



September 11, 2024

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 Mike Johnson
Speaker
U.S. House of Representatives
Washington, DC 20515

The Honorable Hakeem Jeffries
Minority Leader
U.S. House of Representatives
Washington, DC 20515

Dear Leader Schumer, Speaker Johnson, Leader McConnell and Leader Jeffries,

The Alliance of Community Health Plans (ACHP) commends the ongoing bipartisan support of non-profit, provider-aligned community health plans. As the 118th Congress nears its conclusion, ACHP strongly encourages Congress to act on several health care policies to ensure Americans have continued access to high-quality, affordable health coverage.

ACHP represents the nation’s top-performing non-profit health companies, serving millions of Americans in over 40 states and Washington, D.C. ACHP is the voice of a unique payer-provider partnership model advancing proven solutions that deliver better value for patients, employers and taxpayers.

ACHP member companies respectfully request the following health care priorities be addressed before the end of the 118th Congress:

1. Pharmacy benefit manager (PBM) transparency and reforms

ACHP member companies are supportive of moving PBMs toward a fee-based, transparent industry. To do so, ACHP urges [comprehensive PBM transparency reforms](#), like those included in the Senate Finance Committee’s [Modernizing and Ensuring PBM Accountability Act](#). The bill requires PBMs to report money paid to brokers and consultants, subjects PBM subsidiaries and affiliates to the same transparency as the PBMs themselves and delinks PBM compensation from the cost of the drug. Given the current black box of many PBMs and the unsustainable burden of drug costs, it is critical policymakers capitalize on momentum and pass PBM transparency and reform.

2. Continuation of critical virtual care flexibilities

Virtual care utilization continues to be the preferred means of receiving routine health care for tens of millions of Americans. In December 2022, Congress recognized the patient benefit that telehealth has provided by extending virtual care flexibilities until



December 31, 2024. The answer is clear: patients demand virtual care options, and the industry has responded to meet their needs. Congress must act to extend virtual care flexibilities to ensure patients have access to care how and where they want it. To do this, ACHP urges Congress to pass the:

- *CONNECT for Health Act* ([S. 2016](#) / [H.R. 4189](#)) to permanently extend telehealth flexibilities,
- *Hospital Inpatient Services Modernization Act* ([S. 4350](#) / [H.R. 8260](#)) to continue the Acute Hospital Care at Home Program, and
- *Telemental Health Care Access Act* ([S. 3651](#) / [H.R. 3432](#)) to relax arbitrary requirements to access behavioral health services virtually.

3. Extension of the enhanced individual market tax credits

In 2022, as part of the *Inflation Reduction Act*, Congress passed a three-year extension (through 2025) of enhanced premium tax credits for qualifying individuals and families buying health coverage on the individual marketplace. These enhanced tax credits were included in the *American Rescue Plan Act of 2021* and have expanded affordable coverage to millions of Americans. Currently, over 21 million Americans purchase coverage on the marketplace. While the enhanced tax credits are set to expire at the end of 2025, health plans must submit product and rate filings for plan year 2026 in mid-2025. ACHP urges Congress to extend the enhanced subsidies to provide stability in the market and assurances to the millions of working Americans and their families who count on the individual marketplace for comprehensive coverage and care.

4. Tier the Medicare Advantage (MA) coding intensity

In August, the Senate Appropriations Committee passed its fiscal year 2025 Labor, Health and Human Services and Education appropriations bill. The legislation includes report language instructing CMS to work with Congress and relevant stakeholders to evaluate the feasibility of implementing tiered coding intensity adjustments. ACHP's [MA for Tomorrow](#), a five-pronged policy proposal to modernize and improve the MA program, [outlines the misaligned incentives](#) exploited under the current risk adjustment model. Currently, all MA contracts receive an across-the-board 5.9 percent coding intensity adjustment. The reality is that [coding practices differ among MA plans](#), and so should the coding intensity adjustment. ACHP is encouraged by the Senate Appropriations report language as a step toward reining in aggressive outliers and urges inclusion in any year-end legislative package.

5. Enact commonsense patent reform

In July, sensible patent reform legislation, the [Affordable Prescriptions for Patients Act](#), passed the Senate. This legislation seeks to tackle one of the many causes of high



prescription drug prices – brand name manufacturers having multi-decade exclusivity on a drug. These manufacturers are gaming the system by creating patent thickets simply to control competition and profit, not for innovation. ACHP urges Congress to move forward with patent reform legislation to curb anti-competitive practices in the prescription drug space, increase entry of generic drugs to market and ultimately decrease cost for consumers.

We appreciate your consideration of these recommendations that will move the health care industry in a more transparent, high-quality and cost-effective direction. If you have any questions or need additional information, please contact Dan Jones, ACHP's Senior Vice President of Federal Affairs at djones@achp.org.

Sincerely,

Ceci Connolly
President & CEO
Alliance of Community Health Plans

CC: The Honorable Ron Wyden
The Honorable Mike Crapo
The Honorable Bernie Sanders
The Honorable Bill Cassidy
The Honorable Jason Smith
The Honorable Richard Neal
The Honorable Cathy McMorris Rodgers
The Honorable Frank Pallone