March 19, 2020

The Honorable Mitch McConnell
Russell Senate Office Building, 317
Washington, DC 20510

The Honorable Chuck Schumer
Hart Senate Office Building, 322
Washington, DC 20510

The Honorable Kevin McCarthy
Rayburn House Office Building, 2421
Washington, DC 20510

The Honorable Nancy Pelosi
Longworth House Office Building, 1236
Washington, DC 20510

RE: National Coalition on Health Care comments on federal response to COVID-19

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

On behalf of the National Coalition on Health Care (NCHC), we write to urge Congress to take up policy that will help alleviate the short- and long-term consequences of COVID-19. NCHC is a nonpartisan, nonprofit organization dedicated to promoting health care affordability and accelerating positive system change. We represent more than 80 participating organizations, including medical societies, businesses, unions, health care providers, faith-based associations, pension and health funds, insurers, and groups representing consumers, patients, women, minorities and persons with disabilities.

Collectively, our organizations represent, as employees, members or congregants, more than 100 million Americans. Our members are closely in touch with organizations on the ground and have voiced significant concerns about patient and health professional protections during this crisis. We therefore offer the following recommendations, some of which echo recommendations from aligned organizations, but all of which should be taken seriously:

**Health care and public health system support**

1. **Send immediate financial assistance and relief to frontline medical workers, including independent physicians, small group practices, and emergency first responders.**
   Independent physicians and primary care providers in general are on the front lines of
this crisis. Current capitation and fee-for-service rates will not sufficiently compensate these critical professionals in the short term. These professionals must balance their role as initial responders to the exponentially increasing medical needs of their patients, as small business owners with duties to their employees, and as caregivers and financial providers to their own families. Currently, physician groups on the ground report having only 60 days of cash available to stay in business while they test and treat patients with COVID at rates higher than hospitals.

2. **Bolster community health center funding.** We recommend a 25% increase to CHC funding through the end of FY20 and delay DSH cuts until the end of the COVID national emergency.

3. **Increase CDC funding, including data modernization and extra personnel.** In the short run, the public health infrastructure in the United States is or will quickly be overstretched. We urge Congress to substantially increase funding for personnel down to local health departments to fill in current crisis needs, with a plan to keep these employees in the long run as to expedite future pandemic responses. In addition, any policymaking in the face of a crisis is slowed without the ability to receive, share, and process data. Create a CDC grant program to allow for better coordination and information flow between local public health departments, state health departments, and schools.

*Protecting patients and the public well-being*

4. **Ban surprise billing for both testing and treatment for COVID.** Patients should be held harmless for seeking COVID care immediately, including protection against surprise medical bills related to COVID testing and related treatment. These provisions are a matter of immediate public health and crisis management. We also urge Congress to take this opportunity to find a compromise on surprise billing for all services.

5. **Waive cost-sharing for both testing and treatment.** Thus far, cost-sharing reduction efforts have primarily focused on costs associated with testing for COVID-19. However, given the stage of the disease spread, there is an immediate public health imperative to unequivocally signal that patients will also not be responsible for cost-sharing associated with treatment of COVID-19. Furthermore, such changes should extend beyond federal programs and should also include individual market plans, plans regulated by ERISA, short-term limited-duration plans, association health plans, and other forms of health
insurance within Congress’s control. Such a change would undeniably benefit public health and long-term economic realities.

6. **Further fund social services to offset exacerbated social determinants of health.** COVID-19 is likely to undermine social safety net programs and further exacerbate disparities. A comprehensive package to address the economic and health consequences of the pandemic should include expanded funding for programs that provide housing and other direct assistance to vulnerable populations. We applaud the inclusion of SNAP funding in the bill passed by the Senate on March 18.

7. **Fund mental health services around social isolation and loneliness.** Recent flexibilities for telehealth will be important, but we urge Congress to consider additional federal funds to address the social isolation and loneliness as we continue to practice social distancing and, later, recover from the losses suffered. Congress could institute an Inter-Departmental and Agency National Coordinator of Social Isolation and Loneliness to lead and coordinate administrative efforts, identify and leverage current federal resources, and make recommendations to cabinet officials and the White House to address the emerging epidemic of health consequences as the result of isolation.

**Coverage expansion and payer support**

8. **Reinstate 100% FMAP for any state that elects to adopt ACA expansion and extend retroactive and presumptive Medicaid eligibility during the national emergency (Stafford Act declaration).** There are millions of Americans without health care coverage. Lack of coverage poses a significant risk to the public health of this country as the uninsured population is far less likely to seek testing and treatment. Reducing financial barriers via cost-sharing (such as those listed below) would only impact those who have coverage already. Medicaid should serve as a backstop for those who are currently un-insured.

9. **Task the HHS Secretary to re-evaluate Medicare and Medicaid managed care rate-setting because of the national impact of COVID-19.** Medicare Advantage covers more than 33% of Medicare beneficiaries and Medicaid managed care covers roughly 75% of Medicaid beneficiaries. In order to protect the continuity of care and service delivery for such a large number of beneficiaries, Congress should task the Secretary with ensuring that Medicare and Medicaid managed care rate setting sufficiently accounts for the stresses placed on both programs by the costs associated with the pandemic.
We applaud the House and Senate passing H.R. 6201 and Congress’ other actions thus far. We believe that bill is the first step in recognizing the full scope and impact of COVID-19. NCHC believes more needs to be done and urges Congress to consider our recommendations, which align with the priorities of our members.

Thank you,

John Rother, President

CC:
- Senate HELP Committee Chairman Lamar Alexander
- Senate HELP Committee Ranking Member Patty Murray
- Senate Finance Committee Chairman Charles E. Grassley
- Senate Finance Committee Ranking Member Ron Wyden
- House Majority Leader Steny H. Hoyer
- House Energy and Commerce Committee Chairman Frank Pallone, Jr.
- House Energy and Commerce Committee Ranking Member Greg Walden
- House Ways and Means Committee Chairman Richard E. Neal
- House Ways and Means Committee Ranking Member Kevin Brady
- House Education and Labor Committee Chairman Robert C. Scott
- House Education and Labor Committee Ranking Member Virginia Foxx