



April 6, 2020

The Honorable Nancy Pelosi
1236 Longworth House Office Building
Washington, DC 20510

The Honorable Kevin McCarthy
2421 Rayburn House Office Building
Washington, DC 20510

The Honorable Steny Hoyer
1705 Longworth House Office Building,
Washington, DC 20515

The Honorable Steve Scalise
2049 Rayburn House Office Building
Washington, DC 20515

RE: National Coalition on Health Care recommendations for fourth federal response to COVID-19

Dear Speaker Pelosi, Majority Leader Hoyer, Minority Leader McCarthy, and Minority Whip Scalise:

On behalf of the National Coalition on Health Care (NCHC), we write to urge you to include additional policies to alleviate the short- and long-term impact of the COVID-19 pandemic on our health care system as you consider a fourth legislative relief package. NCHC is a nonpartisan, nonprofit, multi-stakeholder organization dedicated to promoting health care affordability and accelerating positive system change. We represent more than 80 participating organizations, including medical societies, businesses, unions, health care providers, faith-based associations, pension and health funds, insurers, and groups representing consumers, patients, women, minorities and persons with disabilities. Collectively, our organizations represent more than 100 million Americans.

We applaud Congress' swift action on the first three legislative efforts in response to the COVID-19 pandemic which provided critical funding and regulatory flexibility for providers. Our members are closely in touch with organizations on the ground and have voiced significant, ongoing concerns about patient and health professional protections during this crisis. To protect American families and businesses during this national emergency, NCHC believes the

following recommendations should be top priorities for any upcoming COVID-19-related legislative package:

1. [Build on H.R. 748, Coronavirus Aid, Relief, and Economic Security Act \(CARES Act\) to better address short-term needs.](#)

The CARES Act foregoes provisions we highlighted in our [letter to Congress released on March 19](#). We urge Congress to consider these provisions in future COVID-19 legislation, many of which were included in the House phase 3 bill:

- **Ban surprise billing for treatment for COVID-19** – Patients should be held harmless for seeking COVID-19 care immediately, including protection against surprise medical bills related to COVID-19 treatment. These provisions are a matter of immediate public health and crisis management. We also urge Congress to take this opportunity to find a compromise on surprise billing for all services. Although some providers have announced decisions to waive surprise bills during the outbreak, a clear and comprehensive message from Congress is vital.
- **Direct financial assistance to non-hospital based, primary care physicians** – We applaud Congress' action to provide small businesses and health providers financial assistance through the CARES Act. America's family physicians are on the frontlines of the COVID-19 outbreak. These professionals must balance their role as initial responders to the exponentially increasing medical needs of their patients, as small business owners with duties to their employees, and as caregivers and financial providers to their own families. Currently, physician groups on the ground report having only 60 days of cash available to stay in business while they test and treat patients with COVID-19 at rates higher than hospitals. Congress should direct the Secretary to ensure funds appropriated in the CARES Act go to support independent practices.
- **Enhance Medicaid: reinstate 100% Medicaid FMAP for any state that elects to adopt ACA expansion and allow states to use Medicaid for *treatment* of uninsured** – Lack of coverage poses a significant risk to the public health of this country as the uninsured population is far less likely to seek testing and treatment. Reduced financial barriers via cost-sharing would only impact those who have coverage already. We recommend the House re-introduce provisions to increase FMAP to 2014 levels (100%) for the expansion populations and allow states to use Medicaid dollars to cover both testing *and* treatment of COVID-19 for the uninsured. Additionally, the CARES Act does not include a proposed House provision that would extend Medicaid eligibility for incarcerated individuals to 30 days prior to their release.

The justice involved population are significantly more likely to have and to spread infectious diseases, and a gap in coverage can pose a significant risk to the public's health. This provision speaks directly to social determinants of health, exacerbated by this pandemic.

- **Expand coverage for costs of treatment** – The CARES Act focuses on costs associated with testing for COVID-19 but does not comprehensively or clearly waive treatment costs associated with COVID-19 or its complications. Given the stage of the disease spread, there is an immediate public health imperative to unequivocally signal that patients will not be responsible for cost-sharing associated with testing *or* treatment of COVID-19. We applaud private efforts from health plans like Humana, Cigna, and UnitedHealth to do so without Congressional action. Furthermore, such changes should extend beyond federal programs and should also include individual market plans, plans regulated by ERISA, short-term limited-duration plans, governmental plans, association health plans, and other forms of health coverage.
 - **Bolster community health center (CHC) funding** – Community health centers provide critical services to millions of low-income Americans and will serve as a crucial safety net provider for patients with COVID-19. We applaud Congress extending CHC funding in CARES Act, but the additional funding was insufficient to meet frontline needs. We recommend an additional \$76 Billion in CHC funding to ensure that safety net providers have the resources they need to mitigate the disproportionate effect the virus is having on low-income communities.
 - **Increase health plan flexibility to delay coverage termination** – The Affordable Care Act requires health plans offering insurance on the Exchanges to terminate coverage for enrollees who miss premium payments within 90 days, and are not allowed to re-enroll those enrollees for the rest of the year. Given the extensive economic consequences of COVID-19, including lost wages and unemployment, we urge Congress to extend the 90-day grace period for both subsidized and unsubsidized consumers to improve continuity of coverage during this crisis. Health plans should be given the flexibility to retain these enrollees throughout the National Emergency Declaration and for consumers to reinstate their coverage.
2. We urge Congress to also think long-term. Legislation thus far leaves room to improve our long-term preparedness against future pandemic threats, including:
- **Increase funding for public health infrastructure** – In the short run, the public health infrastructure in the United States is or will quickly be overstretched. We urge Congress to substantially increase funding for state and local health department personnel to fill in current crisis needs, with a plan to keep these employees to expedite future pandemic

responses. Funding and personnel are key to monitoring diseases, and any policymaking in the face of an infectious disease is slowed without the ability to gather, share, and process data. We also urge Congress to create a CDC grant program to allow for better coordination and information flow between local public health departments, state health departments, and schools.

- **Reform prescription drug pricing** – We applaud legislation waiving Part B cost-sharing for COVID-19 vaccinations. Phase 4 legislation could also include critical, and broader, drug pricing reform proposals such as the Elijah E. Cummings Lower Drug Costs Now Act, H.R. 3, passed by the House in 2019, or secondarily the Prescription Drug Pricing Reduction Act (PDPRA) which will lower prices and improve market-based competition.
- **Ensure individual market stability** – Health plans could see significant increases in costs related to COVID-19 treatment and prevention. We urge Congress to protect consumers from unaffordable premium increases by implementing a federal risk corridor or reinsurance program that would mitigate future high costs on purchasers, plans and employers alike. A federal reinsurance program, in particular, would put downward pressure on marketplace premiums for those not currently enrolled or those enrolled without subsidies, who tend to find individual coverage unaffordable already.
- **Extend Medicare telehealth flexibilities beyond emergency period** – Telehealth services address gaps in access to health care for rural and underserved populations, which will continue to persist after the emergency declaration. Telehealth also allows providers to use resources more efficiently. We urge Congress to direct the Secretary of Health and Human Services to examine which temporary flexibilities should remain post-COVID-19.
- **Expand critical assistance for social services organizations, beyond the American Families First Coronavirus Act** – COVID-19 is likely to undermine and overwhelm social safety net programs and further exacerbate health disparities. A comprehensive series of legislation to address the economic and health consequences of the pandemic should include expanded funding for programs that provide housing and other direct assistance to vulnerable populations. We applaud the inclusion of SNAP funding in the bill passed by the Senate on March 18.
- **Fund mental health services to address social isolation and loneliness** – We urge Congress to consider additional federal funding streams to address social isolation and loneliness as we continue to practice social distancing and, later, recover from the losses suffered. Congress could institute an Inter-Departmental and Agency National Coordinator of Social

Isolation and Loneliness to lead and coordinate administrative efforts, identify and leverage current federal resources, and make recommendations to cabinet officials and the White House to address the emerging epidemic of health consequences as the result of isolation.

- **Strengthen the supply chain for generics and biosimilars to prevent future shortages of affordable medications** – Nine out of ten prescriptions in the United States are filled as generics. During a pandemic, consumers should be able to rely on continued access to affordable medications, many of which are critical for people with chronic conditions or disabilities. While NCHC does not support the administration’s proposed “Buy American” executive order, Congress could work with generic medicine manufacturers to improve supply chain readiness for future pandemics and other national emergencies.
- **Establish Medicaid to Medicare Payment Parity for Primary Care** – Congress could reinstate payment policies that elevate Medicaid payment rates for all evaluation and management services provided by family physicians and other primary care clinicians to Medicare levels. Medicaid beneficiaries are among the most vulnerable and this policy will ensure that they have access to the primary care system, especially during national emergencies.

We applaud Congress’ continued urgency to protect consumers, families, taxpayers, and businesses throughout this pandemic. NCHC aims to be a resource and our members stand ready to assist.

Sincerely,

A handwritten signature in black ink that reads "John Rother".

John Rother, President

CC:

House Energy and Commerce Committee Chairman Frank Pallone, Jr.
House Energy and Commerce Committee Ranking Member Greg Walden
House Ways and Means Committee Chairman Richard E. Neal
House Ways and Means Committee Ranking Member Kevin Brady
House Education and Labor Committee Chairman Robert C. Scott
House Education and Labor Committee Ranking Member Virginia Foxx