



June 16, 2022

The Honorable Charles Schumer
Majority Leader
United States Senate
Washington, D.C. 20510

The Honorable Mitch McConnell
Minority Leader
United States Senate
Washington, D.C. 20510

Dear Leader Schumer and Leader McConnell:

On behalf of the American Academy of Family Physicians (AAFP) and the 127,600 family physicians and medical students across the country we represent, I write to urge you to take swift action to preserve Americans' access to affordable, comprehensive health coverage. Enrollment in comprehensive health coverage enables individuals to access needed health care services which improves health outcomes and can save money by avoiding preventable medical complications. The AAFP is concerned that absent congressional action, the end of the COVID-19 public health emergency (PHE) coupled with the expiration of enhanced federal subsidies for marketplace coverage will lead to significant coverage losses and disruptions in access to care.

Up to fifteen million Americans are expected to lose Medicaid coverage once continuous enrollment requirements expire.ⁱ To make matters worse, individuals who lose their Medicaid coverage and many individuals currently enrolled in marketplace coverage will no longer be able to afford marketplace coverage if current temporary policies are allowed to expire on December 31, 2022. **As we approach the end of the PHE, Congress must take action to strengthen Medicaid coverage for those who are eligible, maintain federal support for marketplace coverage to ensure patients purchasing coverage in the individual market can afford it and access needed health services, and expand coverage options for individuals who are currently uninsured.**

The AAFP [believes](#) all people should have access to affordable health care coverage that provides access to evidence-based care, including access to comprehensive and longitudinal primary care. With that in mind, we offer the following legislative recommendations:

Strengthening Medicaid and CHIP

The Children's Health Insurance Program (CHIP) is an essential source of children's coverage, ensuring access to high-quality, affordable, health care for approximately 7 million low-income children and pregnant people.ⁱⁱ The temporary reauthorization of CHIP subjects the program to arbitrary deadlines and funding cliffs and creates uncertainty and stress for states and families, which can lead to coverage disruptions. Congress must permanently authorize CHIP to ensure states will have the certainty to fund and uphold their CHIP programs and beneficiaries will have continuous coverage and ongoing access to needed services. **The AAFP urges Congress to permanently reauthorize the CHIP program.**

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Together, Medicaid and CHIP provide critical health coverage to more than 45 million children. Unfortunately, many children lose their health coverage each year – despite often still being eligible – because of the cycle of enrollment and disenrollment called “eligibility churn.” These interruptions in coverage worsen health outcomes and lead to avoidable hospitalizations or emergency room care for chronic disease exacerbations and untreated acute illness. **The AAFP [supports](#) continuous Medicaid and CHIP eligibility for at least 12 months** to ensure our most vulnerable maintain coverage and access to care. Continuous coverage also helps physicians maintain strong relationships with their patients and provide continuous care.

As the largest single payer of maternity care in the U.S., covering 43% of births nationwide, Medicaid has a critical role to play in ensuring healthy moms and babies.ⁱⁱⁱ Yet under current law, Medicaid coverage based on pregnancy status ends 60 days postpartum. While the American Rescue Plan Act (ARPA) created a voluntary option for states to extend postpartum Medicaid coverage, a permanent solution across all states is needed to ensure access to continuous care for pregnant people throughout the full, one-year postpartum period. According to the Centers for Disease Control and Prevention, about 33% of pregnancy-related deaths after the day of delivery occur between one week and one year postpartum, during which time many postpartum individuals lose Medicaid coverage.^{iv} **The AAFP [supports](#) one year of postpartum Medicaid and CHIP coverage as an important way to address the disparities in maternal health and improve outcomes.**

Incarcerated individuals have significant health care needs and face multiple barriers to obtaining health insurance and access to care. More than half the individuals in the criminal justice system have a mental health condition, and approximately 75 percent of those individuals also have a substance use disorder.^v The Academy is [supportive](#) of the funding and implementation of successful re-entry models and other evidence-based programs to assist those who have been recently incarcerated. **The AAFP supports legislation to allow Medicaid coverage for incarcerated individuals to automatically begin 30 days prior to their release, which will facilitate better care continuity as part of community reentry.**

Improving Access and Affordability of Individual Market Coverage

The American Rescue Plan Act expanded access to the ACA’s advanced premium tax credits (APTCs) by guaranteeing that no one will spend more than 8.5 percent of their income on health insurance premiums and making the credits more generous for lower-income families. More than 14.5 million Americans accessed these expanded tax credits by enrolling in marketplace coverage during the 2022 open enrollment period, and many more individuals who transition out of Medicaid coverage are expected to enroll in marketplace coverage once the PHE ends.

Unfortunately, the expanded tax credits expire on December 31, 2022, which would cause premiums to increase dramatically for the lowest-income enrollees and enrollees with income levels above 400 percent FPL will no longer qualify for these tax credits. On average, premiums are expected to jump by 53 percent in states using the federally-facilitated marketplace and a near \$1,200 jump per year, per person in state-based marketplaces.^{vi} An estimated three million individuals, or 15 percent of those currently insured in the individual market, would become

uninsured if these tax credits expire.^{vii} **To ensure millions of low- and middle-income families, including many transitioning out of Medicaid, continue to have access to affordable health coverage, the AAFP strongly urges Congress to make the enhanced premium tax credits permanent.**


The AAFP also [supports](#) funding for states to establish reinsurance and affordability programs which would allow states to experiment with different approaches to lowering individual market premiums while protecting access to essential health benefits.

Closing the Medicaid Coverage Gap

Congress must pass legislation to provide coverage for low-income individuals in states that did not expand Medicaid through the Affordable Care Act (ACA). Closing the Medicaid expansion coverage gap would grant over 2 million uninsured Americans, most of whom are people of color, access to health coverage.^{viii} The Academy has consistently [called upon](#) states to expand Medicaid to avoid coverage gaps for uninsured adults who cannot qualify for ACA marketplace assistance and are ineligible for Medicaid. However, in the absence of state action, we support alternative options to cover individuals who would otherwise be eligible.

To preserve and expand access to affordable, comprehensive health care coverage, Congress should pass legislation to strengthen the Medicaid safety net and permanently bolster federal support for marketplace coverage. The AAFP is eager to lend support to legislative efforts to address this critical and timely issue. If you have any questions or we can be of assistance, please contact Erica Cischke, Director of Legislative and Regulatory Affairs, at ecischke@aafp.org.

Sincerely,

A handwritten signature in blue ink that reads "Ada D. Stewart, MD". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Ada D. Stewart, MD, FAAFP
Board Chair, American Academy of Family Physicians

ⁱ Buettgens M & Green A. (2021). "What Will Happen to Unprecedented High Medicaid Enrollment After the Public Health Emergency?" Urban Institute. <https://www.rwjf.org/en/library/research/2021/09/what-will-happen-to-unprecedented-high-medicaid-enrollment-after-the-public-health-emergency.html>

ⁱⁱ "January 2022 Medicaid & CHIP Enrollment Data Highlights." Centers for Medicare and Medicaid Services. <https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/report-highlights/index.html>

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- iii Medicaid and CHIP Payment and Access Commission. (2020). "Medicaid's Role in Financing Maternity Care." <https://www.macpac.gov/wp-content/uploads/2020/01/Medicaid%E2%80%99s-Role-in-Financing-Maternity-Care.pdf>
- iv "Pregnancy-related deaths." CDC. <https://www.cdc.gov/vitalsigns/maternal-deaths/index.html>
- v James DJ & Glaze LE. (2006). "Mental Health Problems of Prison and Jail Inmates." U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. <https://bjs.ojp.gov/content/pub/pdf/mhppji.pdf>
- vi Dorn S. (2022). "Unless Congress Acts, Health Care Costs Will Soon Skyrocket for People Who Buy Their Own Insurance." Families USA. https://familiesusa.org/wp-content/uploads/2022/05/COV-2022-75_Expiring-APTCs-1.pdf
- vii Branham DK, Eibner C, Girosi F, Liu J, Finegold K, Peters C, Sommers BD. (2022). "Projected Coverage and Subsidy Impacts If the American Rescue Plan's Marketplace Provisions Sunset in 2023." ASPE Office of Health Policy. <https://aspe.hhs.gov/sites/default/files/documents/1647ad29528ee85a48d6ffa9e7bfbc8f/arp-ptc-sunset-impacts-03-22-22%20Final.pdf>
- viii Lukens G & Sharer B. (2021). "Closing Medicaid Coverage Gap Would Help Diverse Group and Narrow Racial Disparities." Center on Budget and Policy Priorities. <https://www.cbpp.org/research/health/closing-medicaid-coverage-gap-would-help-diverse-group-and-narrow-racial>