

Media Advisory

EXPERTS DEFINE PATH FORWARD ON PANDEMIC-ERA POLICIES THAT BENEFIT OLDER ADULTS

Recommendations provided to policymakers for key Medicare and Medicaid flexibilities to be made permanent, considered temporary, or paused

Diverse national experts to share perspectives at March 3 public discussion

National experts in policymaking, aging, health care, and other sectors released recommendations to federal and state policymakers outlining which temporary Medicare and Medicaid flexibilities are most likely to advance person-centered, equitable care for older adults if made permanent following the end of the COVID-19 Public Health Emergency (PHE). The COVID-19 PHE Flexibilities Working Group analyzed a subset of the hundreds of Medicare and Medicaid flexibilities and came to consensus on continuing or discontinuing their use after the PHE expires.

In the early days of the pandemic, federal and state governments quickly implemented regulatory flexibilities to ensure that Medicare and Medicaid beneficiaries could receive care safely and in their own community. As the country enters the endemic phase of COVID-19, many experts have found that these critical flexibilities improved older adults' access to care, aligned with their needs and preferences, and should be made permanent.

Funded by [The SCAN Foundation](#), diverse stakeholders and subject matter experts, including people with lived experience and on-the-ground perspectives, met for several months to develop [Leveraging COVID-19 Public Health Emergency Flexibilities to Advance Person-Centered Care for Older Adults and People with Complex Care Needs: A Roadmap for Policymakers](#) identifying which flexibilities: (a) merit being continued permanently, with or without modification; (b) show promise to meet the person-centered goal and merit further evaluation after the PHE expires; (c) merit being deployed for future PHEs; or (d) should be paused with the end of the PHE.

The Working Group said that the flexibilities to be considered for permanence are those that:

- **Expand telehealth benefits** to ensure equitable access to remote care;
- **Maximize clinician scope of practice**—including licensure, qualifications, and payment—to expand the workforce caring for older adults to include more nurses, direct care workers, and paid family caregivers; and
- **Ease Medicare and Medicaid program requirements**, such as ending the Medicare requirement that individuals must be hospitalized for at least three days before skilled nursing care is fully covered, increasing access to Medicaid services like transportation and home-delivered meals, and loosening Medicaid financial eligibility rules so more individuals qualify to get the care they need.

“The pandemic spurred innovation within Medicare and Medicaid just when people needed it the most,” said Sarita A. Mohanty, MD, president and CEO of The SCAN Foundation. “As the end of the PHE looms, returning to the pre-pandemic status quo is not an option. There was bipartisan consensus in the omnibus bill to temporarily extend several telehealth flexibilities up to two years by untying them from the PHE. Hence, the timing is right for these report recommendations which elevate the most equitable, person-centered flexibilities for potential permanence.”

The [Roadmap for Policymakers](#) was developed in partnership with the Alliance for Health Policy, ATI Advisory, Health Management Associates, and Manatt Health.

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RSVP:

[Register here](#) to attend a virtual public discussion on March 3, 2023. Hosted by the Alliance for Health Policy, *Moving Beyond COVID-19: Considerations for using PHE Flexibilities to Improve Person-Centered Care* will feature a diverse panel of experts to discuss considerations for using the PHE flexibilities to improve person-centered, equitable care for older adults.

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About The SCAN Foundation

The SCAN Foundation is an independent public charity dedicated to creating a society where older adults can access health and supportive services of their choosing to meet their needs. Our mission is to advance a coordinated and easily navigated system of high-quality services for older adults that preserve dignity and independence. Learn more at <https://www.thescanfoundation.org/>.

ADDITIONAL QUOTES

Sarah Dash, president and CEO of the Alliance for Health Policy: “The Alliance was pleased to serve as a neutral convener for this diverse, bipartisan Working Group as they crafted this *Roadmap* on the future of person-centered COVID-19 PHE flexibilities. We thank all of our partners and Working Group members for contributing the best available evidence, practical expertise, and lived and learned experiences to this solution-focused dialogue.”

Anne Tumlinson, founder and CEO of ATI Advisory: “We are in the midst of an unprecedented shift in the delivery of care, from institutional settings to home enabled by telehealth technologies and new flexibilities. This Working Group validated that the future of person-centered care is in continuing key flexibilities not rolling them back.”

Kristi Guillory Reid, consultant for diversity, equity, and inclusion: “I am thankful to The SCAN Foundation and to the Alliance for Health Policy for providing me with the opportunity to highlight and analyze issues related to diversity, equity, and inclusion as they relate to older adults with chronic conditions during the COVID-19 pandemic. The COVID-19 pandemic exacerbated the racial and ethnic divide in our country, but also showed us how these issues affected the delivery of and access to quality health care for communities of color. The *Roadmap* provides policymakers with recommendations on the PHE flexibilities that should become permanent in the Medicare and Medicaid programs, as they would enable providers to deliver more equitable care and person-centered care that is aligned with the needs and preferences of diverse populations.”