July 15, 2020

The Honorable Frank Pallone Chairman Committee on Energy & Commerce U.S. House of Representatives Washington, DC 20515 The Honorable Greg Walden Ranking Member Committee on Energy & Commerce U.S. House of Representatives Washington, DC 20515

Dear Chairman Pallone and Ranking Member Walden:

The undersigned organizations share a commitment to advancing the health and economic security of older adults, people with disabilities, their families, and caregivers. Together, we support and represent the 60 million Americans who rely on Medicare to access affordable, high-quality health care.

Thank you for including the bipartisan, bicameral Beneficiary Enrollment Notification and Eligibility Simplification (BENES) Act (H.R. 2477) in a full Committee markup on July 15. We urge you to advance the BENES Act as noticed, without delay or amendment.

The BENES Act is urgently needed to modernize and simplify the Medicare Part B enrollment process. Currently, far too many people make honest mistakes when trying to understand and navigate this confusing system. The consequences of such missteps are significant—including late enrollment penalties, higher out-of-pocket health care costs, gaps in coverage, and barriers to accessing needed services.

In 2019, an estimated 764,000 people with Medicare were paying a Part B Late Enrollment Penalty (LEP), with the average LEP amounting to nearly a 28% increase in their monthly premium.¹ In addition to this considerable financial burden, older adults and people with disabilities often face disruptions in care continuity, unexpected health expenses, and lack of coverage because of unduly complex Medicare transitions.

The BENES Act would help prevent these costly errors. As recommended by the Medicare Payment Advisory Commission (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.² It would also update enrollment timelines to eliminate needless breaks in coverage, and inform future policymaking on enrollment period alignment. Together, these changes would improve the health and financial well-being of current and future Medicare beneficiaries.

Demographic and employment realities lend an urgency to the need for these improvements. The American population is aging rapidly³ and more older adults are working later in life, often delaying—knowingly or not—Medicare Part B enrollment.⁴ Without immediate action to simplify transitions to

¹ Congressional Research Service. "Medicare: Part B Premiums" (May 6, 2020) https://crsreports.congress.gov/product/pdf/R/R40082.

² Medicare Payment Advisory Commission. "Report to the Congress: Medicare and the Health Care Delivery System" (June 2019) <u>http://www.medpac.gov/docs/default-source/reports/jun19 medpac reporttocongress sec.pdf?sfvrsn=0</u>.

³ Administration for Community Living. "A Profile of Older Americans: 2018" (May 31, 2019) <u>https://acl.gov/news-and-events/announcements/now-available-2018-profile-older-americans</u>.

⁴ Mitra Toossi and Elka Torpey, Bureau of Labor Statistics. "Older Workers: Labor Force Trends and Career Options" (May 2017) available at: <u>https://www.bls.gov/careeroutlook/2017/article/older-workers.htm</u>.

Medicare, this ever-growing cohort will experience the challenges, pitfalls, and consequences of the current system.

The BENES Act's commonsense solutions are needed now more than ever. We urge you to prioritize these important reforms for immediate passage. Thank you.

Sincerely,

ACCSES AFL-CIO AgeOptions Aging Life Care Association Alliance for Aging Research Alliance for Retired Americans Alzheimer's Association Alzheimer's Impact Movement AMDA – The Society for Post-Acute and Long-Term Care Medicine American Association of Service Coordinators (AASC) American Association on Health and Disability American Cancer Society Cancer Action Network American College of Clinical Pharmacy (ACCP) American Federation of Government Employees (AFGE) American Federation of State, County and Municipal Employees (AFSCME) American Foundation for the Blind American Geriatrics Society American Health Care Association American Medical Association (AMA) American Muslim Health Professionals American Society on Aging Association of Jewish Aging Services (AJAS) Association of University Centers on Disabilities (AUCD) Autism Society of America B'nai B'rith International **Better Medicare Alliance** Blue Shield of California BlueCross BlueShield Association (BCBSA) Brain Injury Association of America California Health Advocates **Caregiver Action Network** Center for Advocacy for the Rights & Interests of the Elderly (CARIE) Center for Elder Law & Justice Center for Independence of the Disabled, NY (CIDNY) Center for Medicare Advocacy Cerebral Palsy Associations of New York State **Community Catalyst** Community Service Society Community Services Center of Greater Williamsburg **Compassion & Choices**

Connecticut Alliance for Retired Americans CVS Health (formerly Aetna) **Dialysis Patient Citizens Disability Policy Consortium** Disability Rights Education and Defense Fund (DREDF) **Disabled In Action of Metro NY** Domtar Easterseals **Empire Justice Center Epilepsy Foundation** Families USA Family & Children Association, Senior Services HIICAP (Nassau County, NY) Gerontological Society of America Hartford Institute for Geriatric Nursing at NYU Humana International Association for Indigenous Aging International Union, United Automobile, Aerospace & Agricultural Implement Workers of America The Jewish Federations of North America Justice in Aging Lakeshore Foundation LeadingAge Lenox Hill Neighborhood House Lutheran Services in America MAXIMUS **Medicare Rights Center** Metro New York Health Care for All National Academy of Elder Law Attorneys (NAELA) National Active and Retired Federal Employees Association (NARFE) National Adult Day Services Association (NADSA) National Adult Protective Services Association (NAPSA) National Alliance on Mental Illness (NAMI) National Association for Home Care & Hospice (NAHC) National Association for the Support of Long Term Care (NASL) National Association of Area Agencies on Aging (n4a) National Association of Councils on Developmental Disabilities National Association of Health Underwriters (NAHU) National Association of Nutrition and Aging Services Programs (NANASP) National Association of Social Workers (NASW) National Association of State Head Injury Administrators National Association of State Long-Term Care Ombudsman Programs (NASOP) National Center for Assisted Living National Coalition on Health Care (NCHC) National Committee to Preserve Social Security and Medicare National Consumer Voice for Quality Long-Term Care National Consumers League National Council on Aging National Hispanic Council on Aging (NHCOA) National Hospice and Palliative Care Organization (NHPCO)

National Multiple Sclerosis Society National Partnership for Women & Families National Patient Advocate Foundation New York Legal Assistance Group New Yorkers for Accessible Health Coverage NY StateWide Senior Action Council Partnership to Improve Patient Care (PIPC) Patient Access Network (PAN) Foundation Program to Improve Care, Altarum Service Employees International Union (SEIU) Smart Policy Works (formerly Health & Disability Advocates) Social Security Works Southern Tier Independence Center (STIC) The Actors Fund The Arc of the United States **UAW Retiree Medical Benefits Trust** United Jewish Organizations of Williamsburg Women's Institute for a Secure Retirement (WISER)