

April 9, 2020

The Honorable Alex M. Azar II
Secretary of Health and Human Services
200 Independence Avenue S.W.
Washington, D.C. 20201

Dear Secretary Azar:

The undersigned organizations write to strongly urge that the Department of Health and Human Services take action to remove barriers and to streamline enrollment in health insurance coverage for low-income older adults and people with disabilities who are at highest risk of serious illness and death from COVID-19. Obtaining comprehensive health insurance coverage and access to treatment, whether related directly to COVID-19 or for underlying health conditions, is critical in maintaining their health and safety during this crisis. Yet, during this pandemic, administrative barriers to enrollment have become nearly insurmountable for many seeking Medicare and marketplace coverage.

The Social Security Administration closed offices to the public effective March 17, 2020, creating significant barriers for enrollment in Medicare. Even when applicants are successful in submitting an application, they are being informed that processing can take months. Closed enrollment periods also block many people eligible for Medicare from the opportunity to apply. Current rules requiring people who have been found disabled to wait two years before obtaining Medicare are another obstacle for hundreds of thousands who need Medicare coverage now.

In addition, many older adults age 50 to 64, who do not yet qualify for Medicare coverage, have lost their jobs and incomes as a result of this pandemic. Having access to health insurance coverage is critical to ensure they are able to obtain treatment now. While nearly all state-based marketplaces have created a special enrollment period to address COVID-19, the Department has to date refused to do the same for the 38 states with federally operated marketplaces, leaving millions without access to health coverage during a pandemic.

All of these elements have direct and immediate impact—individuals are attempting to seek immediate treatment and are turned down for being uninsured. Even if retroactive coverage is ultimately granted, applicants and providers need to know now that their treatment will be covered.

We ask the Department to act swiftly to expand and streamline access to coverage through the following actions:

Create a Medicare Special Enrollment Period and Effectuate Coverage Immediately. This would ensure that those individuals who have been unable to enroll in Medicare during the General Enrollment Period, their Initial Enrollment Period, or a Special Enrollment Period for

people losing employer coverage are able to do so without penalty. We ask CMS to provide this special enrollment period through October 15, 2020, or three months after the end of a federal or state emergency declaration with respect to COVID-19, whichever is later. We also ask that all new enrollments—including for individuals who have already enrolled during the normal GEP—become effective no later than the first day of the month after enrollment to provide more immediate access to coverage. People eligible for Medicare cannot wait months for coverage to begin.

Enact Medicare Presumptive Eligibility Guidance. With appointments being scheduled months out to process Medicare applications, individuals who have filed an application should be found presumptively eligible with coverage effective immediately. The Department, in partnership with the Social Security Administration, should issue guidance on what steps would be required to establish presumptive eligibility.

Provide a continuous special enrollment period for dual eligible and Low-Income Subsidy eligible beneficiaries in Medicare. Dually eligible beneficiaries and those receiving the Part D Low-Income Subsidy (“extra help”) are currently only able to change their Medicare Advantage or Part D plan enrollment once per quarter. These individuals, who are already living in poverty, do not have the financial resources to weather any disruption or denial of care when in a plan that does not meet their needs. This is particularly problematic during this current crisis when their care and treatment needs may change quickly. Providing a continuous SEP would reduce administrative complexity and mitigate disruptions in access to care.

Suspend the two-year waiting period for Medicare. Close to two million individuals have been found disabled and eligible for Social Security Disability Insurance but remain ineligible for Medicare. We urge a suspension of the 24-month waiting period for Medicare for people with disabilities to provide them immediate access to Medicare coverage. We also urge the Secretary to support eliminating the 24-month waiting period in any COVID-19 relief legislation.

Implement a Federal Marketplace Special Enrollment Period. The Department should immediately create a federal marketplace special enrollment period to respond to COVID-19. Opening and widely publicizing a federal marketplace special enrollment period would streamline enrollment and minimize confusion and administrative burden, connect those who are not eligible for Medicare to coverage if they have lost coverage or are currently uninsured or underinsured, and ensure that individuals are not forced to spend down their resources during this economic crisis to obtain coverage through Medicaid.

Low-income older adults and people with disabilities are facing unprecedented barriers to meeting their basic needs on a daily basis while quarantined or sheltering in place and, in many cases, are experiencing significant economic insecurity. Your Department has the ability to mitigate impediments to health care, which is of greatest concern during a pandemic. We urge immediate action to address these pressing needs and welcome the opportunity to discuss these recommendations with you.

If you have any questions or would like to discuss, please contact Amber Christ, Directing Attorney at Justice in Aging, at achrist@justiceinaging.org.

Sincerely,

AFSCME

Aging Life Care Association

Alliance for Aging Research

Alliance for Retired Americans

Allies for Independence

American Association on Health & Disability

American Diabetes Association

American Federation of Teachers

American Kidney Fund

American Music Therapy Association

American Muslim Health Professionals

American Physical Therapy Association

American Society on Aging

Asian Counseling and Referral Service

Association of Asian Pacific Community Health Organizations

Autism Society of America

Autistic Self Advocacy Network

Brain Injury Association of America

Cancer Support Community

Center for Medicare Advocacy

Center for Public Representation

Christopher & Dana Reeve Foundation

Coalition on Human Needs

CommunicationFIRST

Community Catalyst

Disability Rights Education & Defense Fund

Easterseals

Epilepsy Foundation

Families USA

Hispanic Federation

HIV Medicine Association

Human Rights Campaign

Indivisible

Jewish Council for Public Affairs

Justice for Migrant Women

Justice in Aging

Legal Action Center

Legal Aid at Work
Medicare Rights Center
NAACP
NASTAD
National Action Network
National Adult Day Services Association (NADSA)
National Advocacy Center of the Sisters of the Good Shepherd
National Alliance on Mental Illness
National Association for Home Care and Hospice
National Association of Councils on Developmental Disabilities
National Association of Social Workers (NASW)
National Association of State Long Term Care Ombudsman Programs (NASOP)
National Center for Transgender Equality
National Coalition for the Homeless
National Committee to Preserve Social Security & Medicare
National Community Action Partnership
National Council on Aging
National Disability Rights Network
National Education Association
National Health Law Program
National Immigration Law Center
National Multiple Sclerosis Society
National Partnership for Women & Families
National Women's Law Center
NETWORK Lobby for Catholic Social Justice
Network of Jewish Human Service Agencies
OCA-Asian Pacific American Advocates
PHI
Program to Improve Eldercare, Altarum
Public Advocacy for Kids
Service Employees International Union (SEIU)
Southern Poverty Law Center
The AIDS Institute
The Gerontological Society of America
The National Consumer Voice for Quality Long-Term Care
Union for Reform Judaism
United Spinal Association
Whitman-Walker Health

Cc:

Seema Verma, Administrator, Centers for Medicare and Medicaid Services

Andrew M. Saul, Commissioner, Social Security Administration

Majority Leader Mitch McConnell and Minority Leader Charles Schumer, U.S. Senate
Speaker Nancy Pelosi and Minority Leader Kevin McCarthy, U.S. House of Representatives
Chairman Charles Grassley and Ranking Member Ron Wyden, Senate Finance Committee
Chairman Lamar Alexander and Ranking Member Patty Murray, Senate Committee on Health,
Education, Labor, and Pensions
Chairman Susan Collins and Ranking Member Bob Casey, Senate Special Committee on
Aging
Chairman Richard Neal and Ranking Member Kevin Brady, House Committee on Ways and
Means
Chairman Lloyd Doggett and Ranking Member Devin Nunes, Health Subcommittee, House
Committee on Ways and Means
Chairman Frank Pallone and Ranking Member Greg Walden, House Committee on Energy and
Commerce
Chairwoman Anna Eshoo and Ranking Member Michael Burgess, Subcommittee on Health,
House Committee on Energy and Commerce