

November 14, 2011

The Honorable Patty Murray
Co-chair
Joint Select Committee on Deficit Reduction
United States Senate
Washington, DC 20510

The Honorable Jeb Hensarling
Co-chair
Joint Select Committee on Deficit Reduction
United States House of Representatives
Washington, DC 20515

Dear Senator Murray, Congressman Hensarling, and Members of the Committee:

The undersigned organizations urge that, as you develop policies to reduce the federal deficit, you make sure that dual eligibles are not adversely affected. Dual eligibles, who qualify for Medicare because of age or disability, and for Medicaid because of low incomes or high costs of care that impoverish them, are the most vulnerable individuals served by our nation's health care system. They typically have more significant health and long-term services and supports needs and are on average poorer than other people with Medicare. Most have multiple chronic conditions and/or cognitive impairments.

We believe there are many opportunities under existing law to improve care for dual eligibles through better care coordination and integration of payment models. Initiatives are underway in over three-fifths of the states. Over time, these improvements to care should produce better health outcomes and reduce spending on health care for this population. These are goals on which we can all agree.

There is no one-size-fits-all model of care for dual eligibles. They are a diverse population with substantially varied needs, and a universal compulsory model, such as mandatory enrollment in private managed care plans, is a bad idea. For example, what works well for an older person with cognitive impairments may not help a younger person with physical disabilities, and vice versa. Moreover, health care systems are different in every state. Many states are exploring models other than commercial managed care for their dual eligibles, and this experimentation should be allowed to continue.

Finally, we note that because it is difficult to quantify savings from better health outcomes in the near-term, any savings generated from improvements to care for dual eligibles is likely to be given a modest score by the Congressional Budget Office. We are concerned that as a result, Congress might impose some form of cap or limit on Medicare or Medicaid expenditures for dual eligibles that would be triggered if costs do not meet a target. We strongly oppose imposing any Medicare and Medicaid spending caps on any subpopulation, especially dual eligibles. Such a step would be a fundamental abandonment of Medicare's and Medicaid's promise to ensure access to health care for the most vulnerable Americans.

We would welcome the opportunity to further discuss how to improve care and reduce costs for dual eligibles.

Sincerely,

AARP
Alliance for a Just Society
Alliance for Retired Americans
Alzheimer's Foundation of America
American Association for Geriatric Psychiatry

American Association on Health and Disability
American Network of Community Options and Resources
American Nurses Association
American Occupational Therapy Association
American Occupational Therapy Association
American Psychiatric Association
Association for Gerontology and Human Development in Historically Black Colleges and Universities
Bazelon Center for Mental Health Law
Catholic Health Association of the US
Center for Medicare Advocacy, Inc.
Dialysis Patient Citizens
Disability Rights Education & Defense Fund
Easter Seals
Families USA
Health & Disability Advocates
HIV Medicine Association
The Jewish Federations of North America
LeadingAge
Medicare Rights Center
National Academy of Elder Law Attorneys
National Association for Home Care & Hospice
National Association of Area Agencies on Aging (n4a)
National Association of Councils on Developmental Disabilities
National Association of County Behavioral Health & Developmental Disability Directors
National Association of State Head Injury Administrators
National Committee to Preserve Social Security and Medicare
National Council for Community Behavioral Healthcare
National Council of Jewish Women
National Council of Women's Organizations
National Council on Aging
National Disability Rights Network
National Hispanic Council on Aging
National Multiple Sclerosis Society
National Physicians Alliance
National Respite Coalition
National Senior Citizens Law Center
PHI – Quality Care through Quality Jobs
Sargent Shriver National Center on Poverty Law
The American Geriatrics Society (AGS)
The Arc
The National Association of People with AIDS (NAPWA)
The National Consumer Voice for Quality Long-Term Care
Visiting Nurse Associations of America (VNAA)
Volunteers of America
YWCA USA

CC:

The Honorable Harry Reid, Senate Majority Leader
The Honorable John Boehner, Speaker of the House

The Honorable Mitch McConnell, Senate Minority Leader
The Honorable Nancy Pelosi, House Minority Leader