

United States Senate

WASHINGTON, DC 20510

February 24, 2017

Tom Price, MD
Secretary
U.S. Department of Health & Human Services
200 Independence Ave, SW
Washington, DC 20201

Dear Secretary Price:

As the Ranking Member of the Senate Special Committee on Aging, I am responsible for protecting the programs that allow all of us to age with dignity. To that end, over the past week, I traveled across Pennsylvania to meet with seniors, health care and service providers, stakeholders, and other community leaders and discuss issues older citizens face in accessing health care and other critical services. I write to share with you what I heard and demand answers to questions – some of which I asked you during your confirmation process, but that you failed to answer – about some of the Trump Administration proposals that are most threatening to seniors and their families.

I heard from seniors who are concerned about efforts by the Trump Administration to cut health care benefits and increase costs. For example, ending the guaranteed benefit of Medicare and dismantling Medicaid will cause millions in Pennsylvania to lose access to critical health care and supportive services. Approximately 2.5 million Pennsylvanians receive Medicare coverage and around 20 percent rely upon Medicaid to assist with their Medicare costs. Most acutely, Administration efforts to dismantle the current Medicaid financing structure and force states to limit Medicaid eligibility is causing families to fear bankruptcy due to the cost of nursing home care for elderly relatives.

I also had the opportunity to hear about how the Affordable Care Act (ACA) has improved coverage and care for older citizens. Prior to the ACA, older individuals not yet eligible for Medicare were often denied insurance coverage due to a pre-existing condition or could not afford coverage because insurance companies could charge older citizens significantly more than younger ones. As a result of the ACA, that is no longer the case. Moreover, since the ACA prohibits patients from paying out-of-pocket costs for preventive care, older Americans can access services that help them remain healthy longer. Providers are concerned that if the ACA is repealed, older patients not yet eligible for Medicare will be unable to purchase affordable coverage and access critical services.

Finally, individuals overseeing programs that benefit seniors, along with the older citizens who benefit from services like Meals on Wheels, fear potential budget cuts to important programs funded through the Older Americans Act. These programs ensure vital services reach

ROBERT P. CASEY, JR.
PENNSYLVANIA

COMMITTEES:
AGRICULTURE, NUTRITION,
AND FORESTRY

FINANCE

HEALTH, EDUCATION,
LABOR, AND PENSIONS

SPECIAL COMMITTEE ON AGING

JOINT ECONOMIC

United States Senate

WASHINGTON, DC 20510

seniors in the communities where they live and help them to maintain their health and well-being.

I share all of the concerns I heard during my stops throughout the state and I reiterated my commitment to protecting vital programs for the Nation's older citizens. I had hoped to be able to share answers to the questions that I asked of you during your confirmation process. However, this was the first time in my tenure as a U.S. Senator that a nominee for a cabinet-level position has failed to answer all of my questions. I am resubmitting some of them to you again. Pennsylvanians deserve to know the plans of the Trump Administration for the programs that ensure their financial and health security. I expect answers to these questions by March 3, 2017.

Sincerely,



Robert P. Casey
Ranking Member
Senate Special Committee on Aging

Enclosure

United States Senate

WASHINGTON, DC 20510

Enclosure: Questions Requiring a Response

When I met with older citizens in my state, they expressed concerns that your proposals to end the guaranteed benefit of Medicare and dismantle Medicaid would leave their families to foot the bill. What do you say to those families who have planned their savings and retirement around what may become a broken promise that these programs would be available to care for elderly relatives?

As Americans age, they are often confronted with greater health care needs. Historically, seniors paid up to 11 times higher premiums for health insurance than non-seniors. Medicare was established to provide seniors with more affordable health insurance coverage than routinely available by private insurers. Prior to the Affordable Care Act (ACA), only 9 states limited private insurance premiums for seniors; the ACA limited premium surcharges to 3 times the rate of non-seniors. Do you believe that insurance companies should be able to charge older Americans seeking coverage on the individual market more for their health insurance than younger Americans? If so, how much more? And, why?

Research shows¹ that services like Meals on Wheels, which provide daily nutrition, companionship and safety checks to our nation's most vulnerable seniors, helps maintain health and independence, and reduces falls, hospitalizations and premature nursing home placement. Given that proper nutrition is directly linked to health outcomes and quality of life, will you increase resources to senior nutrition programs as a cost-effective intervention to reducing healthcare expenditures?

As a physician, more than most, you understand the role that nutrition and socialization play in the health and wellbeing of seniors. This was recently affirmed through the National Commission on Hunger – a congressionally appointed bipartisan commission – which recommended improving nutrition assistance options for individuals who are disabled or medically at risk by modifying Medicaid and Medicare Advantage plans to include coverage for meal delivery, with a physician referral.² What will you do to assure those recommendations are implemented?

Last year, with bicameral, bipartisan support, Congress unanimously approved and the President signed into law the Older Americans Act Reauthorization Act of 2016. Will you commit to continue to protect and enhance OAA programs such as Meals on Wheels, senior centers, transportation, employment and training services for the growing number of seniors in social and economic need?

¹ <http://www.mealsonwheelsamerica.org/theissue/research/more-than-a-meal>

² <https://cybercemetery.unt.edu/archive/hungercommission/20151217000051/http://hungercommission.rti.org/>

United States Senate

WASHINGTON, DC 20510

Older Americans Act (OAA) Nutrition Programs are serving 23 million fewer meals³ than in 2005 due to limited funding, while the number of seniors experiencing hunger increased by 73 percent from 2007 to 2014. In addition, a recent GAO report⁴ found that about 83 percent of food insecure seniors and 83 percent of physically impaired seniors did not receive meals through the OAA but likely needed them. Will you decrease funding for programs that support nutritionally at risk, vulnerable seniors? If so, by how much?

In your 2017 budget proposal, you advocated expanded funding to Community Health Centers to improve access to care for vulnerable Americans. Please detail your plans to ensure that Community Health Centers have sufficient staffing, resources, and funding to deliver essential care to vulnerable Americans.

³ <http://www.agid.acl.gov/CustomTables/SPR/Data/>

⁴ <http://www.gao.gov/products/GAO-15-601R>