

United States Senate  
WASHINGTON, DC 20510

October 15, 2021

The Honorable Chiquita Brooks-LaSure  
Administrator  
Centers for Medicare and Medicaid Services  
7500 Security Boulevard  
Baltimore, MD 21244

Dear Administrator Brooks-LaSure:

We write to express our support for the Medicare Advantage (MA) program and our commitment to work with the Centers for Medicare and Medicaid Services (CMS) to ensure the program continues to provide high-quality, affordable care to over 26 million seniors and enrollees with disabilities who qualify for Special Needs Plans.<sup>1</sup>

Medicare beneficiaries, including many in rural communities, have access to more MA coverage options nationwide today than at any time during the last decade.<sup>2</sup> MA's consistently high rates of beneficiary satisfaction and its growing enrollment are a demonstration of its value. Today, MA provides coverage to approximately 42 percent of all Medicare beneficiaries across the country, with enrollment in over half of the U.S. states meeting or exceeding this national average.

Payment stability is critical to protecting and strengthening this popular choice for seniors, particularly since these seniors have paid into the Medicare program and expect to continue to receive the excellent, reasonably priced care offered by MA. As Congress and the Administration work together to find opportunities to promote better access to care and reduce costs, ensuring that MA's care delivery model remains strong and stable should remain a priority. The MA program is essential to fulfilling the CMS's commitment to improving and delivering high-quality, accessible, affordable, and equitable care choices to Medicare beneficiaries.

MA delivers first-rate coverage to an increasingly diverse population. According to a recent analysis, growth in MA enrollment from 2009 to 2018 was greatest among Black and Latino Americans, as well as, individuals dually eligible for Medicare and Medicaid. The latter group currently accounts for 31 percent of MA beneficiaries from a racial or ethnic minority, compared with 21 percent of racial or ethnic minority beneficiaries enrolled in Medicare Fee-for-Service

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

<sup>2</sup> <https://connect.kff.org/medicare-advantage-enrollment-has-more-than-doubled-over-the-past-decade-see-the-latest-data-and-trends>

(FFS).<sup>3</sup> Diversity in enrollment is partly growing in response to the comprehensive benefits MA offers to its beneficiaries, including an expansion of zero premium plans, the addition of supplemental benefits aimed at addressing social determinants of health, and the establishment of Special Needs Plans. The increasing participation in MA of Black, Latino, and dual-eligible individuals underscores the critical importance of continuing to support coverage options that address the unique needs of a diverse beneficiary population and further improve health equity.<sup>4</sup>

The comprehensive and innovative MA clinical care model promotes primary care and is providing seniors with value-based care that can be of a higher quality than Medicare FFS, resulting in improved health outcomes and cost savings. MA offers financial protections from high out-of-pocket costs not available in Medicare FFS, which is an important benefit for the more than half of MA beneficiaries that have low fixed incomes of less than \$30,000 annually.<sup>5</sup> The MA model prioritizes care coordination, early diagnosis, and treatment of chronic conditions, and is strengthened by MA's ability to offer benefits aimed at addressing social determinants of health including vision, dental, hearing, telehealth services, transportation, meal services and delivery, in-home support services, and other wellness benefits.

During the ongoing COVID-19 pandemic, MA is protecting and supporting seniors and individuals with disabilities by providing more care in the home through meal delivery, providing personal protective equipment, multifaceted beneficiary engagement, vaccine education, and delivery services to underserved communities. MA plans are also supporting beneficiaries by utilizing telehealth visits.

To ensure this continuum of care, we stand ready to protect MA from payments cuts, which could lead to higher costs and premiums, reduce vital benefits, and undermine advances made to improve health outcomes and health equity for MA enrollees.

We look forward to partnering with you to fulfill CMS's commitment to improving health care access, quality, and affordability, and to advancing health equity. We are committed to building on the progress already made by protecting proven health care coverage options like MA for the program's more than 26 million beneficiaries— including the millions of seniors we represent in our states.

Sincerely,



Kyrsten Sinema  
U.S. Senator



Tim Scott  
U.S. Senator

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<sup>3</sup> David J. Meyers, Vincent Mor, Momotazur Rahman, and Amal N. Trivedi. Growth in Medicare Advantage Greatest Among Black And Hispanic Enrollees. Health Affairs, 40, no. 6 (2021): 945-950.

<sup>4</sup> David J. Meyers, Vincent Mor, Momotazur Rahman, and Amal N. Trivedi. Growth in Medicare Advantage Greatest Among Black And Hispanic Enrollees. Health Affairs, 40, no. 6 (2021): 945-950.

<sup>5</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)



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