

Testimony of the Honorable Keith J. Rothfus [PA-12]
Keeping the Promise: Allowing Seniors to Keep Their Medicare Advantage Plans If They
Like Them
House Committee on Energy and Commerce
Subcommittee on Health
March 13, 2014

Chairman Pitts, Ranking Member Pallone, and Members of the Subcommittee. Thank you for having me here today to testify about H.R. 2453, the Medicare Beneficiary Preservation of Choice Act. I am very pleased to discuss this bipartisan legislation that Congressman Kurt Schrader and I introduced in June 2013.

Enacting H.R. 2453 is one small fix we can make to Medicare Advantage that can have a big impact on the lives of the seniors utilizing the program in our districts. It simply restores the open enrollment period that existed prior to 2011. This open enrollment period permitted seniors to change Medicare Advantage plans once between January-March if needed. It essentially let seniors test drive the Medicare Advantage plan they would have just selected and change plans if it turns out the plan is not working for them. H.R. 2453 is about choice and fairness for seniors. It is about empowering them to make decisions about their health care needs.

Restoring the January-March open enrollment period also makes sense in light of the 2014 Medicare Advantage cuts and the new cuts just proposed by CMS. Last November, the *Wall Street Journal* reported that one of the nation's largest Medicare Advantage providers had dropped thousands of doctors from network due to "significant changes and pressures in the health care environment."

This is significant because seniors may not have known about this change in time to adjust their decisions during the October-December enrollment period. So, if they liked their doctor, seniors may be finding out now that they cannot keep him or her because they are no longer included in their plan. Passing H.R. 2453 and restoring the 90-day open enrollment period during the first quarter of the year would let seniors react to these types of plan changes, many of which are driven by the harmful cuts to Medicare Advantage that we see happening as the result of the Affordable Care Act.

H.R. 2453 is a patient-centered option for improving Medicare Advantage. It will provide choice for seniors and it will ensure that they have access to the doctors they know and trust. That is why it is supported by America's Health Insurance Plans, the Association of Mature American Citizens, and the 60 Plus Association.

The Subcommittee members and its Chairman should be thanked for their efforts to strengthen Medicare Advantage. Medicare Advantage delivers quality health care and peace of mind with consistently superlative satisfaction ratings from participants. Preserving the program and preventing more cuts to Medicare Advantage is a top priority for me and for the seniors in Pennsylvania's Twelfth District.

Additional cuts to Medicare Advantage will lead to higher out of pocket costs, reduced benefits, and fewer plan options. Instead of limiting access to a successful program with which nine out of ten seniors are satisfied, we should be empowering them to make choices about what

best suits them.¹ We should make sure seniors have access to the health care providers they know and trust. Instead of cutting Medicare Advantage, we should be finding solutions to lower costs for seniors and sustain the program for the long term.

Again, I thank the Subcommittee for its efforts to improve Medicare Advantage, and I welcome any questions.

¹ National Survey of Seniors Regarding Medicare Advantage Payments – North Star Opinion Research

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- H.R. 2453, the Medicare Beneficiary Preservation of Choice Act restores the Medicare Advantage open enrollment period that existed prior to 2011.
- The open enrollment period enables seniors to test out their plans for the first three months of the year and make a change to their plan if necessary to better address their health care needs.
- In light of 2014 Medicare Advantage cuts and cuts just announced by CMS, many networks have been narrowed, and seniors may find that doctors are no longer covered by their plan. Restoring the 90-day open enrollment period from January-March will allow seniors to react to these plan changes driven by cuts resulting from the Affordable Care Act.
- Further cuts to Medicare Advantage will result in higher out of pocket costs, reduced benefits, and fewer plan options for seniors. Instead of restricting access to and cutting a successful program, we should be finding solutions to lower costs for seniors and sustain the program for the long term.