



A Passionate Voice for Compassionate Care

January 7, 2021

The Honorable Joseph R. Biden
President-elect of the United States
1717 Pennsylvania Avenue, N.W.
Washington, DC 20006

Dear President-elect Biden:

On behalf of the Catholic Health Association of the United States (CHA), the national leadership organization of more than 2,200 Catholic health care systems, hospitals, long-term care facilities, service providers and organizations, congratulations on your election to President of the United States. We look forward to working with you and your incoming Administration to tackle some of the most challenging issues facing our country and communities—COVID-19, accessible and affordable health care, racial justice and health equity, and a reliable health and social safety net for our most vulnerable seniors, low-income families and individuals.

CHA represents the largest not-for-profit provider of health care services in the nation providing acute care, skilled nursing, long-term care services as well as other services including hospice, home health, assisted living and senior housing across our country. All 50 states and the District of Columbia are served by Catholic health care organizations. Catholic hospitals alone provide:

- Inpatient care to 1 in 7 patients in the United States each year;
- More than 5 million admissions, including one million Medicaid admissions; and
- Employment for approximately 750,000 individuals.

COVID-19 Support and Recovery

The COVID-19 pandemic is placing extraordinary pressure on families and communities across the country and our members are striving daily to meet their needs during these unprecedented times. As we continue to address the public health crisis before us, it will take a highly coordinated federal response to bring the virus under control and stabilize our nation's health care delivery system. We urge your Administration to act swiftly to:

- Work with state and local governments and health care providers to ensure the swift and orderly administration of COVID-19 vaccines, focusing initially on health care personnel and long-term care residents as recommended by the CDC's Advisory Committee on Immunization Practices;



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- Increase support, coordination and distribution across the country of essential supplies of PPE, testing kits and vaccines to ensure the availability for frontline workers in hospitals, nursing homes and long-term care facilities to protect patients and the communities they serve;
- Increase national outreach and education on the effectiveness of vaccines and ensure access especially for elderly and low-income individuals and racial and ethnic minority communities;
- Provide increased flexibility and support for homelessness programs, emergency rental assistance and 202 housing programs, and extend the temporary moratorium on evictions and foreclosures; and
- Extend and where appropriate, make telehealth flexibilities permanent to ensure increased access to health care services.

Expanding Affordable and Accessible Health Care Coverage

CHA and our members believe everyone should have access to affordable, quality health care and coverage. The Affordable Care Act (ACA) has taken significant steps toward expanding access to health insurance coverage and improving the quality of care in our delivery system, but more work needs to be done to improve access and affordability. We support your goal to improve the ACA and ask that your Administration:

- Open a special enrollment period in the federal Health Insurance Marketplaces to provide health coverage options for those who have lost insurance during this pandemic;
- Invest in public marketing and outreach activities to increase enrollment in ACA plans;
- Eliminate rules that created short-term limited duration plans and less robust health insurance products;
- Modify rules in the Notice of Benefit and Payment Parameters (NBPP) for 2022 to strengthen the federal government's role in ensuring access to affordable health care coverage in the Health Insurance Exchanges; and
- Ensure that state 1332 waivers protect against eligibility reductions and cost-sharing increases and are streamlined to encourage state coverage and care expansions.

We also urge you to work with Congress to make coverage truly affordable for individuals and families by providing a Marketplace reinsurance program; addressing the “family glitch” that disqualifies families from the Marketplace premium tax credits when employer coverage is available but unaffordable for families; increasing premium subsidies and capping premiums for those with incomes below 400% of the federal poverty level (FPL); and expanding eligibility for premium tax credit for those whose incomes are beyond 400% of FPL.



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Confronting Racism through Health Equity

We recognize the profound effect racism has on the health and well-being of individuals and communities and are committed to addressing the systemic causes of health disparities especially among underserved and vulnerable populations. We have launched an initiative, entitled *Confronting Racism by Achieving Health Equity*, engaging Catholic health care organizations across the country in this commitment to eliminate health disparities and systemic racism.

We greatly appreciate and welcome your commitment to this issue and the announcement of your intent to create a new White House task force on COVID-19 health equity. We look forward to working with Dr. Marcella Nunez-Smith in her new role and urge your Administration to implement policies that will ensure access to quality health care services for all; end racial and ethnic disparities in health outcomes; promote and improve the delivery of culturally competent care; and increase the diversity of the health care work force.

Specifically, we ask that you:

- Address the disparate effect of COVID-19 on people of color and their communities by directing additional funding and support to states, localities and community-based organizations for targeted outreach, testing and treatment for vulnerable individuals and communities;
- Increase language assistance resources and outreach for limited English proficient populations and other minorities;
- Ensure that the goals of ending health disparities and achieving health equity are reflected in all aspects of federal health policy; and
- Reverse the executive order on Combating Race and Sex Stereotyping, which hampers the ability of federal agencies, grantees, contractors and other entities to implement effective diversity and inclusion training programs.

Strengthening the Health and Social Safety Net

Medicaid

Public health insurance programs such as Medicaid and the Children's Health Insurance Program (CHIP) are the foundation of our nation's safety net and provide necessary health care services to working families, children, the elderly and the disabled, many of whom would be uninsured in the absence of a strong and vital Medicaid program. Medicaid provides health coverage for over 75 million individuals and is also a major source of financing for long-term care services and facilities and a primary funding source for safety net hospitals. This includes many Catholic hospitals and nursing homes that serve a disproportionate share of the low-income, uninsured and underinsured in their communities every day.



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We urge your Administration to protect beneficiaries and providers who rely on the Medicaid program by:

- Rescinding the proposed Medicaid Fiscal Accountability Rule (MFAR);
- Rescinding recent rules that weaken the maintenance of effort protections for Medicaid enrollees;
- Eliminating Medicaid work requirements and other barriers to eligibility in state waivers; and
- Working with states and Congress to expand Medicaid coverage to ensure the most vulnerable have access to needed timely care, including 12 month post-partum care for pregnant women.

Eldercare

CHA was dismayed at the delayed response to the needs in programs for older persons at the onset of the COVID-19 pandemic. Our long-term care facilities and other programs, including home care, hospice and PACE, did not receive protective equipment or testing when they needed it. Then, when help did arrive, the initial equipment was often of poor quality and not usable.

We recommend that this Administration place a priority on the needs of seniors and those who provide services for them. As efforts are made to address what led to the devastating impact the virus had in long-term care, we urge that the mental health and quality of life as well as the infection control needs be considered. For example, rigid visitation restrictions and isolation policies have greatly harmed long-term care residents. Going forward, we suggest the administration consider safety and well-being of elders in the broadest sense in any new regulation as well as a national priority.

Immigrants & Refugees

Catholic health care proudly acknowledges the many contributions immigrants have made to our nation and its workforce. We also affirm that all persons regardless of their immigration status are deserving of access to quality health care. CHA is a committed advocate of full immigration reform that provides a pathway to citizenship for the many immigrants currently residing in the U.S. and will continue to advocate this in the 117th Congress. In the meantime, we also recommend the following actions for the incoming Administration:

- Rescinding the harmful “public charge” rule promulgated by the previous Administration. The addition of Medicaid and other federal assistance programs to the definition of public charge for legal immigrants has been detrimental to their health and well-being and an additional burden on our health care system. This is particularly true during the current pandemic, and we urge swift action on this issue.
- Protecting and continuing the Deferred Action for Childhood Arrival (DACA) program and ensuring ease of access for those eligible for it. Many DACA recipients work in the health care field and have served as front-line workers during the public health emergency.



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- Reversal of the many harmful policies implemented over the past several years regarding the southern border and refugees and migrants. These policies have gravely affected the physical and emotional health of immigrant families, particularly children, and greatly diminished our nation's reputation as a place of hope and opportunity for the disadvantaged.

340B Program

The 340B discount drug program plays a critical role in allowing safety net and rural hospitals to continue to meet the local needs of their patients and communities with the goal “to stretch scarce Federal resources as far as possible, reaching more eligible patients and providing more comprehensive services.” The resources it provides are especially important at a time when safety-net and rural hospitals face unprecedented challenges in responding to the COVID-19 pandemic. We ask that your Administration pursue policies that will strengthen and support the 340B program, including implementing the recent HHS Office of the General Counsel Opinion rebuffing the refusal of certain drug manufacturers to distribute covered outpatient drugs through contract pharmacies at the ceiling price.

Social Determinants of Health

Despite being one of the richest countries in the world per capita, the U.S. experiences significant health disparities that are based in social, economic and environmental factors. These disparities have been exacerbated by the COVID-19 crisis with food insecurity tripling in households with children, 30-40 million Americans facing eviction and more than 10 million people losing health care coverage as a result of job loss. Public health research shows that addressing the social determinants of health can have a major impact on improving population health and decreasing health disparities. We urge your Administration to:

- Recognize community building activities as community benefit on the IRS Form 990, Schedule H for hospitals, which include efforts to promote safe and affordable housing, economic development, environmental improvements and community cohesion;
- Provide flexibility in federal health programs to address health-related social needs;
- Strengthen federal programs and policies that address the social needs of low-income individuals such as Supplemental Security Income, the Earned Income Tax Credit, Temporary Assistance to Needy Families, the Supplemental Nutrition Assistance Program, the National School Lunch Program and housing benefits such as rental assistance;
- Ensure federal policies enable people to live healthier lives including access to safe, affordable housing and healthy food; a national minimum tobacco purchasing age of 21; environmental protections, such as strong regulations around the use of toxic chemicals and efforts to address climate change; and violence prevention and education.



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Provider Conscience Protections

The Catholic health ministry is committed to the principle that everyone should receive quality health care without regard to race, color, national origin, sex, age, gender identity or disability, or any other category or status. CHA also supports reasonable conscience protections to allow Catholic health facilities to continue to provide health care in accord with our religious and moral convictions.

Long-standing conscience protections such as the Church Amendments, Section 245 of the Public Health Service Act, the Weldon Amendment and provisions in the Affordable Care Act are essential for the continuation of both Catholic health care and our nation's commitment to freedom of religion and of conscience. We urge your Administration to work with us as you develop your legislative and regulatory agendas, including review of the ACA section 1557 non-discrimination regulations, to ensure that Catholic hospitals and health care facilities can continue to provide vital health care services to their communities and those most in need.

We would welcome the opportunity to discuss these issues in greater detail with members of your transition team and we hope to work closely with your incoming Administration, lending our assistance toward achieving many of our shared goals.

Sincerely,

Sr. Mary Haddad, RSM

CC Vice President-elect Harris
Members of the Transition Team