

[Name]  
[Street Address, City, ST ZIP Code]  
[Telephone]  
[Email]

[Insert Date]

Donald Trump  
US President  
The White House  
1600 Pennsylvania Avenue NW  
Washington, DC 20500

Dear Mr. Donald Trump:

I am writing to you as I have great concern regarding current law passed by President Obama that will prove a great financial burden on Medicare beneficiaries beginning in the year 2018.

On April 16, 2015 President Obama signed into law – the ***Medicare and CHIP Reauthorization Act (MACRA)*** – which repeals and replaces the flawed Medicare physician reimbursement system known as the sustainable growth rate or SGR. While MACRA stabilizes physician payment as Medicare moves “away from a volume-based system towards one that rewards value,” **the bill asks too much from Medicare beneficiaries without providing enough in return.**

The Impact of MACRA (the Doc Fix) on Medicare Beneficiaries:

The Center for Medicare Advocacy agrees it is in the best interest of Medicare beneficiaries and their doctors to have a permanent solution to the broken physician payment formula called the “Sustainable Growth Rate” (SGR). Unfortunately, the SGR replacement package passed by Congress is not sufficiently balanced. It will require a great deal from beneficiaries – and nothing from the pharmaceutical or insurance industries – without providing enough for beneficiaries in return.

The entire legislative package is estimated to cost roughly \$214 billion over 10 years. Of the portion of the package that will be offset, or paid for, roughly half (approximately \$35 of the total \$70 billion over 10 years) **will come from Medicare beneficiaries through changes that will increase their out-of-pocket costs for health care, including:**

**Adding deductibles to Medigap plans purchased in the future**  
**Further means-testing premiums for higher-income beneficiaries**  
**Overall increases in Part B premiums**

At the same time, neither the pharmaceutical industry nor the insurance industry is being asked to pay for any of this package, although doing so would pay for a major portion of the SGR replacement.

First, H.R. 2 would impose changes to Medigaps – Medicare supplemental insurance policies – that will limit coverage to costs above the Part B deductible by plans purchased by new Medicare beneficiaries beginning in 2020 (the Part B deductible is currently \$183 a year; in 2020 Medicare Trustees project it to be \$185 and in 2023, \$217.

Doing so will diminish the financial security and protection against high, unexpected out-of-pocket expenses sought by purchasers of such plans who seek an alternative to Medicare Advantage and do not otherwise have supplemental coverage.

Further, this change will encourage beneficiaries to join private Medicare Advantage plans – at greater costs to the Medicare program and taxpayers.

Second, H.R. 2 would add further means-testing in Medicare by making higher-income individuals pay even greater shares of their Part B and D premiums than they already pay now. Individuals with income of \$85,000 or more (and couples with income above \$170,000) already pay a greater share of their Part B and D premiums. Beginning in 2018, H.R. 2 would lower the income thresholds for the top two income groups so that individuals with incomes starting at \$133,500 would be paying even higher premiums.

Third, overall Part B premiums will continue to increase as a result of the “Doc Fix.” In 2015, the standard Part B monthly premium was \$104.90 as compared to \$134.00 in 2017. As noted by the Congressional Budget Office, CBO projects that the Part B premium will rise to \$177 by 2025.

While I welcome the permanent “Doc Fix” and a genuine consideration of expanding Medicare benefits and reducing beneficiaries’ cost-sharing burdens, I oppose redesigning or restructuring benefits for the real purpose of achieving savings. This is particularly concerning when, as in this legislation, it is done by shifting more costs to beneficiaries while the private insurers and drug companies profiting from Medicare contribute nothing. While H.R. 2 stabilizes physician payment and moves toward a system that places greater emphasis on value over volume, it does so by requiring too much from Medicare beneficiaries.

I hope Congress will right this wrong in future legislation and find other ways to cut spending instead of hurting seniors. It is never the right time to penalize hard working Americans who are near or enjoying their retirement years, and I oppose H.R. 2.

Sincerely,

[Name]