



February 10, 2021

The Honorable Frank Pallone  
Chair  
Committee on Energy and Commerce  
U.S. House of Representatives  
Washington, DC 20515

The Honorable Cathy McMorris Rodgers  
Ranking Member  
Committee on Energy and Commerce  
U.S. House of Representatives  
Washington, DC 20515

Dear Chairman Pallone and Ranking Member Rodgers,

On behalf of the American College of Physicians (ACP), I would like to express our strong support for several key recommendations made by the committee in its budget reconciliation package as released on February 9<sup>th</sup> and currently slated for markup on February 11<sup>th</sup>. These provisions, as outlined in detail below, are consistent with ACP's goals of achieving universal health coverage, including the expansion of Medicaid, improving women's health, and accelerating relief and efforts to combat the COVID-19 pandemic.

The American College of Physicians is the largest medical specialty organization and the second-largest physician membership society in the United States. ACP members include 163,000 internal medicine physicians (internists), related subspecialists, and medical students. Internal medicine physicians are specialists who apply scientific knowledge and clinical expertise to the diagnosis, treatment, and compassionate care of adults across the spectrum from health to complex illness. Internal medicine specialists treat many of the patients at greatest risk from COVID-19, including the elderly and patients with pre-existing conditions like diabetes, heart disease and asthma.

## **PUBLIC HEALTH: Subtitle A**

### **Vaccines**

ACP strongly supports the provisions to provide \$7.5 billion in funding for the Centers for Disease Control and Prevention (CDC) to prepare, promote, administer, monitor, and track the Coronavirus disease of 2019 (COVID-19) vaccines, and \$5.2 billion to the Department of Health and Human Services (HHS) to support advanced research, development, manufacturing, production and purchase of vaccines, therapeutics, and ancillary medical products utilized for treatment and prevention of COVID-19.

ACP strongly supports this additional funding for vaccines, which is proving even more vital as more variants of the virus emerge across the globe. In addition, ACP recommends that the Centers for Disease Control and Prevention (CDC), Food and Drug Administration, vaccine

manufacturers, state and local health departments, and other stakeholders widely distribute to vaccinators all vaccine-related educational and outreach materials, quality protocols, storage and handling information, documentation, and other requirements specific to COVID-19 vaccines authorized under an Emergency Use Authorization. ACP supports utilizing all appropriately trained, state-licensed clinicians to administer COVID-19 vaccines. Physicians may play a role in administering vaccines, advising and counseling patients on COVID-19 vaccines, addressing concerns and vaccine hesitancy, and providing post-vaccine counseling. Vaccines should be used in accordance with the scientific recommendations of the Advisory Committee on Immunization Practices (ACIP).

### **Testing and Contact Tracing**

ACP supports the provision to provide \$46 billion to HHS to detect, diagnose, trace, and monitor COVID-19 infections, and for other activities necessary to mitigate the spread of COVID-19. Specified activities include implementing a national strategy for testing, contact tracing, surveillance, and mitigation of COVID-19; guiding state and local public health departments in their work to implement the national strategy; support developing, manufacturing, procuring, distributing, and administering tests, personal protective equipment (PPE), and other supplies necessary for COVID-19 testing.

On May 6, 2020, ACP released a paper outlining the best methods to expand COVID-19 testing and contract tracing of COVID-19 cases. Entitled, [Partial Resumption of Economic, Health Care and Other Activities While Mitigating COVID-19 Risk and Expanding System Capacity: A Clinical and Public Policy Guidance from the American College of Physicians](#), this paper offers detailed public policy guidance to federal, state, and local authorities to “re-open” certain economic, social and medical care activities in a phased and prioritized way, based on the best available evidence, in a manner that mitigates risk (slows and reduces the spread of COVID-19, and associated deaths and other harm to patients) and rapidly expands health system capacity to diagnose, test, treat, conduct contact tracing (with privacy protections), and conduct other essential public health functions.

### **Investment in Public Health Workforce**

ACP supports the provisions to invest \$7.6 billion in Community Health Centers (CHCs). CHCs would be allowed to use these funds to carry out COVID-19 vaccine-related activities; conduct COVID-19 testing, contact tracing, surveillance, mitigation, and treatment; purchase COVID-19 equipment and supplies; support health care workforce; expand health care services and infrastructure; and conduct COVID-19 community outreach and education activities. We also strongly support providing \$800 million for the National Health Service Corps and \$331 million to expand the number of Teaching Health Centers (THC) Graduate Medical Education (GME) sites nationwide and increase the per resident allocation.

These programs are vital to expanding primary care services. Before the Coronavirus crisis, estimates were that there would be a shortage of 21,100 to 55,200 primary care physicians by 2032. Now, with the specter of closure for many physician practices or near-retirement physicians not returning to the workforce due to COVID-19, it is even more imperative that this action be taken to bolster the physician workforce.

## **MEDICAID: Subtitle B**

### **Coverage of Vaccines and Treatment under Medicaid**

ACP strongly supports the provisions to require Medicaid coverage of COVID-19 vaccines and treatment without beneficiary cost sharing with vaccines matched at a 100 percent federal medical assistance percentage (FMAP) through one year after the end of the public health emergency (PHE). It also gives states the option to provide coverage to the uninsured for COVID-19 vaccines and treatment without cost sharing at 100 percent FMAP.

ACP supports this provision and has recommended that insurers be required to provide adequate reimbursement for all vaccines, including COVID-19 vaccines, administered according to ACIP scientific guidelines. Private and public payers should inform care teams of all billing, coding, and other information necessary to obtain prompt reimbursement for administering the vaccines and providing related counseling and follow-up care to patients. ACP supports requirements that COVID-19 vaccines be provided at no cost to all patients, regardless of coverage status.

In previous letters, we have urged Congress to increase the federal match for Medicaid past the duration of the public health emergency caused by COVID-19 and we are pleased to support this action by the committee. State economies are sustaining a massive decrease in revenues during the COVID-19 public health emergency and the FMAP increase provides a welcome cash infusion.

### **Postpartum Coverage**

In its reconciliation package, the committee allows states, for five years, to extend Medicaid eligibility (and CHIP eligibility under Subtitle C) to women for 12 months postpartum.

ACP supports extending the postpartum coverage period for individuals who were enrolled in Medicaid while pregnant to a full year after the end of pregnancy. Hundreds of national and state organizations have also voiced [their support](#) for this important need. Continuous access to Medicaid is crucial to addressing our nation's rising rate of maternal mortality. Medicaid paid for 43 percent of U.S. births in 2018, including 50 percent of births in rural areas, 60 percent of births to Latina women, and 66 percent of births to Black women. Under current law, women who are eligible for Medicaid based on the fact that they are pregnant become ineligible for coverage 60 days after the end of pregnancy. While some women are able to successfully transition to other sources of coverage at this time, many are left in the untenable position of being uninsured shortly after a major medical event.

### **Medicaid Expansion**

ACP strongly supports the provision to provide incentives for states to expand Medicaid by temporarily increasing the state's base FMAP by five percentage points for two years for states that newly expand Medicaid.

This provision would promote adoption of Medicaid expansion by all states, providing coverage to tens of millions of low-income persons who currently are not eligible in states that have declined so far to expand Medicaid. ACP has recommended that states should continue to have the option to expand Medicaid coverage to all residents up to 138 percent of the federal poverty level, with the additional cost of such expansion to be paid for by a dollar-to-dollar increase in the federal matching program. States should also have the option to unify CHIP and Medicaid coverage so that families are covered under a single program.

Thank you for this opportunity to provide our input and recommendations on these important issues. We urge both chambers to work in a bipartisan manner to ensure that these policies are enacted without further delay to meet the health care and economic challenges that we face, especially during the crisis caused by the COVID-19 public health emergency.

Sincerely,

A handwritten signature in black ink that reads "Jacqueline W. Fincher MD". The signature is written in a cursive, flowing style.

Jacqueline W. Fincher, MD, MACP  
President