June 25, 2019

The Honorable Richard Neal
Chairman
U.S. House of Representatives
Committee on Ways and Means
1102 Longworth House Office Building
Washington, DC 20515

The Honorable Kevin Brady
Ranking Member
U.S. House of Representatives
Committee on Ways and Means
1139 Longworth House Office Building
Washington, DC 20515

Dear Chairman Neal and Ranking Member Brady:

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.

We write today to thank you for your ongoing bipartisan efforts to strengthen the Medicare program. In particular, we applaud the inclusion of the bipartisan, bicameral Beneficiary Enrollment Notification and Eligibility Simplification (BENES) Act (H.R. 2477) in the Beneficiary Education Tools Telehealth & Extenders (BETTER) Act of 2019 (H.R. 3417).

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 2018, an estimated 760,000 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 mismanaged Medicare transitions.

The BENES Act would help prevent costly enrollment errors. As recommended by 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.

With 10,000 people reaching Medicare eligibility age every day, the BENES Act’s commonsense solutions are needed now more than ever.³ We urge you to prioritize these important reforms for immediate passage.

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Sincerely,

ACCSES
AFL-CIO
AgeOptions
Aging Life Care Association
Alliance for Aging Research
Alliance for Retired Americans
AMDA – The Society for Post-Acute and Long-Term Care Medicine
American Association on Health and Disability
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 Society on Aging
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
Center for Advocacy for the Rights & Interests of the Elderly (CARIE)
Center for Independence of the Disabled, NY
Center for Medicare Advocacy
Community Catalyst
Community Services Center of Greater Williamsburg
Compassion & Choices
Connecticut Alliance for Retired Americans
CVS Health (formerly Aetna)
Dialysis Patient Citizens
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 HHICAP (Nassau County, NY)
Gerontological Society of America
Humana
International Association for Indigenous Aging
International Union, United Automobile, Aerospace & Agricultural Implement Workers of America
Justice in Aging
Lakeshore Foundation
LeadingAge
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 of Area Agencies on Aging (n4a)
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 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 Multiple Sclerosis Society
National Partnership for Women & Families
National Patient Advocate Foundation
New York Legal Assistance Group
New Yorkers for Accessible Health Coverage
Partnership to Improve Patient Care (PIPC)
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 Arc of the United States
The Jewish Federations of North America
Third Way
UAW Retiree Medical Benefits Trust
United Jewish Organizations of Williamsburg
Women’s Institute for a Secure Retirement (WISER)

CC: All Members of the House Committee on Ways and Means