



## Policy Recommendations for the Biden Administration: Immediately Respond to COVID-19

*The Medicare Rights Center encourages the Biden administration to immediately respond to COVID-19 in ways that prioritize older adults and people with disabilities.*

The COVID-19 pandemic and its attendant economic fallout will have a lasting impact on people with Medicare and on the program itself. While additional interventions may be necessary as the situation evolves, the administration must first focus on reforms that are urgently needed to help people with Medicare maintain their health, safety, and independence.

Ease Access to Medicare. The administration can take immediate action to help people with disabilities and older adults obtain their Medicare coverage as soon as possible during this crisis.

- **Reinstate Lapsed Medicare Enrollment Flexibilities.** Medicare-eligible individuals who have experienced mismanaged Medicare transitions may find themselves without affordable coverage during this crisis. To help people connect with their Medicare at a time when they need it most, we again<sup>1</sup> strongly urge CMS to utilize its existing authority to reinstate two critical enrollment flexibilities: (1) Equitable Relief for Premium Part A and Part B;<sup>2</sup> and (2) a Special Enrollment Period for Part C and Part D.<sup>3</sup> These policies should remain in effect through December 31 of the year the public health emergency ends, at a minimum.
- **Remove Barriers to Enrollment.** To further facilitate access to care, we recommend waiving or postponing financial late enrollment penalties for those who use a coronavirus-specific enrollment pathway and eliminating administrative burdens that may delay coverage. This includes a permanent change to allow people to enroll in Part B without first submitting proof of coverage paperwork (Form CMS L564) in instances when they have limited or no access to their employers, Social Security field offices, or the required documentation.<sup>4</sup>

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<sup>1</sup> Medicare Rights Center, *et al.*, “Letter to CMS on Extending Enrollment Flexibilities” (June 2020), <https://www.medicarerights.org/pdf/061720-cms-mr-letter.pdf>.

<sup>2</sup> Centers for Medicare & Medicaid Services, “Medicare Part A and Part B Enrollment Equitable Relief for the COVID-19 Pandemic-Related National Emergency” (last accessed January 13, 2021), <https://www.cms.gov/Medicare/Eligibility-and-Enrollment/OrigMedicarePartABEligEnrol/index>.

<sup>3</sup> Centers for Medicare & Medicaid Services, “Enrollment Issues for COVID-19 Pandemic-Related National Emergency Questions and Answers for Medicare Beneficiaries” (last accessed January 13, 2021), <https://www.cms.gov/files/document/enrollment-issues-covid-ab-faqs.pdf>; Medicare Rights Center, “CMS Announces Limited Enrollment Flexibilities for People Affected by the Public Health Crisis” (May 7, 2020), <https://www.medicarerights.org/medicare-watch/2020/05/07/cms-announces-limited-enrollment-flexibilities-for-people-affected-by-the-public-health-crisis>.

<sup>4</sup> Centers for Medicare & Medicaid Services, “Request for Employment Information” (last accessed January 13, 2021), <https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/CMS-Forms-Items/CMS009718>.

Promote Health, Safety, and Financial Security. Many Medicare beneficiaries lived on fixed or limited incomes even before the COVID-19 pandemic and recession. They and others need immediate, meaningful financial relief and uninterrupted access to comprehensive, affordable care.<sup>5</sup>

- **Improve Vaccine and Treatment Access.** The Biden administration must make sure that cost-sharing concerns and other barriers do not prevent people from obtaining COVID-19 treatment and vaccinations. We support launching a national strategy to streamline and accelerate the vaccine manufacturing, distribution, and allocation processes, and encourage collaboration with states and Congress to put any necessary waivers, legislation, and guidance in place. Everyone, including people with Medicare, must be able to receive timely, affordable care.
- **Provide Needed Economic Relief.** Medicare Rights supports redoubling efforts to help those most in need, especially people with low or limited incomes and those hardest hit by the pandemic and recession. This includes continuing expanded unemployment benefits and paid leave, and issuing additional automatic, direct stimulus payments that reach Supplemental Security Income (SSI) and Veterans Affairs (VA) benefits recipients, people who use Individual Taxpayer Identification Numbers (ITIN), and dependents of all ages.
- **Promote Nursing Home Safety and Resident Rights.** The administration and Congress must improve nursing home resident and health care worker safety. Immediate action is needed to ensure adequate protective equipment and testing is available and correctly used, as is funding to aid state efforts to assist with clinical care, infection control and prevention, and staffing. We also recommend strengthening public reporting and oversight; developing standardized guidance, training materials, and protocols for staff, residents, and visitors; and encouraging better communication between staff and families, as well as to prevent social isolation and loneliness.<sup>6</sup>

Bolster Medicaid and Other Community Supports. States, localities, and programs need additional resources to help older adults and people with disabilities in the community, ensuring they are not forced into institutional or other congregate settings during this crisis—in violation of their rights and at risk to their health.

- **Support Aid to States and a Medicaid Federal Medical Assistance Percentage (FMAP) Increase.** Recognizing that the funds of states, territories, and localities have been stretched to the limit, and that Medicaid rolls are surging,<sup>7</sup> we ask the Biden administration to back a COVID-19 relief package that provides a 10% increase in the federal Medicaid match for Home and Community Based Services, as well as a general 14% Medicaid increase. CMS’s deeply flawed interpretation<sup>8</sup> of the Families First Coronavirus Response Act’s Medicaid Maintenance of Effort provisions<sup>9</sup>

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<sup>5</sup> Wyatt Koma, *et al.*, “Medicare Beneficiaries’ Financial Security Before the Coronavirus Pandemic” (April 24, 2020),

<https://www.kff.org/medicare/issue-brief/medicare-beneficiaries-financial-security-before-the-coronavirus-pandemic/>.

<sup>6</sup> See, e.g., S. 3644 <https://www.congress.gov/116/bills/s3644/BILLS-116s3644is.pdf> and H.R. 6800, Secs. 30202; 30209; 30210; and 30211 <https://www.congress.gov/116/bills/hr6800/BILLS-116hr6800pcs.pdf>.

<sup>7</sup> Joe Weissfeld & Anthony Galace, “Medicaid Enrollment In The Age Of COVID-19: A Nine-Month Analysis Of Trends Across The Nation” (December 2020), [https://familiesusa.org/wp-content/uploads/2020/12/MCD2020-466\\_Medicaid\\_Enrollment\\_Covid\\_Analysis-2.pdf](https://familiesusa.org/wp-content/uploads/2020/12/MCD2020-466_Medicaid_Enrollment_Covid_Analysis-2.pdf).

<sup>8</sup> 85 Fed. Reg. 71142 (November 11, 2020), <https://www.federalregister.gov/documents/2020/11/06/2020-24332/additional-policy-and-regulatory-revisions-in-response-to-the-covid-19-public-health-emergency>.

<sup>9</sup> See e.g., H.R. 6800, Secs. 30101, 30103 <https://www.congress.gov/116/bills/hr6800/BILLS-116hr6800pcs.pdf>.

should be rescinded and the original interpretation reinstated.<sup>10</sup> We also support direct fiscal aid to states, cities, and towns, so they can continue to fund services that help Medicare beneficiaries live safely at home.

- **Prioritize Community Living Programs.** During the coronavirus outbreak and beyond, initiatives that help people with Medicare maintain their health and independence for as long as possible must be a funding priority. We recommend that any forthcoming package include adequate resources and flexibilities for programs that promote community living. In addition to Medicaid and Medicare, this includes those authorized by the Older Americans Act, such as home delivered meals, elder abuse prevention, and caregiver supports; LIHEAP energy relief; housing supports and homelessness prevention; and SNAP and other food assistance.

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<sup>10</sup> Medicare Rights Center, “Comments on Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency” (January 4, 2020), <https://www.medicarerights.org/pdf/010421-comments-covid-ifr.pdf>.