

November 14, 2011

The Honorable Patty Murray  
Co-chair  
Joint Select Committee on Deficit Reduction  
United States Senate  
Washington, DC 20510

The Honorable Jeb Hensarling  
Co-chair  
Joint Select Committee on Deficit Reduction  
United States House of Representatives  
Washington, DC 20515

Dear Senator Murray, Congressman Hensarling, and Members of the Committee:

The undersigned organizations urge that, as you develop policies to reduce the federal deficit, you make sure that dual eligibles are not adversely affected. Dual eligibles, who qualify for Medicare because of age or disability, and for Medicaid because of low incomes or high costs of care that impoverish them, are the most vulnerable individuals served by our nation's health care system. They typically have more significant health and long-term services and supports needs and are on average poorer than other people with Medicare. Most have multiple chronic conditions and/or cognitive impairments.

We believe there are many opportunities under existing law to improve care for dual eligibles through better care coordination and integration of payment models. Initiatives are underway in over three-fifths of the states. Over time, these improvements to care should produce better health outcomes and reduce spending on health care for this population. These are goals on which we can all agree.

There is no one-size-fits-all model of care for dual eligibles. They are a diverse population with substantially varied needs, and a universal compulsory model, such as mandatory enrollment in private managed care plans, is a bad idea. For example, what works well for an older person with cognitive impairments may not help a younger person with physical disabilities, and vice versa. Moreover, health care systems are different in every state. Many states are exploring models other than commercial managed care for their dual eligibles, and this experimentation should be allowed to continue.

Finally, we note that because it is difficult to quantify savings from better health outcomes in the near-term, any savings generated from improvements to care for dual eligibles is likely to be given a modest score by the Congressional Budget Office. We are concerned that as a result, Congress might impose some form of cap or limit on Medicare or Medicaid expenditures for dual eligibles that would be triggered if costs do not meet a target. We strongly oppose imposing any Medicare and Medicaid spending caps on any subpopulation, especially dual eligibles. Such a step would be a fundamental abandonment of Medicare's and Medicaid's promise to ensure access to health care for the most vulnerable Americans.

We would welcome the opportunity to further discuss how to improve care and reduce costs for dual eligibles.

Sincerely,

AARP  
AFL-CIO  
American Federation of State, County and Municipal Employees  
Alliance for a Just Society  
Alliance for Retired Americans

Alzheimer's Foundation of America  
American Association for Geriatric Psychiatry  
American Association on Health and Disability  
American Network of Community Options and Resources  
American Nurses Association  
American Occupational Therapy Association  
American Occupational Therapy Association  
American Psychiatric Association  
Association for Gerontology and Human Development in Historically Black Colleges and Universities  
Bazelon Center for Mental Health Law  
Catholic Health Association of the US  
Center for Medicare Advocacy, Inc.  
Community Catalyst  
Dialysis Patient Citizens  
Disability Rights Education & Defense Fund  
Easter Seals  
Families USA  
Health & Disability Advocates  
Health Care For America Now  
HIV Medicine Association  
The Jewish Federations of North America  
LeadingAge  
Medicare Rights Center  
National Academy of Elder Law Attorneys  
National Alliance on Mental Illness  
National Asian Pacific Center on Aging  
National Association for Home Care & Hospice  
National Association for the Support of Long Term Care  
National Association of Area Agencies on Aging (n4a)  
National Association of Councils on Developmental Disabilities  
National Association of County Behavioral Health & Developmental Disability Directors  
National Association of Social Workers  
National Association of State Head Injury Administrators  
National Committee to Preserve Social Security and Medicare  
National Council for Community Behavioral Healthcare  
National Council of Jewish Women  
National Council of Women's Organizations  
National Council on Aging  
National Disability Rights Network  
National Down Syndrome Congress  
National Hispanic Council on Aging  
National Multiple Sclerosis Society  
National Partnership for Women & Families  
National Physicians Alliance  
National Respite Coalition  
National Senior Citizens Law Center  
OWL-The Voice of Midlife and Older Women  
PHI – Quality Care through Quality Jobs  
RESULTS  
Sargent Shriver National Center on Poverty Law

The American Geriatrics Society  
The Arc  
The National Association of People with AIDS  
The National Consumer Voice for Quality Long-Term Care  
Visiting Nurse Associations of America  
Volunteers of America  
Wider Opportunities for Women  
YWCA USA

CC:

The Honorable Harry Reid, Senate Majority Leader  
The Honorable John Boehner, Speaker of the House  
The Honorable Mitch McConnell, Senate Minority Leader  
The Honorable Nancy Pelosi, House Minority Leader