

CARES ACT BRIEF: HEALTH & LATINOS

The novel coronavirus (COVID-19) has led to an unprecedented nationwide health and economic crisis. As more of our neighbors fall ill and the death toll rises, the pain and hardship caused by the pandemic will grow and continue to be felt in the months and even years to come. Unfortunately, the brunt of the impact will primarily fall on the shoulders of our nation's working-class families, including the nation's 58 million Latinos, who make significant contributions to the nation's economy and prosperity yet continue to face longstanding disparities.

The Coronavirus Aid, Relief, and Economic Security Act (CARES Act), a \$2.2 trillion bipartisan package from Congress, is an important step to protecting the health and economic well-being of millions of Americans hit hardest by the crisis, including Latinos. The Act follows—and in some cases builds on—two other packages, the [Families First Coronavirus Response Act](#) and the [Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020](#) and includes many of the priority areas that [UnidosUS asked Congress](#) to address. Namely, it includes urgently needed relief for American workers and their families, small businesses, nonprofit organizations, and hospitals, as well as local health systems. The CARES Act is a good step to helping workers and families already feeling the effects of a health crisis. However, policymakers have a lot of work to do to address remaining needs that will become even more urgent as this event and its effects continue.

While the CARES Act and earlier packages cover many urgent needs, here is a look at what the CARES Act does on the health issues that are most relevant to the Latino community.

How does the CARES Act affect health coverage and care?

The CARES Act covers a variety of areas in health care, including coverage related to COVID-19 care and funding for community health centers. The pandemic has reinforced the importance of quality, affordable, and accessible health coverage and care in order to live a healthy life in general, but especially during a public health crisis. This is a particularly important issue for the Latino community: 18% of Latinos are uninsured compared to around 5% of non-Hispanic Whites, and uninsurance rates were on the rise for Latino children prior to the start of this pandemic.¹

The CARES Act includes the following:

- **Improved quality of private coverage related to COVID-19.** For those with private health plans, the bill expands on the previous requirement that private insurers cover COVID-19 diagnostic testing without cost-sharing and now covers more than just FDA-approved tests. It also requires private health plans to extend coverage without cost-sharing for services or items provided during a medical visit for COVID-19 testing and for preventive services, such as a future vaccine.
- **Funding for community health centers.** Community health centers play an important role for low-income and uninsured Latinos. For those who get their care at a community health center, under the

CARES Act these providers will receive \$1.32 billion for the prevention, diagnosis, and treatment of COVID-19. The Act also provides \$100 billion to reimburse providers for health-care-related expenses or lost revenue due to the pandemic.²

Provisions related to health coverage are severely limited and are more favorable to those with private health plans. This means that [18 million Latinos](#) enrolled in Medicaid, [10.5 million](#) Latinos who remain uninsured, and millions more with coverage will not experience significant improvements in either coverage or care under the CARES Act. The biggest change for Medicaid and CHIP recipients is that each program's free coronavirus testing now covers a wider array of tests than current law and could help alleviate the testing backlog.

How does the CARES Act affect nutrition programs?

The CARES Act includes funds for federal programs such as the Supplemental Nutrition Assistance Program (SNAP) which reaches over 40 million Americans, including 10 million Latinos. Just as the pandemic has reinforced the importance of access to health care, it has also highlighted the critical role that federal nutrition programs play in helping families put food on the table and make ends meet. This is particularly important for Latinos. For example, prior to the current health and economic crises, 24% of Latino children lived in a food-insecure household compared to 13% of non-Hispanic White children.

- **Funding for SNAP.** The CARES Act includes \$15.8 billion for administering SNAP to cover the benefits of existing participants and the projected increase in caseloads due to the economic downturn during the pandemic. The Act also includes funding to support states that implement programs to provide increased emergency SNAP benefits to existing SNAP households (up to \$194 for a single individual and \$509 for a family of three). The 10 million Latinos that participate in SNAP nationally may receive a bump in their benefits, and Latinos affected by the pandemic may be able to access emergency SNAP in their states. Information on SNAP eligibility can be found on the U.S. Department of Agriculture's SNAP [State Directory of Resources](#).
- **Funding for child nutrition.** For families with students, the Act provides resources for children participating in school meal programs. Specifically, the Act includes \$8.8 billion for states to provide meals outside of school settings while schools remain closed. Efforts to ensure that children participating in school lunch programs will continue to receive meals despite school closures can have a significant impact on the well-being of Latino children—who represent [24%](#) of children in the program—across the country.

What is next?

The next step is to ensure that the measures above are implemented properly at both the federal and state level. That said, the CARES Act brings needed relief but falls short in targeting assistance to workers and families throughout the country whose lives are being affected by this unprecedented situation. All people in this country deserve the opportunity to live a healthy life, but without more robust action, the pandemic will only deepen the health disparities that the Latino community faces. UnidosUS will continue

working with our Affiliates throughout the nation to ensure that our national leaders focus policies on the experiences of Latinos. Our continued efforts will include:

- **Expanding access to Medicaid.** While earlier bills made investments for those with Medicaid and the Children’s Health Insurance Program (CHIP), the CARES Act primarily makes changes for those with private insurance. However, all individuals should have ready access to coronavirus testing and treatment, including the uninsured and underinsured, regardless of immigration status. Revising emergency Medicaid to cover COVID-19 and associated health problems is the most effective means of achieving swift access to screening or treatment for as many people as possible regardless of their immigration status. Congress should further encourage states to expand access to their Medicaid programs, as well as remove eligibility barriers so all who need coverage can obtain it.
- **Increasing investments in SNAP.** While the CARES Act includes funding for SNAP administration, it does not include needed investments to increase SNAP benefits and expand eligibility. Additional investment in SNAP, including a 15% boost to the SNAP maximum benefit and an increase in the minimum monthly SNAP benefit to \$30 are needed. Additionally, Congress can ensure that all who need assistance can receive it by removing SNAP eligibility restrictions such as the five-year waiting period currently in place for lawfully permanent resident adults and increasing investments in Disaster SNAP (D-SNAP).
- **Targeting investment in Spanish-language and culturally relevant information.** Such information about COVID-19 testing and treatment or eligibility for federal programs must be incorporated in the pandemic response in order to meet the diverse needs of communities. For example, in 2017, 25.9 million people reported being limited English proficient (LEP). About 6 in 10 Latino adults report having difficulty speaking with and understanding their health care providers due to language and cultural barriers. Having information in one’s preferred language is important to ensure that information is communicated in an accessible way. In addition, while 96% of Latino children are U.S. citizens, about half live in a household with at least one non-citizen parent. Ensuring that those in mixed-status households receive information in a way that reflects their unique experiences is important to ensure that all who are eligible for relief, including U.S. citizen children, are aware of and can access the necessary supports. A commitment and funding to make sure that Spanish-language and culturally relevant information reaches the Latino community are necessary.

¹ UnidosUS and Georgetown University Center for Children and Families, “Decade of Success for Latino Children’s Health Now in Jeopardy,” March 2020, <https://ccf.georgetown.edu/2020/03/10/decade-of-success-for-latino-childrens-health-now-in-jeopardy/> (accessed April 2, 2020).

² These reimbursements will be made for expenses or losses that cannot be reimbursed from other sources or which other sources (e.g., Medicaid) are not obligated to reimburse a provider.