



July 26, 2017

The Honorable Michael C. Burgess, M.D.  
Chairman  
Subcommittee on Health  
Committee on Energy and Commerce  
United States House of Representatives  
Washington, D.C. 20515

Dear Chairman Burgess:

Thank you for your work on the Medicare Advantage (MA) Special Needs Plans (SNPs). As the Subcommittee on Health prepares to hold a hearing on this important issue, the Healthcare Leadership Council (HLC) welcomes the opportunity to share our thoughts with you.

HLC is a coalition of chief executives from all disciplines within American healthcare. It is the exclusive forum for the nation's healthcare leaders to jointly develop policies, plans, and programs to achieve their vision of a 21st century healthcare system that makes affordable, high quality care accessible to all Americans. Members of HLC – hospitals, academic health centers, health plans, pharmaceutical companies, medical device manufacturers, laboratories, biotech firms, health product distributors, pharmacies, post-acute care providers, and information technology companies – advocate for measures to increase the quality and efficiency of healthcare through a patient-centered approach.

HLC supports stabilizing the Medicare program for beneficiaries using tools that have been developed and used successfully in the private sector. Like employer-sponsored health insurance, MA gives beneficiaries access to affordable care. These plans include catastrophic coverage, as well as early intervention and care coordination services.

MA benefits are especially valuable to the 2.4 million people enrolled in a SNP. These plans enroll beneficiaries who are dually-eligible for Medicare and Medicaid (D-SNPs), reside in a nursing home (I-SNPs), or have a chronic condition (C-SNPs). SNPs give beneficiaries access to care plans and provider networks that are designed especially for their health conditions. By coordinating care and providing access to supplemental benefits, these plans improve the health of Medicare beneficiaries and reduce costs for taxpayers.

The SNPs must be reauthorized this year, preferably in the early fall to give the Centers for Medicare and Medicaid Services (CMS) to implement the program. HLC urges the

Subcommittee to reauthorize the SNPs until at least 2024 and to consider permanently reauthorizing them. This reauthorization would encourage broader replication of best practices and care delivery, and SNP enrollees would be guaranteed continued access to high quality and cost effective care.

HLC also urges the Subcommittee to enact a proposal similar to the bill introduced in the last Congress, H.R. 4212, the “Community-Based Independence for Seniors Act.” This legislation would establish a Community-Based Institutional Special Needs Plan (CBI-SNP) demonstration program to provide home and community-based care to low-income Medicare beneficiaries who are unable to perform two or more activities of daily living. The CBI-SNP program would improve the care of these beneficiaries and eliminate the need for them to spend down their income and assets to qualify for Medicaid. They would instead be provided with home and community-based long-term care services and supports. This would enable beneficiaries to remain at home, where they want to be, and reduce their Medicare and Medicaid costs.

Thank you again for your leadership on the SNPs. HLC looks forward to continuing to work with you in a constructive collaboration to develop an optimal 21st century Medicare program. If you have any questions, please do not hesitate to contact Debbie Witchev at (202) 449-3435.

Sincerely,

A handwritten signature in cursive script, appearing to read "Mary R. Grealy".

Mary R. Grealy  
President