

## Five Medicare Questions for Candidates

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There is much at stake for people with Medicare in the Presidential, Senatorial, and Congressional elections. Medicare Rights Center developed the following *Five Medicare Questions for Candidates* to help current and future Medicare beneficiaries, their friends and their families learn more about where their candidates and elected officials stand on Medicare and related issues.

**Background:** People with Medicare, half of whom earn \$25,000 or less per year, already spend 15 percent of their income on health care, which is three times as much as the non-Medicare population. The share of income spent on health care is even higher for those who are sick. For example, a Medicare beneficiary with cancer spends 23 percent (median) of their total income on out of pocket health care costs; someone with Alzheimer's disease spends 26 percent and someone with congestive heart failure spends 25 percent.

**Question:** What is your plan to make Medicare more affordable for older Americans and people with disabilities, half of whom earn \$25,000 or less per year? In addition to affordability, what other improvements will you make to Medicare?

**Background:** Medicare is at the center of the deficit reduction debate, but growing costs in Medicare are a symptom of growing costs in the health care sector overall. Despite this, many proposals would achieve savings for the government by shifting greater costs to beneficiaries, half of whom earn \$25,000 or less per year, and they do not address the root problem of growing health care costs. However, there are plans that achieve savings to Medicare without shifting costs to beneficiaries, such as negotiating or otherwise obtaining lower prices for drugs under Medicare. In addition, increasing revenues from the wealthiest Americans would avert the need for deeper cuts to Medicare in the name of deficit reduction.

**Question:** What is your plan to strengthen Medicare's finances? If you had to choose between the two, would you support proposals that would increase out of pocket costs for Medicare beneficiaries or proposals that would increase revenues from the wealthiest Americans?

**Background:** Over the past year, there have been many Medicare proposals that may be described using different terms, including privatization, vouchers, premium support and defined contribution, but they all would significantly change the Medicare program. One such proposal, authored by Congressman Paul Ryan and passed by the House of Representatives, would end the Original Medicare program as we know it today. Instead, it would provide Medicare beneficiaries with a capped amount of money, otherwise known as a voucher, to buy insurance offered by private companies or Original Medicare. This proposal will significantly increase out of pocket costs for beneficiaries because the “voucher”, or premium support, would be inadequate to cover health costs and would become more inadequate over time.

**Question:** Would you support a proposal that would privatize or partially privatize the Medicare program, or change Medicare into a voucher, premium support or defined contribution plan?

**Background:** Medicare does not cover long term care and Medicaid is the single largest source, and for many the only source, of long-term care coverage in the nation. On average, nursing homes costs \$72,000 per year, assisted living facilities cost \$38,000 per year, and home health services cost \$21 per hour. For example, 15 hours of home health care per week would cost \$16,380 per year. This is a tremendous cost burden not only for people who require long term care but for their families who support them as well. Cutting Medicaid will put long term care services and supports out of reach for many, which will put their health and lives at risk.

**Question:** What is your plan to make long term care available and affordable for people who need it? Do you support cuts to Medicaid and block grants that would result in cuts to long term care services and supports and potentially longer waiting lists for services? What is your plan to make long term care services available to people in the community so they can age and/or receive treatment at home instead of an institution?

**Background:** People with Medicare have heard a lot of conflicting information about the Affordable Care Act (ACA). However, there are some important improvements to Medicare included in the ACA that help people with Medicare better afford treatment. Perhaps most significantly, the ACA closes the Medicare prescription drug coverage gap, also known as the doughnut hole, and eliminates cost sharing for many preventive services. In addition, the ACA creates incentives for providers to emphasize care quality to help avoid overuse of inappropriate treatments without shifting more costs to beneficiaries.

**Question:** Do you support the full repeal of the Affordable Care Act, including the repeal of provisions that close the Medicare prescription drug coverage gap, offer certain preventive services free to Medicare beneficiaries and other provisions that improve care coordination and the quality of care that people with Medicare receive without increasing cost-sharing?