



March 20, 2020

Governor Larry Hogan
 100 State Circle
 Annapolis, Maryland
 21401

Dear Governor Hogan,

The undersigned organizations, representing thousands of patients and consumers across Maryland who face serious, acute, and chronic health conditions, urge lawmakers to act decisively to slow the spread of the COVID-19 virus, particularly among vulnerable populations, and begin to prepare for the future. People with pre-existing conditions are at increased risk of infection and adverse health outcomes from COVID-19.

Specifically, we ask Maryland to take swift action to remove barriers to COVID-19 testing and treatment, promote continuity of care for Americans with serious health conditions, and waive rules that require in-person interactions that promote community spread of COVID-19. We also urge the executive branch to enact emergency measures that allow for increased funding for Medicaid and public health services to immediately respond to the current crisis, including taking advantage of newly available federal funding,

and consider additional critical measures that will help protect people with pre-existing conditions, given their greater risk of adverse health outcomes during this pandemic.

Medicaid

Medicaid's coverage for low-income individuals and families is more important now than ever. We call on both the executive and legislative branch to take action to ensure Medicaid is available and affordable to all state residents, including those who are currently uninsured. Due to the enactment of H.R. 6201ⁱ, the federal matching assistance percentage (FMAP) has been increased, which will reduce the state's share of its Medicaid expenditures by 6.2%. In light of this action, our organizations urge Maryland to take the following steps.

Promote access to coverage

Streamlining and removing barriers to Medicaid eligibility is an immediate step states can take to expand access to health insurance coverage that includes testing and treatment. We strongly encourage Maryland to quickly utilize regulatory flexibilities allowed under section 1135 waivers, Appendix K of the 1915(c) Home and Community-Based Services (HCBS) Waivers, and state plan amendments (SPA) to expand access to eligible individuals. This includes: adopting additional eligibility groups; increasing effective income standards; expanding hospital presumptive eligibility groups; removal of cost-sharing; and waiving prior authorization requirements.

Remove barriers to coverage

Given the economic impact of the COVID-19 pandemic, programmatic efforts that would create barriers to gaining and maintaining Medicaid eligibility should be immediately halted, including waivers establishing work requirements, eliminating retroactive eligibility, and charging premiums for emergency room visits. Suspension of work requirements in Medicaid – like the Supplemental Nutrition Assistance Program (SNAP) work requirements suspended in H.R. 6201 passed by Congress and signed into law by President Trump – would both aid those who may be unable to work given economic conditions from losing access to their Medicaid coverage or other essential benefits and remove an incentive for workers to go to work while sick.

Additionally, we urge you not to pursue the risky, capped funding structure detailed in the Administration's Healthy Adult Opportunity, or block grant, policy guidance issued in January. This guidance describes how states can apply for an 1115 Research and Demonstration Waiver to change their federal funding arrangement from an FMAP structure to a capped funding structure, through either a block grant or an aggregate or per person cap. Under a capped funding arrangement, federal funding will be fixed and the amount of funding would remain the same, even when facing a public health crisis or pandemic like COVID-19. The human and fiscal impact of this virus is unknown, but if unemployment in Maryland increases, particularly among low-wage workers, then the need for Medicaid coverage will grow and Medicaid spending is likely to dramatically increase. As the gap between the block grant amount and actual costs of patient care increases, the state will be forced to limit enrollment, reduce benefits, lower provider payments or increase cost-sharing – causing harm to Medicaid enrollees, providers, Maryland's hospital and health care system and the state's budget – all of which would cause significant harm to the patients we represent.

Free testing regardless of diagnosis

It is critical that anyone who needs diagnostic testing related to COVID-19 is able to receive testing at no cost. In this emergency, we cannot allow affordability of testing and associated care to become a barrier that prevents people from taking appropriate action if they show symptoms. We urge you to

immediately begin working on a SPA to extend free coverage of COVID-19 diagnosis and testing to newly eligible uninsured individuals. As authorized in H.R. 6201, this option is now available to states and can be covered 100% with federal funding.

Access to COVID-19 treatment and vaccine with no cost-sharing

Further, we recognize that after diagnosis, patients may be liable for substantial costs related to their quarantine and treatment. Recent media reports indicate that consumers diagnosed with COVID-19 may face extreme costs because of the nature of their treatment and quarantine.ⁱⁱ Fear of encountering high costs could keep those who have been exposed or infected with the COVID-19 virus from seeking the care they need – potentially perpetuating the spread of this deadly virus.

The increased FMAP in H.R. 6201 includes that states must offer treatment, including vaccine and specialized care, with no cost sharing. We urge you to quickly accept the increased funds and implement this provision. Additionally, when a vaccine is approved, **all** Medicaid enrollees should have access to it with no cost-sharing, not just those required by federal law.

Maximize the ability of patients to access care via telemedicine

Telemedicine has the potential to offer individuals and families access to health care services from the safety of their own home. The state should expand access to and availability of, telemedicine services during the COVID-19 pandemic to ensure that patients with pre-existing conditions can easily access health care expertise while simultaneously practicing safe social distancing—allowing patients to avoid being exposed to COVID-19 in provider waiting rooms, exam rooms, and during associated travel. Maryland should ensure that telemedicine services are covered at no higher cost-sharing than in-person visits, and that bureaucratic hurdles do not prevent a sufficient number of health care providers from participating. The Centers for Medicare and Medicaid Services (CMS) recently released standards for Medicareⁱⁱⁱ coverage of telemedicine during this emergency, which waives telehealth reimbursement restrictions so that providers can more easily communicate with patients via easily accessible technology in more situations and settings. Additionally, CMS released guidance^{iv} on how states can use existing authorities and flexibilities of the Medicaid program to make services via telemedicine available without federal approval. We encourage the state to utilize these flexibilities – including, at a minimum, the coverage now available through Medicare – to offer robust coverage to all Medicaid enrollees.

Ensure access to sufficient supplies of essential medications and medical products

Insurance plan restrictions on how often a patient can refill prescription or purchase essential medical supplies may put a person at risk. Limitations on refills can require frequent trips to a physical pharmacy location, needlessly putting patients at risk of COVID-19 exposure while attempting to pick up their supplies. Medicaid should immediately remove any restrictions, including cost-sharing, that prevent patients from following the recommendations of the CDC to secure an appropriate amount of backup supplies of essential medications and medical products.

State-regulated commercial coverage

As Congress continues to work to address federally-regulated insurance coverage, we urge all states to take swift action to ensure those who purchase coverage through a state-regulated plan are protected.

Promote access to coverage

We applaud states who have already issued a special enrollment period (SEP) to ensure that all consumers have the opportunity to purchase comprehensive coverage that will meet their healthcare needs. Due to the increased availability of coverage arrangements that are not required to meet federal

patient protection standards – including short-term limited duration plans and association health plans – many Americans are enrolled in insurance-like products that may not cover, or offer limited coverage of, testing or treatment for COVID-19, putting them at substantial financial risk. An SEP at this time will allow un- or under-insured Americans to enroll in comprehensive coverage.

Additionally, as we look to an uncertain economic future, Maryland should take steps to simplify enrollment requirements by relaxing SEP documentation requirements for those who lose their job or have hours reduced. Reducing red tape will help ensure consumers are able to keep comprehensive coverage if they are unable to maintain employer coverage. We also call on states to consider additional measures to increase affordability, including: increasing subsidies and other financial supports for those purchasing individual coverage, reinsurance programs, and robust review of 2021 rate filings.

Free testing regardless of diagnosis

Just as in Medicaid, access to testing without cost barriers is critical in the commercial market. Many Americans understand that cost-sharing associated with emergency department (ED) visits, urgent care visits, and lab testing is often quite costly which can create barriers to timely care. Although the federal government has attempted to address cost barriers across several populations, we are concerned that this approach has led to confusion about how cost-sharing will vary across various insurance types, and urge the state to step in to ensure all state-regulated plans offer free testing. We ask that you take steps to require all plans to cover testing before the deductible is met, with no cost-sharing. This should include testing when deemed necessary by a medical professional, whether the patient is later diagnosed with COVID-19 or not. Due to the lack of consistently available testing to date, this must also include coverage of out-of-network laboratory testing.

Accessible and affordable COVID-19 treatment and vaccine

We have serious concerns about the financial risk consumers may face if they are diagnosed. Recent analysis shows the cost of an inpatient admission could be over \$20,000.^v We call on the state to require plans provide affordable coverage for these necessary treatments, including:

- First dollar coverage of treatment before the deductible is met, including off formulary medications and out-of-network providers when necessary. As treatment protocols for COVID-19 patients evolve, formularies may not evolve as fast, it is critical that patients be held harmless in this process.
- Coverage of telemedicine services with in-network cost sharing to ensure patients can access treatment without being exposed to COVID-19 in an in-person setting.
- When a vaccine becomes available, coverage must be provided with no cost-sharing.

Ensure access to sufficient supplies of essential medications and medical products

As with Medicaid, we urge the state to ensure that plan restrictions on when a patient can obtain a prescription refill or purchase essential medical supplies be suspended at this time. It is critically important that patients be able to access life-sustaining medications and products without putting themselves at risk with frequent trips to the pharmacy. Plans must allow patients to follow CDC recommendation to secure an appropriate amount of backup supplies of essential medications and medical products.

Protect patients from surprise bills

Lastly, as we look to a future of economic uncertainty, protecting consumers from medical debt is of critical importance. Even in states that have taken steps towards eliminating surprise medical bills, there may be more that can be done. We urge you to prohibit surprise bills from out-of-network

providers for treatment for COVID-19. This financial protection should include all providers, settings, and insurance types to ensure that everyone who needs testing and treatment is able to receive timely and affordable care. Fear of surprise bills should not keep patients and consumers away from care during this critical time.

We thank you for your efforts thus far to protect vulnerable patients and stand at the ready to work with you going forward.

Sincerely,

ALS Association
American Cancer Society Cancer Action Network
American Diabetes Association
American Kidney Fund
American Liver Foundation
American Lung Association
Arthritis Foundation
COPD Foundation
Crohn's & Colitis Foundation
Cystic Fibrosis Foundation
Epilepsy Foundation

Hemophilia Federation of America
Leukemia & Lymphoma Society
Mended Hearts & Mended Little Hearts
Muscular Dystrophy Association
National Eczema Association
National Multiple Sclerosis Society
National Organization for Rare Disorders
National Patient Advocate Foundation
National Psoriasis Foundation
Pulmonary Hypertension Association
Susan G. Komen

ⁱ <https://www.congress.gov/bill/116th-congress/house-bill/6201>

ⁱⁱ <https://khn.org/news/trump-wrongly-said-health-insurers-will-pay-for-all-coronavirus-treatment/>

ⁱⁱⁱ <https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>

^{iv} <https://www.medicaid.gov/medicaid/benefits/downloads/medicaid-telehealth-services.pdf>

^v <https://www.healthsystemtracker.org/brief/potential-costs-of-coronavirus-treatment-for-people-with-employer-coverage/>