December 11, 2019

The Honorable Nancy Pelosi
Speaker
United States House of Representatives
Washington, DC 20515

The Honorable Kevin McCarthy
Minority Leader
United States House of Representatives
Washington, DC 20515

Dear Speaker Pelosi and Minority Leader McCarthy:

We are writing with our endorsement of Elijah E. Cummings Lower Drug Costs Now Act (H.R. 3). In addition to bringing meaningful drug pricing reform, this legislation includes groundbreaking provisions that will strengthen Medicare and expand access and affordability for low-income older adults and people with disabilities.

Justice in Aging is an advocacy organization with the mission of improving the lives of low-income older adults. We use the power of law to fight senior poverty by securing access to affordable health care, economic security and the courts for older adults with limited resources. We have decades of experience with Medicare and Medicaid, with a focus on the needs of low-income beneficiaries, including those dually eligible for both programs.

Empowering the Secretary of Health & Human Services to negotiate drug prices on behalf of the Medicare program will make prescription drugs more affordable and generate an estimated $456 billion in savings. H.R. 3 reinvests those substantial savings in Medicare to provide 60 million seniors and people with disabilities with dental, vision, and hearing services for the first time in the program’s nearly 55-year history. These are tangible and greatly needed benefits that will help reduce health disparities. For example, nearly 2 out of 3 people with Medicare do not currently have any dental coverage and staggering numbers have not been to a dentist in the past year: 71% of black beneficiaries, 65% of Hispanic beneficiaries, 62% of beneficiaries under age 65 with disabilities, and 59% of beneficiaries living in rural areas.¹

H.R. 3 expands and simplifies access to financial assistance for beneficiaries with limited income and resources. Justice in Aging applauds the expansion of the Qualified Medicare Beneficiary program to individuals with incomes up to 150% of the federal poverty level and the expansion of the Part D Low-Income Subsidy (LIS) to individuals with incomes up to 200% of the federal poverty level. These provisions will ensure more low-income seniors can actually afford to use their Medicare coverage by alleviating the burden of cost-sharing and premiums. Other

provisions will allow low-income residents of U.S. territories to receive the LIS and automatically enroll individuals into the LIS who were previously enrolled in Medicaid when they became eligible for Medicare. Combined, these eligibility expansions and simplifications will ease the “cliff” that many Medicaid expansion enrollees face when they turn 65 and lose their full Medicaid benefits.

In addition, H.R. 3:

- Caps out-of-pocket spending for Part D enrollees who do not receive LIS at $2,000.
- Helps ensure LIS beneficiaries get the right coverage at the lowest possible cost by notifying them of the availability of $0 premium and other lower-cost drug plan options and by establishing an “intelligent assignment” mechanism for automatically them into a plan.
- Takes steps to improve the Part D appeals process by directing plans to track and publicly disclose instances of and enrollee experiences with point-of-sale rejections, including any resulting appeals.
- Increases language access by requiring Medicare to translate Medicare & You into additional languages beyond English and Spanish.
- Establishes new Medigap enrollment rights.

We urge the House of Representatives to pass this landmark legislation to lower prescription drug prices and greatly improve access to care for low- and moderate-income Medicare beneficiaries, including those dually eligible for Medicaid.

Sincerely,

Kevin Prindiville
Executive Director

Cc: Members of the U.S. House of Representatives