

October 3, 2011

Richard Umbdenstock
President and Chief Executive Officer
American Hospital Association
325 Seventh Street, N.W.
Washington, DC 20004

Dear Mr. Umbdenstock:

As a strong supporter of America's hospitals who has consistently voted for adequate reimbursement rates for providers under Medicare, I was deeply disturbed to read last week that the American Hospital Association (AHA) is planning to lobby Congress to promote an approach to Medicare reform that would put the burden of cost savings squarely on the back of older Americans.

At a time when researchers at Harvard have found that 45,000 deaths each year in America are associated with lack of health insurance, and other evidence shows that a lack of health insurance increases risk of an early death in select illnesses and populations, I find it disgraceful that the entity representing our nation's hospitals would actively promote increasing the age of eligibility for Medicare from 65 to 67 and increasing the cost-sharing requirements for doctors' visits from 25 percent to 35 percent for Medicare beneficiaries.

We must keep our promise to provide Medicare at age 65 to American workers who have contributed payroll taxes to Medicare throughout their working lives. Raising Medicare's eligibility shifts costs to seniors, employers, and states, with the greatest burden placed on low-income seniors and those physically unable to work for two more years. A recent Kaiser Family Foundation survey showed that 59% of adults who have employer sponsored coverage said it would be very difficult to pay the full cost of their premiums if they were no longer employed. Today, average COBRA coverage costs \$1,078 per month for a family and \$400 per month for an individual. The recession has already taken a devastating toll on the economic security of older adults; a 2010 AARP survey of Americans over 50 showed that half of those surveyed, including those with insurance, have delayed getting medical care in the recession and that over 12 percent lost health insurance coverage.

The bottom line is that people are struggling to pay for health care even when they have insurance, people are struggling to keep their insurance when they lose their jobs, and hard-working Americans are losing health insurance through no fault of their own. With close to 50 million Americans currently uninsured and millions more underinsured, it is indefensible that the AHA would promote changes in Medicare that would not only increase the number of uninsured seniors but would also make care more expensive for those still covered under the programs.

When he signed Medicare in to law, President Johnson stated, "No longer will older Americans be denied the healing miracle of modern medicine. No longer will illness crush and destroy the savings that they have so carefully put away over a lifetime so that they might enjoy dignity in their later years. No longer will young families see their own incomes, and their own hopes, eaten away simply because they are carrying out their deep moral obligations to their parents, and to their uncles, and their aunts."

Similarly, the AHA's stated vision is of "a society of healthy communities, where all individuals reach their highest potential for health." It is my view that shifting the burden of these tough economic times onto the backs of seniors is at odds with both AHA's goals and the original intent of the law.

Tell me, what will happen, under your proposed changes, to a 66-year-old modest income senior who is diagnosed with a life-threatening condition and has no Medicare coverage? I hope that you will reconsider this ill-conceived approach.

Sincerely,



Bernard Sanders

United States Senator

Chairman, Subcommittee on Primary Care & Aging
Committee on Health, Education, Labor & Pensions