@aap.org).

Sincerely,

[organizations]