

December 16, 2020

Dear President-Elect Biden and Vice President-Elect Harris,

We, the undersigned organizations, write to congratulate you on your historic win in the November election. Our group consists of Leading Health Systems – integrated delivery networks that pursue innovative care efforts throughout our communities – serving more than 35 million patients in thirty-one states across the country. We would like to express our sincere appreciation for the leadership you have already shown in helping our nation combat and control the novel coronavirus. As we move into the winter months, caseloads around the country are reaching record-setting levels. We look forward to partnering with your leadership teams to advance testing and tracing, deliver new treatments, and distribute safe and effective vaccines when they become available.

As you begin to navigate the complexities surrounding the current state of the U.S. healthcare system, we want to offer our sincere desire to partner with your Administration. We believe we share many common interests: controlling the COVID-19 pandemic, expanding health care coverage and services, advancing value-based care to address health disparities and social determinants of health, and ensuring care is affordable for all Americans. To that end, Leading Health Systems are well-positioned to offer expert opinions, case-studies, and data to inform policy opportunities. Below, we offer recommendations highlighting how these common goals can be achieved.

Addressing the COVID-19 Pandemic

We respectfully encourage the Biden Administration to:

- **Extend the public health emergency (PHE) declaration beyond the current January 20, 2021 expiration date;**
- **Re-evaluate the reporting requirements for the Provider Relief Funding (PRF) authorized and appropriated in the CARES Act to remove the potential for ‘clawback,’ as it is essential that health systems have the resources they need to sustain access to care throughout this current – and future – wave of infections;**
- **Modify the repayment terms associated with the Medicare Accelerated and Advanced Payment loans, to give providers more time to pay back loans and eliminate interest on the loans in light of the ongoing and anticipated sustained period of PHE;**
- **Prepare to appropriate and allocate additional funds to health systems and other providers to ensure the health care community can prepare and respond efficiently as the pandemic caseload continues to rise;**
- **Develop a strategic plan for purchasing, stockpiling, and distributing personal protective equipment (PPE) and other resources to health systems in areas with high COVID caseloads;**
- **Appropriate and allocate the necessary resources to implement testing and tracing models at full capacity, and develop better treatment options for ill patients;**
- **Advance vaccine research, production and distribution;**
- **Consider subsidizing COBRA for people losing their job and employer-sponsored insurance; and**
- **Work with Leading Health Systems to educate patients across the country about any potential vaccine and create a clear and equitable vaccine distribution plan.**

Crucial to providers’ flexibilities and funding in order to manage the upward trend of coronavirus cases, is the emergency declaration, currently set to expire on January 20, 2021, thus we ask that the

Administration make it a priority on day one to renew the PHE to avoid any lapse. Leading Health Systems also fully support the Biden team being clear on public health measures necessary to quickly control the pandemic including masking, social distancing, and other safety provisions.

Since the outset of the coronavirus pandemic in the United States, Leading Health Systems have been on the front lines serving patients in our communities. Over the course of the last nine months, our organizations have risen to the challenge in innumerable ways: setting up triage tents on hospital grounds, providing contact-tracing support to local public health departments, redistributing frontline providers and necessary supplies between our integrated network facilities to manage patient surges, and investing in innovative technologies to care for patients remotely. As coronavirus case numbers continue to rise, the Administration must ensure the healthcare system – at the federal, state, and local levels – can efficiently address current patient caseloads and proactively prepare for future case surges.

Of primary importance is ensuring health systems have the necessary resources to care for patients and make decisions regarding supplies and alignment. We appreciate Congress' prompt legislative responses to address this issue by infusing additional funding into the healthcare system. As we watch the caseloads continue to rise, we respectfully urge the Administration to allocate additional funds for distribution to health systems to use to address current resource shortages as well as to assist in preparation of future surges. Similarly, we recommend the Administration to review the requirements and limitations associated with the current PRF allocations to ensure providers can use all funds without fear of clawback. As currently drafted, thousands of hospitals, physicians and health systems around the United States will be required to give back their COVID-19 relief funds despite their heroic efforts to battle the pandemic while also maintaining and providing other important healthcare services to patients. Additionally, we ask the Administration to re-visit the terms and conditions associated with the Medicare Advance and Accelerated Payment Loans to give providers more time to pay back the loans, and remove all interest associated with the loans. Taken together, these actions will help ensure that the healthcare system has the resources necessary to sustain access to both COVID and non-COVID related care in communities across the nation.

The Administration must also ensure the healthcare system has sufficient stockpiles of working, up-to-date medical equipment, including high-cost equipment such as ventilators, as well as PPE for healthcare workers, and ancillary medical supplies. There must also be an efficient, coordinated effort to distribute these stockpiles to communities in need. We also recommend the Administration provide incentives for these critical supplies to be manufactured in the United States, so we are better prepared for a future crisis.

Finally, the Administration must deliver on its promise to provide funding to implement testing and tracing models, develop better treatment options for ill patients, and advance vaccine research and production. Leading Health Systems are eager to work with the Administration in advancing testing and tracing programs and can help with the delivery of effective treatments and vaccines to the public.

Expanding Services and Coverage

We respectfully encourage the Biden Administration to:

- **Continue to support the expansion of affordable healthcare coverage for patients across all communities;**
- **Support policies that embolden innovative approaches to deliver care to underserved communities while also addressing the broader health and wellness needs of these patient populations; and**
- **Make permanent the telehealth waivers and flexibilities currently tied to the PHE.**

Leading Health Systems have long supported the expansion of healthcare coverage for Americans and our organizations have embraced the types of innovative, coordinated care encouraged by the Affordable Care Act. To that end, our organizations have worked extensively within our communities to reach groups who may not have access to care: Leading Health Systems have partnered with outside organizations to connect patients to providers, invested in community-based health programs and innovative services to reach marginalized and rural communities, and donated our services to patients who would not otherwise have access.

In light of the pandemic, Leading Health systems across the country have expanded and scaled our telehealth and digital offerings to provide virtual care to patients when coming into an office or clinic location was not an option. These telehealth opportunities have allowed patients to receive necessary care in their home, thereby reducing community transmission. Similarly, by keeping non-emergent patients out of the emergency department, telehealth use during a pandemic ensures hospitals have as many beds as possible to deal with surging caseloads, while still providing necessary care to vulnerable populations. Moreover, the deployment of virtual care also helps reduce potential exposure and infection among essential healthcare workers.

Looking ahead, our organizations want to continue to provide telehealth and digital health services to our communities – especially to patients in rural areas, or for patients for whom traveling to see a provider is not feasible either logistically or economically. We encourage the Administration to work with Congress to make permanent the waivers and flexibilities, currently permitted during the PHE. These changes include eliminating the originating site rule, expanding the scope of permitted services, and allowing audio-only visits.

Evaluating the State of Value-Based Care

We respectfully encourage the Biden Administration to:

- **Evaluate the success of existing payment models, and modify successful existing payment models to move to higher levels of population-based payment;**
- **Focus on metrics for improved outcomes, addressing social determinants of health and equitable access to care, as a means to achieve cost-savings in value-based care; and**
- **Work with Leading Health Systems to understand successes and lessons learned from current programs designed to address health and healthcare disparities and social determinants of health.**

Leading Health Systems have long been market leaders in value-based care arrangements with both public and private payors. From the early days of the Pioneer ACO model, to participation in multiple episode-based care models, and newer risk-based and fully-capitated arrangements like the Direct Contracting model, health systems are constantly innovating and adapting their clinical networks to provide high quality care at lower costs. For many reasons, our organizations are the perfect partner for The Centers for Medicare and Medicaid Services (CMS) in value-based care arrangements: not only do Leading Health Systems have experience in multiple arrangements, our systems can coordinate patients' care across the entire continuum of their health care needs to promote the best utilization and outcomes possible, and one system can move thousands of patients into a new payment model creating a much larger impact than smaller entities. To that end, we encourage your Administration to support the recent final regulations modernizing the Stark Law and Anti-Kickback Statute as vital tools for improving value-based, coordinated care models and addressing socioeconomic determinants impacting health outcomes.

Looking ahead, Leading Health Systems would like to partner closely with CMS and the Center for Medicare and Medicaid Innovation (CMMI) in future value-based care arrangements. There are currently dozens of different models operating simultaneously, which creates confusion for providers,

administrative teams, and patients – causing what some call, “payment model burnout.” We recommend the Biden Administration evaluate the success of existing models and consider simplifying or streamlining the models before rolling out new ones to avoid payment model burnout. Leading Health Systems also believe there should be a balance of priorities for payment models: in order to effectively control healthcare costs, we must focus on improving outcomes for all patients and ensure equitable access to high-quality care while eliminating low-value care as the primary goal of a value-driven healthcare system.

We also believe there is a huge opportunity for your Administration to advance health equity, decrease health and healthcare disparities, and improve the social determinants of health through various care models. Across the country, Leading Health Systems are piloting innovative ways to address these systemic issues: in Louisiana, a Leading Health System piloted a telehealth program to improve access to care for rural pregnant and post-partum women; in Florida a Leading Health System works with community groups to find housing for patients in need; in North Carolina, a Leading Health System developed an online tool to help patients search for free or reduced-cost services such as food, job-training, and more. Our organizations would be pleased to share our successes and lessons learned with your Administration as we work on these common goals.

Improving Health Care Affordability

We respectfully encourage the Biden Administration to:

- **Work with Leading Health Systems to modify the current Price Transparency regulations to achieve transparency measures that are more patient-centric; and**
- **Support market-based solutions to surprise billing that limit patients’ financial responsibility and preserve existing market dynamics.**

Our organizations are always working to ensure patients in our communities have access to high-quality, affordable health care services. Unfortunately, the healthcare ecosystem does not run on simple market dynamics, and patients are often confused by their health plan coverage of certain services and are sometimes left unsure what their out of pocket costs will be. While lawmakers have tried to address these issues through discrete policy changes, unfortunately little has been implemented that will make a meaningful difference for individuals and families.

In 2018, the Trump Administration issued a price transparency rule that mandates the disclosure of health-plan specific negotiated rates for shoppable services. While we thoroughly understand the intent of this regulation, we believe the Hospital Price Transparency rule will not achieve the goal of helping patients seeking to understand their out-of-pocket costs. We encourage your Administration to amend the current Price Transparency regulations in favor of other policies that enable patients to better understand their insurance coverage of any given healthcare service. Many of our organizations already employ online tools and call centers designed to individually walk patients through their insurance coverage so they understand what their out-of-pocket costs will be for a given service or procedure. We support the goal of helping patients know ahead of time what a particular service or procedure will cost so they can make informed choices for themselves and their families. As such, we would be pleased to work with your Administration in developing policies to support and enhance these types of patient-centered solutions.

In another example, for more than two years, Congress has been working to protect patients from surprise medical bills. The physicians at our organizations are largely in-network, a practice we believe in and support. Our Leading Health Systems are committed to finding and supporting a policy solution that limits the financial responsibilities of a patient to in-network cost sharing amounts and preserves existing in-network contract arrangements, while encouraging future equitable relations between providers and

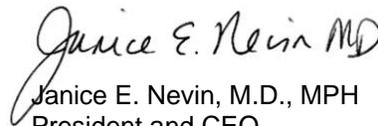
those who pay for health care services. Our organizations support market-based solutions that preserve existing in-network agreements, acknowledge prior contracted rates, and establish a low-cost, but meaningful, and thorough independent dispute resolution (IDR) process as an interim payment backstop.

Again, we appreciate your commitment to policies and programs that will support and strengthen our nation's response to the pandemic and we stand ready to work with you to ensure that patients across the nation receive the care and services they need and deserve, particularly those in underserved communities. We welcome an opportunity for our organizations to be resource for you and your staff. Please do not hesitate to reach out with any questions. We look forward to partnering with you over the next four years.

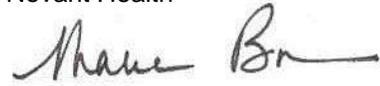
Sincerely,



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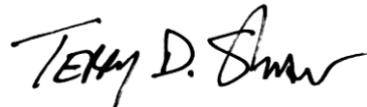
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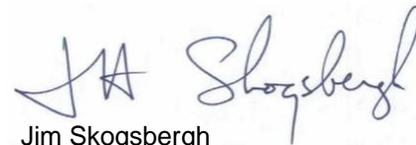
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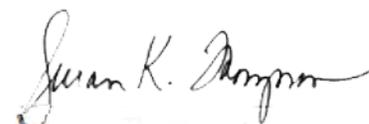
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