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August 2, 2021

The Honorable Richard Neal, Chairman
 Committee on Ways and Means
 U.S. House of Representatives
 372 Cannon House Office Building
 Washington, DC 20515-2101

Dear Chairman Neal:

On behalf of the more than 2 million retirees and future retirees represented by the National Retiree Legislative Network (NRLN), I am requesting that you call for votes in the Committee on Ways and Means on the following four bills. These bi-partisan bills have been introduced in previous sessions of Congress and were not passed. Our members want to know why these bills have not moved out of Committee in the current 117th Congress.

H.R.2517, Comprehensive Care for Alzheimer’s Act Sponsor, would help the 95% of individuals with dementia that have one or more other chronic conditions, such as hypertension, heart disease and diabetes. This bipartisan bill reduces medical complications for these patients by creating a new way to fund dementia care through Medicare. This new model of managing care can help reduce hospitalizations and emergency department visits and delay nursing home placement, which improves the quality of life for patients and makes treatment more affordable.

Passage of **H.R.2517** would provide comprehensive care management services, including monitoring of additional health conditions, medication management and care coordination. It would eliminate cost-sharing for patients and pay providers a monthly amount based on the complexity and quality of the patient’s care. In addition, the bill requires outreach to underrepresented populations.

H.R.3517, Increasing Access to Osteoporosis Testing for Medicare Beneficiaries Act of 2021, would restore access to the DXA bone density test which Medicare began reimbursement cuts in 2007, resulting in fewer seniors being screened and treated and more patients suffering debilitating and unnecessary fractures. Restoring access to DXA testing will dramatically reduce fracture rates and generate substantial savings.

Fractures caused by osteoporosis are among the most significant challenges threatening the independence and quality of life for older Americans. Studies have shown one out of two women and up to one of four men will suffer an osteoporotic fracture in their lifetimes. These fractures could be significantly reduced if DXA screening followed by proper treatment was made more accessible.

H.R.3630, Lymphedema Treatment Act, would provide for Medicare coverage of certain lymphedema compression treatment items as durable medical equipment. This would help an estimated 3 to 5 million men, women and children with chronic lymphatic system failure. Two-thirds of all cases are the result of cancer treatments that remove lymph nodes or damage the lymphatic system. This is a significant survivorship issue.

Lymphedema affects 40 percent of all breast cancer survivors. Untreated or undertreated lymphedema results in increased complications, hospitalizations and disabilities. There is no cure, but it can be effectively managed with the help of compression treatment items.

H.R.3650, Improving Access to Medicare Coverage Act of 2021, would fix an arbitrary Medicare rule that patients who receive hospital care on “observation status” do not qualify for the benefit of skilled nursing care, even if their hospital stay lasts longer than three days and even if their care team prescribes it. Under current Medicare policy, a beneficiary must have an “inpatient” hospital stay of at least three days for Medicare to cover skilled nursing care. Patients on “observation status” are either forced to return home without the treatment they have been prescribed, or, as often happens, they believed they were an “inpatient” and are unexpectedly billed astronomical amounts after their stays in a skilled nursing facility.

Although the three-day “inpatient status” requirement has been temporarily waived during the COVID-19 pandemic, “observation status” patients will soon be forced once again to choose between the care they need and a large SNF bill. It is urgent that **H.R.3650** be passed immediately!

If you would like to learn more about why the NRLN supports these four bills, please contact me or Alyson Parker, NRLN Executive Director, on her cell phone at 813-545-6792 or executivedirector@nrln.org.

Sincerely,



Bill Kadereit, President

National Retiree Legislative Network

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