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March 18, 2022

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

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

The Honorable Chuck Schumer  
United States Senate  
Washington, DC 20510

The Honorable Mitch McConnell  
United States Senate  
Washington, DC 20510

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

On behalf of the National Health Council (NHC), I would like to share the priorities for patients as we approach the potential expiration of the current Public Health Emergency (PHE). While we recognize the eventual expiration of the PHE will be an important milestone that symbolizes an end of the pandemic and a return to normal, it is important to focus on the very real policy impact on people with chronic conditions. Specifically, there are flexibilities and changes to our health care system that have benefitted patients that are tied to the PHE declaration. Congress and the Administration must ensure removal of these protections does not disrupt care, and some changes that have directly benefitted patients should be considered for further extensions or made permanent. Additionally, even after the PHE expires, as long as the COVID-19 virus (and potential future variants) are in existence, people with chronic conditions and disabilities will continue to need common sense measures in place to protect their health that allow them to safely access needed care.

Created by and for patient organizations more than 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 145 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. To learn more about the NHC, visit [www.nationalhealthcouncil.org](http://www.nationalhealthcouncil.org).

The NHC knows that many decisions will need to be made as we transition out of the pandemic, and we appreciate many of the steps that Congress and the Administration have already taken or are

considering taking to ensure a smooth transition from the pandemic. As this conversation continues, we call on Congress and the Administration to address the below critical issues for patients before the PHE expires.

In addition, we ask that Congress and the Administration create sufficient time and resources to help patient groups and those we serve navigate the coming transitions. There have been public statements that there will be a 60-day notice before the PHE expires, and we know that some Governors have requested a longer time frame of 90 days. We support efforts to provide sufficient notice of the expiration to allow for as much preparation as possible for the transition.

### **Coverage Concerns**

The number of insured individuals has risen during the pandemic, in part because States have received increased funding from the federal government for their Medicaid programs for the duration of the PHE but must comply with maintenance of effort requirements limiting the circumstances in which people can be removed from Medicaid coverage. We appreciate that the Centers for Medicare and Medicaid Services (CMS) have issued guidance to state health officials stating that the process to undertake redeterminations for Medicaid eligibility will allow for 14 months for implementation. While we hope to limit the number of people disenrolled from Medicaid due to these redeterminations, if they are to occur, **we request a thoughtful and sufficient period to undertake the process to limit the number of people losing coverage.** We also request that **CMS provide oversight of the redetermination process and track disenrollments to identify any disproportionate impact on marginalized populations.** Finally, **we request that CMS develop understandable information to help communicate to patients at risk of disenrollment and provide resources to help people navigate to alternative coverage options.** The patient community is a willing partner in helping navigate this transition.

Another important consideration is ensuring that there are accessible and affordable coverage options for those individuals ruled ineligible for Medicaid. One reason that the number of insured individuals has risen is the additional subsidies for purchasing health care coverage under the Affordable Care Act (ACA). These subsidies have allowed people to afford coverage in the Marketplace even when it was previously unaffordable for them. These subsidies are not directly tied to the PHE but are scheduled to expire at the end of the year. **We urge Congress to continue the enhanced ACA subsidies to make affordable coverage available.**

Finally, millions of Americans still face the issue of falling into the Medicaid coverage gap. These individuals have an income too high to qualify for Medicaid in the states that have not expanded Medicaid but have too low of an income to qualify for ACA subsidies. **Congress must act to continue incentives for states to expand Medicaid and create a federal alternative for people in the gap in states that do not expand Medicaid eligibility.**

## Telehealth Flexibilities

The pandemic created demand for new ways of delivering care. For example, it drove increased utilization of telehealth and provided learnings on how it can be utilized to deliver high-quality, convenient, patient-centered care to many. This was due to increased flexibilities implemented during the PHE, but as we move out of the PHE, those flexibilities may expire without action. **As we consider the future role of telehealth, it is important to ensure it is equitably available and supplements, not supplants, in-person care, allowing patients and their providers to choose their preferred method of care delivery. Thus, we urge Congress to extend telehealth flexibilities that meet the following principles.**

First, we believe telehealth policy can improve access through equitable coverage, with services covered by all health plans including, but not limited to, Medicare, Medicaid, the ACA Marketplace, and other federal and state regulated commercial health plans.

Second, telehealth policy should ease technology barriers. Telehealth services should be equitably available through easily usable technologies that are accessible to people with disabilities, with limited English proficiency, and limited technology. The option of audio-only communication is especially important for rural and low-income populations, as many of these patients lack internet access.

Third, telehealth policy should preserve and promote patient choice. A patient should have the opportunity and flexibility to choose whether they will access care in-person or via telehealth technologies. In addition, patients should have limited out-of-pocket costs for telehealth services and be no more than what they'd pay for an in-person visit. Insurers should not incentivize nor disincentivize patients from using one care site over another — the choice should be based on the right care setting for the patient's individual needs.

Fourth, telehealth policy should remove geographic restrictions, which place a burden on and can limit both patients and providers when evaluating treatment options for optimal care. This includes allowing providers to practice across state lines through telehealth services increasing access to care and improve care coordination for patients, particularly in underserved areas.

## Access to Treatments

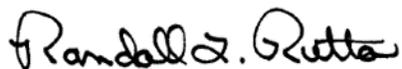
Several of the flexibilities were put in place to help people get health care they need without being exposed to potential viruses. This includes the ability to receive home infusion and injections of physician-administered products. While we understand there have been broad implementation challenges, many people have also benefited from this new ability. We encourage CMS to engage stakeholders and study the impact of this flexibility and consider adding it to CMS' existing home health benefit.

Additionally, the waiver of prior authorization for some treatments, and the ability for people to get an increased supply of prescribed medicines through refills facilitated access to needed medicines. We encourage CMS to study these flexibilities and consider implementing changes to the Medicare benefit.

### **COVID Vaccines and Treatments**

Finally, we have greatly appreciated the Federal Government's role in speeding the availability of safe and effective vaccines and treatments to prevent and treat COVID-19. As many of them are still authorized under Emergency Use Authorization, there is a lack of public awareness about whether and how they will be available after the end of the PHE. Depending on an individual's coverage, there may be sharp increases in out-of-pocket costs for vaccines, testing and treatment for COVID. **The NHC requests that CMS release clear information to patients and providers about what will occur regarding those treatments when the PHE expires.**

Please do not hesitate to contact Eric Gascho, Senior Vice President of Policy and Government Affairs, if you or your staff would like to discuss these issues in greater detail. He is reachable via e-mail at [egascho@nhcouncil.org](mailto:egascho@nhcouncil.org).  
Sincerely,



Randall L. Rutta  
Chief Executive Officer

cc:

President Joe Biden

Secretary Xavier Becerra

House Energy and Commerce Committee

House Ways and Means Committee

Senate Finance Committee

Senate Health, Education, Labor and Pensions Committee