



NATIONAL HEALTH COUNCIL

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April 26, 2021

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The Honorable Maggie Hassan  
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Washington, DC 20510

The Honorable Robert Casey  
United States Senate  
Washington, DC 20510

The Honorable Sherrod Brown  
United States Senate  
Washington, DC 20510

The Honorable Debbie Dingell  
U.S. House of Representatives  
Washington, DC 20515

Dear Senators Hassan, Brown, and Casey, and  
Representative Dingell:

On behalf of the National Health Council (NHC), I would like to thank you for the opportunity to provide input into the discussion draft of the Home and Community-Based Services Access Act (HAA). We applaud your work in the bill to ensure that people with chronic diseases and disabilities have access to the care they need in the setting they prefer, their homes and communities.

Created by and for patient organizations 100 years ago, the NHC brings diverse organizations together to forge consensus and drive patient-centered health policy. We promote increased access to affordable, high-value, sustainable health care. Made up of more than 140 national health-related organizations and businesses, the NHC's core membership includes the nation's leading patient organizations. Other members include health-related associations and nonprofit organizations including the provider, research, and family caregiver communities; and businesses representing biopharmaceutical, device, diagnostic, generic drug, and payer organizations.

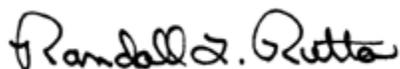
Medicaid home and community-based services help people with chronic conditions conduct functions that many people take for granted, such as maintaining employment, making food and eating, managing money and medications, bathing, and dressing. Access to these supports has been limited for too long as the need has grown, resulting in large waiting lists in many states. The HAA will directly help patients by making home and community-based services (HCBS) mandatory instead of optional and getting rid of the waiver system that has resulted in a significant variation of which HCBS are available depending on diagnosis, age, or geographical location. In addition, the support for families, caregivers, and direct care workers is a necessary component of successfully rebalancing the Medicaid system to be more in line with what is best for people with chronic diseases and disabilities.

To help improve the discussion draft, the NHC offers the following suggestions. A constant feedback loop and monitoring of access to HCBS is needed as the new system is operationalized. We request that CMS conduct annual reviews of the types and scope of HCBS accessed by Medicaid recipients. Too often, with HCBS, limits on hours of service and eligibility can be used to stretch Medicaid budgets. Many protections are built into the discussion draft but ensuring that the hours and types of services received match need is a critical component.

In addition, we need to make sure that Medicaid recipients maintain the ability to choose who they employ as direct support professionals. It is important that they not be required to hire people with overly prescriptive training or affiliated with an agency or organization. However, it is important that training and certification for services such as peer support as part of team-based mental health and substance use care are still available and supported. Allowing people to hire the person of their choice for this intimate relationship must be protected.

Thank you very much for your leadership on this critical issue, and we look forward to working with you to achieve the goals of this important bill. Please do not hesitate to contact Eric Gascho, Vice President of Policy and Government Affairs, if you or your staff have any further questions. He is reachable via e-mail at [egascho@nhcouncil.org](mailto:egascho@nhcouncil.org).

Sincerely,



Randall L. Rutta  
Chief Executive Officer