



NATIONAL HEALTH COUNCIL

July 22, 2022

The Honorable Charles Schumer
Leader
United States Senate
Washington, DC 20510

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

Dear Senators Schumer and McConnell:

On behalf of the National Health Council (NHC), I am writing to highlight policies under consideration in reconciliation that the patient community supports and call your attention to other health priorities of the patient community that will require further attention.

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.

The patient community will benefit from the \$2,000 Medicare Part D out-of-pocket cost cap included in the recently proposed reconciliation legislation. Another important Part D provision in the legislation is the creation of a pathway for beneficiaries to spread out the payments that count toward the cap over several months, helping seniors to budget and afford their medications.

In addition, the reported inclusion of an extension of the enhanced Affordable Care Act (ACA) subsidies for people purchasing coverage through the Marketplace is a crucial element of any health care legislation. The enhanced subsidies have contributed to the near record-low number of uninsured individuals we are experiencing. According to HHS, if the subsidies are not extended beyond 2022, about 13.3 million people will be affected. Of these, about 3 million people would become uninsured, about 8.9 million people would remain enrolled in Marketplace coverage but with higher premiums, and about 1.5 million people would lose their subsidies entirely (but continue to pay the full cost of premiums). **We ask that you continue to prioritize extending the subsidies for as long as possible.**

However, as Congress continues to negotiate final provisions, we urge you to reinvest savings to directly benefit patients. While the out-of-pocket cap will certainly benefit Medicare beneficiaries who have the highest costs, particularly those with chronic diseases and disabilities, they represent a relatively small number. Many additional

patient-focused provisions under consideration merit investment to benefit an even greater number of people. The NHC cautions against strategies to generate savings that could negatively impact patient safety, quality, or access to existing or future care, and create the potential for unintended consequences. CBO's findings that the package will likely lead to fewer drugs coming to market is a concern, especially for those who have limited or no treatment options. As such, we believe that savings achieved through this legislation are best reinvested into the patient community to promote a more accessible, affordable, equitable, and complete health care system and not be used for deficit reduction.

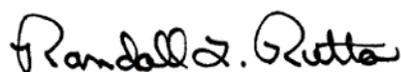
Since the beginning of the reconciliation process, we have identified several priorities for the patient community. In the interest of making sure that all savings from drug pricing policy changes are reinvested back into patient access and quality, we encourage you to continue working to achieve these goals within reconciliation. If that is not possible, we look forward to working together to find other vehicles. These priorities include:

- Continuing incentives for states to expand Medicaid and create a federal alternative for people in the gap in states that do not expand Medicaid eligibility.
- Expanding access to home and community-based services (HCBS) in Medicaid, for example, by enhancing the Federal matching funds available to states to provide HCBS services, as proposed in the Better Care Better Jobs Act (S. 2210) and by rebalancing home and community-based services under Medicaid by making permanent the Money Follows the Person Demonstration Program, as proposed in H.R. 1880.
- Driving as much of the drug savings as possible to expand coverage and lower out-of-pocket costs for patients at the point of care.

At such time that Congress completes its work, the NHC will actively engage with the Administration to promote implementation of reconciliation provisions to best support patients in accessing the medicines and care that they need to achieve optimal health and well-being.

We look forward to working with you to advance these policy recommendations. 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.

Sincerely,



Randall L. Rutta
Chief Executive Officer