



*We Will Empower Bold Change to Elevate  
Human Flourishing.*

## **PROTECTING MEDICARE ACCESS**

### **THE ISSUE**

Since 1965, Medicare has been highly successful in achieving affordable health coverage for hundreds of millions of elderly and disabled Americans. Today Medicare covers 66 million Americans, including 58 million people 65 or older and 8 million adults under 65 with long term disabilities. According to the Kaiser Family Foundation, in 2023 half of all people on Medicare had incomes below \$36,200 per person and savings below \$103,800.

Medicare today is evolving from volume-based reimbursement toward a payment system based on value and outcomes. Medicare payment and delivery system reforms, such as value-based purchasing, excess readmission penalties, accountable care organizations, payment bundling, medical homes and other alternative payment models, many of which were introduced in the Affordable Care Act (ACA), help to reduce costs and improve the quality-of-care Medicare patients receive. This movement has traditionally had broad bipartisan support. Continuing along this path presents both challenges and opportunities to increase access to care, through telehealth and other innovations, and to identify and measure the quality benchmarks most likely to increase health outcomes and reduce cost.

### **MINISTRY TRADITION**

In 1965, our nation made a commitment to protect the health and well-being of seniors by establishing the Medicare program. The mission of the Catholic health ministry, in accordance with the Ethical and Religious Directives for Catholic Health Care Services, compels us to be distinguished through “service to and advocacy for those people whose social condition puts them at the margins of our society and makes them particularly vulnerable to discrimination.” Continuing to preserve and strengthen that commitment to our nation’s seniors is a vital component of ensuring a more just and equitable health care system.

### **CHA’S POSITION AND ACTIVITIES**

- **Protect Care for Low-Income Beneficiaries**—CHA will work in partnership with other provider and consumer organizations to ensure that low-income seniors do not encounter reduced benefits or financial barriers to Medicare through increased subsidies, copays, or asset tests.
- **Improve Medicare access and care coordination** —CHA strongly supports efforts to coordinate and integrate person-centered health care services along the continuum of care and promote greater use of medical homes, care coordinators and chronic care management, especially for those dually eligible for Medicaid and Medicare.



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**Provide Adequate and Sustainable Financing—** Congress must continue to provide Medicare with adequate and sustainable funding to ensure the ability of health care providers, including providers of long-term care services, to maintain quality and compassionate care for the 66 million Americans who rely on Medicare for their health care. To support access to hospital care in rural areas, Congress should make permanent the Medicare-dependent hospital designation and low volume Medicare adjustment programs.

- **Delivery System Reforms—**CHA supports the transformation of our health care system to one that focuses on quality and outcome rather than volume. We will work with CMS and our members to ensure that alternative payment and delivery models are developed and implemented successfully, without unintended consequences such as increasing disparities in care or creating disincentives to serve low-income or uninsured patients. We support efforts to prioritize, consolidate and align quality measures across payment systems and to incorporate appropriate methods of sociodemographic adjustment in quality reporting and payment programs.
- **Telehealth Access –** Regulatory waivers and temporary changes to the law have allowed Medicare beneficiaries to access care via telehealth services since the COVID emergency. Congress should now enact these flexibilities into permanent law, including allowing payment for telehealth services in any geographic area, from a home or health care setting, by audio-only for certain services and from physical, occupational and speech therapists.