



**AARP
STATEMENT FOR THE RECORD
for the**

**UNITED STATES SENATE
SPECIAL COMMITTEE ON AGING
on**

NAVIGATING MEDICARE ENROLLMENT

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Thank you for inviting AARP to participate in today's hearing. My name is Jina Ragland and I am the Associate State Director of Advocacy and Outreach for AARP Nebraska. AARP, which advocates for the more than 100 million Americans age 50 and older, appreciates the Senate Aging Committee's effort to examine the Medicare enrollment process and ways to improve it for older Americans. In particular, we would like to thank Senator Ricketts for leading the *Improving Measurements for Loneliness and Isolation Act* and for cosponsoring the *Alleviating Barriers for Caregivers Act*. These bills will help Americans thrive as they age.

There are currently over 66 million Americans with Medicare, and roughly 4 million people join Medicare for the first time each year. In Nebraska, there are over 370,000 Medicare beneficiaries – roughly 19% of the population. For many, Medicare enrollment is a confusing and time-consuming process, often requiring the help of loved ones and trusted individuals to guide them through it. Congress and community partners, like AARP, can all play a role in making the enrollment process as stress-free as possible. The actions discussed below are just a few of the positive steps that can be taken to improve the process for everyone.

Beneficiary Eligibility Notification

One of the most common complaints about initial Medicare enrollment is lack of awareness about eligibility timelines and enrollment requirements. Failure to timely enroll in Medicare can result in costly penalties that can be added to your premiums for as long as you have Medicare. AARP has long recommended that the Social Security Administration should notify potential Medicare beneficiaries, well before they reach Medicare eligibility at age 65, about the steps to take if they want to enroll and about the circumstances under which premium penalties may be assessed. Directing the Social Security Administration to work with the Department of Health and Human Services to inform potential Medicare beneficiaries of their eligibility annually for five years prior to turning age 65 will help ensure that older Americans have adequate time to plan for their transition to Medicare. Bipartisan legislation in the Senate, the *Beneficiary Enrollment Notification and Eligibility Simplification (BENES) 2.0 Act* (S. 1687), would help people approaching age 65 punctually and properly enroll in Medicare, thereby preventing delays in coverage and costly penalties.

Improved Consumer Education

Even if a person knows they can sign up for Medicare, they may not know how. The decision-making process can be overwhelming for many individuals. AARP endeavors to be a trusted friend for older Americans to turn to. The AARP Magazine and AARP Bulletin, delivered to all our members, regularly publishes tips and information on Medicare enrollment. In addition, we have developed a web page of resources at aarp.org/medicare, as well as our online Medicare Enrollment Guide which offers a step-by-step tool for first time enrollees. We also try to meet people where they are through webinars, on-demand tutorials, and local seminars.

AARP is limited, though, when individuals require more hands-on or personalized assistance. That is why State Health Insurance Assistance Programs (SHIPs) are such a valuable resource. SHIPs provide local, in-depth, and objective insurance counseling and assistance to Medicare-eligible individuals, their families, and caregivers. Each state has a SHIP program administered by professional staff and volunteers who can help you navigate the Medicare program. Nebraska SHIP is managed through the Nebraska Department of Insurance with federal funding support. An important step the federal government can take to help people through the Medicare enrollment process is to increase funding for SHIPs, Area Agencies on Aging, Aging and Disability Resource Centers, the National Center on Benefits Outreach and Enrollment, and other programs administered by the Administration for Community Living which engage with people locally in our community. Additional resources could help to increase awareness of the SHIPs and increase the number of people the SHIPs can assist.

Unfortunately, one part of SHIP's funding has been stalled thus far this fiscal year. Mandatory funding for outreach and assistance to low-income Medicare beneficiaries was not included in the recent series of Continuing Resolutions which are currently funding the federal government. The modest funding has been regularly passed as a "health extender" in the annual appropriations process. We urge Congress to fully restore the \$50 million in mandatory funding in the next spending deal to enable SHIPs and other entities to help make Medicare more affordable for low-income beneficiaries.

Family Caregiver Inclusion

While it can be confusing or overwhelming for Medicare beneficiaries or those enrolling in Medicare to navigate the program, it can also be challenging for family caregivers who are assisting or advocating on behalf of a loved one. There are [more than 48 million](#) family caregivers in the U.S. They assist their older parents, spouses, siblings, grandparents, adult children, and other loved ones so they can live independently in their homes – where they want to be. Caregivers provide an estimated [\\$600 billion](#) in unpaid labor each year, saving taxpayers billions of dollars. Without them, America's health and long-term care systems would collapse.

Caregivers help with everything including meals, bathing, dressing, medications and medical care, coordinating and providing care, chores, finances, grocery shopping, transportation, and much more, including assistance with Medicare enrollment, coverage options, appeals, and beneficiary advocacy. Caregivers provide, on average, about [24 hours](#) of care each week. [Over half](#) (56 percent) of family caregivers advocate with care providers, community services, or government agencies on behalf of their loved one. [One in four](#) want help figuring out forms, paperwork, and eligibility for services. Among those coordinating care, [31 percent](#) find it difficult to do so.

AARP supports two bipartisan bills to help make providing care easier and save family caregivers time and frustration when trying to navigate or get care for their loved ones in Medicare. First, the *Alleviating Barriers for Caregivers Act* (ABC Act, S. 3109) would help reduce red tape by requiring the Centers for Medicare & Medicaid Services and the Social Security Administration to review their eligibility determination and application processes, procedures, forms, and communications for Medicare, Medicaid, Children's Health Insurance Program, and the Social Security programs to reduce administrative challenges for caregivers. They must report to Congress within a year on issues identified and findings, actions they are taking, an estimated timeframe for completion, any recommended changes in federal law to address identified issues, and more. We appreciate that Senator Ricketts has cosponsored this important legislation. Second, the *Connecting Caregivers to Medicare Act* (S. 3766/H.R. 7274) would help inform people about the voluntary option for Medicare beneficiaries to allow family caregivers to access their health information through 1-800-MEDICARE. This can make it easier for caregivers to communicate with Medicare to help their loved one or to advocate on their behalf. The sign-up form and other educational materials would be made available in non-English languages. The bill would also help ensure 1-800-MEDICARE operators provide appropriate resources and information for family caregivers. These two bills are bipartisan commonsense solutions that we urge Congress to enact into law. Supporting family caregivers helping their loved ones navigate Medicare is essential.

Improved Employer Education

AARP understands that most people enrolling in Medicare for the first time are transitioning from employer-sponsored health coverage. The employer or, when available, the health benefits administrator is well positioned to help individuals make the transition to Medicare and avoid enrollment mistakes and costly penalties, yet they are often ill-equipped to provide guidance or answer questions from their employees. AARP is working to address this issue by developing educational programs and training resources designed specifically for employers. More than merely creating pamphlets and brochures, AARP is proactively reaching out to employers. In only the first couple years of this effort, already 1,700 employers have participated in our *Medicare 101: For You, Your Employees, and Your Business* program and 30,000 Medicare educational resources have been distributed to employers. Better employer

education can help reduce information errors and provide another reliable source of information for consumers.

Medicare Advantage Information

AARP supports enabling all Medicare beneficiaries to make their own health care coverage choices based on their specific health care needs, preferences, and history. The explosion of Medicare Advantage (MA) plan availability – with the average beneficiary having access to 43 different plan options in 2024 alone – can make enrollment in the right plan a daunting process for even the most knowledgeable consumers. With enrollment in MA plans eclipsing that in traditional Medicare, it is increasingly important for Congress to ensure that beneficiaries are adequately served in both MA and traditional Medicare in terms of costs, benefits, quality of care, and patient outcomes. AARP has long supported efforts to improve the quality and affordability of all Medicare coverage options while working to ensure that consumers maintain a robust choice of both MA and traditional Medicare options.

Plan marketing directly affects consumers' experience and ability to make informed enrollment choices. In many cases, deceptive marketing practices have led individuals to enroll in a plan that does not meet their needs. AARP has repeatedly raised concerns about marketing abuses around MA plans and advocated for greater oversight, enforcement, and regulation of marketing materials and marketing standards for MA plans. Despite the progress made by new consumer protections, additional policy improvements continue to be needed. For example, improved transparency about agent, broker, and third-party organizations' compensation and financial incentives could help better inform consumer decision making. It is also critical to equip consumers with a clear pathway to lodge a complaint about problematic marketing practices.

In addition, increasing access to unbiased sources of information, such as through SHIPs, is essential to helping consumers discern Medicare marketing information. Medicare.gov, in particular, is often the first stop when choosing a coverage option regardless of whether a person is enrolling in Medicare for the first time or thinking of making a change during Open Enrollment. The website's Plan Finder tool is useful for researching MA plans and Part D prescription drug plans. However, there are still improvements that can be made to the website that would help in a person's decision making. For instance, the tool does not readily present traditional Medicare as an alternative choice to Medicare Advantage for health coverage. While the tool provides some introductory information about the difference between traditional Medicare and Medicare Advantage, Plan Finder inadvertently steers beneficiaries towards MA by not presenting traditional Medicare as a meaningful choice while they are comparing plans. Additionally, it is often difficult to make apples-to-apples comparisons between plans on Plan Finder because it receives incomplete information on plan provider directories and coinsurance costs from insurers. At best, Plan Finder links to the insurer's own provider directory, which is often inaccurate or out of date. Greater transparency and reporting requirements are needed so that consumers have a full look at pertinent information.

In conclusion, thank you for the opportunity to provide AARP's perspective on improving Medicare's enrollment process. I would be happy to answer any questions. We look forward to working with you to address this important issue and ensure continued access to affordable health benefits for older Americans.