### Priorities to Address Before the End of the COVID-19 Public Health Emergency

The purpose of this document is to establish and communicate the NHC’s priorities for the expiration of the COVID-19 public health emergency (PHE) declaration. It is expected that there will be significant legislative and regulatory activity coordinated with the end of the PHE, and these Domains and Values will serve as the tool NHC staff will use to evaluate and advance policies to ensure people with chronic conditions are supported and protected once the PHE expires.

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<th>Domains</th>
<th>Values</th>
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| **Continue Flexibilities that Increase Access to Care** | • Create sustainable model – with appropriate patient safeguards – to ensure telehealth is equitably available when appropriate.  
  o Telehealth should be an option for patients and providers, when preferred and clinically appropriate, that does not supplant in-person care.  
  o Payment policies, including cost-sharing requirements, and provider networks must still support access and in-person availability of providers when appropriate.  
• Continue and improve processes for individuals to choose to access more services such as infusions and injections in their own home.  
• Expand the capacity of the mental and behavioral health services system and individual’s access to those services to address increased need. |
| **Continue and Expand Policies that Increase Coverage** | • Assure that individuals undergoing redeterminations for Medicaid eligibility are protected.  
  o Undertake a thoughtful and sufficient period to undertake the process to limit the number of people losing coverage.  
  o Provide oversight and transparency of the redetermination process, including timely dissemination of data on disenrollments, to identify any disproportionate impact on marginalized populations.  
  o Develop understandable information to help communicate to patients at risk of disenrollment and provide resources to help people navigate to alternative coverage options.  
• Continue the expanded subsidies that allowed more individuals to purchase coverage through the ACA Marketplace.  
• 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.  
• Increase coverage for mental and behavioral health services to address increased need. |
| **Treat and Prevent COVID in a Non-PHE Environment** | • Continue and improve delivery of equitable access to affordable vaccines, testing, and clinically appropriate treatment be available at no or low cost to individuals.  
• If federal funding for COVID-19 expires, ensure an orderly transition to a public-private partnership for purchase and distribution of COVID therapeutics including a clear division of responsibilities, explicit guidance and guardrails, and |

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| **Incorporate Lessons Learned in Medical Innovation** | • Provide guidance and increase access to decentralized trials to both increase the diversity of trials and increase participation in trials broadly.  
• Further incorporate the use of real-world evidence into medical innovation and increase the sharing of such data.  
• Increase the convergence and harmonization of international standards. |
| **Prepare for Future Pandemics** | • Support research into the effectiveness of policies put in place during the current pandemic to develop responses to future pandemics.  
• Invest in the public health infrastructure to monitor and respond to future pandemics.  
• Undertake significant federal outreach and public education campaign on public health including mental health promotion.  
• Invest in disease prevention and management.  
• Build processes to improve supply chains to prevent disruptions of health equipment and treatment for patients. |

Approved by the NHC Board of Directors on July 26, 2022