July 17, 2019

The Honorable Frank Pallone
Chairman
Committee on Energy and Commerce
House of Representatives
Washington, DC 20515

The Honorable Greg Walden
Ranking Member
Committee on Energy and Commerce
House of Representatives
Washington, DC 20515

Dear Chairman Pallone and Ranking Member Walden:

AARP, on behalf of our 38 million members and all older Americans nationwide, would like to thank you for holding a hearing to markup several health care bills important to consumers and Medicare beneficiaries. We are supportive of several bills in particular, and applaud the committee for working to advance these towards passage.

Amendment in the nature of a substitute to H.R. 2328 – the Reauthorizing and Extending America’s Community Health (REACH) Act

Surprise Billing

AARP strongly supports efforts to protect consumers from expensive surprise medical bills when they believe they are appropriately seeking care from in-network providers (facilities or professionals) or during an emergency. Cost is often a key determinant when consumers decide what care to seek, as well as where to receive it. Unfortunately, there are times when an individual makes every effort to obtain affordable care under their insurance coverage, but is surprised to receive a bill from a non-network provider whom they did not choose or were not given the opportunity to choose. As we have previously discussed with the committee, our priorities continue to focus on protecting the consumer to ensure that: 1) consumers are held harmless; 2) protections apply to all sites of care and providers of care; and 3) protections apply to all payers. The No Surprises Act largely accomplishes these goals.

The current bill has several notable improvements over earlier draft versions of the No Surprises Act. Particularly, we appreciate improved protections for consumers from out-of-network bills for services delivered during the course of an in-network medical visit. We also appreciate the stronger notification threshold for provider exemptions to surprise billing prohibitions. As we have previously stated, consent is not meaningful if there is limited or no choice of provider.
Consumers may sign the acknowledgement form because they have no alternative. Furthermore, notifying an individual at an in-network facility that a provider or service is out-of-network does not provide sufficient protection. The No Surprises Act only allows balance billing if the consumer has a real choice in provider and is given advance notice.

AARP has also been engaged in combatting surprise billing at the state level. Accordingly, we look forward to working with the committee to ensure that any federal bill does not produce unintended consequences for existing consumer protections at the state level.

Additionally, while we do not advocate for any specific approach to resolving payment disputes between insurers and out-of-network providers, we urge the committee to use a method that will achieve lower out-of-pocket costs and provide predictability for consumers. Any legislation aimed at resolving surprise billing should directly address cost-sharing and deductibles, as well as any indirect impact on premiums.

Health Extenders

AARP supports the extension of the Independence at Home (IAH) Demonstration Program in Medicare and has been a longtime supporter of IAH. This interdisciplinary approach to care leverages the expertise of an array of health care and social service providers to better deliver and coordinate care to Medicare beneficiaries with multiple chronic conditions who need help with daily activities and have high costs. These home-based primary care teams provide access to care 24 hours a day, 7 days a week. They provide care at home, where people want to be, saving the time, difficulties, and stress of getting to multiple doctors’ appointments can entail for Medicare beneficiaries and their family caregivers. Importantly, this model of care also recognizes and supports family caregivers and the vital role they play in providing and coordinating care for their loved ones. Extending IAH would improve the quality of care and provide person-and family-centered care to more Medicare beneficiaries. In the future, we also hope Congress will expand the IAH program nationwide and make it permanent.

AARP also 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.

Similarly, we support quality improvement efforts, such as funding for quality measure endorsement, input, and selection; as well as reauthorization and funding for the Patient-Centered Outcomes Research Institute (PCORI). 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.
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.

**H.R. 2296 – the More Efficient Tools to Realize Information for Consumers (METRIC) Act**

A key way to help address prescription drug price increases and high consumer costs is by improving price transparency. Drug manufacturers that choose to increase the price of prescription drugs should be required to disclose to taxpayers the information behind their decisions to raise prices. Improved access to such information could help patients, providers, and policymakers assess whether a drug price increase is reasonable.

The METRIC Act would require drug manufacturers to report and explain significant price increases. Specifically, the bill would require drug manufacturers to notify the U.S. Department of Health and Human Services (HHS) and submit a transparency report if they increase the price of certain drugs that cost at least $100 by more than 10 percent over one year or 25 percent over three years. We strongly support requiring drug manufacturers to justify such drastic increases in their prices – increases which could make it even more difficult for older Americans to afford the medications they need.

**H.R. 2035 – the Lifespan Respite Care Reauthorization Act**

AARP has endorsed the bipartisan *Lifespan Respite Care Reauthorization Act* that would help support family caregivers caring for loved ones of all ages.

Family caregivers help make it possible for older adults, veterans, and people with disabilities of all ages to live independently in their homes and communities. About 40 million family caregivers provide about $470 billion in unpaid care annually. While many family caregivers find caregiving to be an enriching experience and a source of deep satisfaction, family caregivers also take on physical, emotional, and financial challenges in their caregiving roles. About 30 percent of family caregivers provide, on average, 62 hours of care weekly and some family caregivers provide care 24 hours a day, 7 days a week.

Respite care provides family caregivers with vital temporary relief from their caregiving responsibilities and is one of the most commonly requested caregiver support services. Respite care can allow a family caregiver much needed time to go see their own doctor, run errands, go to work, and take care of themselves (ultimately helping them to better assist their loved one). The Lifespan Respite Care Program helps family caregivers caring for loved ones regardless of age or disability, including by providing respite services, training respite workers and volunteers, providing information about and assistance in accessing services, and better coordinating services. Respite can extend the time an individual is cared for at home, potentially delaying costly institutional care and saving taxpayer dollars. The *Lifespan Respite Care Reauthorization Act* would reauthorize the Lifespan Respite Care Program through Fiscal Year 2024, authorize increased funding for the program, and add new reporting requirements.
H.R. 728 – the *Title VIII Nursing Workforce Reauthorization Act*

The Nursing Workforce Development programs address all aspects of nursing workforce demand, including education, practice, recruitment, and retention. The programs and activities authorized are responsible for the training of approximately 25,000 students to be nurses, nurse practitioners, nurse anesthetists and nursing faculty and researchers. They also support interdisciplinary training and efforts to diversify the nursing workforce. Title VIII Nursing Workforce Development programs help expand access to health care by connecting patients with care across a variety of settings, including in community health centers, hospitals, universities, long-term care facilities, local and state health departments, schools, workplaces, and patients’ homes. AARP believes reauthorization is important for training more highly skills nurses and diversifying the nursing workforce to appropriately reflect the communities served.

Thank you again for your bipartisan effort on these important issues. We look forward to working with you toward final passage of these bills. 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,

Bill Sweeney
Senior Vice President
Government Affairs