

August 29, 2023

The Honorable Ron Wyden  
Chair, Senate Finance Committee  
U.S. Senate  
Washington, DC 20510

The Honorable Mike Crapo  
Ranking Member, Senate Finance Committee  
U.S. Senate  
Washington, D.C. 20510

Dear Senators Wyden and Crapo,

The 57 national organizations listed below urge that continued funding for Medicare low-income outreach and enrollment efforts be included in the fall "Extenders Package." Funding authority for the program expires on October 1. 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 assistance for prescription drug coverage and other essential Medicare benefits 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.

**In our view, it's time for Congress to make the program permanent and raise annual funding from \$50 million to \$75 million to assist with enrolling those who lost coverage due to the Medicaid unwinding and focus additional resources on rural communities, as well as to help increase enrollment in enhanced low-income Medicare prescription drug assistance and educate pharmacies on the permanent Limited Income Newly Eligible Transition (LINET) program** - both of which take effect on January 1, 2024. It is also increasingly important to respond to the growing need for Medicare low-income enrollment assistance with an estimated 10,000 Americans turning 65 every day, and with older adults facing increasing debt, and significant and growing retiree savings shortfalls.

The [LINET program](#) provides immediate, retroactive, temporary Part D prescription drug coverage through pharmacies for low-income Medicare beneficiaries not already in a Medicare drug plan. Many small business pharmacies are not familiar with the program and need additional education so that beneficiaries can better access this important assistance.

Resources for these efforts have been shared among Medicare State Health Insurance Assistance Programs (SHIPs), Area Agencies on Aging (AAAs), Aging and Disability Resource Centers (ADRCs), 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 to develop 85 state and local Benefits Enrollment Centers in 41 states to develop the most effective, person-centered strategies, as well to 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—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 poverty (\$22,110) 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.

Previous allocations for these critical low-income outreach and enrollment activities have led to important, proven results from MIPPA state and local community partners.

- As of February 2023, a total of about 3.5 million beneficiaries in need received assistance;
- From September 2020 to August 2021, partners assisted over 650,000 beneficiaries at nearly 16,000 group outreach events and conducted about 1.2 million one-on-one contacts with Medicare beneficiaries, their families, or caregivers. Additionally, they helped over 200,000 beneficiaries with applications for MSP and LIS and educated over 97,000 beneficiaries on Medicare preventive services;
- The number of low-income Medicare beneficiaries enrolled in the MSPs increased from 6.4 million in 2008 to 12.2 million as of June 2022;
- According to the Center for Medicare & Medicaid Services (CMS) and Kaiser Family Foundation (KFF) data, the number of Part D LIS enrollees increased from 11.8 million in 2014 to 14.2 million in 2020; and
- Partners target rural communities and other high-need, hard-to-reach populations to improve access to help with rising out-of-pocket drug costs.

Despite this progress, too many who are eligible are still not receiving needed assistance:

- According to a June 2023 CMS news release: “Up to 3 million seniors and people with disabilities could benefit from the Extra Help program now but aren’t currently enrolled.” The LIS program helps low-income beneficiaries pay for their rising prescription drug costs and is valued by the Social Security Administration at saving beneficiaries an average of \$5,300 a year. Improving enrollment in this important program is a critical component toward reducing out-of-pocket prescription drug costs for those who can least afford them.
- According to a [2017 MACPAC report](#), using the most recently available data from 2010, participation in the MSPs was only 53% for the Qualified Medicare Beneficiary (QMB) program (which pays for premiums and cost sharing for those with incomes below 100% of FPL); 32% for the Specified Low Income Medicare Beneficiary (SLMB) program (which pays for premiums for those with incomes between 100-120% of FPL); and 15% for the Qualifying Individual (QI) program (which pays for premiums for those with incomes between 120-135% of the Federal Poverty Level).

Improving Medicare outreach and enrollment will also help to address racial and ethnic disparities in Medicare. According to a [February 2021 report](#) by KFF:

- Together, Black and Hispanic beneficiaries account for 18% of the total Medicare population, but 40% of the Medicare-Medicaid dually eligible population; and
- Approximately half of Black and Hispanic older adults have family incomes below 200% of poverty, compared to just over one-quarter of white older adults.

It is also important to point out that the median per capita income for beneficiaries under age 65 with permanent disabilities (who comprise about 14% of all people with Medicare) is lower than among older adults.

Additional stable funding will enable organizations to dedicate sufficient resources and permanent staff to accomplish their respective goals. Static short-term allocations and looming funding expirations have failed to provide the assurances needed to hire full-time staff and contributed to problematic staff turnover and training challenges and degraded the year-over-year stability necessary to conduct effective outreach and enrollment.

The infrastructure to successfully continue this work, including processes and a trained workforce, already exists. But without sufficient reliable funding, these efforts to assist disadvantaged Medicare beneficiaries will be unable to serve the growing number of older adults and people with disabilities unable to afford and access needed health care.

MIPPA funding also offers a significant return on investment in local communities. Assisting low-income beneficiaries to receive the extra help they are eligible for enables them to spend extra dollars at local pharmacies, grocery stores, for home maintenance, etc. which has a multiplier effect on the economy.

Given the 11 previous extensions and significantly increasing needs, we urge you to support permanent, annual funding of \$75 million for low-income outreach and enrollment activities that would provide critical supports to maintain and improve the health and financial well-being of Medicare's most vulnerable beneficiaries.

Sincerely,

- AARP
- Access Ready Inc.
- AFL-CIO
- ADvancing States
- Alliance for Aging Research
- Alliance for Retired Americans
- Allies for Independence
- AMDA - The Society for Post Acute and Long-Term Care Medicine
- American Association on Health and Disability
- American Geriatrics Society
- American Kidney Fund
- The Arc of the United States
- Autistic People of Color Fund
- Autistic Self Advocacy Network
- Autistic Women & Nonbinary Network
- Care in Action
- Caring Across Generations
- Center for Medicare Advocacy
- Community Catalyst
- Compassion & Choices
- Disability Policy Consortium
- Disability Rights Education and Defense Fund (DREDF)
- Diverse Elders Coalition
- The Gerontological Society of America
- Health Care Voices
- The Jewish Federations of North America
- Justice in Aging
- Lakeshore Foundation
- LeadingAge
- Lupus and Allied Diseases Association, Inc.
- Medicare Rights Center

- National Academy of Elder Law Attorneys (NAELA)
- 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 Law Program
- National Indian Council on Aging, Inc.
- Network of Jewish Human Service Agencies
- New Disabled South
- Patient Access Network (PAN) Foundation
- PHI
- Triage Cancer
- USAging
- Well Spouse Association
- WISER