



# Leadership Council of Aging Organizations

*William (Larry) Minnix, Jr., Chair*

May 22, 2007

Sent By Fax

United States Senate  
Washington, DC 20510

Dear Senator:

The Medicare Part D Prescription Drug program is now into its second year, but at least 75 percent of Medicare beneficiaries who are still without any prescription drug coverage are eligible for significant assistance under the Low-Income Subsidy (LIS) program. These 4.2 million eligible individuals are the people that the drug benefit was intended to help most -- those with limited incomes who were least likely to have had prescription drug coverage previously.

To remove barriers and make needed improvements in the prescription drug program for low-income Medicare beneficiaries, the following undersigned members of the Leadership Council of Aging Organizations (LCAO) support Senate Bills 1102, 1103, 1107 and 1108 introduced by Senators Jeff Bingaman (D-NM) and Gordon Smith (R-OR).

- S. 1102, the *Part D Equity for Low-Income Seniors Act*, raises the asset limits for the LIS to be more reflective of low-income Medicare beneficiaries who managed to save a modest nest egg for their retirement. These people should be encouraged and rewarded, not denied the extra help that they need. The bill also includes provisions to index cost sharing for all LIS eligibles to the Consumer Price Index, rather than higher Part D drug costs; and eliminate confusing, unnecessary application questions on life insurance and family support.
- S. 1108, the *Medicare Part D Outreach and Enrollment Enhancement Act*, allows low-income beneficiaries to enroll in the program at any time without a penalty, as they now can for Medicare Part B. The bill also recognizes that additional resources are needed to find and enroll the remaining LIS eligibles and that local organizations should play a critical role in this effort, by providing funding for the National Center on Senior Benefits Outreach and Enrollment and State Health Insurance Assistance Programs (SHIPs).
- S. 1103, the *Help Fill the Medicare Rx Gap Act*, allows costs paid by pharmaceutical manufacturer patient assistance programs, AIDS Drug Assistance Programs (ADAP), and the Indian Health Services to count towards True Out of Pocket Costs (TrOOP) for Medicare Part D. Allowing these costs to count towards TrOOP will help beneficiaries with limited incomes get through the donut hole quicker, thereby making them eligible for the assistance provided under catastrophic coverage.
- S. 1107, the *Home and Community Services Copayment Equity Act*, eliminates Part D cost sharing for dual eligibles who receive Medicaid home and community services or reside in an assisted living or resident care program facility. This legislation treats these low-income Medicare beneficiaries the same as those who are in nursing homes.

United States Senate  
May 22, 2007  
Page 2

Additional effort must be focused on helping low-income Medicare beneficiaries in greatest need. The undersigned members of LCAO urge you to support enacting S. 1102, S. 1108, S. 1103, and S. 1107 this year.

Sincerely,

*AARP*  
*AFL-CIO*  
*AFSCME Retiree Program*  
*Alliance for Retired Americans*  
*Alzheimer's Association*  
*American Association for International Aging*  
*American Association of Homes and Services for the Aging*  
*American Geriatrics Society*  
*American Society of Consultant Pharmacists*  
*American Society on Aging*  
*Asociacion Nacional Pro Personas Mayores/National Association for Hispanic Elderly*  
*Association for Gerontology and Human Development in Historically Black Colleges and Universities*  
*Association of Jewish Aging Services of North America*  
*B'nai B'rith International*  
*Catholic Health Association of the United States*  
*Families USA*  
*Gray Panthers*  
*International Union, United Auto Workers*  
*National Academy of Elder Law Attorneys*  
*National Asian Pacific Center on Aging*  
*National Association of Area Agencies on Aging*  
*National Association of Foster Grandparent Program Directors*  
*National Association of Professional Geriatric Care Managers*  
*National Association of Social Workers (NASW)*  
*National Association of State Units on Aging*  
*National Caucus and Center on Black Aged, Inc.*  
*National Committee to Preserve Social Security and Medicare*  
*National Council On Aging*  
*National Indian Council on Aging, Inc.*  
*National Senior Citizens Law Center*  
*OWL, The Voice of Midlife and Older Women*  
*Service Employees International Union*  
*United Jewish Communities*