June 21, 2022

The Honorable Ron Wyden  
Chairman, Finance Committee  
221 Dirksen Senate Office Building  
Washington, D.C. 20510

The Honorable Frank Pallone  
Chairman, Energy and Commerce Committee  
2107 Rayburn House Office Building  
Washington, DC 20515

The Honorable Mike Crapo  
Ranking Member, Finance Committee  
239 Dirksen Senate Office Building  
Washington, D.C. 20510

The Honorable Cathy McMorris Rodgers  
Ranking Member, Energy and Commerce Committee  
1035 Longworth House Office Building  
Washington, DC 20515

Dear Senator Wyden, Senator Crapo, Representative Pallone, and Representative McMorris Rodgers:

For individuals with mental health needs, better access to care requires not only access to clinicians, but also information exchange and collaboration between clinicians and settings of care. Care coordination breakdowns are common and evidence-based care integration models are not widely available. This leaves people – especially those with serious mental health conditions – to navigate complicated, uncoordinated systems, often resulting in unmet need and poor outcomes.

These challenges are exacerbated for people that get coverage from both Medicare and Medicaid, the so-called dual-eligible population. People that are dual-eligible are more than three times as likely as people that have Medicare-only coverage to have a serious mental illness, and nearly one in three dual-eligible individuals has a serious mental illness.¹ These two programs were not designed to work together, and the resulting fragmentation contributes to worse health outcomes and costlier care compared to those with only Medicare or Medicaid coverage.²

One strategy for ensuring better coordination for people with mental health conditions who are dual-eligible is to integrate their Medicare and Medicaid coverage. States bear the burden of creating this alignment, which requires Medicare expertise, extensive planning and program development, data analysis and data systems change, and beneficiary engagement.³ States that have established integrated programs have demonstrated positive beneficiary experiences, but most states lack the resources to integrate their Medicaid programs with Medicare for this population.⁴

To address this challenge, we encourage Congress to pass the “Advancing Integration in Medicare and Medicaid” Act (S. 4264) which includes a requirement that all states develop a strategy to integrate Medicare and Medicaid for the full-benefit dual-eligible population as the Medicaid and CHIP Payment and Access Commission (MACPAC)

officially recommended earlier this month. Additionally, we encourage Congress to consider providing states with financial support to assist in the development of their strategies as also recommended by MACPAC. States efforts to integrate Medicare and Medicaid will support the systems change necessary for effective coordination and care delivery for the dual-eligible population.

Sincerely,

Alliance for Aging Research
America’s Essential Hospitals
American Association on Health and Disability
Arnold Ventures
Association for Community Affiliated Plans
Commonwealth Care Alliance
Community Catalyst
Justice in Aging
Lakeshore Foundation
Leading Age
Long-Term Quality Alliance
Medicare Rights Center
National Association of Social Workers
National Council on Aging
National MLTSS Health Plan Association
National PACE Association
SCAN Health Plan
SNP Alliance
The Gerontological Society of America
UPMC Health Plan
USAging

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