



June 25, 2019

The Honorable Richard Neal  
Chairman  
U.S. House of Representatives  
Committee on Ways and Means  
1102 Longworth House Office Building  
Washington, DC 20515

The Honorable Kevin Brady  
Ranking Member  
U.S. House of Representatives  
Committee on Ways and Means  
1139 Longworth House Office Building  
Washington, DC 20515

Dear Chairman Neal and Ranking Member Brady:

The Medicare Rights Center is pleased to endorse the bipartisan Beneficiary Education Tools Telehealth & Extenders (BETTER) Act of 2019 (H.R. 3417). This bill would extend critical Medicare-related initiatives and make other necessary improvements to better support the health and well-being of people with Medicare.

We greatly appreciate that this legislation addresses several of our key priorities, including modernizing and simplifying the Medicare Part B enrollment process, increasing funding for outreach and enrollment assistance to low-income Medicare beneficiaries, and making the Part D Limited Income Newly Eligible Transition (LI NET) Program permanent. Together, these and other changes in the bill would significantly improve the health and economic security of current and future Medicare beneficiaries. We urge you favorably report this legislation without delay.

The Medicare Rights Center is a national, nonprofit organization that works to ensure access to affordable health care for older adults and people with disabilities through counseling and advocacy, educational programs, and public policy initiatives. Our organization provides services and resources to nearly three million people with Medicare, family caregivers, and health care professionals each year.

Based on our experience assisting people with Medicare and their families, we know that health care and prescription drug access and affordability are ongoing challenges. Every day on our National Consumer Helpline, we hear from older adults and people with disabilities who are struggling to cover these costs and access needed care. The BETTER Act would help alleviate these challenges, in part through the following provisions:

**Section 101: Beneficiary enrollment notification and eligibility simplification.** We strongly support the inclusion of the Beneficiary Enrollment Notification and Eligibility Simplification (BENES) Act (S. 1280/H.R. 2477) in H.R. 3417.

The BENES Act's reforms are long overdue. Currently, far too many people make honest mistakes when trying to understand and navigate the complex Medicare Part B enrollment process. The consequences of these missteps can be significant—often leading to a lifetime of higher premiums, substantial out-of-pocket health care costs, gaps in coverage, and barriers to accessing needed services. These lapses in health care coverage and unanticipated financial burdens can swiftly erode a beneficiary's health and economic security, leading to poorer outcomes and increased costs—for people with Medicare and the program.

The BENES Act would help prevent these costly errors. As recommended by MedPAC in its June 2019 report to Congress, the bill would fill long-standing gaps in outreach and education by directing the federal government to notify individuals approaching Medicare eligibility about basic enrollment rules.<sup>1</sup> It would also update enrollment timelines to eliminate needless breaks in coverage and inform future policymaking on enrollment period alignment. Together, these changes would help strengthen the Medicare program and the well-being of those who rely on its coverage.

With 10,000 people reaching Medicare eligibility age each day, the BENES Act's commonsense solutions are needed now more than ever.<sup>2</sup> We urge you to prioritize this provision for immediate passage.

**Section 102: Extension of funding outreach and assistance for low-income programs.** We also strongly support extending funding for Medicare outreach and enrollment efforts to low-income beneficiaries through 2022 at \$50 million annually. Through this targeted funding, community-based organizations—including State Health Insurance Assistance Programs (SHIPs), Area Agencies on Aging (AAAs), Aging and Disability Resource Centers (ADRCs), and the Benefits Enrollment Centers (BECs) supported by the National Council on Aging's (NCOA) National Center for Benefits Outreach and Enrollment—are able to connect low-income Medicare beneficiaries with programs that make their health care and prescriptions more affordable.

Currently, grantees in 50 states and the District of Columbia are carrying out these activities, with evidenced success.<sup>3</sup> Since 2009, this program has helped nearly three million Medicare beneficiaries with limited incomes better afford needed care.<sup>4</sup>

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<sup>1</sup> Medicare Payment Advisory Commission, "Report to the Congress: Medicare and the Health Care Delivery System" (June 2019) available at: [http://www.medpac.gov/docs/default-source/reports/jun19\\_medpac\\_reporttocongress\\_sec.pdf?sfvrsn=0](http://www.medpac.gov/docs/default-source/reports/jun19_medpac_reporttocongress_sec.pdf?sfvrsn=0).

<sup>2</sup> Glenn Kessler, Washington Post. "Do 10,000 baby boomers retire every day?" (July 24, 2014) available at: [https://www.washingtonpost.com/news/fact-checker/wp/2014/07/24/do-10000-baby-boomers-retire-every-day/?utm\\_term=.342861b35a79](https://www.washingtonpost.com/news/fact-checker/wp/2014/07/24/do-10000-baby-boomers-retire-every-day/?utm_term=.342861b35a79).

<sup>3</sup> National Council on Aging. "MIPPA at a Glance," available at: <https://www.ncoa.org/wp-content/uploads/MIPPA-at-a-glance-2018.pdf>.

<sup>4</sup> Based on 2019 grantee reports submitted to the Administration for Community Living and Centers for Medicare & Medicaid Services; obtained by the National Council on Aging.

We commend your recognition of the need for additional program funding and urge you to pursue a more permanent authorization in the future. Doing so would help ensure the continued availability of critical supports that allow Medicare beneficiaries with the greatest needs to maintain and improve their health and financial security.

**Section 103: Medicare coverage of certain mental health telehealth services.** We support this provision’s expansion of access to mental health services through telemedicine for people with Medicare. Currently, an estimated 20% of older adults experience some type of mental health concern.<sup>5</sup> These individuals are already inadequately served<sup>6</sup> by our health care system—a gap that is likely only to widen as the aging population grows and needs increase.<sup>7</sup> Allowing Medicare beneficiaries to access much-needed mental health services through telehealth regardless of where they live—as opposed to only geographic regions with provider shortages—and in their own home would help address the unmet mental and behavioral health needs of current and future beneficiaries.

**Section 104: Requiring prescription drug plan sponsors to include real-time benefit information as part of such sponsor’s electronic prescription program under the Medicare program.** Medicare Rights supports increasing provider utilization of electronic real-time benefit tools that reveal beneficiary-specific coverage and cost information. Improved access to and an understanding of how to operationalize this tailored data would allow providers to make more holistic prescribing choices, taking into consideration not only a beneficiary’s unique health care needs but also their unique coverage situation. Accounting for these additional factors should help improve prescription drug affordability and treatment adherence, leading to better health outcomes and lower out-of-pocket and program costs.

**Section 105: Transitional coverage and retroactive Medicare part D coverage for certain low-income beneficiaries.** The Medicare Rights Center strongly supports permanently authorizing the Limited Income Newly Eligible Transition (LI NET) Program. LI NET helps low-income people with Medicare access the care they need by providing them with temporary prescription drug coverage while they apply for Medicare Part D.<sup>8</sup> It also offers retroactive prescription drug coverage for new “dual eligibles”—those individuals who are newly eligible for both Medicare and Medicaid, or Medicare and Supplemental Security Income (SSI). In 2018 alone, LI NET helped almost 800,000 low-income beneficiaries avoid gaps in coverage.<sup>9</sup> This provision would provide much-needed certainty and assistance to those who need it.

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<sup>5</sup> Centers for Disease Control and Prevention, The State of Mental Health and Aging in America: [https://www.cdc.gov/aging/pdf/mental\\_health.pdf](https://www.cdc.gov/aging/pdf/mental_health.pdf)

<sup>6</sup> Health Resources & Services Administration, Shortage Areas: <https://data.hrsa.gov/topics/health-workforce/shortage-areas>

<sup>7</sup> Administration for Community Living, 2017 Profile of Older Americans: <https://acl.gov/sites/default/files/Aging%20and%20Disability%20in%20America/2017OlderAmericansProfile.pdf>

<sup>8</sup> Centers for Medicare & Medicaid Services. “Medicare Limited Income NET Program,” available at: <https://www.cms.gov/Medicare/Eligibility-and-Enrollment/LowIncSubMedicarePresCov/MedicareLimitedIncomeNET.html>.

<sup>9</sup> Rep. Pete Olson office press release. “Reps. Olson, Barragan, Marchant & Lewis Act to Ensure Affordable Prescriptions for Low-Income Families,” (May 28, 2019) available at: <https://olson.house.gov/media-center/press-releases/rebs-olson-barrag-n-marchant-lewis-act-to-ensure-access-to-affordable>.

**Section 203: Extension of funding for quality measure endorsement, input, and selection under Medicare program.** We also support reauthorized funding for the National Quality Forum (NQF) for quality measure endorsement, input, and selection under the Medicare program. Through its multi-stakeholder membership of more than 430 organizations, NQF facilitates an open and thorough dialogue across the public and private sectors on health care measurement and improvement strategies, with the goal of improving health and health care quality for all Americans. Continued federal funding would help build upon the advancements already underway at NQF to create a high-quality, high-impact, and cost-efficient health care system.

In addition to the BETTER Act, we support several other policies before the Committee, including The Improving Chronic Care Management Act. This bill would remove often prohibitive cost-sharing responsibilities for chronic care management services under Medicare Part B. Doing so would help improve beneficiary access to needed care, likely leading to improved health outcomes and lower costs.

Further, we also support provisions of The HEARTS and Rural Relief Act (H.R. 3429) that would make it easier for people to access and understand their coverage. This includes Section 2(a), which would extend TRICARE eligibility to certain former members of the Armed Forces regardless of whether they enroll in Medicare's supplementary medical insurance program, and Section 4, which would exclude complex rehabilitative manual wheelchairs from the Medicare competitive acquisition program.

We look forward to working with you to advance these reforms, as well as other measures that help ensure all people with Medicare have access to the services and supports they need to live with health, dignity, and choice. If you have any questions, please contact Lindsey Copeland, Federal Policy Director, at [lcopeland@medicarerights.org](mailto:lcopeland@medicarerights.org) or 202-637-0961.

Sincerely,



Fred Riccardi  
President  
Medicare Rights Center

CC: All Members of the House Committee on Ways and Means