



# THE PARTNERSHIP FOR MEDICAID

November 28, 2018

The Honorable Paul Ryan  
Speaker of the House of Representatives

The Honorable Nancy Pelosi  
Minority Leader

The Honorable Greg Walden  
Chairman  
House Energy and Commerce Committee

The Honorable Frank Pallone  
Ranking Member  
House Energy and Commerce Committee

The Honorable Michael Burgess  
Chairman, Health Subcommittee  
House Energy and Commerce Committee

The Honorable Gene Green  
Ranking Member, Health Subcommittee  
House Energy and Commerce Committee

The Honorable Brett Guthrie  
Member  
House Energy and Commerce Committee

The Honorable Debbie Dingell  
Member  
House Energy and Commerce Committee

Dear Speaker Ryan, Minority Leader Pelosi, Chairman Walden, Ranking Member Pallone, Chairman Burgess, Ranking Member Green, Representative Guthrie, and Representative Dingell:

The Partnership for Medicaid — a nonpartisan, nationwide coalition of organizations representing health care providers, safety net health plans, counties and labor dedicated to preserving and improving the Medicaid program — writes in support of the bipartisan Ensuring Medicaid Provides Opportunities for Widespread Equity, Resources, and Care Act (EMPOWER Care Act, S. 2227/H.R. 5306), to extend and improve the Money Follows the Person (MFP) Medicaid demonstration program. We applaud Reps. Brett Guthrie, R-Ky., and Debbie Dingell, D-Mich., as well as Sens. Rob Portman, R-Ohio, and Maria Cantwell, D-Wash., for sponsoring reauthorization of this vital program that has helped more than 75,000 older adults and people with disabilities across the country move back home. We also applaud Chairman Burgess and Ranking Member Green for their leadership and bipartisan collaboration in securing the Energy and Commerce Committee's unanimous support for the bill, and now we urge the program's swift reauthorization before all states exhaust their remaining MFP funding.

First authorized in the Deficit Reduction Act of 2005 with strong bipartisan support, and signed into law by President George W. Bush, MFP builds on the Medicaid program to help vulnerable, low-income older adults and people with disabilities transition out of nursing and other facilities

and back to living in their homes and communities with appropriate supports. It also has helped 43 states and the District of Columbia develop the needed infrastructure to make this program successful.

MFP has helped older adults and people with disabilities live with dignity in the setting of their choice, with the strong possibility of achieving cost savings to the Medicaid program. In its 2017 report to Congress based on independent evaluation, the U.S. Department of Health and Human Services noted that MFP participants who made this transition reported significant and lasting improvements in quality of care, quality of life, and community integration after returning to their communities, while also achieving lower readmission rates. Independent evaluation also found significant reductions of approximately 20 percent in Medicaid expenditures after individuals returned to their communities. MFP shows great promise as a tool to lower Medicaid costs while improving patient care and quality of life. As the National Association of Medicaid Directors testified before the Committee, MFP has significantly helped states “rebalance” their spending on long-term services and supports, and should be reauthorized “quickly enough to provide states with continuity for existing programs.”

Despite the encouraging preliminary findings, MFP’s authorization expired on Sept. 30, 2016. According to the Centers for Medicare & Medicaid Services, 12 states have already exhausted their allotted MFP funding and the remaining state MFP programs will run out by Dec. 31. As a result, states are transitioning fewer individuals and the progress we have made in serving older adults and people with disabilities in their communities is in jeopardy. Many more older adults and people with disabilities still need MFP to help make this difficult transition back to their communities.

We greatly appreciate your leadership in bringing this legislation to the forefront, and urge Congress to reauthorize this vital program before the end of the year.

Sincerely,

American Dental Education Association  
America’s Essential Hospitals  
Association of Clinicians for the Underserved  
Catholic Health Association of the United States  
Children’s Hospital Association  
Easterseals  
National Association of Community Health Centers  
National Association of Counties  
National Association of Rural Health Clinics  
National Council for Behavioral Health  
National Health Care for the Homeless Council  
National Hispanic Medical Association  
The Jewish Federations of North America