



June 2, 2009

Chairman Max Baucus  
United States Senate  
Committee on Finance  
219 Dirksen Senate Office Building  
Washington, DC 20510

Ranking Member Chuck Grassley  
United States Senate  
Committee on Finance  
219 Dirksen Senate Office Bldg.  
Washington, DC 20510

RE: Strengthening Medicaid in National Health Reform

Dear Chairman Baucus and Ranking Member Grassley:

Medicaid has long provided a foundation of health care coverage for people with low incomes and special health care needs, and should serve as a cornerstone of national reform. Specifically, national health reform should strengthen and expand Medicaid to provide comprehensive coverage and high-quality, culturally-appropriate care to children, and people with low-incomes or special health needs.

**Legislation should reflect the following principles:**

- **Expand minimum eligibility to 150 percent of the federal poverty level in Medicaid and 300 percent in CHIP, and include legal immigrants.** Increasing eligibility will help more families get the quality health care they need.
- **Encourage states to expand eligibility and benefits beyond federal minimums by providing federal matching funds.** This flexibility is needed to serve residents of many states, given wide variation in cost of living and other local factors.
- **Protect requirements for comprehensive services for all patients, especially children, through Medicaid.** Low-income children are at greater risk for poor health outcomes, and Medicaid provides comprehensive services through the Early Periodic Screening Diagnosis and Treatment (EPSDT) Program. These services are best delivered through a single source, not by wrapping supplemental services around a narrow benefit package, which could weaken the coordination of care for families. However, wrap-around coverage is important for middle- and higher-income children and adults with special health care needs, who often have private coverage that does not cover services such as durable medical equipment.
- **Set strong and transparent standards for health plans that serve the special populations covered by Medicaid.** Federal and state policymakers should hold plans

accountable by strengthening standards for quality, network adequacy, and cultural and linguistic competency.

- **Maintain strong cost-sharing protections.** Increased cost-sharing—in the form of premiums, co-payments and deductibles—makes coverage unaffordable and leads families to forgo necessary treatments. Medicaid should continue cost-sharing protections that shield families from financial harm.
- **Encourage greater provider participation in the Medicaid program by increasing payments to providers.** Some states have difficulty recruiting necessary primary care providers and specialists to Medicaid, especially for underserved areas and minority and immigrant populations. A minimum standard for Medicaid provider rates could help remedy this problem and improve access for patients.
- **Develop quality measures in Medicaid that ensure high-quality, cost-effective services and coordinated care across health settings.** Our ultimate goal is to improve health outcomes by expanding coverage and ensuring high-quality care. As a starting point, apply Medicare quality standards to Medicaid where appropriate, and extend the CHIPRA quality provisions to Medicaid as proposed by the Senate Finance Committee. Medicaid should transition to a stronger medical home model that coordinates care across settings for all services for every Medicaid enrollee. Additional quality measures must focus on children, who have markedly different care needs than adults, and on reducing ethnic disparities.
- **Create simple, streamlined ways for people to enroll in and renew Medicaid coverage.** Improve enrollment and retention for all enrollees by eliminating face-to-face interviews and asset tests and requiring 12-month continuous eligibility. Create standardized, family-friendly application forms, and fund community-based outreach.
- **Automatically increase federal Medicaid matching funds in periods of economic downturn.** Because Medicaid is a countercyclical program, the federal government needs to help states respond to increased Medicaid costs when unemployment rises and state revenues decline.

We appreciate all of the efforts that you and your staff are making to increase access to affordable health care. If we can offer additional information, please do not hesitate to contact us.

Sincerely,

AFSCME Council 72  
Alliance on Mental Illness – NAMI St. Louis  
American Jewish Congress, St. Louis  
Brain Injury Association, Statewide  
Catholic Charities of Kansas City-St. Joseph, Inc.  
CCO—Communities Creating Opportunities, Kansas City, MO  
Center for Head Injury Services, St. Louis area

Center for Immigrant Healthcare Reform, national organization with office in St. Louis  
Central Reform Congregation, St. Louis  
CHIPS – Community Health in Partnership Services, St. Louis  
Citizens for Missouri's Children, Statewide  
CWA 6355—the Missouri State Workers Union, Statewide  
DCHR--Disability Coalition for Healthcare Reform, Statewide  
Deaconess Parish Nurse Ministries, Statewide  
Disability Resource Association, Crystal City  
Disabled Citizens Alliance for Independence, Viburnum  
Human Rights Action Service, St. Louis  
HumanityWorks!, St. Louis  
Independent Living Center of Southeast Missouri, Poplar Bluff  
Independent Living Resource Center, Jefferson City  
Institute for Peace and Justice  
Jewish Community Relations Council, St. Louis  
Lane Tabernacle CME Church, St. Louis  
LIFE Center for Independent Living, Farmington  
Mariposa Men's Wellness Institute  
Missouri Alliance for Retired Americans, Statewide  
MASW-Missouri Association for Social Welfare, Statewide  
Metropolitan Congregations United, St. Louis  
Missouri Association of Intellectual and Developmental Disabilities, Statewide  
Missouri Association of Rehabilitation Facilities, Statewide  
Missouri Budget Project, Statewide  
Missouri Family Health Council, Columbia, MO  
Missouri Health Care for All, Statewide  
Missouri IMPACT, Statewide  
Missouri Planning Council on Developmental Disabilities, Statewide  
Missouri Rural Crisis Center, Statewide  
Mother and Child Health Coalition, Kansas City  
NAMI Missouri, Statewide  
National Council of Jewish Women, St. Louis Section  
Northeast Independent Living Services, Hannibal  
Northeast Missouri Rural Health Network  
Northside Community Center Housing, St. Louis  
On My Own, Nevada  
Paraquad Inc., St. Louis area  
Partnership for Children, Kansas City area  
Policy Works, Columbia, MO  
Presbytery of Giddings-Lovejoy  
Rural Advocates for Independent Living, Kirksville

SADI--SEMO Alliance for Disability Independence, Inc., Southeast Missouri  
Services for Independent Living, Columbia  
Sidney D. Watson, Professor of Law, St. Louis University  
Southside Welfare Rights, St. Louis, MO  
Southwest Center for Independent Living, Springfield  
St. Louis Area Jobs with Justice, St. Louis, MO  
Swope Health Services, Kansas City, MO  
The Kitchen, Inc., Springfield  
The Whole Person, Kansas City  
Tower Village Senior Services, St. Louis, MO  
Wayne Lee, Self-advocate  
West-Central Independent Living Solutions, Warrensburg  
Whole Health Outreach, Ellington  
Women's Voices Raised for Social Justice, St. Louis, MO  
Youth in Need, St. Charles

cc: Sen. Clair McCaskill  
Sen. Kit Bond  
Rep. William Lacy Clay  
Rep. Todd Akin  
Rep. Russ Carnahan  
Rep. Ike Skelton  
Rep. Emanuel Cleaver  
Rep. Sam Graves  
Rep. Roy Blunt  
Rep. Jo Ann Emerson  
Rep. Blaine Leutkemeyer