



May 17, 2022

Jessica Rosenworcel
Chairwoman
Federal Communications Commission
45 L Street NE
Washington, DC 20554

Submitted via the Electronic Comment Filing System (ECFS) <https://www.fcc.gov/ecfs/filings>

RE: CG Docket No. 02-278 Comment on Request Relating to Enrollment in Medicaid and Other Governmental Health Coverage Programs

Dear Chairwoman Rosenworcel:

United States of Care is pleased to submit the following response to the request for comment regarding the U.S. Department of Health and Human Services (HHS) and the Centers for Medicare and Medicaid Services (CMS) seeking clarification on the use of text messaging by Medicaid and health coverage programs under the Telephone Consumer Protection Act (TCPA) to support continuity of coverage for Medicaid enrollees beyond the end of the COVID-19 Public Health Emergency (PHE).

[United States of Care](#) is a non-partisan non-profit with a mission to ensure everyone has access to quality, affordable health care regardless of health status, social need, or income. We know that people want a system in which their care is **affordable**, their **coverage is dependable**, their care is **personalized**, and the system is **understandable**. Yet when we talk to people, we learn that they have trouble [understanding their care and navigating the health care system](#).

As an organization committed to ensuring that health care is accessible for everyone, we work to remove policy roadblocks that prevent people from getting the care and coverage that they need. We are pleased to see the FCC engaging in this process to address a barrier that is limiting important communications to beneficiaries. There are currently barriers that prevent state Medicaid and CHIP agencies from leveraging key partnerships with local government entities, Medicaid Managed Care Organizations (MCOs), and other third-party contractors to communicate effectively with Medicaid enrollees about enrollment requirements and care needs. The inability of MCOs to communicate with beneficiaries via text message-- their most commonly used form of communication--creates an unnecessary barrier to care and health insurance coverage. There is a need to ensure that health plans can text beneficiaries to engage them in their care and promote continuity of coverage.

Creating a More Equitable System of Care

Text messaging is fastly becoming the prominent form of communication for a majority of the population. To keep up, the health care industry must be able to communicate with their patients and beneficiaries on terms that are comfortable to them. According to the Pew Research Center in 2021, [76% of low-income American adults, with household income below \\$30,000 a year have a smartphone](#) on which they can receive texts. Furthermore, the ability to text patients would be especially helpful for safety-net health care providers whose patient population increasingly relies on [texting as their primary mode of communication](#).

A majority of low-income families in America receive their health care coverage through Medicaid, with the number of people enrolling in Medicaid [increasing since the start of the pandemic](#). When the PHE ends, the [continuous coverage requirement in the Families First Coronavirus Response Act \(FFCRA\) will end](#), leaving states grappling with the redetermination of all beneficiaries. This process will be burdensome for state agencies and covered people to navigate when redetermination begins. The increased burden of navigating the redetermination process will impact many low-income adults and children who, although eligible, are at risk of losing their coverage if they are unaware of the necessary documents needed or steps to take that are required to confirm eligibility and stay covered. These gaps in coverage can lead to missed doctor's appointments, higher out-of-pocket costs for those who will need to seek care in the interim period of coverage, and thus can lead to poorer health outcomes when preventative and chronic care management is delayed or neglected.

Through text messaging, there is potential to address inequities in access to care for certain vulnerable populations, while helping providers to continue seeing patients regularly, providing the preventative and chronic care management they need. For patients, such as [older adults or low-income families](#), that have difficulty with health care communication or may experience challenges with in-person visit logistics, increased communication with providers and health plans via texting can create a more equitable health care experience.

The Burden of Redeterminations at the End of the Public Health Emergency

At the end of the COVID-19 Public Health Emergency (PHE), a significant number of people who gained and retained Medicaid coverage over the past several years are at risk of losing that coverage. A recent analysis estimates that Medicaid enrollment will [increase by 18.7 million enrollees](#) from 2019 to the end of Fiscal Year 2022 as a result of the Medicaid continuous coverage requirement in the FFCRA. Coverage losses are predicted to occur for a number of reasons, with a number of enrollees anticipated to lose coverage due to an eligibility change. However, a number of people who will continue to be eligible for Medicaid coverage may find their coverage is terminated as a result of barriers and confusion in navigating the [redetermination process](#) that will resume at the end of the PHE.

During the COVID-19 pandemic, people have faced economic challenges, including [housing instability](#), and many individuals have moved. As a result, Medicaid and CHIP agencies do not have updated mailing address information to contact enrollees about the resumption of the

redetermination process. State agencies must be able to leverage every available resource and communication method to remind enrollees to reply to renewal requests in a timely manner. Currently, states must give Medicaid beneficiaries a choice to receive notices about their coverage in electronic formats, such as email or text message, or by mail. In [33 states beneficiaries can choose](#) to receive notices electronically. Some states are starting to use other forms of communication, like sending renewal reminders through text messaging, which can be an effective way to reach beneficiaries who have changed their mailing address. For example, in December 2020, Montana began sending one-way text and email messages to beneficiaries when it received returned mail asking enrollees to update their mailing addresses. [About 25%](#) of individuals who received a text message responded to update their address, demonstrating the effectiveness of text messaging in communicating with beneficiaries.

State Medicaid and CHIP agencies currently have explicit authority to communicate via text messaging under FCC regulations and are not subject to text messaging restrictions under the TCPA that require enrollee consent to contact via text. However, many states rely on third-party contractors, including Medicaid MCOs, to communicate with beneficiaries. Under current FCC regulations, third-party contractors and MCOs are not permitted to contact enrollees without prior consent. This leaves a communication gap that can impact someone's health insurance status and the care they're able to receive. As mentioned above, when the continuous coverage requirement ends, states will be burdened with the redetermination of all beneficiaries, and without guidance from CMS and the FCC on the appropriate uses of text messaging, will not be able to leverage MCOs or third-party contractors and their workforces to assist in the process of communicating with beneficiaries via text messaging.

We strongly support HHS' request for the FCC to issue a clarification on the ability of state Medicaid and CHIP agencies to partner with local government entities, MCOs, and other third-party contractors to contact Medicaid enrollees via text messaging or automated, pre-recorded phone calls. We also applaud HHS for highlighting that a set number of messages will be sent to beneficiaries and that there will be an option to opt-out of communications, so as not to over-burden individuals with communications. The importance of supporting continuity of coverage at the end of the PHE cannot be understated, and leveraging every available resource and state partnership will support that goal.

A Long-Term Solution for Continuous Coverage

Even after the PHE ends and redeterminations resume and are conducted on a regular basis, Medicaid beneficiaries will continue to face barriers to navigating burdensome redetermination processes as life changes. We encourage FCC to explore a permanent update to regulations under the TCPA to allow for state agencies to leverage partnerships with MCOs and other third-party contractors to support Medicaid beneficiaries through the redetermination process, long-term continuity of coverage, and increased access to care. Continuity of coverage supported by seamless redetermination processes that encourage continuous coverage from year to year [support better health outcomes](#) and curb health care spending.

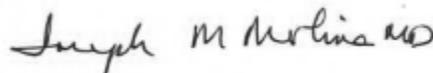
In addition to supporting individuals through complicated enrollment and redetermination processes, allowing MCOs to communicate with the individuals they serve can improve care coordination and system navigation. People often face [challenges understanding the health care system](#) and their care needs. Navigating the healthcare system is complicated and burdensome and can be daunting to understand, with many people juggling family needs and jobs while keeping track of health care appointments. In these instances, text messaging can support people in navigating their care needs. For example, MCOs can communicate with enrollees via text messaging with reminders about upcoming appointments or reminders to schedule follow-up appointments. We encourage the FCC to consider updating regulations to support communication with Medicaid enrollees that meet people where they are, including through expanding allowable text messaging functions.

Conclusion

Thank you for the opportunity to respond to this request for comment. We appreciate the insights shared by HHS and CMS, and the FCC's consideration on this important issue which has the opportunity to make health insurance coverage easier to access and to keep active for some of our more vulnerable populations in the Medicaid and CHIP programs throughout the country. We strongly believe that by allowing MCOs and third-party contractors that partner with state Medicaid agencies to communicate with beneficiaries, eligibility determinations will become more seamless, coverage gaps will happen less, and regular access to health care will lead to better health outcomes. Please consider our team at United States of Care a resource and please do not hesitate to reach out to Rachel Bonesteel, Policy Manager, at rbonesteel@usofcare.org or Allyson Horstman, Policy and External Affairs Coordinator, at ahorstman@usofcare.org with questions regarding these comments.



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