



December 14, 2023

The Honorable Mike Johnson
Speaker of the House
U.S. House of Representatives
Washington, DC 20515

The Honorable Hakeem Jeffries
House Minority Leader
U.S. House of Representatives
Washington, D.C. 20515

The Honorable Chuck Schumer
Senate Majority Leader
U.S. Senate
Washington, DC 20510

The Honorable Mitch McConnell
Senate Minority Leader
U.S. Senate
Washington, D.C. 20510

Dear Speaker Johnson, Leader Schumer, Leader McConnell, and Leader Jeffries:

The 75 national organizations listed below urge that continued funding for Medicare low-income outreach and enrollment efforts be included in the next funding package. Failure to extend the program early next year would seriously impair the ability of low-income beneficiaries to receive assistance they are eligible for that enables them to afford needed care. Federal outreach and enrollment activities, originally authorized under the 2008 Medicare Improvements for Patients and Providers Act (MIPPA), enable our nation's most vulnerable, low-income beneficiaries - many of whom are dually eligible for both Medicare and Medicaid - to access financial assistance for prescription drug coverage, Medicare premiums and cost-sharing for which they are eligible. Over the past 15 years, the program has been extended 11 times with bipartisan support, and current annual funding is a relatively modest \$50 million. Most recently, the Senate Finance Committee included this health care extender in their health care package which drew unanimous, bipartisan support.

The funding is particularly important to assist with re-enrolling those who lost Medicaid coverage due to the Medicaid unwinding and to focus additional resources on Medicare beneficiaries in rural communities. It is also increasingly important to respond to the growing need for Medicare low-income assistance. There are an estimated 10,000 Americans turning 65 every day, and older adults are facing increasing debt, significant and growing retiree savings shortfalls, and inflation-related difficulties making ends meet.

The federal investment is shared among Medicare State Health Insurance Assistance Programs (SHIPs), Area Agencies on Aging, Aging and Disability Resource Centers, and a National Center on Benefits Outreach and Enrollment (Center). In addition to providing technical assistance to these agencies, the Center offers competitive grants of up to \$240,000 each, which have created 85 state and local Benefits Enrollment Centers in 41 states that develop effective, person-centered strategies, and support a national Benefits Helpline call center.

Low-income older adults and people with disabilities living on fixed incomes are often forced to make difficult trade-offs—like cutting back on necessary medications and doctor visits in order to afford basic living necessities—to the detriment of their health and well-being. Single beneficiaries eligible for assistance generally have annual incomes below 150% of the federal poverty level (\$21,870) and non-housing assets of less than \$15,160. Without the assistance under the Medicare Saving Programs (MSPs) and the Part D Low-Income Subsidy (LIS) Extra Help programs, millions of Medicare beneficiaries simply could not afford the care they need as out-of-pocket health costs continue to rise.

This federal investment works. The program has been successful in providing assistance to millions of low-income beneficiaries and their families. From September 2020 to August 2023, partners assisted almost 3 million beneficiaries at over 60,000 group outreach events and conducted about 3.2 million one-on-one contacts with Medicare beneficiaries, their families, or caregivers. Additionally, the program supported approximately 350,000 beneficiaries

with applications for MSP and LIS. It has helped increase the number of low-income Medicare beneficiaries enrolled in the MSPs from 6.4 million in 2008 to 12.2 million in June 2022.

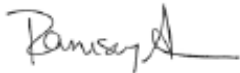
Despite this progress, too many low-income beneficiaries who are eligible are still not receiving needed assistance. For example, according to a recent CMS estimate, up to 3 million seniors and people with disabilities could benefit from the Extra Help program now but are not currently enrolled.

Improving Medicare outreach and enrollment will also help to address health disparities in Medicare. Together, Black and Hispanic beneficiaries account for 18% of the total Medicare population, but 40% of the Medicare-Medicaid dually eligible population.

Again, we urge you to extend this vital, low-cost program in the next funding package, in order to maintain and improve the health and financial well-being of Medicare's most vulnerable beneficiaries.

If you have any questions, please contact Howard Bedlin at howard.bedlin@ncoa.org.

Sincerely,



Ramsey Alwin
President and CEO

- AARP
- Access Ready Inc.
- ADvancing States
- AFL-CIO
- AiArthritis
- Allergy & Asthma Network
- Alliance for Aging Research
- Alliance for Retired Americans
- Allies for Independence
- ALS Association
- AMDA - The Society for Post Acute and Long-Term Care Medicine
- American Association on Health and Disability
- American Cancer Society Cancer Action Network
- American Geriatrics Society
- American Kidney Fund
- American Society of Consultant Pharmacists (ASCP)
- Arthritis Foundation
- Asian & Pacific Islander American Health Forum
- Autistic People of Color Fund
- Autistic Self Advocacy Network
- Autistic Women & Nonbinary Network
- Care in Action
- Caring Across Generations
- Center for Medicare Advocacy
- Color of Crohn's and Chronic Illness
- Community Catalyst
- Compassion & Choices
- Disability Policy Consortium

- Disability Rights Education and Defense Fund (DREDF)
- Diverse Elders Coalition
- GO2 for Lung Cancer
- Health Care Voices
- HealthyWomen
- HIV Medicine Association
- Justice in Aging
- Lakeshore Foundation
- LeadingAge
- Lupus and Allied Diseases Association, Inc.
- Lupus Foundation of America
- Medicare Rights Center
- Muscular Dystrophy Association
- National Academy of Elder Law Attorneys (NAELA)
- National Adult Day Services Association (NADSA)
- National Alliance for Caregiving
- National Association for Home Care and Hospice
- National Association of Councils on Developmental Disabilities
- National Association of Nutrition and Aging Services Programs (NANASP)
- National Association of Social Workers (NASW)
- National Association of State Long Term Care Ombudsman Programs (NASOP)
- National Caucus and Center on Black Aging (NCBA)
- National Committee to Preserve Social Security and Medicare
- National Consumer Voice for Quality Long-Term Care
- National Council on Aging
- National Council on Independent Living
- National Disability Institute
- National Disability Rights Network (NDRN)
- National Domestic Workers Alliance
- National Down Syndrome Congress
- National Health Council
- National Health Law Program
- National Indian Council on Aging, Inc.
- National Psoriasis Foundation
- Network of Jewish Human Service Agencies
- New Disabled South
- Patient Access Network (PAN) Foundation
- PHI
- Service Employees International Union
- The Arc of the United States
- The Assistance Fund
- The Gerontological Society of America
- The Jewish Federations of North America
- Triage Cancer
- USAging
- Well Spouse Association
- WISER