

# PUERTO RICO'S FEDERAL HEALTHCARE AGENDA



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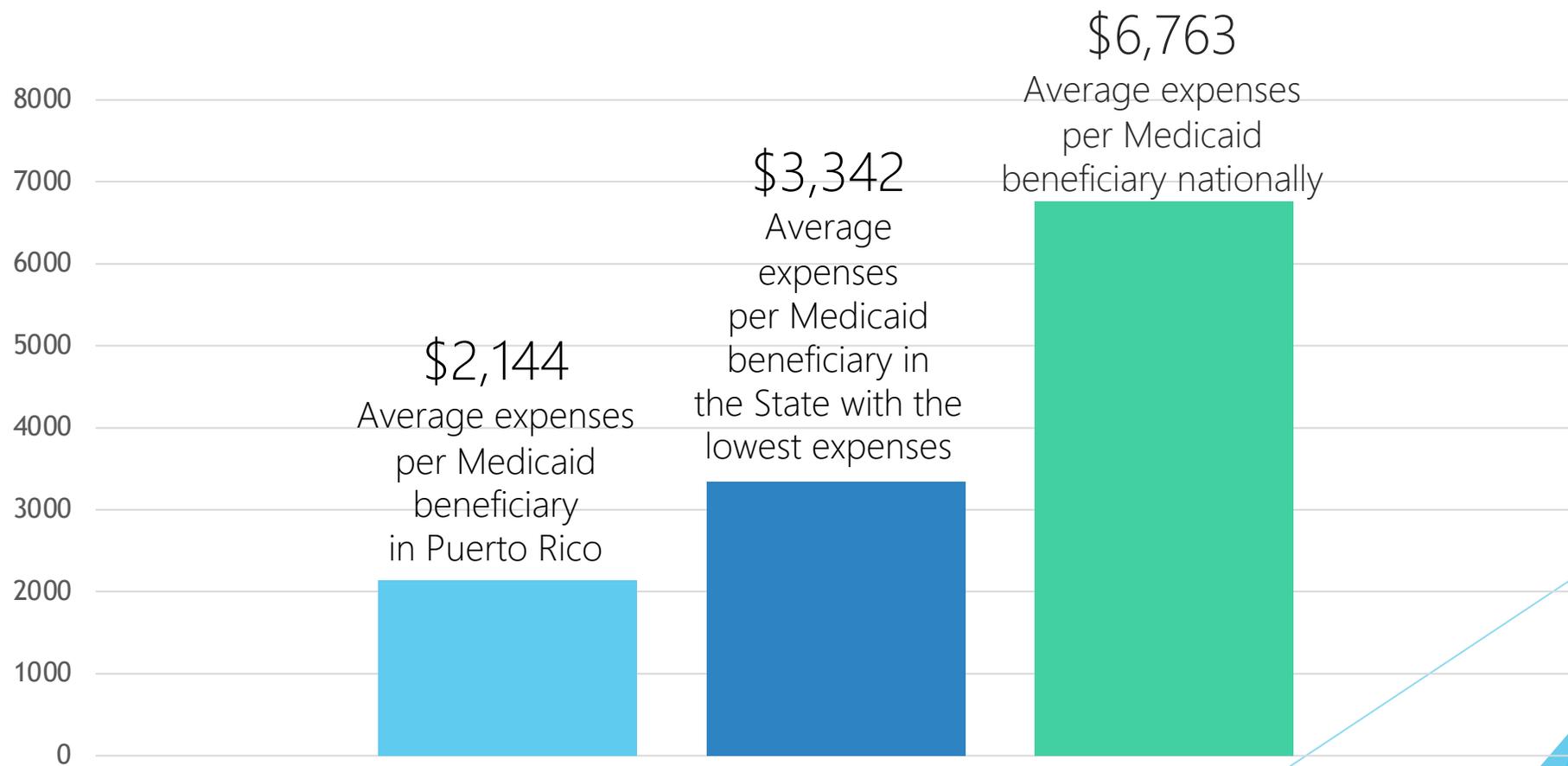
# Disparities in Medicaid Financing

	Puerto Rico (2022)	Mississippi (2019)	50 States and DC
Enrollees	1.5 million = 50% of the population	2.9 million = 24% of the population	317 million = 21% of the population
Federal Medical Assistance Percentage (FMAP)	55%	76.21%	Between 50% - 83% based on the State's <i>per capita</i> income
Federal Funding	\$ 392.5 million (statutory maximum)	\$4.5 billion (unlimited)	\$592.7 billion (unlimited)
Eligibility (Federal Poverty Level)	43% FPL = \$11,316 annual gross income	194% FPL = \$41,380 annual gross income	138% FPL = 29,435 annual gross income



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The **discriminatory treatment** in Medicaid federal financing **limits** the benefits that can be offered through the program, to the detriment of the residents of Puerto Rico.



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**HR 265: INSULAR AREA MEDICAID PARITY ACT** | Eliminates Medicaid funding limitations. For Puerto Rico, this would mean an approximate **federal investment of \$6 billion a year** for our Medicaid program.



**HR** (filed but not yet numbered) : **TERRITORY FEDERAL MATCHING REQUIREMENT EQUITY ACT** (filed but not yet numbered) | Eliminates statutory FMAP for territories. For Puerto Rico, this means an FMAP of 83%, which would **double the level of federal investment** in our Medicaid program provided under current law.



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# Disparities in Medicare Financing

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**HR 1825: TERRITORIES MEDICARE PRESCRIPTION DRUG ASSISTANCE EQUALITY ACT** | Makes premium and cost-sharing subsidies available to low-income Medicare Part D beneficiaries who reside in the territories. In Puerto Rico, over **500,000 Medicare beneficiaries** with incomes less than 150% FPL could benefit from LIS, which would mean about **\$2.5 billion in additional benefits**.



**HR 1826: FAIRNESS IN MEDICARE PART B ENROLLMENT ACT** | Eliminates late enrollment penalties for Medicare Part B for individuals residing in Puerto Rico by extending the initial enrollment period from 7 months to 5 years. Currently, 9% of Part B enrollees in Puerto Rico ( $\pm 39,000$  beneficiaries) pay lifetime penalties in excess of \$20.3 million a year due to late enrollment.



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**HR 1969: MEDICARE ADVANTAGE INTEGRITY ACT** | Establishes a nationwide minimum MA geographic adjustment rate of 0.70 and requires that at least 50% of the corresponding payment increase be passed on to providers.



**HR 1823: A BILL TO REMOVE THE MATCHING REQUIREMENT FOR A TERRITORY TO USE SPECIALLY ALLOCATED FEDERAL FUNDS FOR MEDICARE COVERED PART D DRUGS FOR LOW-INCOME INDIVIDUALS** | Establishes an FMAP of 100% with respect to a territory's use of federal funds to provide covered drugs to dually-eligible Medicaid beneficiaries. These funds are provided to the territories *in lieu* of LIS.



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# AMERICAN RESCUE PLAN ACT

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Provides funding and resources to increase COVID-19 vaccinations across the country and to test, treat and protect Americans.



**VACCINES:** \$20 billion for improving COVID-19 vaccine administration and distribution, including vaccination clinics and mobile vaccination units, a vaccine awareness campaign, and increasing the Federal Medical Assistance Percentage (FMAP) to Medicaid-covered recipients of a vaccine. It also requests over \$5 billion for research, development, and manufacturing of vaccines, therapeutics, and ancillary supplies.



**TESTING:** \$46 billion for implementing a national strategy for testing, contact tracing, surveillance, and mitigation; providing support and grants to States and local governments to expand testing and contact tracing capabilities, including investments in laboratory capacity, community-based testing sites, and mobile testing units.



**MENTAL HEALTH:** Provides \$4 billion in funding to scale up mental health services through grants to states and territories, including to expand access to behavioral and mental health prevention and treatment.



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**HEALTH DISPARITIES:** Provide funding for health services to the underserved and to address ongoing health disparities, including ★ **\$250 million** for nursing home strike teams to help facilities manage COVID-19 outbreaks when they occur; ★ **\$7.6 billion** in funding to support COVID-19 response at Community Health Centers; ★ **\$1.8 billion** to support states, localities, territories in the purchase and distribution of COVID-19 test and vaccines for staff and individuals in congregate settings, such as prisons, jails, detention centers, long-term care facilities, psychiatric hospitals and residential treatment facilities, intermediate care facilities, and other settings providing care for individuals with disabilities.



**PUBLIC HEALTH WORKFORCE:** **\$7.6 billion** for public health departments to hire 100,000 full time employees into the public health workforce, including: contact tracers, social support specialists, community health workers, public health nurses, epidemiologists, lab personnel, and communications.



**HEALTH COVERAGE:** Provides partial COBRA subsidies in order to ensure that displaced workers can continue to afford their employer health care.



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Provides funding to help communities battle the coronavirus, restore critical services to struggling families, and save jobs of health care workers, first responders, sanitation and transportation workers, and teachers.



**STATE AND LOCAL CORONAVIRUS RELIEF FUND:** estimated \$2.4 billion for the Government of Puerto Rico and up to \$1.9 billion for municipalities to keep first responders, frontline health workers, and other providers of vital services safely on the job.



**DEFENSE PRODUCTION ACT:** \$10 billion for the purchase, production and distribution of medical supplies and equipment related to combating the pandemic including tests, personal protective equipment, and vaccines,



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Provides funding to help VA meet its health and economic needs of our nation's veterans, including funds to waive copays for treatment and help appeal backlogs caused by COVID.



**\$13.5 billion** to support health care services and related support to eligible veterans, including VA staffing and service level expansion to cover expenses for veterans that are relying more on VA due to hardships



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