April 30, 2021

The Honorable Xavier Becerra  
Secretary  
U.S. Department of Health and Human Services  
200 Independence Ave, SW  
Washington, DC 20201

Rachel Levine, M.D.  
Assistant Secretary for Health  
U.S. Department of Health and Human Services  
200 Independence Ave, SW  
Washington, DC 20201

Rochelle Walensky, M.D.  
Director, Centers for Disease Control and Prevention  
1600 Clifton Road Atlanta, GA 30329-4027

Vivek Murthy, M.D.  
U.S. Surgeon General  
200 Independence Ave, SW  
Washington, DC 20201

Dear Secretary Becerra, Dr. Levine, Dr. Walensky, and Dr. Murthy:

As leaders in the public health and healthcare sectors, we commend the Biden Administration for its recognition that civic engagement is an issue that affects the health of our nation and for the issuance of the Executive Order on Promoting Access to Voting. You will find us willing partners in the effort to promote and expand access to voting. In that vein, we recommend two immediate actions that should be taken to enhance civic participation in our electoral system:

- Immediately restore civic and voter participation as core health metrics and feature voter participation as a Leading Health Indicators (LHI) in Healthy People 2030.
- Authorize and incentivize integration of voter registration into the Medicaid program by clarifying guidance and reassuring states that it is permissible to use Medicaid data for voter registration.
Civic Engagement is a Public Health Issue

It is well established that our health is determined by the physical, social, cultural, economic and political environments in which we live. Evidence published in Public Health Reviews shows that civic participation improves health, builds social capital and can remediate racial disparities in both health and society. Access to the ballot and voting serve as a central path to civic participation and key mechanism for a healthy America. Multiple studies and historical trends confirm a bi-directional relationship between electoral participation and social, economic and health inequities. The links between a healthy inclusive democracy and a healthy thriving population are clear and require our commitment to assure full participation in democratic processes. For this reason we are writing to encourage the Administration to do everything in its power to encourage all eligible people to vote. Below is evidence in support of our two immediate requests: restoring civic and voter participation as a core health metric by revising Healthy People 2030, and clarifying the guidance to reassure states that it is permissible to use Medicaid data for voter registration.

Immediately restore civic and voter participation as core health metrics and feature voter participation as a Leading Health Indicators (LHI) in Healthy People 2030.

In 2010, Healthy People 2020 introduced a Social Determinants of Health topic area that included a Social and Community Context domain, in addition to four others. Civic participation was identified as a key issue within this domain and two objectives were added: Proportion of persons eligible to participate in elections who register and who actually vote (SDOH 6.1) and proportion of persons eligible to participate in elections, who are registered, and report voting in the most recent November election (SDOH 6.2). Using data from the Current Population Survey, Census and the Department of Labor, data were monitored for both objectives every two years from 2010-2018 and were disaggregated by sex, race/ethnicity, and age. Given their classification as informational, targets were not set for these objectives.

In 2017, The National Academies of Sciences, Engineering, and Medicine committee was charged by the HHS Office of the Assistant Secretary for Health to assist in the development of Leading Health Indicators (LHIs) for Healthy People 2030. LHIs are defined as a small subset of high-priority objectives selected to drive action toward improving health and well-being. The committee’s charge included developing criteria for inclusion and then recommending a slate of LHIs for consideration by the Healthy People Federal Interagency Workgroup. The subsequent list of 34 recommended LHIs included “the proportion of voting eligible population who voted in last election,” with the objective statement reading “Increase the proportion of voting-eligible population
who votes.” Thus, the committee not only endorsed voter participation as an LHI, but also set a desired direction of movement. The committee noted that voter participation met the indicator selection criteria in that it is measurable, has both baseline and additional datapoints, and, “the evidence base for it is fairly strong and growing, and it has considerable bearing on health equity and disparities given the robust understanding of what shapes structural inequities.” (NASEM, 2020). Despite the committee’s recommendation, voter participation was not selected as a Healthy People 2030 LHI, nor was it, or any measure of civic participation, included among the larger set of 300+ core objectives.

**Authorize and incentivize integration of voter registration into the Medicaid program by clarifying guidance and reassuring states that it is permissible to use Medicaid data for voter registration.**

The Centers for Medicare and Medicaid Services (CMS) can take a powerful step forward by authorizing the integration of voter registration into the Medicaid program. In a recent Executive Order, President Joe Biden directed federal agencies “to expand access to voter registration and election information.” CMS can act to carry out the President’s vision by helping millions of eligible voters register through Medicaid programs across the country. With the potential to build healthier communities, increase civic engagement, address systemic inequities and ultimately improve the strength of our democracy, voter registration through Medicaid effectively carries out this federal mandate. We are urging HHS to take the lead on implementation of President Biden’s Executive Order by paving the way for automatic voter registration at Medicaid offices across the country. We believe that this action will result in stronger more resilient voter registration systems and lead to better health outcomes.

Under the National Voter Registration Act (NVRA), eligible voters can register to vote at the Department of Motor Vehicles in most states, improving the accessibility and convenience of voter registration options. The NVRA has proven to be a successful policy. Today, 20 states and the District of Columbia have built on that foundation to offer automatic voter registration at the DMV to work for eligible voters throughout the country, shortening transaction times, reducing errors, and saving taxpayer money. The success of AVR in DMV offices is a demonstration of the opportunity to expand this model to additional government agencies to reach eligible voters who might not interact with the DMV -- especially older voters, younger voters, voters who move frequently, and voters of color.
By authorizing a similarly streamlined voter registration process at Medicaid offices, CMS can empower its beneficiaries with an efficient and accessible way to register to vote for the first time and also to update existing registrations when they move. This process would be similar to data sharing that Medicaid offices already take part in, and would use pre-existing identity and citizenship verification. Unlike DMVs, where many drivers only update addresses with renewals every five to eight years, Medicaid beneficiaries provide their addresses annually, which would help keep voter rolls up-to-date.

Medicaid agencies are well positioned to strengthen voter registration systems. They already verify the core components of voter registration records (name, date of birth, address, and citizenship) meaning that Medicaid agencies do not need to add additional questions -- and any resulting complexity or intimidation -- to their applications in order to register voters. This is true in all fifty states, even where policy makers have extended program eligibility regardless of citizenship or status. This unique feature means that Medicaid agencies can automatically register voters using only existing data.

The Centers for Medicare and Medicaid Services (CMS) can support these efforts while protecting Medicaid beneficiaries by recognizing voter registration as a service to beneficiaries provided by and through the NVRA. Such a narrow authorization clearly enables action by state governments to ensure under-represented Americans are registered to vote or update their registrations with more accurate voter information, reducing inequities for Medicaid recipients, a population that disproportionately includes Americans with disabilities and people of color.

With this system in place, millions of eligible voters could experience the health benefits that follow from registering to vote, from those without cars, to those who are low-income, the elderly, people with disabilities and more. Research shows that Medicaid beneficiaries are significantly less likely to register to vote, vote, or participate more generally in civic life. Through compliance with this Executive Order, we can ensure that the critical voices of Medicaid beneficiaries are heard in our elections. As shown by research conducted by the Kaiser Family Foundation, Medicaid recipients are more likely to be people of color than the general population -- 21 percent of beneficiaries are Black, and 25 percent are Hispanic. This system is but one of many ways our country can address the systemic inequities of our society and ensure that all people can be healthy and active members of their communities. And with CMS authorizing automatic voter registration, states will be able to ease implementation by leveraging administrative match to defray any costs of system changes.
Conclusion

As HHS builds out and implements its vision for a healthy country in decades to come, we strongly encourage including efforts focused on strengthening civic participation and access to the electoral system with these two concrete and meaningful actions. Working together, we hope to ensure all Americans can thrive in healthy communities starting with ensuring they can exercise their fundamental right to vote.

Sincerely,

American College of Preventive Medicine
American Public Health Association
Association of Schools and Programs of Public Health
Big Cities Health Coalition
National Network of Public Health Institutes
Network for Public Health Law (The views expressed in this letter are solely those of Network staff and may not represent those of any affiliated individuals or institutions, including funders and constituents.)
Public Health Accreditation Board
Trust for America’s Health
Vot-ER: Healthcare-Based Voter Registration

Contact: Jeanne Ayers, Executive Director, Healthy People Healthy Democracy Initiative (ayers002@umn.edu, 612-385-4039)