August 3, 2020

Dear Illinois Congressional Delegation Member,

I am writing to discuss the upcoming COVID-19 related relief package, and what your constituency needs in this unprecedented time.

First, thank you for your work and support for your constituency – Illinoisans have been hit hard by the current pandemic, and having strong advocates working in our favor helps with all of our wellbeing. AIDS Foundation Chicago (AFC) is grateful for your leadership to ensure that our communities are safe during the COVID-19 pandemic. We are also hopeful that the COVID-19 relief package will be responsive to the needs of our communities and provide equitable support during the pandemic and beyond.

At AFC, our work is dedicated to ensuring that people living with or vulnerable to HIV are able to access competent, comprehensive care and live healthy lives, and that resources and services are provided with equity in mind to combat the longstanding systemic racism that has created disparities in Black and Latinx communities. **Equity across systems and in access to resources is integral to all of our work, and is especially important during the COVID-19 pandemic. With this in mind, we are hoping that you will protect Illinoisans by supporting the following measures.**

On May 15, I shared a letter discussing the needs of our communities, broken down into four categories – unrestricted state and local funding; healthcare access; housing security; and household support. That previous letter is attached here. Today, I am following up in response to the newly released HEALS Act. Generally speaking, the HEALS Act does not address the ongoing devastation happening to communities across the state of Illinois – **for every priority area we named, the HEALS Act is either woefully insufficient, or provides no support at all.**

The next COVID-19 stimulus package must be robust and comprehensive – providing adequate allocations to address the current health, economic, and racial inequity crises were facing. **This upcoming package – which is coming more than four months after the CARES Act – needs to include substantially more assistance to state and local governments, and center those who have been hit hardest by the**
COVID-19 pandemic and subsequent recession, namely Black, Indigenous, and Latinx communities. And, importantly, the aid provided must last as long as it is needed—not just through the end of the public emergency declarations, but through the end of the current recession.

In our letter in May, we urged Congress to include additional unrestricted funding for state, local, territorial, and tribal governments that need this funding to pay essential workers, such as first responders, healthcare providers, and teachers who are integral to our communities. Further, any additional funding should not be contingent upon whether a city or municipality is considered a sanctuary city, and should be utilized for any and all residents of a given state, county, municipality, or city—regardless of citizenship status. We still support the $1 trillion allocation for state, local, territorial, and tribal governments, and still ask that you fight for this measure. Every state and local government is facing deficits that will last at least two years, and federal assistance is necessary to ensure that state and local economies are able to continue functioning. With state governments alone facing $555 billion in revenue shortfalls, the lack of any additional funding for state and local governments in the HEALS Act is unconscionable and would place additional hardship on the governments themselves and every individual within their jurisdiction. There must be significant, unrestricted funding—at least $1 trillion—in the next coronavirus relief package.

Because we are in the midst of a global pandemic and public health emergency, we must increase access to healthcare for all. For communities that have been systematically underfunded—especially Black, Indigenous, and Latinx communities—greater healthcare equity is always needed, and the pandemic has only exacerbated this need. And for people living with or vulnerable to HIV, access to affordable, continuous care is especially important. As such, the next COVID-19 package should, at minimum, match the CARES Act allocation of an additional $90 million for Ryan White services. In the HEROES Act, the allocated $10 million in available funding through September 30, 2022 to prevent, prepare for, and respond to coronavirus is a step in the right direction; however, given the expansiveness of need around

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telehealth services, support for housing, and food access that Ryan White recipients have experienced thus far during the pandemic, and the ripple effects that will continue even after the public health emergency is declared over, lowering funding is premature. And, much worse, the HEALS Act includes no additional funding for any federal HIV-related programming, including Ryan White services. This is unacceptable and will endanger the lives of vulnerable Illinoisans.

We still encourage additional efforts around increasing the federal share of Medicaid costs, providing a substantial additional FMAP increase along the lines of the increase of 14 percentage points in the House-passed Heroes Act. This increase should remain in place until the economy fully recovers from the COVID-19 pandemic. We are also still concerned about any provisions that would create an exception in the maintenance of effort requirement for any state, because this exception creates a slippery and dangerous slope. Therefore, any provision creating an exception in the Medicaid maintenance of effort must be removed from the next COVID-19 related relief package, and Congress should create additional financial incentives for states to expand Medicaid, broaden eligibility for emergency Medicaid, eliminate cost-sharing for COVID-19 treatment, and, make marketplace coverage more affordable and accessible.

As we enter the sixth month of the COVID-19 pandemic in the United States, we still need to ensure affordable, accessible healthcare – especially for essential workers. For these workers, the increased exposure to COVID-19 should not be met with insufficient healthcare options. And while the HEROES Act authorized hazard pay for essential workers and access to personal protective equipment (PPE), the HEALS Act offers no hazard pay for essential workers and no safety standards for any workers. Congress must invest more funding in under-resourced communities to support the health and financial security of essential workers. Congress should provide more funding for personal protective equipment (PPE) and instruct OSHA to better protect workers from harm. Further, Congress must ensure that providers who serve a disproportionate share of low-income and uninsured patients have access to enhanced funding, and this must include community-based service providers (e.g.,
certain SUD treatment providers, doulas, Community Health Workers (CHWs), and others).

In addition to the lack of support for workers, the HEALS Act creates immunity for employers and corporations that may face liability for not complying with government safety standards. The HEALS Act goes even further, by immunizing employers from both lawsuits and public enforcement of employment law where alleged violations are related to COVID-19 responses, including lawsuits to enforce the Fair Labor Standards Act (FLSA), Americans with Disabilities Act (ADA), Title VII of the Civil Rights Act, and other non-discrimination laws. This lack of concern for the health of individuals – and desire to protect corporate entities – is deplorable and not in the interest of public health or safety. Congress must prioritize the health of American residents over the interests of corporate entities, and remove the immunity provisions for corporations that violate government safety standards and nondiscrimination laws and policies.

Finally, Congress must pass legislation that requires policy makers and researchers to identify and address ongoing disparities and health inequities that risk accelerating the impact of the novel coronavirus and the respiratory disease it causes. This data must be transparent and requires deep investment in public health infrastructure in Black, Indigenous, and Latinx communities. While the HEROES Act has included language about anti-discrimination and hate crime protections, the HEALS Act has no protection for either. This cannot stand. While the COVID-19 pandemic has harmed our entire nation, Black, Indigenous, and Latinx communities have faced the highest numbers of infection and mortality. Because of this, those communities need additional provisions that will protect them from additional harm.

Stable, affordable housing is necessary for continued health – this is evident based on the decision for states to issue shelter-in-place orders in response to the COVID-19 pandemic. Black, Indigenous, and Latinx communities and people living with or vulnerable to HIV have often faced barriers to accessible and affordable housing due to systemic racism and discrimination based on their perceived or actual HIV status.
Congress must increase funding for programs that provide safe, stable and supportive housing, and do so in a way that centers equity for Black and Latinx communities and people living with or vulnerable to HIV.

While the HEROES Act provides eviction and foreclosure moratoriums, enhanced bankruptcy protections, protection against utility shutoffs and telecommunications, and significant funding for housing support, the HEALS Act provides no extension of the federal eviction moratorium and no protection from utility shutoffs or disconnects. Additionally, where the HEALS Act funding totals $4.7 billion for housing support, the HEROES Act provided $194.5 billion in housing support. **Congress must advocate for rent and mortgage forgiveness, uniform moratoria on foreclosures and evictions throughout the public health emergency, and an additional six months of forgiveness and moratoria after the public emergency ends as households work to recover from the economic downturn, in addition to bans on utility shutoffs and disconnections.**

Congress must also provide rental assistance to avoid creating a financial cliff for renters when eviction moratoria are lifted following the end to the public health emergency. This assistance can be provided through a combination of Emergency Solutions Grants, Housing Choice Vouchers, Section 521 Rural Rental Assistance, or the Disaster Housing Assistance Program (DHAP). **In total, Congress must continue to push for the $194.5 billion for emergency housing protection in the next COVID-19 package.**

**Further, there should be increased funding for HOPWA to maintain operations and for rental assistance, supportive services, and other necessary actions.** In its current iteration, the HEALS Act contains no additional funding for HOPWA – this must be changed. Given the ongoing public health emergency, and the continued strain on the employment rate and housing security that will extend beyond the emergency, we urge Congress to, at least, allocate an additional $65 million supplemental allocation for HOPWA-related funding.
The relief measures and aid put forward in the next COVID-19 stimulus package must remain in place throughout the COVID-19 pandemic and extend through the current economic downturn that has come as a result of the pandemic. This includes maintaining increases in unemployment insurance, food assistance, and federal funding for states. These additional support systems should be tied to economic conditions, so they do not end arbitrarily or prematurely. As such, relief measures need to be tied to economic conditions, not the length of the public health emergency or any arbitrary date.

For families facing increased financial struggles during this pandemic, we must continue to provide supplemental unemployment benefits and access to food and nutrition services. The HEALS Act provides no increase in SNAP benefits and seeks to decrease the supplemental unemployment benefits from $600 per week to $200 per week. While the HEROES Act has taken a step forward by including an additional $1,200 in emergency funding for individuals, with a cap of $6,000 per household, Illinoisans need more support. We continue to urge Congress to increase supplemental household support to include an emergency fund for ongoing help that will ensure that households can meet their basic needs, such as a basic universal income of $2000 per month for individuals, $4000 for two-adult households, and an additional $500 per child per month, with no household cap. And while the previous stimulus payments were a good start down this path, HEALS Act exclusions based on immigrant households and dependents are not in the best interest of Illinois communities. Congress must guarantee that everyone, including every person that files taxes but does not have a Social Security number, receives the basic universal income.

In addition to healthcare and housing, food and nutrition assistance is still necessary. SNAP plays a significant role in keeping families fed and healthy, and we urge Congress to increase the minimum SNAP allotment from $16 to $30 and delay the enforcement of any ABAWD work requirements. Congress should also include a provision that states receiving funding for SNAP benefits do not enforce ABAWD
work requirements through the course of the COVID-19 public health emergency, and for at least twelve months following the declared ending of the pandemic.

Finally, Congress must increase funding for Lifeline services. An additional $18 billion allocation is needed to ensure that Lifeline users have unlimited minutes for calls, unlimited data for text and voice messages, and should not have their services disconnected through the course of the pandemic, and for at least six months after. Access to Lifeline, or government phone, services during the COVID-19 pandemic and at least six months beyond the declared end of the public health emergency will provide individuals greater access to telehealth services and remain connected to family and loved ones.

This moment in our nation’s history has laid bare the ongoing issues in our communities – the purposeful divestment from Black, Indigenous, and Latinx communities; the lack of accessible, affordable healthcare; and, sufficient safety net services and programs that ensure no person lacks the ability to meet their needs. In this moment, the next COVID-19 related package must include robust and comprehensive provisions to address the unprecedented needs of our communities. We ask that you prioritize the issues discussed above to ensure that people living with or vulnerable to HIV have access to the resources they need, and that all Illinoisans remain safe throughout the COVID-19 pandemic.

We appreciate the opportunity to weigh-in regarding the next round of COVID-related relief legislation, and are happy to answer any questions you have. Please feel free to contact me at adevis@aidschicago.org or 202-257-4334.

Sincerely,

Aisha Davis