



April 15, 2020

The Honorable Nancy Pelosi
House Speaker
H-232, The Capitol
Washington, DC 20515

The Honorable Kevin McCarthy
House Minority Leader
H-204, The Capitol
Washington, DC 20515

The Honorable Mitch McConnell
Senate Majority Leader
S-230, The Capitol
Washington, DC 20510

The Honorable Chuck Schumer
Senate Minority Leader
S-221, The Capitol
Washington, DC 20510

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

On behalf of March of Dimes, the nation's leading non-profit organization fighting for the health of all moms and babies, I write to thank you for taking swift action to protect Americans during the 2019 novel coronavirus (COVID-19) pandemic and mitigate its impact on the nation's mothers, infants and families. Taken together, the *Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020* (P.L. 116-123), the *Families First Coronavirus Response Act* (P.L. 116-127), and the *Coronavirus Aid, Relief, and Economic Security (CARES) Act* (P.L. 116-136) represent a comprehensive approach to bolster the nation's public health and health care systems, improve access to care, support families facing economic hardship, and mitigate the financial impact to the nation's nonprofit sector. March of Dimes is especially grateful that the *CARES Act* included the *Protecting Critical Services for Mothers and Babies Act*, which will help our organization continue to support mothers, infants and families during this challenging time.

Despite the significant federal response to-date, there is still much more for Congress to do to protect the health of at-risk populations, including mothers and infants; safeguard families from hunger, poverty and other social determinants that negatively affect health; and aid nonprofit organizations so they can continue to advance their missions during the economic downturn. March of Dimes recommends the following policies to achieve these essential aims.

INVEST IN THE NATION'S NONPROFIT SECTOR

Charities employ approximately 10 percent of the nation's private workforce and account for over 5 percent of the national GDP. More importantly, nonprofits are the linchpin to a healthy civil society and to advancing what is surely a shared goal: ensuring that all people living in America thrive. March of Dimes is working to meet the challenges of these times and fight for pregnant women, infants, and their families to remain as healthy as possible during this crisis. The CARES Act was a good start toward recognizing and addressing the needs nonprofits face

now, but the reality is that more will be needed by all the non-profit community to maintain their critical operations.

As we have seen with the impact on our economy and increasing unemployment rate, we know many jobs will disappear in the coming weeks with lost revenues as a result of severely diminished donations from fundraising events where many nonprofits earn significant mission dollars through attendance and sponsorships. With this in mind March of Dimes supports Congress making the following changes, consistent with the bipartisan *Save Organizations that Serve (SOS) America Act*, which would build on the CARES Act by:

- 1) providing the charitable sector with an immediate infusion of \$60 billion in emergency funding for organizations serving immediate needs in communities facing lost and declining revenue due to the pandemic; and
- 2) improving the above-the-line charitable deduction by significantly raising the cap and allowing all taxpayers to immediately claim the deduction on their 2019 taxes and beyond.

March of Dimes also strongly supports significant new funding for the CARES Act Paycheck Protection Program and amending the program to ensure all nonprofits qualify for the newly created small business loans by eliminating the 500-employee cap for the 501(c)(3) non-profits seeking SBA loans. Additionally, as the 500 employee cap is lifted, we urge Congress to address the revenue cap for nonprofit and charitable organizations who wish to qualify for SBA loans. Moreover, we urge Congress to work with the Secretary of the Treasury to ensure that a lending program for nonprofits, as is authorized under Sec. 4003 of the CARES Act (Assistance for Mid-Sized Businesses), is established and implemented expeditiously.

PRIORITIZE THE HEALTH OF MOMS AND BABIES

March of Dimes asks that Congress ensure the unique needs of pregnant women, new mothers, and infants are prioritized in our nation's response to COVID-19. History shows us that mothers and infants are uniquely impacted by infectious disease outbreaks. Data from the 2002-2003 severe acute respiratory syndrome (SARS) epidemic indicate that infected pregnant women are at-risk for severe maternal illness, maternal death, and miscarriage.ⁱ This at-risk population deserves special attention in all response activities.

Unfortunately, instances occurred where the needs of mothers and infants were sidelined during the pandemic response. For instance, pregnant women and breastfeeding women are explicitly excluded from the Adaptive COVID-19 Treatment Trial currently underway at the National Institutes of Health.ⁱⁱ Further, little is known about the impact of the novel coronavirus and COVID-19 on pregnant women and infants due to limited surveillance data.

To help address this gap in the response, March of Dimes recently announced the launch of the Mom and Baby COVID-19 Intervention and Support Fund. The ultimate goal of The Fund is to ensure families stay informed about COVID-19, therapeutics and a vaccine are developed with moms and babies top of mind, and interventions are distributed so everyone across our country has access. The Fund also is designed to be a responsible fundraising mechanism to ensure

resources are acquired, deployed and measured to provide the greatest possible positive impact. While March of Dimes is seeking private sector partners to help support the Fund, we believe it will only be successful with an infusion of both private and public resources. We ask Congress to include significant new funding in the next package to support non-profits in leveraging their networks and expertise to support COVID-19 response activities.

BOLSTER PUBLIC HEALTH AND HEALTH CARE INFRASTRUCTURE

Public Health Infrastructure

We encourage Congress to make smart, long-term investments in the nation's public health infrastructure and have joined with other organizations in asking for \$4.5 billion in additional annual funding for the Centers for Disease Control and Prevention (CDC), state, local, tribal and territorial core public health infrastructure. The COVID-19 pandemic has demonstrated that underfunding public health has deadly and costly consequences. Lack of supplies in national and state stockpiles, the inability to scale diagnostic testing and contact tracing, and insufficient surge capacity have extended and exacerbated this public health crisis. Boosting and sustaining investment in our nation's public health system will both prepare us for the next public health emergency and stimulate the economy.

Of this amount, March of Dimes strongly encourages Congress to direct at least \$100 million to CDC's *Emerging Threats to Moms and Babies* initiative. During public health crises such as the H1N1 pandemic and the Zika virus outbreak, additional funding provided by Congress enabled CDC to create a surveillance system to track impacted mothers and infants. Supplemental funding provided during the Zika outbreak allowed CDC to create the *Emerging Threats to Moms and Babies* initiative, a unique nationwide mother-baby linked surveillance network to monitor the virus' impact in real-time to inform clinical guidance, educate health care providers and the community, and connect families to care. Unfortunately, states were unable to sustain systems once the supplemental federal funds expired, and our nation's mothers and infants were left without a national system to monitor emerging threats and mobilize when disasters strike. Currently, CDC provides limited funding to 13 states and territories to maintain their mother-baby longitudinal linked surveillance system. Congress should immediately provide at least \$100 million to CDC to reinvigorate and improve the *Emerging Threats to Moms and Babies* initiative to provide real-time clinical and survey data from all states and jurisdictions on the impact of COVID-19 on pregnant women and their babies. Further, Congress must sustain this level of funding beyond the current crisis to ensure we have a national infrastructure to quickly identify and respond to new threats to mothers and infants.

Health Care Infrastructure

This public health emergency has shown that telehealth is critical to our nation's health care delivery system, especially in times of crisis. Unfortunately, our systems and regulations are not equipped to facilitate remote treatment, particularly for pregnant women covered by Medicaid. A woman's ability to receive prenatal care, postpartum services and remote monitoring via telehealth during the COVID-19 pandemic varies significantly between states. March of Dimes is pleased that the Centers for Medicare and Medicaid Services (CMS) released guidance

reminding states they have broad authority to utilize telehealth within their Medicaid programs, and that CMS is working with states to exercise this authority.ⁱⁱⁱ

A growing body of evidence suggests telehealth is an effective method to deliver care to women for both low- and high-risk pregnancies.^{iv} Unfortunately, utilization of pregnancy-related telehealth remains low due, in part, to system-level barriers to implementation.^v Federal investment in obstetric telehealth can help surmount these barriers and build a more resilient maternity care system for our nation's mothers. March of Dimes encourages Congress to provide \$90 million available over four years to the Health Resources and Services Administration to expand the Rural Maternity and Obstetrics Management Strategies (RMOMS) program. This existing grant program helps rural communities develop, implement, and test models to improve access to quality prenatal and postpartum care. Grantees seek to leverage telehealth as a tool to improve outcomes for pregnant women and infants living in rural areas. Additional funding will help build the infrastructure and systems to support rural obstetric services in up to 30 sites across the country, up from the three sites currently funded.

PROTECT PATIENTS

As Congress continues to respond to the COVID-19, we urge you to take every step possible to guarantee all Americans can access diagnostic testing and appropriate treatment without fear of unaffordable out-of-pocket-costs. During an outbreak, it is critical that sick individuals do not avoid testing and treatment because of financial concerns. Congress and the Administration should use all existing authorities to ensure that uninsured Americans, as well as those enrolled in public and private health insurance, can access the necessary care without surprise bills or financially crippling out-of-pocket costs. Such actions will slow the spread of disease and protect the health of moms and babies.

We thank you for your quick action to protect Americans through the elimination of cost-sharing for testing for Medicaid beneficiaries and by increasing Medicaid funding for states during this challenging and uncertain time. One of Medicaid's many strengths is its ability to help states respond to public health epidemics. Through Medicaid, federal funds are available on an open-ended basis to match state costs of immunizing, testing, diagnosing, and treating over 71 million low-income Americans in the event of an outbreak of an infectious disease. The actions Congress has taken to date are critical in helping to slow the spread of COVID-19, saving lives, and protecting our health care system. March of Dimes urges Congress to take several additional actions to ensure Americans have insurance coverage and access to care during the crisis including the following steps:

- 1) Eliminate out-of-pocket costs for all medical care related to COVID-19 for all patients, not just care delivered in a hospital.
- 2) Enact an additional emergency Medicaid FMAP (Federal Medical Assistance Percentage) of 5.8 percent to states. While Congress already provided an increase of 6.2 percent, additional Medicaid funding is necessary to get the FMAP to 12 percent to provide state Medicaid programs with an immediate infusion of the resources they need to maintain high quality, comprehensive coverage and care during the public health emergency.^{vi}

- 3) Incentivize the remaining states to expand Medicaid by increasing the federal share of the cost at this critical time by extending the initial enhanced 100 percent FMAP to states that have not already expanded for the first three years they expand, a financial incentive that was available to states that expanded their programs in 2013.
- 4) Ensure the maintenance of effort (MOE) requirements that states must comply with to receive the 6.2 percentage point increase in Medicaid remain in place, and that any future FMAP increases during the emergency have the same MOE provisions. Recent analysis shows that the MOE will help 5 million people maintain their Medicaid coverage during the public health emergency.^{vii}
- 5) Enact the *Helping Medicaid Offer Maternity Services (MOMS) Act of 2019* (H.R. 4996) to incentivize states to extend Medicaid coverage to mothers in the postpartum period up to one year to maintain access to treatment and prevent maternal morbidity and mortality. This an important first step toward ensuring access to health insurance coverage throughout the postpartum period for all women in every state, and is even more important now during the public health emergency.
- 6) Authorize a 60-day special enrollment period through the Affordable Care Act (ACA) exchanges to give all consumers the opportunity to purchase comprehensive coverage that meets their healthcare needs and prohibit the sale of short-term, limited-duration plans and other non-ACA-compliant plans during a special enrollment period.
- 7) Suspend the upcoming reduction of the enhanced Children’s Health Insurance Program (CHIP) FMAP on October 1, 2020 during the emergency. Maintaining the current 11.5 percent increase to the enhanced FMAP maintains the administrative and fiscal status quo for CHIP programs currently on the front lines of addressing the current COVID-19 crisis and will provide much needed additional resources to states and local governments.
- 8) Institute an immediate moratorium on the Medicaid Fiscal Accountability Rule (MFAR) proposed by the CMS in February 2020. March of Dimes, among many other organizations, has requested the MFAR be withdrawn due to the detrimental effects MFAR would have on state Medicaid programs. This rule would seriously undercut the FMAP increase just enacted by Congress undermining states ability to respond to COVID-19 and harming Medicaid beneficiaries.
- 9) Institute an immediate moratorium on regulations and guidance that will lead to Medicaid disenrollment and impose harmful barriers to testing, treatment, and care. These include the Medicaid provisions in the Public Charge regulation and the Healthy Adult Opportunity block grant guidance issued by CMS in January. All Medicaid waivers with increased out-of-pocket costs, copays for emergency room use, and work requirements must also be halted during the public health emergency.

SUPPORT FAMILIES

March of Dimes recognizes families across the United States are under tremendous stress right now. Unemployment rates are spiking, schools across the country are closed, and physical distancing has made it more difficult to rely on social networks for support. It is imperative that the next COVID-19 response package bolster support for struggling families – including

improving emergency paid sick days and paid leave policies created by previous packages, increasing access to nutrition programs, and strengthening home visiting programs.

Improving Emergency Paid Sick Days and Family Leave Policies

March of Dimes is grateful Congress took bold action to provide paid sick and family leave for some workers impacted by COVID-19 in the *Families First Coronavirus Response Act*.

Unfortunately, the new programs include gaps that put workers at-risk, particularly the carve-out for workers at businesses with 500 or more employees, the hardship exemption eligibility for businesses with fewer than 50 employees, and the limited reasons for taking leave. To close these gaps and help protect the health and financial security of all American families during the pandemic, March of Dimes urges Congress to include the *Providing Americans Insured Days of Leave (PAID Leave) Act* in the next legislative package to address COVID-19. This legislation would:

- 1) provide all workers with 14 emergency paid sick days in the event of a public health emergency, including the current coronavirus crisis, reimbursed in full by the federal government;
- 2) provide all workers 12 weeks emergency paid family and medical leave, fully reimbursed by the federal government;
- 3) permanently ensure workers can accrue 7 paid sick days; and
- 4) permanently enact a paid family and medical leave program, as called for under the FAMILY Act.

Addressing Food Insecurity

Prior to the COVID-19 pandemic, one in 10 families across the country struggled to put food on the table.^{viii} The layoffs, furloughs, and school closures associated with the COVID-19 emergency have exacerbated this already dire situation. March of Dimes thanks Congress for making new investments in the Supplemental Nutrition Assistance Program (SNAP) to ensure it has sufficient resources to meet rising caseloads. In the next COVID-19 response package, Congress should build on those investments by increasing benefits for SNAP beneficiaries. Specifically, any new legislation should 1) boost the maximum SNAP benefit by 15 percent and 2) increase the minimum monthly SNAP benefit to \$30. These policy changes will help protect the health of American families and spur economic growth. Historical evidence shows that every dollar increase in SNAP benefits generates \$1.74 in economic activity during a downturn.^{ix}

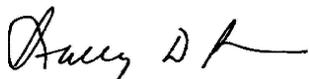
Serving Families through Home Visiting

Pregnant women and new moms are facing unique challenges during the COVID-19 response. It is imperative those most at-risk continue to receive support through the nation's network of home visiting programs. March of Dimes joins our partners at the Home Visiting Coalition in calling for Congress to make policy changes and targeted investments in the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program to ensure it can continue to serve families during the public health emergency and in the difficult months to follow. Congress should provide \$100 million to the program to train home visitors to deliver services remotely and ensure programs have additional resources to provide tangible needs for families, such as technology, formula, and diapers. Congress must also take steps to ensure these virtual visits

are considered home visits for the purposes of program accountability. Finally, policymakers should maintain all funding for and staffing levels of MIECHV programs regardless of potential temporary reductions in enrollment to preserve the home visiting workforce and infrastructure. Moms need more support than ever right now, and policymakers need to take steps to ensure home visiting programs are there to serve them.

March of Dimes thanks you for your leadership to protect the nation from the threat of COVID-19. We look forward to working with you to ensure that pregnant women, new mothers and infants are prioritized at every level of the response as the crisis continues. Please direct any follow-up questions to KJ Hertz, Director, Federal Affairs (khertz@marchofdimes.org, 571.969.8655).

Sincerely,



Stacey D. Stewart
President & CEO



Rahul Gupta, MD, MPH, MBA, FACP
Senior Vice President & Chief Medical and Health Officer

Cc:

The Honorable Lamar Alexander
The Honorable Patty Murray
The Honorable Chuck Grassley
The Honorable Ron Wyden

The Honorable Frank Pallone
The Honorable Greg Walden
The Honorable Richard Neal
The Honorable Kevin Brady
The Honorable Bobby Scott
The Honorable Virginia Foxx

ⁱ Schwartz, D, Graham, A. Potential Maternal and Infant Outcomes from Coronavirus 2019-nCoV (SARS-CoV-2) Infecting Pregnant Women: Lessons from SARS, MERS, and Other Human Coronavirus Infections. *Viruses*. 2020. 12(2),194. Available at: <https://www.mdpi.com/1999-4915/12/2/194/htm>.

ⁱⁱ Additional information on the Adaptive COVID-19 Treatment Trial can be found here: <https://clinicaltrials.gov/ct2/show/NCT04280705>

ⁱⁱⁱ Centers for Medicare and Medicaid Services. COVID-19 Frequently Asked Questions (FAQs) for State Medicaid and Children's Health Insurance Program (CHIP) Agencies. April 2, 2020. Available at: <https://www.medicaid.gov/state-resource-center/downloads/covid-19-faqs.pdf>

^{iv} Weigel G, Frederiksen B, Ranji U. Telemedicine and Pregnancy Care. Kaiser Family Foundation. February 26, 2020. Available at: <https://www.kff.org/womens-health-policy/issue-brief/telemedicine-and-pregnancy-care/>

^v Ibid.

^{vi} National Governors Association Letter to Congress. March 20, 2020. Available at: <https://www.nga.org/letters-nga/health-human-services-committee/governors-request-for-third-congressional-supplemental-bill/>

^{vii} Health Management Associates. April 3, 2020. Available at: <https://www.healthmanagement.com/wp-content/uploads/HMA-Estimates-of-COVID-Impact-on-Coverage-public-version-for-April-3-830-CT.pdf>

^{viii} US Department of Agriculture. Key Statistics & Graphs. Accessed April 3, 2020. Available at: <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/key-statistics-graphics.aspx>

^x Blinder A, Zandi M. The Financial Crisis: Lessons for the Next One. Center for Budget and Policy Priorities. October 15, 2015.
Available at: <https://www.cbpp.org/research/economy/the-financial-crisis-lessons-for-the-next-one>