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Chairmen John Dingle
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Chairman Charles Rangel
2354 Rayburn House
Washington, DC 20515

Dear Chairmen Dingle and Rangel:

We'd like to associate ourselves with the letters from the Consortium for Citizens with Disabilities and the HIV advocacy organizations comprising the HIV Medicare-Medicaid Working Group in endorsing HR 3162, the Children's Health and Medicare Protection (CHAMP) Act.

In addition, we'd like to suggest two technical changes which would better affect the Committee's legislative goals:

Section 215 's language needs to be broadened to waive Part D cost-sharing also for those living in of state-licensed supervised group residences for which State Supplementary Payments (SSPs) are, or could be, payable under Section 1616 (e) of the Social Security Act.

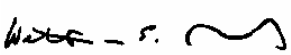
This applies to group residential facilities below the level of Medicaid ICFs and nursing homes. Rent, room and board is paid by residents' OASDI, SSI, private pensions and---in most, but *not* all, states---specialized, extra-high State Supplementary Payments (SSPs) meant for group home rent, room and board. Eligibility and rent payment budgeting is handled by states by a blanket pre-assigning of *all* of residents' incomes (OASDI, SSI, any SSPs, private pensions, etc.) to go toward rent payment, except for a very small state-set personal needs allowance (PNA) for personal incidentals (toiletries, etc.). Hence, residents of group homes that qualify for such specialized, extra-high SSPs *do not have any remaining income at all that's available to pay Part D (even Extra Help) cost-sharing*: *ALL* their income---except for tiny PNA amounts---is *already* needed, dedicated to and being used to pay their rents.

All residents of such group homes--whether or not their state actually pays these specialized, extra high SSPs or whether or not they themselves actually receive such SSPs---should be exempted from *all* Part D cost-sharing. But this cost-sharing exemption should *not* apply to residents of commercial assisted living facilities that cater instead to a middle-class and wealthy clientele and don't qualify for SSPs.

Nationally, there are hundreds of thousands of disabled (often CMI and MR) and aged (very frail persons) with limited income in such facilities---many of whom are nonetheless somewhat above current state Medicaid, MSP and SSI income levels.

Section 217 would be much more effective if its Part D Extra Help cost-sharing cap were applied *monthly rather than yearly*: Low income disabled persons needing multiple prescriptions simply do *not* have sufficient cash flow, savings or credit to pay a whole year's worth---even of the low Part D Extra Help cost-sharing---before only then being finally exempted from further cost-sharing in the rest of a given year. They live on very small *monthly* disability or retirement checks; that's their total financial horizon; and thus only a *monthly* cost-sharing cap works effectively for them.

We endorse and deeply appreciate your efforts on behalf of vulnerable Americans.
Sincerely,



William E. Arnold
C.E.O.