

November 25, 2024

The Honorable Chuck Schumer

Majority Leader
United States Senate
Washington, D.C. 20510

The Honorable Mitch McConnell

Minority Leader
United States Senate
Washington, D.C. 20510

The Honorable Mike Johnson

Speaker
United States House of Representatives
Washington, D.C. 20515

The Honorable Hakeem Jeffries

Minority Leader
United States House of Representatives
Washington, D.C. 20515

Dear Majority Leader Schumer, Minority Leader McConnell, Speaker Johnson, and Minority Leader Jeffries:

On behalf of the Healthcare Leadership Council (HLC), I urge you to lead Congress to swiftly enact legislation before the end of the year to deliver important healthcare priorities. HLC is an association of CEOs and C-suite executives from all sectors of healthcare working to shape the future of the U.S. healthcare system.

With funding for federal discretionary programs expiring on December 20th, HLC urges Congress to take up and enact key legislative items as part of an end-of-the-year package to fund the government, preserve expiring flexibilities, and extend authorizations for healthcare programs necessary to support patients and communities. Specifically, Congress must:

- Extend three policies to protect telehealth flexibilities for seniors, individuals covered by HSA-eligible HDHPs and employees.
- Renew the Medicare's Acute Hospital Care-at-Home (AHCAH) Waiver Program.
- Allow Medicare to permanently reimburse pharmacist-administered testing, vaccinating, and delivering of medications.
- Extend funding for community health centers, and
- Reauthorize both the Older American's Act (OAA), and the Pandemic and All-Hazards Preparedness Act (PAHPA).

Telehealth Flexibilities

The expansion of telehealth services during the COVID-19 pandemic demonstrated the transformative potential of virtual care in improving access, convenience, and health outcomes. Congress's decision to extend Medicare telehealth waivers through December 31, 2024, was a pivotal step, but further action is needed to extend or make permanent these flexibilities in three areas:

1. Extend or make permanent the Medicare origination site telehealth flexibility to enable seniors to receive care from any site in the US where the patient is at the time of the telehealth service.

2. Extend or make permanent flexibilities for Health Savings Account-eligible (HSA-eligible) high-deductible health plans (HDHPs) to offer pre-deductible coverage for telehealth services.
3. Preserve the temporary flexibility that allows employers to offer telehealth coverage as an excepted benefit, which enables employers to offer standalone telehealth services to all employees.

Medicare Hospital-at-Home Waiver Program

The Acute Hospital Care at Home (AHCAH) waiver program has been critically important for patients and providers, validating that high-quality, acute-level care can be delivered effectively in patients' homes while simultaneously reducing the strain on hospital resources. Extending these flexibilities would reduce the financial burden on the healthcare system and mitigate the harm of workforce shortages and access challenges, while allowing seniors to receive hospital-level care at home. HLC strongly urges Congress to extend the AHCAH waiver through 2029.

Pharmacist-Provided Services

To further mitigate access challenges exacerbated by workforce shortages in healthcare, HLC urges Congress to enact H.R. 1770/S. 2477, the "Equitable Community Access to Pharmacist Services Act" to restore prior temporary flexibilities that enhanced patient access by empowering pharmacists to deliver essential healthcare services. Throughout the pandemic and until the public health emergency expired on June 30, 2023, pharmacists were permitted to further support patients by administering vaccines, providing medication therapy management, and offering preventive care services in underserved areas. Unfortunately, now pharmacists are once again limited in their ability to leverage their medical training due to an unnecessary barrier that fails to recognize pharmacists as providers in Medicare Part B. We urge Congress to support efforts to designate pharmacists as providers under Medicare Part B.

Community Health Centers

Currently, federal funding for Community Health Centers (CHCs) is set to expire on December 31, 2024, placing the future of these providers and the vital services they deliver at risk. Without immediate reauthorization and sustained funding, an estimated 30 million Americans who rely on CHCs for their healthcare needs could face disruptions in care. This would disproportionately impact low-income families, individuals without insurance, and communities that already face significant healthcare access challenges. We urge Congress to protect the continued operation of CHCs by reauthorizing funding for these critically important organizations.

The Older Americans Act

The Older Americans Act (OAA), a cornerstone of support for older adults in the United States, is overdue for reauthorization with funding that expired at the end of September. Since its inception in 1965, the OAA has provided critical services that promote the health, independence, and dignity of seniors, particularly those who are low-income, living in rural areas, or at greater risk of isolation. Programs funded under the OAA



include home-delivered meals, transportation services, in-home care assistance, caregiver support, and preventive health programs that help seniors manage chronic conditions and avoid hospitalization. These services not only improve the quality of life for millions of older Americans but also reduce strain on the healthcare system by preventing costly medical interventions. HLC strongly urges Congress to prioritize the retroactive reauthorization of the OAA to ensure uninterrupted support for older Americans and their caregivers.

Pandemic and All-Hazards Preparedness Act

Reauthorization is also overdue for the Pandemic and All-Hazards Preparedness Act (PAHPA), which expired in September of 2023. Temporary funding authorities Congress put in place for portions of PAHPA will expire on December 31, 2024. Reauthorizing PAHPA is an opportunity to address emerging vulnerabilities.

- **Stockpile Modernization:** The Strategic National Stockpile must remain adequately funded and modernized to ensure it contains the necessary medical supplies, equipment, and pharmaceuticals to respond to future crises effectively.
- **Public Health Workforce:** Investments in the training and retention of a skilled public health workforce are critical to ensure rapid deployment and coordination in emergencies.
- **Innovation:** PAHPA reauthorization should encourage collaboration between the federal government and the private sector to expedite the development of vaccines, therapeutics, and diagnostic tools.
- **Cybersecurity:** As healthcare systems increasingly face cyber threats, PAHPA must incorporate robust measures to enhance the resilience of healthcare infrastructures against cyber-attacks.

Failure to reauthorize PAHPA could lead to gaps in preparedness and response capabilities, putting public health at significant risk. We urge Congress to swiftly reauthorize PAHPA and provide the necessary funding to ensure our nation is equipped to face future public health emergencies.

We urge lawmakers to take swift action before year end to preserve telehealth and AHCAH Waiver Program flexibilities, as well as fund and reauthorize critical health initiatives to ensure continued access to care, foster innovation, and address the evolving needs of our nation's healthcare system. If you have any questions or require further information, please do not hesitate to contact Katie Mahoney at kmahoney@hlc.org or (202) 449-3442.

Sincerely,



Maria Ghazal
President & CEO

