

October 30, 2022

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

Submitted electronically via email to seth.gold@mail.house.gov and kristin.fluckey@mail.house.gov

Re: Request for Information – Disability Policies in the 21st Century: Building Opportunities for Work and Inclusion

Dear Ranking Member Cathy McMorris-Rodgers:

Premier Inc. applauds your commitment to addressing disability policy in the 21st century by identifying opportunities to remove barriers that keep people with disabilities from living up to their full potential and contributing to their communities. Premier further appreciates the thoughtful approach outlined under your leadership to seek stakeholder input in the development of consensus policy proposals.

In our comments, Premier highlights opportunities for collaboration as Congress works towards bipartisan solutions to address these challenges for families, providers and employers. Specifically, in our comments we encourage collaboration on several topics we believe to be essential as an organization that works alongside 4,400 hospitals and more than 225,000 continuum of care providers, as well as an employer of over 2,500 employees:

- Ensuring access to appropriate care by harnessing the power of data, maximizing state flexibility for Medicaid plans, reforming Stark and anti-kickback statutes to permit innovations in care delivery, and investing in the direct care workforce.
- Making communities more accessible by making telehealth waivers permanent and focusing on health literacy.
- Integrating employment by creating a federal employment protection benefit for workforce re-entry and support disabled-owned businesses.

I. Background on Premier Inc.

Premier is a leading healthcare improvement company and national supply chain leader, uniting an alliance of 4,400 hospitals and approximately 250,000 continuum of care providers to transform healthcare. With integrated data and analytics, collaboratives, supply chain solutions, consulting and other services, Premier enables better care and outcomes at a lower cost. Premier's sophisticated technology systems contain robust data gleaned from nearly half of U.S. hospital discharges, 812 million hospital outpatient and clinic encounters and 131 million physician office visits. Premier is a data-driven organization with a 360-degree view of the supply chain, working with more than 1,300 manufacturers to source the highest quality and most cost-effective products and services. Premier's work is closely aligned with healthcare providers, who drive the product and service contracting decisions using a data driven approach to remove biases in product sourcing and contracting and assure access to the highest quality products.

A Malcolm Baldrige National Quality Award recipient, Premier plays a critical role in the rapidly evolving healthcare industry, collaborating with healthcare providers, manufacturers, distributors, government, and other entities to co-develop long-term innovations that reinvent and improve the way care is delivered to patients nationwide. Headquartered in Charlotte, North Carolina, Premier is passionate about transforming American healthcare.

II. Ensuring Access to Appropriate Care

Harness the Power of Social Determinants of Health Data: Premier encourages a federal effort to scale the use social determinants of health (SDOH) to inform data-driven policies that solve limited access and disparities in care for people who are disabled. For example, Premier is proud to be [working with the Department of Health and Human Services \(HHS\) Office of Women's Health](#) to scale a collaborative of more than 220 diverse hospitals representing all 50 states and the District of Columbia that will use standardized data to assess the efficacy of evidence-based interventions on maternal infant morbidity and mortality with overarching considerations on health equity including disparities and SDOH. A similar approach could be leveraged to collect, standardize and analyze national data to understand disparities in care for disabled individuals, identify best practices and improve health outcomes for disabled individuals.

Develop of Disability Care Blueprint: Recently, the Administration released a [maternal health blueprint](#), informed by the Premier operated [Maternal Morbidity and Mortality Data and Analysis Initiative](#), to better quantify the challenges and opportunities for public-private partnership to improve maternal and infant health in the country. Premier encourages Congress to work with the Administration to create a similar blueprint on disability policy. Such a framework would highlight opportunities for public-private partnership to improve disability care and provide a roadmap to monitor success against.

Invest in Maternal Care for Disabled Women: A recent [study](#) found that births to women with disabilities were significantly more likely to be characterized by smoking during pregnancy, delayed entry into prenatal care, preterm birth, and low birthweight. Premier encourages Congress to appropriate funds to better study this phenomenon and build upon the work currently underway in the [Maternal Morbidity and Mortality Data and Analysis Initiative](#) to specifically study the impact of disabilities on maternal and infant outcomes.

Maximize Medicaid State Plan Flexibility: Premier supports state flexibility through various mechanisms, including waivers and state plan amendments, to innovate value-added services and shape Medicaid programs. Therefore, Premier encourages Congress to ensure states have maximum flexibility to innovate care in the Medicaid program for disabled individuals.

Support the Medically Underserved by Expanding Market Innovation: Premier aims to lead the transformation to high-quality, cost-effective healthcare by supporting the medically underserved throughout our communities. One area that Congress could address to enable market innovation is reform to Stark and anti-kickback laws to foster arrangements that promote care coordination and advance the delivery of value-based care, while also protecting against harms caused by fraud and abuse. The stark and anti-kickback statutes pose needless barriers to innovative arrangements among healthcare providers and suppliers and undue burden on the healthcare industry generally as it strives to improve the quality and value of healthcare delivery for patients, especially for disabled individuals through care coordination. The Stark and anti-kickback statutes were enacted to address issues for a different healthcare delivery system where providers of services and other stakeholders could encourage overutilization of services. However, new models of healthcare delivery encourage value and emphasize care coordination and integration to increase both the quality and efficiency in the delivery of services to patients. Stark and anti-kickback reform is necessary so that providers, suppliers and the healthcare system can innovate care for disabled individuals by offering services that otherwise may be seen as beneficiary inducement.

Invest in the Direct Care Workforce. The COVID-19 pandemic has exacerbated healthcare work force shortages throughout the entire healthcare ecosystem. However, one area that has been hit the hardest is the direct care workforce that supports disabled individuals and their families. The direct care workforce is critical to the stability of the Medicaid long-term services and supports program, as well as the cost effectiveness of home-based care. In many areas, especially rural areas, a shortage of direct care workers left families scrambling to find help to care for their loved ones, and in some extreme cases forced to leave their jobs to serve as the primary caregiver.

As Congress looks to develop solutions to address healthcare workforce shortages, it is imperative that Congress makes a sustained and increased investment in meaningful workforce recruitment and training for direct care workers. Premier encourages Congress to consider incentives that support education and training for the direct care workforce, including tuition reimbursement. Furthermore, Premier encourages Congress to work with federal agencies, such as the Health Resources and Services Administration (HRSA) to develop programs and incentives to grow the direct care workforce.

Ensure Access During Natural Disasters: Recently during recovery efforts for Hurricane Ian, Premier became aware of a lack of emergency services and shelters that can accommodate the specialized needs for individuals with disabilities. For example, many disabled individuals and their families that were in the path of the hurricane were unable to evacuate their homes as shelters did not have the necessary infrastructure and support services needed to care for disabled individuals. This unfortunately resulted in these individuals having to shelter in place and hope for the best. Premier encourages Congress to work with federal agencies such as the Federal Emergency Management Agency (FEMA) and relief organizations such as the American Red Cross to provide appropriate funding to ensure that emergency efforts during a natural disaster account for the needs of disabled individuals and their families.

III. Making Communities More Accessible

Make Permanent Telehealth Waivers to Improve Access to Care: Telehealth is now a fundamental part of the U.S. healthcare system, and several studies demonstrate its ability to improve patient access to high quality care and strengthen continuity beyond the COVID-19 pandemic. We appreciate the flexibilities granted to providers to innovate care and applaud Congress for extending Medicare telehealth flexibilities enacted during public health emergency (PHE) for 151 days after the PHE ends as part of the CAA of 2022. Premier [urges](#) Congress continue to evaluate the important role telehealth has played in safely expanding access to care during the pandemic and options to extend telehealth capabilities into the future. Recognizing more time is needed to determine the best approaches for permanent telehealth expansion, Premier [supports](#) the recently passed House legislation – *Advancing Telehealth Beyond COVID-19 Act (H.R. 4040)* – which would extend key Medicare telehealth flexibilities through CY 2024. We urge the Senate to act and pass this extension. We also urge Congress to evaluate a more permanent extension of these policies, including lifting provider and patient location limitations and granting CMS the flexibility to broaden the list of practitioners who can furnish telehealth services, including occupational and physical therapists, speech language pathologists and audiologists. These flexibilities are critical to increasing access to care for patients with disabilities.

Ensure Health Literacy: As the use of technology continues to evolve in healthcare, including the use of telehealth, steps must be taken to ensure health literacy in navigating these technologies, especially among disabled communities. This could include federal guidance for materials to be offered in different formats, languages, and by using assistive technologies. Recent [guidance](#) from HHS and the Justice Department explains how telehealth intersects with non-discrimination laws such as the Americans with Disabilities Act

(ADA). We urge Congress to act on this guidance and codify statute that equitably improves access to care through technology.

Allow Professionals to Operate at the Top of Their License: Earlier this year, CMS released a comprehensive [Behavioral Health Strategy](#), which includes recommendations to Congress and goals to strengthen quality and equity and improve access to mental health and substance use disorder services.

Central to these goals is expanding access to mental healthcare by allowing licensed professional counselors (LPCs) and licensed marriage and family therapists (LMFTs) to furnish behavioral health services under general rather than direct supervision, and to create new coding and payment for behavioral health integration billed by clinical psychologists (CPs) and clinical social workers (CSWs).

Premier supports measures to improve access, quality and equity in behavioral healthcare for beneficiaries. We urge Congress to amend the direct supervision requirements to make these services more accessible to millions of Americans currently facing challenges in accessing mental health services, particularly those in rural or underserved areas where a large portion of services is provided by these types of practitioners.

IV. Integrating Employment

Create a Federal Employment Protection Benefit for Workforce Re-Entry: As an employer of more than 3,000 employees nationwide, Premier is proud to provide flexible accommodations for individuals who are disabled and family members caring for a disabled individual. These paid and unpaid benefits are critical for family caregivers and employees who require extended time away from work and provides a support system to re-enter to workplace for qualifying events.

The ADA and Family and Medical Leave Act (FMLA) provide an acceptable framework for making jobs and accommodations available; however, they fall short of providing guaranteed return-to-work accommodations if treatment for a disability requires more than 12-weeks away from work. Statute also does not require paid-time off benefits which disproportionately affects the ability for low-income or marginalized individuals to seek appropriate care for their disability and maintain employment status at the same time.

Certain states require employers to provide eligible employees with up to eight weeks of [paid family leave \(PLF\)](#) for employees to care for a seriously ill family member, bond with a new child, or participate in qualifying events because of a family member's military deployment. We believe Congress should consider a similar federal benefit that ensures individuals can return to work after leave for a qualifying event.

Enhance Representation of Service-Disabled and Disabled-Owned Businesses in the Market: As an organization built on the foundation of transforming healthcare within communities across the country, we recognize that supplier diversity is an important component of our provider's success. Diverse suppliers help our hospitals create jobs and improve life in the communities they serve.

In 2009, Premier launched the Sourcing Education and Enrichment for Diverse and Small Suppliers (SEEDS) program, aimed at increasing the number of diverse companies, which includes service-disabled and disabled-owned businesses, doing business with members of our healthcare alliance. The SEEDS program lends support to diverse and small business enterprises, enabling them to grow at a pace that is commensurate with their existing business infrastructure (i.e., local, regional and/or national sales capabilities). Moreover, the SEEDS program provides contracted suppliers with coaching, mentoring,

business educational tools and a stair-stepped approach to help them develop strategic long-term relationships with members across our healthcare alliance.

Premier tracks active contracted suppliers reported sales volume with our providers that are certified diverse, veteran, and small businesses. Last year, Premier providers spent over \$900 million with our diverse, veteran, and small business suppliers.

We continue to evolve our own strategies to focus on socio-economic development and growth of communities through minority- and women-owned business enterprises. We believe Premier's support of disability- and service-disability owned companies through our Supplier Diversity Program and SEEDS will drive better healthcare outcomes, strengthen local economies, and develop a more robust supplier diversity ecosystem for the healthcare industry.

Premier encourages Congress to consider policies to further support service-disabled and disabled-owned businesses such as through creating purchasing thresholds for federal programs. In addition, Congress could consider opportunities to incentivize the purchase of products from diverse suppliers through differential reimbursement, tax credits or other financial incentives.

V. Conclusion

In closing, Premier appreciates the opportunity to submit comments on this request for information to modernize disability policy for the 21st century. We look forward to continuing to work with Congress to inform policies that support the needs disabled individuals and their families. If you have any questions regarding our comments or need more information, please feel free to contact me at soumi_saha@premierinc.com or 732-266-5472.

Sincerely,



Soumi Saha, PharmD, JD
Senior Vice President of Government Affairs
Premier Inc.