

**Congress of the United States**  
**Washington, DC 20515**

May 11, 2021

Honorable Xavier Becerra  
Secretary, Department of Health and Human Services  
200 Independence Ave SW  
Washington, DC 20201

Dear Secretary Becerra:

Congratulations on your recent confirmation to serve as the Secretary of Health and Human Services. We look forward to working together in your new role to ensure the Medicare program continues to provide high-quality, affordable care. For over two decades, Medicare Advantage (MA) has been integral to fulfilling the Medicare guarantee, offering choices, affordability, and meeting the holistic health needs of seniors and those with disabilities, today providing coverage to 42 percent of all Medicare beneficiaries totaling over 26 million seniors.<sup>1</sup>

Collectively, we represent districts where the majority – over 50 percent, and in some cases over 60 percent – of seniors chose to enroll in MA. There are 90 Congressional Districts like ours, as well as the United States' most populous territory, Puerto Rico, that represent more than 7.2 million seniors enrolled in the program.<sup>2</sup> In our districts the majority of seniors are enrolled in the program. We write to express our strong bipartisan support for MA and encourage you to protect and strengthen this important choice for seniors in the Medicare program. MA is delivering high-quality, affordable coverage, and is uniquely positioned to ensure seniors receive the care and support they need during the pandemic and beyond while improving health outcomes and advancing health equity for over 26 million seniors.

MA serves a diverse population, 28 percent of beneficiaries are racial and ethnic minorities, as compared to 21 percent in Medicare-Fee-for-Service (FFS). Currently, 55 percent of Latino and 39 percent of African American beneficiaries have actively chosen to enroll in MA and there is growing diversity in enrollment because of the value provided to beneficiaries.<sup>3</sup> Furthermore, more than half of MA beneficiaries have low-fixed incomes of less than \$30,000 annually, underscoring the critical need for access to affordable health care coverage.<sup>4</sup> MA provides financial protections from high out-of-pocket costs not available in Medicare FFS, which is particularly important for approximately 50 percent of seniors enrolled in MA whose incomes fall below 200% of the Federal Poverty Level.<sup>5</sup> A recent analysis found that beneficiaries in MA are spending nearly \$1,600 less annually out-of-pocket compared to beneficiaries in Medicare (FFS).<sup>6</sup>

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<sup>1</sup> <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDEnrolData>

<sup>2</sup> <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn>

<sup>3</sup> [https://www.ahip.org/wp-content/uploads/MA\\_Demographics\\_Report\\_2019.pdf](https://www.ahip.org/wp-content/uploads/MA_Demographics_Report_2019.pdf)

<sup>4</sup> [https://www.ahip.org/wp-content/uploads/MA\\_Demographics\\_Report\\_2019.pdf](https://www.ahip.org/wp-content/uploads/MA_Demographics_Report_2019.pdf)

<sup>5</sup> [https://bettermedicarealliance.org/wp-content/uploads/2020/04/BMA-FactsSheet.low\\_modestincomes-003.pdf](https://bettermedicarealliance.org/wp-content/uploads/2020/04/BMA-FactsSheet.low_modestincomes-003.pdf)

<sup>6</sup> [https://bettermedicarealliance.org/wp-content/uploads/2020/04/BMA-FactsSheet.low\\_modestincomes-003.pdf](https://bettermedicarealliance.org/wp-content/uploads/2020/04/BMA-FactsSheet.low_modestincomes-003.pdf)

Nearly all MA beneficiaries report satisfaction with their health coverage in part because it is focused on diagnosing and treating chronic conditions early to minimize disease progression, avoiding hospitalization, and coordinating care.<sup>7</sup> MA provides innovative and affordable benefits designed to address social determinants of health that are not available in Medicare FFS including transportation to providers, nutrition services and meal delivery, post-acute care coordination services, dental, vision, hearing, and other wellness benefits.

MA's additional benefits and services are demonstrating results and improving health outcomes. Recent research shows that compared to Medicare FFS, MA beneficiaries are 20 percent more likely to have an annual preventive care visit and have a 52 percent lower rate of complications for beneficiaries with diabetes.<sup>8 9</sup> Importantly, MA beneficiaries spend less time in the hospital – beneficiaries with chronic conditions experienced 23 percent fewer inpatient hospital stays and 33 percent fewer emergency room visits than similar individuals in Medicare FFS.<sup>10</sup>

In response to the COVID-19 pandemic, MA took swift action to protect and support seniors and those with disabilities, including delivering meals, providing personal protective equipment, activating clinical outreach, and enhancing touchpoints with providers through telehealth to keep beneficiaries healthy. MA plans also helped launch a pilot program called Vaccine Community Connectors in March. The program aims to quickly vaccinate seniors through vaccine education, appointment scheduling, transportation services, and partnering with federal, state, and local officials to deliver vaccines to underserved communities. Additionally, crucial financial protections were provided to seniors including waiving co-pays for primary care, telehealth, and COVID-19 medical treatment.

Again, congratulations on your confirmation. We look forward to working with you to protect and strengthen MA for the over 26 million seniors it serves, including the millions of seniors we collectively represent across our Congressional Districts who rely on this critical Medicare program to deliver high-quality, affordable health care that is improving health outcomes and advancing health equity across the country.

Sincerely,

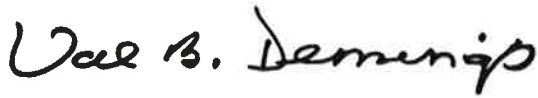
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<sup>7</sup> [https://bettermedicarealliance.org/wp-content/uploads/2021/01/BMA\\_Seniors-on-Medicare-Memo\\_.pdf](https://bettermedicarealliance.org/wp-content/uploads/2021/01/BMA_Seniors-on-Medicare-Memo_.pdf)

<sup>8</sup> Sukyung Chung, Lenard I. Lesser, Diane S. Lauderdale, Nicole E. Johns, Latha P. Palaniappan and Harold S. Luft. Medicare Annual Preventive Care Visits: Use Increased Among Fee-For-Service Patients, But Many Do Not Participate. *Health Affairs*, 34, no.1 (2015):11-20.

<sup>9</sup> Avalere. "Medicare Advantage Achieves Cost-Effective Care and Better Outcomes for Beneficiaries with Chronic Conditions Relative to Fee-for-Service Medicare." Published July 2018. <http://avalere.com/expertise/managed-care/insights/medicare-advantage-achieves-better-health-outcomes-and-lower-utilization-of>.

<sup>10</sup> Avalere. "Medicare Advantage Achieves Cost-Effective Care and Better Outcomes for Beneficiaries with Chronic Conditions Relative to Fee-for-Service Medicare." Published July 2018. <http://avalere.com/expertise/managed-care/insights/medicare-advantage-achieves-better-health-outcomes-and-lower-utilization-of>.



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