Health Groups Endorsement of Voter Registration Question in Healthcare.gov Given Relationship Between Health and Voting

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Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
7500 Security Boulevard,
Baltimore, MD 21244

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As leading health and civic engagement organizations, including Vot-ER, a national nonpartisan organization integrating civic engagement into healthcare; Healthy Democracy Healthy People, a nonpartisan initiative advancing an inclusive healthy democracy that promotes civic and voter participation in public health entities; Young Invincibles, a nonprofit working to expand opportunity for young Americans; CLASP, a national nonpartisan anti-poverty nonprofit advancing policy solutions to improve the lives of people with low incomes; as well as other leading representatives of our public health infrastructure and its professionals listed below, we are writing in response to the Department of Health and Human Services’ (HHS) Solicitation of Written Comments for the Paperwork Reduction Act Notice regarding the inclusion of information about registering to vote on the federal Marketplace application, including the electronic form on Healthcare.gov as well as the paper form.

Because voting is a social determinant of health, we strongly support the integration of voter registration opportunities within our health systems, including this inclusion on the federal applications for health coverage. Public health researchers have long known that civic
participation contributes directly and indirectly to community health.\textsuperscript{1,2,3,4,5,6} Evidence, included below, shows that when more people are engaged in the democratic process, people and communities are healthier. When more people are included in our democracy, they are able to secure stronger health outcomes for themselves and their communities. Inclusion of a voter registration question and voting information within the federal applications for health coverage therefore would support healthy communities.

The Department of Health and Human Services has already repeatedly recognized the relationship between voting and health. Healthy People 2020 acknowledged as much when it emphasized civic participation as a vital component within the Social Determinants of Health\textsuperscript{7} and Healthy People 2030 has identified “increas[ing] the proportion of voting age citizens who vote” as a Core Objective. The most common reasons people do not vote include not being registered and lacking understanding of the voting process.\textsuperscript{8-9} Eligible people are successfully registered to vote when they are offered active voter registration services.\textsuperscript{10} Including an offer of voter registration and voting information in the federal exchange could increase voter participation, further supporting Healthy People 2030’s core objective. By integrating evidence-based voter registration opportunities within the federal health insurance marketplace, the Department of Health and Human Services can play a pivotal role in promoting nonpartisan civic engagement which supports healthy thriving communities.

\textsuperscript{1} Nelson C, Sloan J, Chandra A. Examining Civic Engagement Links to Health: Findings from the Literature and Implications for a Culture of Health. RAND Corporation; 2019. (highlighting the association between civic engagement, including voting, and improved community health outcomes).


\textsuperscript{3} Arah OA. Effect of voting abstinence and life course socioeconomic position on self-reported health. J Epidemiol Community Health. 2008:62(8):759-760. doi:10.1136/jech.2007.071100 (highlighting the correlation between abstaining from voting and poorer health outcomes, even after controlling for socio-demographic factors).

\textsuperscript{4} Pacheco J, LaCombe S. The Link between Democratic Institutions and Population Health in the American States. Journal of Health Politics, Policy and Law. Published online May 6, 2022. doi: \url{https://doi.org/10.1215/03616878-9978103} (For Insights on Voting and Population Health)


\textsuperscript{7} Healthy People 2020: Civic Participation. Healthypeople.gov Web site. \url{https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/civic-participation}


**Barriers to voting persist in BIPOC communities**

As health disparities persist in BIPOC communities, so do heightened barriers to voting and participating in our democracy. Namely, there is a persisting racial disparity in voter registration characterized by a consistent trend of lower registration among Black, Asian, and Hispanic populations compared to their white counterparts. Additionally, evidence shows that BIPOC are more likely to experience longer polling lines, are disproportionately burdened by stringent voter identification laws, and have fewer polling locations per capita than their white counterparts. In 2018, nine percent of Black and Latino voters experienced being told that they lacked the proper identification to vote while only 3 percent of white voters had the same experience. These barriers are particularly exacerbated in Native American and Alaska Native communities. While 84 percent of the U.S. population lives in urban areas, many Native Americans and Alaska Natives live in rural communities that lack residential addresses. In 2018, over 5,000 Native Americans lacked the requisite form of identification to vote due to the lack of reservations with residential addresses. Furthermore, while county offices typically provide in-person voter registration services during regular business hours, this poses a significant challenge for Native American voters residing 100 miles or more away from the county seat.

In 2018, 80 percent of the voters in Georgia who were blocked by the state’s voter identification policy were people of color. During the 2018 election, Latino and Black voters were more likely to wait in longer lines on Election Day than white voters. Latino voters waited on average 46 percent longer than white voters, and Black voters waited 45 percent longer than white voters.

Conversely, inclusive voting policies are linked to better health, particularly in key areas where BIPOC communities have historically faced disparately poorer health outcomes. The 2023 Health and Democracy Index analyzed the relationship between twelve health indicators and the accessibility of voting policies across states and found that states with greater voting access tend to have lower rates of premature mortality and infant mortality. Premature mortality and infant mortality rates are both health inequities disparately affecting Black Americans.

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By integrating a voter registration question in healthcare.gov, the Department of Health and Human Services can help address these disparities and promote racial health equity for historically underserved communities.

**Closing the Voting Access Gap for the Disability Community**

Voters with disabilities also face numerous challenges to voting. Americans with disabilities were 7 percentage points less likely to vote than people without disabilities in the 2020 election even after adjusting for age.\(^1\) Voters with disabilities were also nearly twice as likely as nondisabled voters to experience problems when voting, and 1 in 9 voters with disabilities faced barriers accessing the ballot box.\(^2\) People with vision or cognitive impairments were especially likely to face obstacles during the 2020 election, which accounts for roughly 7 million eligible voters and 13.1 million eligible voters, respectively.\(^3\) Not only do people with disabilities face hurdles in casting a ballot, they also are less likely to report being registered to vote.\(^4\) While many states have adopted new and innovative ways to increase voter registration through same day voter registration, online options, and automatic voter registration at the Department of Motor Vehicles (DMV) these systems have not been successful at fully engaging voters with disabilities.\(^5\)

Integrating voter registration opportunities within Healthcare.gov – especially with the improved accessibility of a modernized Vote.gov— can help address barriers people with disabilities face and increase access to care for the 1 in 4 who have a disability in the United States.\(^6\)

**Tribal Technical Assistance for Federally-Recognized Tribes and Villages**

Civic engagement is particularly important among enrolled members of federally-recognized American Indian and Alaska Native Tribes and Villages. Low levels of access to the internet, among other structural factors, create significant barriers for tribal members seeking to vote.\(^7\) The provision of tribal technical assistance by appropriate federal agencies will best address the implementation of this provision and uphold the federal government’s trust responsibility.

**Optimizing ACA Navigator Program: Enhancing Voter Registration Support**

In addition to the recommendations below, we must insist that the Affordable Care Act’s Navigator program be leveraged to improve response rate to this addition to the application. Navigator entities play an essential role in assisting consumers as they complete the

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2. Ibid
3. Ibid
HeathCare.gov application. In 2020, the Kaiser Family Foundation found that approximately 7 million consumers with marketplace or Medicaid coverage, or who were uninsured at the time, sought consumer assistance. For those who received assistance, 94 percent called it a helpful experience. As we head into a new Navigator funding cycle this year, we highly encourage CMS to offer crucial training to Navigators, new and returning, through the addition of a module in the Marketplace Learning Management System specifically on the connection between civic engagement and health. This will ensure Navigators are adequately prepared to effectively assist consumers with the voter registration question, and thus improve response rates. If this change cannot be implemented in time for the upcoming Open Enrollment period for 2025 coverage, we suggest CMS host supplementary webinars for enrollment assisters on this topic. These webinars should provide both direct guidance from CMS, as well as education on strategies and best practices for discussing civic engagement with consumers from national experts and advocates.

Proposed Modifications to the Attachments
While our organizations firmly endorse the inclusion of the voter registration opportunity on the federal Marketplace application, we also recommend some modifications to its design and language to ensure uptake and impact. Below, we outline these recommendations:

1. **Question Language**: The question “Would you like information on registering to vote?” (Attachments A through D) should be changed to “If you are not registered to vote where you currently live, would you like to apply to register to vote?” (The new question emphasizes the ability to take action and not just receive a deluge of information.)

2. **Hard Stop Modification**: To make sure the applicant sees the question, the voter registration question in Attachment A should be programmed as a hard stop, i.e. the applicant should be required to choose an answer from yes/no/prefer not to answer.

3. **Action-Oriented Language**: The text following the voter registration question (Attachments A through D) should be changed to “You clicked that you would like to register to vote. You can access a voter registration application, and voter registration information including deadlines, and other voting resources at vote.gov.” (As above, this modified language emphasizes the ability to take action and not just receive a deluge of information.)

4. **Follow-up Options**: The text following the voter registration question in Attachment A should be presented differently, choosing from one of 2 options.

   - **For Option 1**, the applicant should be presented with follow-up information and also Vote.gov should open in a separate tab or window. The follow up information should include the additional text, “Vote.gov will pop up in a separate window. If you have a pop-up blocker, you will need to enable pop-ups from this website. Alternatively, you can visit Vote.gov at a later time.”

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**For Option 2,** the placement of the language directing applicants who respond “yes” to the voter registration question to Vote.gov would depend on whether the applicant is determined (potentially) eligible for Medicaid or will proceed to enroll through the Marketplace. When an applicant is determined (potentially) eligible for Medicaid, the applicant (1) should see on the confirmation page, “You clicked that you would like to register to vote. In one minute, you will be redirected to Vote.gov where you can access a voter registration application, voter registration information including deadlines, and other voting resources at vote.gov. If you wish to opt out of the redirection, click here” and (2) also should be automatically redirected to Vote.gov after a certain period of time. For an applicant who will enroll in a health insurance plan through the Marketplace (with or without cost sharing), the language, “You clicked that you would like to register to vote. After you complete your enrollment, you will be redirected to vote.gov where you can access a voter registration application, voter registration information including deadlines, and other voting resources” should appear at the top of the confirmation page. In addition, the applicant should be redirected at the end of the selection of an insurance plan.

5. In the Application for Health Coverage, the Step 3 language “NO. If no, skip to Step 4.” should be modified to read, “NO. If ‘no’, review the voter registration question below and then proceed to Step 4.” (page 4 of attachment D). The voter registration question should still be a required hard stop so that it must be completed before proceeding.

By facilitating nonpartisan voter registration, CMS, and more broadly, HHS, can help address barriers to voting and promote positive health outcomes.

**EVIDENCE INCLUDED IN THIS COMMENT**

HHS should consider all citations supporting evidence and authority included in this comment as part of the formal administrative record for purposes of the Administrative Procedure Act. Throughout the comments that follow, we have included citations to supporting evidence and authority, including active links. We direct HHS to each citation and corresponding active links and we request that the full text of the evidence and authority cited, along with the full text of our comment, be incorporated into the formal administrative record for purposes of the Administrative Procedure Act.

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**SIGNATORIES:**

ACA Consumer Advocacy
Access Ready Inc.
American Association of People with Disabilities
American College of Obstetricians and Gynecologists
American Public Health Association
Association of Clinicians for the Underserved
Association of Schools and Programs of Public Health
Civic Health Alliance
CLASP
Doctors for America
Epilepsy Foundation
Healthy Democracy Healthy People
Human Impact Partners
MomsRising
National Disability Rights Network
National Network for Arab American Communities
Network for Public Health Law
Public Health Accreditation Board
RespectAbility
Society for Public Health Education
The Arc US
Vot-ER
Young Invincibles