



November 17, 2022

The Honorable Chuck Schumer
Senate Majority Leader
United States Senate
Washington, DC 20510

The Honorable Mitch McConnell
Senate Minority Leader
United States Senate
Washington, DC 20510

The Honorable Nancy Pelosi
Speaker of the House
U.S. House of Representatives
Washington, DC 20515

The Honorable Kevin McCarthy
Minority Leader
U.S. House of Representatives
Washington, DC 20515

Dear Leader Schumer, Speaker Pelosi, Leader McConnell and Leader McCarthy:

As Congress returns from the midterm elections to conclude the 117th Congress, I write on behalf of the Alliance of Community Health Plans (ACHP) to urge congressional action on key health care issues, including extending virtual care flexibilities tied to the public health emergency such as telehealth and acute hospital care at home flexibilities, and providing certainty to millions of Medicaid enrollees facing eligibility redeterminations.

ACHP represents the nation's top-performing non-profit health organizations improving affordability and outcomes in the health care system. ACHP member companies are provider-aligned health plans that provide high-quality coverage and care to nearly 22 million Americans across all lines of business in 36 states and the District of Columbia.

Extending Virtual Care Flexibilities

Many virtual care options, including telehealth flexibilities and acute hospital care at home waivers, are tied to the public health emergency (PHE). Congress extended telehealth flexibilities in the Consolidated Appropriations Act of 2022, maintaining the flexibilities for 151 days after the end of the federal PHE. The legislation also postponed the requirement that seniors who seek virtual mental health care have an in-person visit within six months of the telehealth visit. No such extensions were provided for acute care at home waivers.

We appreciate the broad bipartisan, bicameral support of virtual care. Since the beginning of the pandemic, virtual care has expanded critical access to high-quality coverage and care for millions of Americans, including those in underserved and rural areas, with patients reporting overwhelming satisfaction. Given the advancements of telehealth and strong support in Congress, ACHP urges Congress to build on the successes of virtual care for the future and extend the current flexibilities through at least the end of 2024 (e.g the Advancing Telehealth Beyond COVID-19 Act). While ACHP strongly supports a



permanent extension of virtual care, we believe that this two-year extension provides the certainty that patients, providers and payers need to keep this consumer-friendly option available while Congress and CMS evaluate data.

Acute hospital care at home waivers have allowed many seniors to receive inpatient levels of care safely in the comfort of their own home. Absent congressional action, the waivers will abruptly end with the PHE. Three quarters of ACHP member companies have moved acute and recovery services out of expensive hospital settings, saving seniors money and freeing up limited hospital resources. Acute hospital care at home programs can cut the length of stay, lower readmission rates and reduce mortality rates all while improving patient experience. We urge Congress to include the bipartisan, bicameral ***Hospital Inpatient Services Modernization Act*** (S. 3792/H.R. 7053) to extend the waivers for two years beyond the end of the PHE to allow sufficient time to review data and make changes needed to make the program permanent.

Providing Certainty to Medicaid Beneficiaries

Since February 2020, Medicaid and CHIP enrollment has reached historic levels and now exceeds 87 million enrollees. The rise in enrollment is attributed to flexibilities granted to states during the PHE, such as continuous eligibility requirements and a 6.2 percent enhanced Federal Medical Assistance Percentage (FMAP). Both provisions were included in the Families First Coronavirus Response Act to prevent disenrollment and disruptions in coverage. However, once the PHE ends, states will lose the enhanced FMAP and will commence an unwinding process, during which each state will redetermine Medicaid eligibility for all individuals receiving Medicaid or CHIP in their state. Upwards of 15 million people are likely to lose their Medicaid coverage from this redetermination process. Out of that 15 million, 8.2 million will leave the program due to loss of eligibility (e.g., changes in income) and another 6.8 million will erroneously lose coverage despite still being eligible for Medicaid.

Congress can play a critical role in helping consumers and states during the unwinding process by:

- Providing a gradual phase-down of the enhanced federal Medicaid match and smoothing of the redetermination process once the PHE ends. This would mitigate the potential for large numbers of disenrollment, while simultaneously creating federal government savings based on the Congressional Budget Office baseline.
- Waiving restrictions in the Telephone Consumer Protection Act (TCPA) that prohibit marketing to consumers via phone or text, which will assist health plans and other stakeholders' ability to reach Medicaid enrollees and help ensure they are providing updated information and where necessary transition them to other forms of insurance. Having the flexibility to leverage text messaging in outreach efforts would afford health plans the ability to reach large numbers of enrollees in a timely manner, encourage consumers to update critical contact information and assist in enrollment into new coverage options. Texting is a cost-effective and accessible mode of



communication, especially for Medicaid enrollees, many of whom work outside of traditional 9-5 work hours.

- Include a state option for 12 months' continuous eligibility for all people covered in Medicaid and CHIP. Doing so will ensure that Americans who rely on these critical state and federal programs have stable health care coverage and better care. Stable coverage and care will also provide financial security and prevent disruptions in care coordination, case management and social determinants of health activities utilized by Medicaid MCOs.

We recognize the extraordinary issues facing Congress and appreciate your consideration of these recommendations that will directly improve the lives of Americans living in our communities. If you have any questions or need additional information, please contact Dan Jones, ACHP's VP of Federal Affairs at djones@achp.org or Tricia Barrentine Guay, ACHP's Director of Legislative Affairs at tguay@achp.org.

Sincerely,

Ceci Connolly
President and CEO
Alliance of Community Health Plans