



October 1, 2020

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

The Honorable Frank Pallone  
Chairman  
Committee on Energy and Commerce  
U.S. House of Representatives  
Washington, DC 20515

Dear Chairman Neal and Chairman Pallone:

On behalf of the Medicare Rights Center (Medicare Rights), thank you for your ongoing efforts to effectively respond to the COVID-19 public health emergency. We are pleased to support the recently updated Heroes Act (H.R. 8406), which includes policy and program changes to better meet the unique needs of people with Medicare during and due to the pandemic.

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 this experience, we know that immediate action is needed to help people with Medicare build and maintain their health, safety, and independence amid the COVID-19 crisis and beyond. As outlined below, the revised Heroes Act would significantly advance these goals, in part by improving Medicare enrollment; supporting beneficiary health, safety, and financial security; and strengthening Medicaid and other community living programs.

### MEDICARE ENROLLMENT

Older adults and people with disabilities are at high risk of serious illness and even death from COVID-19.<sup>1</sup> If they do not have health insurance, they may not be able to obtain medical treatment at a time when they need it most—worsening their own and public health outcomes. On our National Consumer Helpline, we frequently hear from or on behalf of Medicare-eligible individuals who are in this position. Many experienced mismanaged coverage transitions that have left them un- or underinsured, and subject to strict Medicare rules and timelines that offer little reprieve. They may have to wait several months to sign up for Medicare and several more for coverage to begin. Such gaps are inexcusable in general, and during a pandemic in particular. The Heroes Act offers an urgently-needed and narrowly-tailored solution.

**Eases and Expedites Enrollment.** The bill would help people more quickly connect with their Medicare during the public health emergency. It would establish a Special Enrollment Period (SEP) for Premium Part A and Part B, with coverage beginning the first day of the next month.<sup>2</sup>

<sup>1</sup> Centers for Disease Control, "People Who Are at Increased Risk for Serious Illness" (last updated September 11, 2020) <https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications.html>.

<sup>2</sup> See H.R. 8406, Division K, Title II, Sec. 206 <https://www.congress.gov/116/bills/hr8406/BILLS-116hr8406ih.pdf>.

## HEALTH, SAFETY, AND FINANCIAL SECURITY

Many people with Medicare live on fixed or limited incomes that cannot absorb economic downturns. Half of all Medicare beneficiaries—nearly 30 million people—live on \$26,200 or less per year, and one quarter have less than \$14,550 in savings.<sup>3</sup> During this uncertain time, older adults and people with disabilities need swift and meaningful financial relief, as well as affordable, comprehensive coverage and care that promotes health, safety, and well-being. They must also be able to rely on critical programs and legal protections, now and in the future. The Heroes Act recognizes and supports these needs.

**Removes Barriers to COVID-19 Treatment.** The revised Heroes Act would eliminate cost-sharing for coronavirus treatment, in part, for people with Medicaid, Medicare, and Medicare Advantage (MA). It would also require MA and standalone Part D plans to cover treatment drugs without cost-sharing or utilization management.<sup>4</sup>

**Clarifies Medicare Coverage of a COVID-19 Vaccine.** The bill importantly clarifies that Medicare would cover an eventual vaccine without cost sharing, even if were authorized for emergency use under section 564 of the Federal Food, Drug, and Cosmetic Act.<sup>5</sup>

**Provides Targeted Financial Relief.** It would also restore expanded federal unemployment benefits through January 2021, issue a second round of stimulus payments of up to \$1,200 per individual (\$2,400 for joint filers), and expand eligibility for the \$500 dependent credit to include both children and adults. We appreciate that the automatic, direct payments would reach Supplemental Security Income (SSI) and Veterans Affairs (VA) benefits recipients, as well as people who use Individual Taxpayer Identification Numbers (ITIN).<sup>6</sup>

**Promotes Nursing Home Safety and Resident Rights.** The Act would take important steps to improve nursing home, resident, and health care worker safety. This includes funding state strike teams to help facilities manage outbreaks, strengthening public reporting and data collection requirements, and ensuring residents can conduct “televisitations” with loved ones while in-person visits are limited.<sup>7</sup>

## MEDICAID AND OTHER COMMUNITY LIVING SUPPORTS

People with Medicare look to a constellation of services to stay healthy, engaged, and at home. During the COVID-19 public health emergency, these goals are especially critical. Though some of the provisions outlined below are beyond the scope of your Committees, we applaud the Heroes Act provisions that would connect states, localities, and programs with additional resources to support older adults and people with disabilities in the community, ensuring they are not forced into institutional or other congregate settings in violation of their rights and at risk to their and public health.

**Increases Medicaid Funding.** The legislation would increase federal Medicaid payments to states by 14% for one year (October 1, 2020 through September 30, 2021) and direct a 10% boost to Medicaid Home and Community Based Services (HCBS). These changes would help states respond to growing Medicaid caseloads without reducing services or eligibility.<sup>8,9</sup>

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<sup>3</sup> Gretchen Jacobson et al., Kaiser Family Foundation, “Income and Assets of Medicare Beneficiaries, 2016-2035” (April 21, 2017) <https://www.kff.org/medicare/issue-brief/income-and-assets-of-medicare-beneficiaries-2016-2035/>.

<sup>4</sup> See H.R. 8406, Division K, Title II, Secs. 103, 201, 204, 215 <https://www.congress.gov/116/bills/hr8406/BILLS-116hr8406ih.pdf>.

<sup>5</sup> See H.R. 8406, Division K, Title II, Sec. 214 <https://www.congress.gov/116/bills/hr8406/BILLS-116hr8406ih.pdf>.

<sup>6</sup> See H.R. 8406, Division I, Title I, Sec. 101; Division F, Title I, Sec. 101 <https://www.congress.gov/116/bills/hr8406/BILLS-116hr8406ih.pdf>.

<sup>7</sup> See H.R. 8406, Division K, Title II, Secs. 202, 207, 208, 209, 210 <https://www.congress.gov/116/bills/hr8406/BILLS-116hr8406ih.pdf>.

<sup>8</sup> Centers for Medicare & Medicaid Services, “CMS Releases Medicaid and CHIP Enrollment Trends Snapshot Showing COVID-19 Impact on Enrollment” (September 30, 2020) <https://www.cms.gov/newsroom/press-releases/cms-releases-medicare-and-chip-enrollment-trends-snapshot-showing-covid-19-impact-enrollment>.

<sup>9</sup> See H.R. 8406, Division K, Title I, Secs. 101, 102 <https://www.congress.gov/116/bills/hr8406/BILLS-116hr8406ih.pdf>.

**Strengthens Medicaid Coverage.** The bill would codify the long-standing requirement that state Medicaid programs cover non-emergency medical transportation (NEMT). A mandatory Medicaid benefit by regulation since 1966, NEMT facilitates access to medical services for low-income beneficiaries who have no other means of transportation—helping them receive the care they need to manage their conditions and improve their outcomes.<sup>10 11</sup>

**Supports States and Communities.** We appreciate that the Heroes Act would provide direct fiscal aid to states and localities, so they can continue to fund services that help older adults and people with disabilities live safely at home and contribute to their communities.<sup>12</sup>

**Prioritizes Community Living Programs.** It would also direct necessary funding and flexibilities to programs that promote community living. This includes those authorized by the Older Americans Act, such as home delivered meals, elder abuse prevention, and caregiver supports; LIHEAP energy relief; housing and homelessness assistance; and SNAP and other nutrition programs.

Again, thank you for your leadership in this trying time. The Heroes Act’s improvements and investments are urgently needed to ensure that people with Medicare have meaningful access to affordable coverage and care, now and in the future.

Sincerely,



Fred Riccardi  
President  
Medicare Rights Center

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<sup>10</sup> 42 C.F.R. § 431.53.

<sup>11</sup> See H.R. 8406, Division K, Title I, 108 <https://www.congress.gov/116/bills/hr8406/BILLS-116hr8406ih.pdf>.

<sup>12</sup> See H.R. 8406, Division A, Title V <https://www.congress.gov/116/bills/hr8406/BILLS-116hr8406ih.pdf>.