

January 24, 2022

Xavier Becerra, Secretary  
U.S. Department of Health and Human Services  
200 Independence Avenue SW  
Washington, DC 20201

Chiquita Brooks-LaSure, Administrator  
Centers for Medicare and Medicaid Services  
U.S. Department of Health & Human Services  
200 Independence Avenue, SW  
Washington, DC 20201

Dear Secretary Becerra and Administrator Brooks-LaSure:

The undersigned aging, disability, health, and allied advocacy organizations write to urge the Administration to do more to expand access to COVID-19 tests and vaccines to people with Medicare. Today and throughout the pandemic, communities of color, older adults, people with disabilities, and LGBTQIA+ people face the highest risk of severe illness, hospitalization, and death from COVID-19. We appreciate the challenges of responding to this pandemic, especially the highly transmissible Omicron variant. The Administration's efforts to increase outreach and education about vaccines, boosters, testing, and masks are important. However, we are urging HHS to do more to truly center its response on protecting the lives of older adults and people with disabilities in communities most at risk.<sup>1</sup> Specifically, we are urging the Administration to:

- Extend coverage of at-home over-the-counter (OTC) COVID-19 testing with no cost-sharing to all people with Medicare.
- Provide additional guidance to ensure people with Medicaid can access OTC COVID-19 tests without up-front cost-sharing.
- Ensure accessibility of at-home tests (including the program to deliver tests to people's homes) for people with limited English proficiency and people with disabilities.
- Implement strategies to prioritize COVID-19 vaccine boosters and additional doses for older adults, people of color, and people with disabilities and chronic health conditions.

### **Access to At-Home Testing for Medicare and Medicaid Enrollees**

HHS recently announced requirements for insurance companies to cover eight OTC at-home COVID-19 tests per person per month without any cost-sharing<sup>2</sup>, but this policy does not extend to people with Medicare. Instead, Medicare beneficiaries are limited to only laboratory testing.<sup>3</sup> This is an obstacle, especially for those who lack reliable transportation.<sup>4</sup> Because many people with Medicare are at

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<sup>1</sup> [https://www.aapd.com/wp-content/uploads/2022/01/CDC-Letter\\_FINAL.pdf](https://www.aapd.com/wp-content/uploads/2022/01/CDC-Letter_FINAL.pdf).

<sup>2</sup> <https://www.hhs.gov/about/news/2022/01/10/biden-harris-administration-requires-insurance-companies-group-health-plans-to-cover-cost-at-home-covid-19-tests-increasing-access-free-tests.html>

<sup>3</sup> <https://www.cms.gov/how-to-get-your-at-home-OTC-COVID-19-test-for-free>

<sup>4</sup> <https://www.aarp.org/content/dam/aarp/livable-communities/old-learn/transportation/aging-in-place-stuck-with-out-options-transportation-for-america-report-2011.pdf>

increased risk of serious illness and death from COVID-19, we must do more to reduce barriers to access to advance both their individual well-being and public health. We urge CMS to extend Medicare coverage of OTC COVID-19 tests as soon as possible.

While federal policy provides that states must cover at-home tests for Medicaid enrollees without cost-sharing,<sup>5</sup> this policy is currently insufficient—leaving out some dually eligible individuals while potentially confusing others. Though OTC at-home tests for individuals dually-eligible for full Medicaid benefits may be covered by Medicaid, the more than 3.5 million low-income individuals who are only eligible for Medicare Savings Programs<sup>6</sup> are, like Medicare-only enrollees, unable to access coverage for these essential services. This is particularly concerning given that dually eligible individuals are hospitalized from COVID-19 at 2.5 times the rate of individuals with Medicare only.<sup>7</sup>

Even for fully Medicaid-eligible individuals, logistical issues are likely to create significant challenges. It is unclear whether Medicaid allows for at-home tests from retail pharmacies or online without cost sharing. And if they are eligible for such tests, individuals enrolled in both Medicare and Medicaid may be unaccustomed to using their Medicaid card at retail pharmacies—especially because their pharmacy benefits are covered by Medicare. Further, retail pharmacies may not know how to accept payments through Medicaid for OTC tests, resulting in individuals having to submit receipts to Medicaid for reimbursement, a process which can take several weeks and is ultimately an unfeasible option for low-income individuals. States and pharmacies need additional immediate guidance on how Medicaid beneficiaries can have their tests compensated without need for reimbursement.

Finally, Medicare coverage of laboratory tests should be expanded to provide for more than one self-ordered test per year. Individuals who have trouble using or accessing home testing should not be subject to unnecessary obstacles to covered testing. Requiring provider orders creates delay, risks the public health, and stands in the way of the type of asymptomatic testing that all community members are encouraged to undertake to participate in community life. Restricting tests for older and disabled individuals perpetuates outdated assumptions about the needs and lives of people with Medicare.

### **Availability and Accessibility of At-Home Tests and Masks**

We agree with the Administration's additional approach of mailing at-home testing kits free-of-charge to people who request them. Over 40% of seniors and 40% of people with disabilities do not have internet access at home,<sup>8</sup> so many of those who would benefit the most from access to free at-home testing will be using the hotline. We therefore urge HHS to ensure that it has robust language access services on the new hotline so that hold times are not a barrier for people with limited English proficiency; to ensure the website follows the Department of Justice's Language Access Guidance;<sup>9</sup> and to continue to partner with community-based organizations and local governments to identify distribution methods to reach older adults and people with disabilities in ways that make sense for each area.

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<sup>5</sup> <https://www.medicaid.gov/federal-policy-guidance/downloads/sho-21-003.pdf>

<sup>6</sup> <https://www.cms.gov/files/document/reporttocongressmmco.pdf>

<sup>7</sup> <https://www.cms.gov/files/document/medicare-covid-19-data-snapshot-fact-sheet.pdf>

<sup>8</sup> [https://agingconnected.org/report/;](https://agingconnected.org/report/)

<https://www.ntia.doc.gov/data/digital-nation-data-explorer#sel=homeInternetUser&demo=disability&pc=prop&di sp=chart>

<sup>9</sup> [https://www.lep.gov/sites/lep/files/media/document/2021-12/2021\\_12\\_07\\_Website\\_Language\\_Access\\_Guide\\_508.pdf](https://www.lep.gov/sites/lep/files/media/document/2021-12/2021_12_07_Website_Language_Access_Guide_508.pdf)

We remain concerned that many at-home tests are not accessible for individuals with visual impairments and individuals with limited English proficiency (LEP). This exacerbates existing disparities for people with disabilities and immigrant communities. We ask that the administration take immediate steps to increase availability and accessibility of testing for all disability and aging populations, including working with accessibility experts and testing companies to make at-home testing instructions available in large print, audio, braille, and other alternate formats and translating instructions into at least the top 15 languages spoken in the U.S.

In addition, we welcome the Administration's efforts to distribute N95 masks through pharmacies and health centers. Similarly, we ask that such efforts are accessible to older adults and people with disabilities and include appropriate language access measures. For example, distribution could occur through independent living centers and the aging network via local senior centers, congregate meal sites, and other locations where older adults gather.

### **Access to COVID-19 Vaccines**

Lastly, we recognize that vaccines provide the greatest protection against COVID-19. Now that booster shots have been expanded to everyone age 12 and older, we are concerned that people most at risk of COVID-19 are being neglected—particularly individuals who are homebound and those in congregate settings. In addition, lack of clear guidance remains a barrier for many people who are high risk or immunocompromised as to whether and when they should be getting additional doses, especially for those who received the Johnson & Johnson vaccine. The Administration needs to prioritize boosters and additional doses for older adults, people of color, LGBTQIA+ people, and people with disabilities and chronic health conditions by increasing coordination efforts with congregate living facilities, targeted messaging to communities about boosters, and improving data collection with a focus on measuring equity and intersectional identities.<sup>10</sup>

### **Conclusion**

The lack of coverage for and access to home test kits is reflective of a pandemic response that has too often neglected the needs of older adults and people with disabilities. We urge HHS and CMS leadership to meet with aging and disability advocates as soon as possible and on an ongoing basis to ensure that its COVID-19 policies center those most at-risk.

Thank you for your time and consideration as we continue battling the pandemic. Please reach out to Natalie Kean at Justice in Aging ([nkean@justiceinaging.org](mailto:nkean@justiceinaging.org)) and Julie Carter at Medicare Rights Center ([jcarter@medicarerights.org](mailto:jcarter@medicarerights.org)) with any questions.

Respectfully,

ACA Consumer Advocacy  
AIDS Foundation Chicago (Illinois)  
Allergy & Asthma Network  
American Academy of Family Physicians  
American Association of People with Disabilities  
American Association on Health and Disability  
American Kidney Fund

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<sup>10</sup> <https://justiceinaging.org/we-need-a-national-booster-campaign-aimed-at-older-adults-and-centered-in-equity/>

American Muslim Health Professionals  
Asian & Pacific Islander American Health Forum (APIAHF)  
Autistic Self Advocacy Network  
Be a Hero  
Brain Injury Association of America  
Cancer Support Community  
Center for Medicare Advocacy  
CenterLink: The Community of LGBT Centers  
COLAGE  
Colorado Consumer Health Initiative  
CommunicationFIRST  
Community Catalyst  
Delaware Developmental Disabilities Council  
Disability Rights Education and Defense Fund (DREDF)  
Diverse Elders Coalition  
Epilepsy Foundation  
Erie Family Health Center  
Families USA  
FORGE, Inc.  
Garrett County Community Action Committee Inc. Area Agency on Aging  
Georgians for a Healthy Future  
Hawai'i Public Health Institute  
Health Care Voices  
Hudson Valley Elder Care  
Human Rights Campaign  
IMAN Health Center, Chicago IL  
Islamic Medical Association of North America  
Islamic Relief USA  
Justice in Aging  
Lakeshore Foundation  
Little Lobbyists  
Meals on Wheels America  
Medicare Rights Center  
Metro New York Health Care for All (NY)  
Movement Advancement Project  
National Action Network  
National Alliance on Mental Illness  
National Association of Nutrition and Aging Services Programs  
National Association of Social Workers (NASW)  
National Birth Equity Collaborative  
National Caucus and Center on Black Aging  
National Committee to Preserve Social Security and Medicare  
National Council on Aging  
National Council on Independent Living  
National Down Syndrome Society

National Multiple Sclerosis Society  
National Partnership For Women & Families  
Northwest Harvest  
Public Citizen  
R2H Action [Right to Health]  
RESULTS  
SAGE  
Service Employees International Union  
The AIDS Institute  
The Arc of the United States  
The Gerontological Society of America  
The Jewish Federations of North America  
the National Center for Transgender Equality  
Trust for America's Health  
Union for Reform Judaism  
United Spinal Association  
Universal Health Care Foundation of Connecticut  
USAging  
Virginia Organizing

Cc: Meena Seshamani, Deputy Administrator and Director, Center for Medicare  
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Tim Engelhardt, Director, Medicare-Medicaid Coordination Office  
Alison Barkoff, Acting Administrator & Assistant Secretary for Aging, Administration for Community  
Living