

May 24, 2022

Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
PO Box 8016
Baltimore, MD 21244-8016

CMS-4199-P

Re: Implementing Certain Provisions of the Consolidated Appropriations Act, 2021 and other Revisions to Medicare Enrollment and Eligibility Rules

Dear Administrator Brooks-LaSure:

On behalf of the 40,000 members of the American College of Emergency Physicians (ACEP), we appreciate the opportunity to comment on the “Implementing Certain Provisions of the Consolidated Appropriations Act, 2021 and other Revisions to Medicare Enrollment and Eligibility Rules” proposed rule. We strongly support the proposals that the Centers for Medicare & Medicaid Services (CMS) is making to expand Medicare enrollment opportunities and reduce coverage gaps in Medicare.

If finalized, the provisions to the Consolidated Appropriations Act, 2021 would grant many Americans who were ineligible for or missed a Medicare enrollment period the chance to enroll in the program without having to wait for the general enrollment period and without being subject to a late enrollment penalty. These policies would help reduce disparities in care and promote health equity by eliminating barriers to and ensuring ease of enrollment in Medicare, thereby expanding healthcare coverage.

Expanded access to Medicare coverage would likely result in better health and health outcomes both for affected individuals as well as others in our country. As emergency physicians, we see every day the positive effect that insurance coverage has on our patients and their overall health—and this correlation is supported by a plethora of research. The Kaiser Family Foundation found in a 2019 study that one in five uninsured adults went without needed care in the previous year because of cost, as opposed to eight percent of publicly insured adults. Further, nineteen percent of uninsured adults said they delayed or did not get a needed prescription drug due to cost.¹ In regard to Medicare coverage specifically, a JAMA Network study found that acquisition of Medicare coverage for previously uninsured adults was associated with improved trends

¹ Kaiser Family Foundation, “The Uninsured and the ACA: A Primer – Key Facts about Health Insurance and the Uninsured amidst Changes to the Affordable Care Act,” January 2019, available at: <https://www.kff.org/report-section/the-uninsured-and-the-aca-a-primer-key-facts-about-health-insurance-and-the-uninsured-amidst-changes-to-the-affordable-care-act-how-does-lack-of-insurance-affect-access-to-care/>.

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in self-reported health, particularly those with cardiovascular disease or diabetes.²

Losing health care coverage hampers the financial stability of families and creates a burden to receiving necessary care. When people become uninsured, they may delay or avoid seeking vital care. Deferring or delaying care will often result in the exacerbation of a person's condition or symptoms, and eventually result in a trip to the emergency department (ED). At this point, due to the progression of their condition, the person's care in the ED will be much costlier and more complex than if he or she had earlier access to more routine care in a physician's office. An increase in the uninsured percentage leads to an overall worsening of health outcomes, including increased prevalence of obesity and malnutrition and reduced prescription adherence. It also affects patients' "social determinates of health," leading to increased rates of poverty and housing instability and reduced productivity and educational attainment. By eliminating certain coverage gaps among the elderly population and making it easier to enroll in Medicare, these policies are clearly designed to address these issues and would therefore likely improve overall health outcomes.

If finalized, these provisions may also help maintain the financial viability of the emergency care safety net. Emergency physicians proudly serve as the country's safety net, treating all patients regardless of their insurance status or ability to pay. As a result of this vital role that we play, we incur unique financial risks, which include higher rates of uncompensated care than other clinicians. We depend on adequate reimbursement from public and private payers to allow for the recruitment and retention of sufficient numbers of qualified providers with sufficient staffing 24 hours a day, seven days a week. By eliminating barriers to enrollment in Medicare programs, which we anticipate would increase the number of enrollees in government-assisted health insurance programs, uncompensated care costs could decline, guaranteeing the viability of the emergency care safety net.

In all, ACEP strongly supports the proposed provisions and urges CMS to implement the policies as proposed. If you have any questions, please contact Jeffrey Davis, ACEP's Director of Regulatory Affairs, at jdavis@acep.org.

Sincerely,



Gillian R. Schmitz, MD, FACEP
ACEP President

² McWilliams JM, Meara E, Zaslavsky AM, Ayanian JZ. Health of Previously Uninsured Adults After Acquiring Medicare Coverage. JAMA. 2007;298(24):2886–2894. doi:10.1001/jama.298.24.2886