



December 2, 2022

The Honorable Nancy Pelosi  
Speaker of the House  
U.S. House of Representatives  
H-232, The Capitol  
Washington, D.C. 20515

The Honorable Kevin McCarthy  
Republican Leader  
U.S. House of Representatives  
2468 Rayburn House Office Building  
Washington, D.C. 20515

The Honorable Chuck Schumer  
Senate Majority Leader  
U.S. Senate  
322 Hart Senate Office Building  
Washington, D.C. 20510

The Honorable Mitch McConnell  
Republican Leader  
U.S. Senate  
317 Russell Senate Office Building  
Washington, D.C. 20510

Dear Speaker Pelosi, Leader McCarthy, Leader Schumer, and Leader McConnell:

AARP, on behalf of our nearly 38 million members and all older Americans nationwide, urges you to include important priorities for those age 50+ in any year-end legislative package. As we enter the final weeks of this session, we recommend adoption of the provisions, outlined below, to improve the health and financial security of older Americans.

### **Social Security Customer Service Crisis**

Over the past decade, the Social Security Administration (SSA) has been plagued with serious customer service deficiencies occasioned by underfunding. SSA needs a total increase of \$800 million for fiscal year 2023 just to cover fixed cost increases that are not in the control of the agency, and significantly more if it is expected to make much-needed improvements to customer service. Callers to the 1-800 number now wait ten times longer than ten years ago. Field offices have become so overwhelmed that visitors are waiting outside in inclement weather conditions or waiting more than a month just for an appointment if they call ahead. SSA has been setting new historic monthly highs for processing initial disability claims month after month for the past year – the latest average, 204 days, is twice as high as it was a decade ago, and some claimants cannot even get a hearing for two years. AARP strongly urges Congress to provide SSA no less than the Administration request, \$14.773 billion, including such sums necessary for its Inspector General and demonstration projects.

### **Retirement**

While Social Security continues to be the bedrock of retirement income for most American workers and their families, individuals want and need additional retirement income sources. Secure 2.0 would make several important enhancements to the current system.

AARP strongly supports the bipartisan provision providing an annual paper statement of benefits to ensure families know where they stand when saving for retirement. Recent AARP [polling](#) shows that most adults with employer-sponsored retirement plans would prefer to receive paper statements in the mail at least once a year. This is especially true for those age 50+, those with household incomes under \$50,000, and those who do not use computers at work. The poll also shows that respondents are more likely to read and save paper statements.

AARP [research](#) also shows that Americans are 15 times more likely to save for retirement when they can do so at work and are 20 times more likely if their workplace savings is automatic. Therefore, we strongly support the provision in the Securing a Strong Retirement Act of 2022 requiring employers with more than ten employees to automatically enroll workers in new retirement savings plans under this bill. Additionally, we are very pleased that Secure 2.0 would update and enhance the Saver's Credit; AARP has long supported making this credit refundable. Finally, we appreciate the support for provisions in the House and Senate version that would improve access to retirement plans for 27 million employees across the country who work part-time, many of whom are unpaid family caregivers.

### **Updated Asset Limits Under Supplemental Security Income (SSI)**

Supplemental Security Income (SSI) currently provides needs-based financial assistance to almost 7.6 million Americans, including children, individuals with severe disabilities, and those over the age of 65, with very low incomes and limited resources. To qualify for SSI, an individual must have assets valued at less than \$2,000, and for couples, that amount is \$3,000. These asset limits were last updated by Congress over 30 years ago. Decades of stagnant asset limits have prevented SSI beneficiaries from accumulating even modest personal savings to use in the event of an emergency or to begin contributing to their own economic security, without the risk of losing their benefits. They have also prevented more and more of those in legitimate need, especially older Americans, from qualifying for SSI. As such, AARP urges Congress to update SSI's asset limits and index them to inflation moving forward, consistent with the provisions of S.4102, the bipartisan SSI Savings Penalty Elimination Act.

### **Removal of the Earned Income Tax Credit Age Cap**

The Earned Income Tax Credit (EITC) is one of America's most effective anti-poverty programs. But while workers older than age 65 were able to qualify for the EITC when they filed their 2021 taxes, those same workers will not be eligible for the EITC when they file their 2022 taxes next year.

This is especially problematic as more Americans, either by necessity or choice, are [remaining](#) in the workplace into their late sixties and beyond. In fact, workers age 65+ have [represented](#) the fastest-growing segment of the labor force in recent decades. According to a recent [study](#), almost half of workers born between 1946 and 1960 expect to work past age 70 or do not plan to retire at all. Eighty-two percent of them cite financial reasons for doing so. Yet, simply by turning 65, many of these workers are excluded from this important EITC benefit. These workers deserve the same support as their younger counterparts who are doing the same work for the same wages.

Moreover, eliminating the EITC age cap could help employers and the economy at large by alleviating existing labor shortages and increasing available labor supply longer term. The EITC also brings essential revenue to states and local communities, which has a ripple effect throughout the economy. These dollars help to sustain businesses and workers by creating jobs, wages, and salaries immediately and in the future. AARP strongly supports the removal of the EITC age cap to better reflect modern labor dynamics.

### **Mental and Behavioral Health**

Mental health is a fundamental component of overall health. The lack of access and coverage for mental health services is an ongoing problem, and the COVID-19 pandemic has exacerbated unmet behavioral health needs and highlighted the continuing struggle that individuals face in accessing timely, quality mental health care and substance use disorder services. AARP [research](#) shows that socially isolated older adults are at greater risk for poor health and death than their well-connected counterparts, and social isolation leads to much higher spending in Medicare. According to a University of Michigan [poll](#) sponsored by AARP, nearly one in five older adults (age 50 to 80) say their mental health has gotten worse since the pandemic began in March 2020, and more than one in four say they are more anxious or worried than before the COVID-19 era. Those who do seek out help are often impeded by a lack of coverage or lack of providers in the Medicare system.

AARP supports expanding the network of providers who can receive reimbursement from Medicare for mental health professionals to include Marriage & Family Therapists (MFTs), Behavioral Health Counselors (BHCs), and Clinical Social Workers (CSWs). Increased use of MFTs, BHCs, and CSWs to provide care to patients will increase access to mental health services and may also prove cost-effective. AARP also supports amending the definition of partial hospitalization services and establishing coverage of intensive outpatient services under Medicare, which has been shown to help individuals remain in their homes and communities. IN addition, AARP supports efforts to improve Medicare's inpatient psychiatric facility payment system and add intensive inpatient program coverage for beneficiaries with mental health and substance use disorders who need that level of care.

### **Telehealth**

The pandemic has made clear the value of using telehealth to deliver care. AARP [research](#) shows that nearly half of people age 65 and older have used telehealth in the past two years. It is an important tool in the health care delivery toolkit and helps people, particularly older Americans, conveniently and safely access care. While we support the continuation of Medicare coverage and flexibilities for 151 days following the end of the public health emergency, as required by current law, we believe there must be a more sufficient period of time to evaluate each service and modality for quality and value before ending its coverage under Medicare. We urge Congress to provide stability for Medicare beneficiaries by continuing Medicare telehealth coverage through 2024. During this time, policymakers should review data on cost, outcomes, and access prior to making telehealth policies permanent.

## **Medicaid Funding for Puerto Rico and the U.S. Territories**

Puerto Rico and the other U.S. territories have faced longstanding fiscal and health funding challenges due to funding levels from the federal government that differ significantly from the states. Congress has provided additional federal funding in the past to address emergencies and additional needs beyond the Medicaid allotments set in current law, but a permanent solution has not been achieved. Unlike in the states, federal funding for Medicaid in Puerto Rico is under a statutory cap and fixed matching rate. This differs from the states, where federal Medicaid dollars are uncapped and the federal matching rate (FMAP) is adjusted annually based on the state's relative per capita income. However, if Puerto Rico exhausts its capped funds, the territory no longer receives federal financial support for its Medicaid program. This creates a serious hardship limiting health and access to care for the American citizens in Puerto Rico and the U.S. Territories.

AARP has long supported the federal government ending funding disparities in the treatment of Puerto Rico and the U.S. Territories health care system. AARP urges Congress to enact equal treatment of Puerto Ricans and the U.S. Territories under Medicaid, with a permanent fix to address funding parity and the fiscal cliff that will occur when the current enhanced FMAP expires.

## **Hospital at Home, Elder Justice and Home Care**

As our nation approaches the three-year mark in our fight against the COVID-19 virus, AARP is encouraged by the significant progress in bringing down the overall impact of the disease – but we know the fight is far from over, particularly for older Americans. Since the pandemic began, a staggering 93 percent of COVID-19 deaths have been people aged 50 and older. Even in recent months as death totals have decreased, more than 70 percent of COVID-19-associated hospitalizations have also been patients age 50 and older. As we head into another potential surge this winter, we need to ensure older Americans have continued access to the vaccines, tests, and treatments they need.

The COVID-19 public health emergency (PHE) accelerated the growth of Hospital at Home (HaH) programs in which eligible patients receive acute hospital-level care where they live instead of in a hospital. A Centers for Medicare & Medicaid Services (CMS) waiver program during the PHE has provided payment to participating hospitals for HaH programs for eligible Medicare fee-for-service (FFS) and non-managed care Medicaid beneficiaries. While receiving hospital care at home may be associated with positive health outcomes and patient satisfaction, the movement of care into the home raises questions and concerns about support for and inclusion of family caregivers in this model of care.

Family caregivers are critical partners on care teams and often play a vital role in assisting their loved ones, including before, during, and after care transitions. As Congress considers possible extension of HaH programs and related waiver(s), AARP urges the inclusion in any evaluation of such waivers or programs an analysis of the impact on family caregivers and the extent to which the needs of patients and family caregivers are met. This would help provide useful information to Congress and CMS that recognizes the important role caregivers may play in assisting their

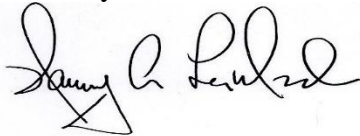
families and friends in these programs. Going forward, it is also important that HaH programs ensure family caregivers are [included and supported](#).

Separately, we also support making permanent the Money Follows the Person Rebalancing Demonstration Program and financial protections for the spouses of individuals receiving Medicaid home and community-based services in any year-end package. We also urge Congress to provide important reauthorization, modernization, and funding for programs under the Elder Justice Act in such a package. Nursing home provisions to help support state survey and certification, ensure accurate submission of certain data and audits of Medicare cost reports for these facilities should also be included.

### **Conclusion**

We urge you to seize this opportunity and pass these important policies to improve the health and financial security of all older Americans. We look forward to continuing to work with you on this effort. If you have any additional questions, feel free to contact me or have your staff contact AARP's Megan O'Reilly, Acting Senior Vice President, Government Affairs at 202-434-6987.

Sincerely,

A handwritten signature in black ink, appearing to read "Nancy A. LeaMond". The signature is fluid and cursive, with a large initial "N" and "L".

Nancy A. LeaMond  
Executive Vice President and  
Chief Advocacy and Engagement Officer