

October 29, 2001

Dear Senator:

The members of the Leadership Council of Aging Organizations (LCAO) grieve with the nation over the injuries and loss of life caused by the September 11 terrorist attacks. However, we are disappointed that more progress has not been made this year to strengthen the Medicare program by expanding prescription drug coverage. In a recent Washington Post poll, 73 percent of the 1,200 respondents opposed postponing action on prescription drugs due to the terrorist attacks. We look forward to working closely with members of Congress to pass a strong bill early next year.

It is our understanding that a scaled-back Medicare proposal may be considered for enactment this year. Any acceptable Medicare package needs to address important beneficiary concerns. The undersigned members of LCAO recommend that the following improvements for beneficiaries be included in any Medicare legislation that moves forward this year:

Prescription Drug Coverage Something should be done this year to improve Medicare prescription drug coverage. We support Senator Snowe's S. 913, which would extend current Medicare Part B coverage of oral cancer drugs, and Senator Murray's S. 554, which would extend current coverage to self-injected biological drugs. These bills would permit beneficiaries to choose among the most effective treatment alternatives. Medicare now covers most anti-cancer drugs because they are administered by injection by providers or have an injectable equivalent. Unfortunately, many important new oral anti-cancer drugs cannot be covered by Medicare because they have no intravenous equivalent. In addition, it makes no sense for Medicare to cover intravenous physician-administered drugs, but to refuse to cover more patient-friendly alternatives. Failing to cover self-injected biologicals is particularly harmful to disabled seniors and those in rural areas who have difficulty getting to their physicians' offices. **Preventive Care** We support S. 982, Senator Graham's Medicare Wellness Act, which would eliminate preventive benefits' deductibles and coinsurance, and expand Medicare to cover screening and counseling for some of the most common conditions among seniors, including hypertension, osteoporosis and high cholesterol, as well as covering medical nutrition therapy. By encouraging greater use of these services, beneficiaries' quality of life would be enhanced and Medicare expenditures would decline over the long run. Eliminating deductibles and coinsurance has received broad bipartisan support, including support from the Administration. **Chronic Care** A growing number of beneficiaries have serious chronic conditions and Medicare does a very poor job addressing their needs. We support S. 775, Senator Lincoln's Geriatric Care Act, which would provide Medicare coverage for care coordination and geriatric assessment. Seniors with chronic illness would benefit significantly from an accurate assessment of their needs and a centralized system of case coordination. In addition, we support the provisions of Senator Rockefeller's S. 1589, the Medicare Chronic Care Improvement Act, which would establish payment incentives for furnishing quality services to individuals with serious chronic conditions and conduct studies and reports on effective chronic care. **Home Health Care** We support Medicare Home Health proposals to: repeal the scheduled 15% cut (over 900,000 fewer beneficiaries are receiving home health care since BBA); give beneficiaries the choice to receive home health in adult day centers (S. 1619, a budget neutral proposal that can provide great relief to caregivers), and further fix the "homebound" problem (freeing many beneficiaries still virtually imprisoned in their homes). **Medicare Lock-In** We support a delay in the Medicare+Choice (M+C) lock-in, which is scheduled to take effect in January. In view of the continued exodus of M+C plans and providers from the program, allowing the lock-in provision to go forward as scheduled would severely

undermine the ability of many Medicare beneficiaries to receive the stable and consistent health care they require. **Low-Income Protections** In general, we support reforming the QMB, SLMB and QI-1 programs to improve access to Medicare low-income protections. Our current methods for protecting low-income Medicare beneficiaries against increasing out-of-pocket costs are ineffective. Reforms should focus on specific problems with outreach and eligibility. **Health Staffing** In general, we support efforts to alleviate shortages of nursing and paraprofessional workers by devoting federal resources to improve recruitment and retention of nurses, nurses aides, home health aides and personal care workers. We also support the creation of a Long-Term Care Workforce Commission to address this growing problem. **Quality Improvements** We support directing the CMS to use Medicare Peer Review Organizations (PROs) to ensure that Medicare providers are working to reduce and prevent medical errors. Reports from the Institute of Medicine and others on patient safety and medical errors call on Congress to put in place mechanisms that will improve Medicare quality. PROs should identify and reduce the incidence of medical errors and address issues of patient safety. **Medicare Education** We support directing the Secretary of HHS to devote additional funding for SHIPs (State Health Insurance Programs). SHIPs play a critical role in assisting Medicare beneficiaries with questions, complaints, obtaining health care plan information, and problem solving, especially in the era of M+C plan terminations. These successful programs have been under-funded for far too long.

Thank you for your attention to these issues. Again, we urge that any efforts you pursue this year to strengthen Medicare should include these provisions that would directly help beneficiaries.

AFSCME Retiree Program
Alliance for Retired Americans
American Association for International Aging
American Association of Homes and Services for the Aging
American Geriatrics Society
Association of Jewish Aging Services
B'nai B'rith Center for Senior Housing and Services
Catholic Health Association
Families USA
International Union, UAW
National Academy of Elder Law Attorneys
National Asian Pacific Center on Aging
National Association for Home Care
National Association of Area Agencies on Aging
National Association of Nutrition and Aging Services Programs
National Association of Professional Geriatric Care Managers
National Association of Retired and Senior Volunteer Program Directors
National Association of Retired Federal Employees
National Association of Senior Companion Program Directors
National Association of State Long Term Care Ombudsman Programs
National Committee to Preserve Social Security and Medicare
National Council on the Aging
National Indian Council on Aging
National Senior Citizens Law Center