

January 8, 2024

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

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244-1850

RE: Secure Automatic Voter Registration at Medicaid

Dear Secretary Becerra and Administrator Brooks-LaSure:

The undersigned represent policy, grassroots and community based organizations working on the state and local level who recognize the importance of voter registration and bolstering participation in our democracy. We write today about a specific opportunity to close the voter registration gap for Medicaid enrollees. We know firsthand that the individuals most likely to be enrolled in Medicaid programs – including low-income Americans, people of color, young people, and people with disabilities – have historically been left out of our democracy.

Governor Polis, Governor Kotek, and Governor Lujan Grisham have recently requested that you prioritize working with their states to design and implement automatic voter registration systems that maximize voter registration for historically disenfranchised groups. We urge you to consider the benefits of a post-transaction, pre-transfer opt out automatic voter registration system within the Medicaid program, and to work with states such as Colorado, New Mexico, and Oregon to develop systems that they can implement as soon as possible.

Building on successful AVR policies for motor voter programs, Colorado, Massachusetts, Michigan, Minnesota, New Mexico, Nevada, Oregon and Washington, DC, have all passed laws that instruct state Medicaid offices to automatically register eligible U.S. citizens to vote when they apply for Medicaid. Secure AVR is the system that maximizes registration rates among eligible individuals while remaining most protective of ineligible voters by automatically excluding them from AVR.

Millions of eligible citizens are not registered to vote, creating substantial disparities in voter registration and turnout rates between various groups. Voter registration rates are disproportionately low among Medicaid enrollees. In fact, Medicaid enrollment is negatively correlated with voter registration, even after adjusting for other factors.¹ Registration rates for non-white, Latino, and younger citizens, as well as those with low incomes, a disability, or who have recently moved, are far lower than that of their fellow citizens.²

A data match conducted by the state of Oregon shows that Medicaid AVR is uniquely well-suited to address these historic disparities. The reform would reach an astonishing 85% of the eligible but unregistered voters in the state.³ In addition to reaching almost all of Oregon's unregistered but eligible

¹ Michener, Jamila, *Fragmented Democracy: Medicaid, Federalism, and Unequal Politics*, Cambridge University Press, 2018, p. 77. [Link](#).

² Douglas R. Hess, "Using Medicaid Automatic Voter Registration to Address Persistent Voter Registration Problems: Helping the National Voting Registration Act Achieve its Potential," Institute for Responsive Government, June 22, 2023. [Link](#).

³ Dirk VanderHart, "Democrats advance bill that would automatically register unregistered voters applying for Oregon Health Plan," OPB, May 4, 2023. [Link](#).

voters, it would dramatically increase the accuracy, completeness, and equity of their voter roll also. At least 25% of the eligible but unregistered voters on the Oregon Health Plan are people of color, roughly double the representation of people of color on the existing voter rolls, and more than half are under age 35.⁴

The current system of registering voter-eligible Medicaid enrollees is ineffective and should be considered a crisis. Section 7 of the National Voter Registration Act (NVRA) requires state Medicaid agencies to offer the opportunity to register to vote. However, this opportunity often takes the ineffective form of an additional paper voter registration form or a brief screen linking to voter registration in what is already a lengthy application process. In the average state, only two percent of Medicaid applications result in voter registration forms.⁵ Rather than making individuals provide duplicative information on two separate forms, AVR leverages Medicaid's existing procedures to seamlessly register eligible voters. Applying optimal Secure AVR practices to Medicaid programs offers a promising way to substantially increase Section 7 compliance.

This policy not only increases new registration rates, but also refreshes voter rolls by automatically updating voters' mailing addresses each time they interact with Medicaid. Colorado's adoption of AVR at the Department of Motor Vehicles (DMV) has resulted in close to 250,000 new registrants and 1 million updated voter registration records annually.⁶ The model, which is the same as what Colorado's AVR statute outlines for Medicaid, reports 99 percent of eligible transactions resulting in successful voter registration transactions.⁷

Medicaid AVR will advance racial and economic equity in our democracy and it aligns with the Biden Administration executive order on promoting access to voting. Medicaid data from Colorado indicates that people of color comprise a disproportionate share of enrollees⁸, and also comprise a disproportionate share of people underrepresented as registered voters.⁹

It would also provide similar benefits as DMV-based AVR, including cost-savings, increased registration rates, and reduced administrative burden for state and local employees, while reaching populations that have historically lacked access to our democratic processes and are less likely to be reached through other voter registration systems.

We strongly urge CMS to prioritize working with Colorado, New Mexico, Oregon and other states interested in implementing a post-transaction, pre-transfer opt out automatic voter registration system with Medicaid, given the significant impact that it would have in improving voter participation and health equity, and addressing historical racial gaps in voting. As you know, Colorado, New Mexico and Oregon would like to work with CMS to design systems that comply with Medicaid requirements while ensuring that Medicaid enrollees have a fully represented, equitable voice in our democracy. If you have questions regarding this letter, please contact Sam Oliker-Friedland (sam@responsivegoverning.com), executive director of the Institute for Responsive Government.

Sincerely,

⁴ Bourgeois Michaela, "Bill aims to bring automatic voter registration to the Oregon Health Authority", KOIN, April 16, 2023. [Link](#).

⁵ Ibid, Table 7.

⁶ Colorado Department of Revenue (DMV). File: Monthly CDOR voter registration numbers. AVR statistics (2022). Accessed on Tuesday, February 28, 2023. [Link](#). Colorado Department of State. Colorado's Automatic Voter Registration System A Success, One Year Since Implementation. Accessed on Tuesday, February 28, 2023. [Link](#).

⁷ Institute for Responsive Government, Colorado Medicaid SAVR: A Significant Opportunity to Improve Registration Rates, March 2, 2023. [Link](#).

⁸ 55% of Medicaid recipients in Colorado are people of color, but only 29% of Colorado residents are people of color. Kaiser Family Foundation, Distribution of the Nonelderly with Medicaid by Race/ Ethnicity, 2021. [Link](#). United State Census, Colorado: 2020 Census. [Link](#).

⁹ In Colorado, 55% of Black people, 70% of Asian people, 62.8% of Hispanic people are registered to vote as compared to 74% of White people. Kaiser Family Foundation, Voting and Voter Registration as a Share of the Voter Population, by Race/Ethnicity, November 2022. [Link](#).

**Institute for Responsive
Government**

Families USA

Advocates for Better Health

All Voting is Local Action

Alliance for Youth Action

AltaMed Health Services

American College of
Preventive Medicine

Association of Schools and
Programs of Public Health

Big Cities Health Coalition

Campaign Legal Center

Center for Civic Policy

Center for Law and Social
Policy

Center for Secure and
Modern Elections

Colorado Center on Law and
Policy

Colorado Children's
Campaign

Colorado Common Cause

Colorado Consumer Health
Initiative

Colorado Ovarian Cancer
Alliance

Committee to Protect Health
Care

Common Cause MN

Detroit Action

Detroit Disability Power

Ebert Family Clinic

Eta Sigma Gamma - Eta
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Healthy Democracy Healthy
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Human Impact Partners

Immigrant Rights Voting
Policy Project

Keystone Democracy

LatinoJustice PRLDEF

League of Conservation
Voters

MI Poder

Michigan League of
Conservation Voters

Michigan Organization on
Adolescent Sexual Health
(MOASH)

Minnesota Doctors for Health
Equity

Minnesota Public Health
Association

Minnesota Society for Public
Health Education (MN
SOPHE)

Network for Public Health
Law

New Era Colorado

New Jersey Institute for
Social Justice

New Mexico Working
Families Party

Next Up

NextGen California

OLÉ

Prime Health

Promote the Vote

Public Health Accreditation
Board

Public Health Awakened
Michigan Chapter

Public Wise

Society for Public Health
Education (SOPHE)

Stand Up America

The Committee to Protect
Health Care

The Voter Project

Transformative Justice
Coalition

Vot-ER

Voter Participation Center

Voters Not Politicians

VoteVets

We Choose Us