June 26, 2019

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

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

Dear Chairman Neal and Ranking Member Brady:

AARP, on behalf of our nearly 38 million members and all older Americans nationwide, would like to thank you for holding votes on a series of bills which will improve the availability and quality of care for Medicare beneficiaries and consumers. In particular, we applaud your introduction of the Beneficiary Education Tools, Telehealth, and Extenders Reauthorization (BETTER) Act of 2019 (H.R. 3417), which includes several enhancements to the Medicare program.

Specifically, we support the following improvements:

Beneficiary Enrollment Notification and Eligibility Simplification
This section would help people approaching age 65 to punctually and properly enroll in Medicare, thereby preventing delays in coverage and costly penalties. AARP has long recommended that the Social Security Administration should notify potential Medicare beneficiaries, well before they reach Medicare eligibility at age 65, about the steps needed to enroll and the circumstances under which premium penalties may be assessed. Your bill will direct the Social Security Administration to work with the Department of Health and Human Services to inform potential Medicare beneficiaries of their eligibility annually beginning two years prior to turning age 65. This will help ensure that those approaching age 65 have adequate time to plan for their transition to Medicare. We applaud the bill for reiterating that notices should be sent to individuals in paper hardcopy, not only made available online or via electronic means. Many older Americans do not have the internet access or computer literacy needed to obtain online notifications.

Equally important, the bill eliminates current coverage gaps in the fifth, sixth, and seventh month of a newly eligible Medicare beneficiary’s Initial Enrollment Period (IEP)
and gaps in the annual General Enrollment Period (GEP), by establishing that Part B coverage begins the month immediately following enrollment in all IEP and GEP months. AARP has previously endorsed similar provisions in the BENES Act (H.R. 2477).

**Extension of Funding for Beneficiary Programs**
AARP supports continued and increased funding of State Health Insurance Programs (SHIP), Area Agencies on Aging, Aging and Disability Resource Centers, and the National Center for Benefits and Outreach Enrollment. These vital programs, agencies, and centers help older Americans navigate the complexities of our health care and long-term services and supports systems, and provide access to the resources they need. As the population ages, Congress should ensure that funding for these beneficiary-support programs continues to keep pace with demand.

**Medicare Coverage of Certain Mental Health Telehealth Services**
AARP supports making it easier for Medicare beneficiaries to receive mental health care. This section would allow Medicare beneficiaries to receive mental health treatment via telehealth by removing the originating site requirements for certain services. AARP believes mental health is a fundamental component of overall health. Mental illness affects people of all ages and incomes and can be as debilitating as any other major medical illness. Roughly one in five older Americans has a mental disorder, and as the Medicare population grows, the number of people seeking treatment will grow. This population is inadequately served by our health care system. Your bill improves access to care by making it easier for people who may not live near a mental health professional to get the support they need. AARP previously endorsed similar provisions in the Mental Health Telemedicine Expansion Act (H.R. 1301).

**Improving Measurements Under the Skilled Nursing Facility Value-Based Purchasing Program in Medicare**
We appreciate this provision giving flexibility to the Secretary of Health and Human Services to apply additional measures the Secretary determines appropriate in Medicare’s Skilled Nursing Facility Value-Based Purchasing Program (SNF VBP). The use of additional measures may provide a more complete picture of the quality of care a SNF provides. Appropriate performance measures would need to be available and AARP believes consumer-reported outcomes are essential in the evaluation of post-acute care services. For any measure of patient or resident experience, we urge use of the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Nursing Home Surveys.

**Prescription Drugs**
AARP supports providing beneficiaries with accurate cost-sharing information for their prescription drugs at the point of prescribing. A real-time benefit tool has the potential to significantly improve informed decision-making by patients and prescribers at the point of prescribing. This transparency directly benefits consumers by helping them understand their options and saving them money.
We also support making the Limited Income Newly Eligible Transition (LINET) program permanent. The LINET demonstration program has aided older adults who qualify for Extra Help in accessing prescription drug coverage under Part D. This program has also helped to reduce gaps in coverage and better ensure that older Americans have continuous access to the prescription medications they need.

Other Items
AARP also supports quality improvement efforts, such as funding for quality measure endorsement, input, and selection in Medicare in the BETTER Act; as well as reauthorization and funding for the Patient-Centered Outcomes Research Institute (PCORI) which is under separate consideration by the committee. In order to have full impact on quality and value, not only should measures be continuously updated and refined, they need to be interpreted and made useful to providers, payers, and consumers. It is important to provide adequate resources and support for measure development, research, and dissemination.

Additionally, AARP has long supported the use of the chronic care management (CCM) code in the Medicare physician fee schedule. However, we have been concerned with charging beneficiaries a co-insurance amount for non-face-to-face services. The CCM code reimburses providers for activity occurring outside of the office visit and without the beneficiary present. Unfortunately, people who agree to be a CCM patient have been receiving a monthly bill for services when they have not personally initiated any health care interaction or directly benefited in a way they can see. This has been confusing and surprising to beneficiaries seeking better coordinated care for their costly chronic conditions. We applaud the committee for considering a bill to remove beneficiary cost-sharing responsibilities for CCM services.

Thank you again for your bipartisan leadership on these important issues. We look forward to working with you toward enactment and implementation of these improvements. If you have any questions, please feel free to contact me, or have your staff contact Andrew Scholnick of our Government Affairs team at ascholnick@aarp.org or 202-434-3793.

Sincerely,

David Certner
Legislative Counsel and Legislative Policy Director
Government Affairs