United States Senate
WASHINGTON, DC 20510

January 23, 2015

Ms. Sylvia Burwell
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, D.C. 20201

Dear Secretary Burwell:

I am writing to express my continued concern with a proposal that this Administration has repeatedly put forth in previous budgets that would drastically and unreasonably cut Medicare payments on behalf of seniors who are unable to meet their cost sharing obligations to hospitals. These payments, often referred to as "bad debt" payments, are critically important to hospitals in my state and across the country. I once again urge you not to include Medicare bad debt cuts in your FY16 budget.

Seniors in Florida continue to struggle in this economy. When they are unable to meet their cost-sharing obligations established by the Medicare program, Medicare will then step in to cover a portion of these "bad debts" so that the burden does not fall onto the hospital alone. Unlike in agreements with private health insurance providers, hospitals do not have the ability to negotiate with Medicare to cover the costs of their patients who are unable to fulfill their cost-sharing obligations. And seniors are equally unable to negotiate with Medicare on their cost-sharing requirements (unlike the private sector). Without Medicare "bad debt" payments, hospitals (and potentially seniors) will be put in an untenable position.

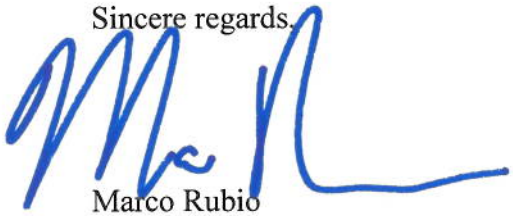
Currently, Medicare provides a 65 percent partial payment for the care received by a beneficiary after the hospital has exhausted every reasonable effort to collect the cost-sharing obligation which can take years to complete. This cost-sharing component is considered a core payment for the services provided by the hospital and relied on by hospitals to make ends meet. Further, there is a growing amount of bad debt that hospitals are prevented, by law, from even trying to collect, including those from low-income Medicare beneficiaries who are dually eligible for Medicaid. In Florida, nearly 40% of Medicare bad debt is attributable to dual eligibles. Hospitals that serve this low-income population are already operating on very narrow margins. Further payment cuts could result in reduced access to vital services.

We must work together to sustain the current positive momentum to slowing the growth in health care costs. However, the path ahead necessitates sensible and sustainable solutions. To date, the Medicare Payment Advisory Commission (MEDPAC) has not recommended reductions in these payments, and no recent hearings have been conducted on Medicare bad debt payment policy. Cutting these payments is not a solution to the long-term fiscal sustainability of the Medicare program.

As HHS and Congress look for Medicare savings, it is my view that we should only look to policies that have been fully vetted so that we may understand the impact these decisions will have on Medicare beneficiaries and the providers who serve them.

I look forward to working with you to address the drivers of growth in health care costs and the challenges of ensuring the sustainability of a robust Medicare program for all of our nation's current and future seniors. I appreciate your consideration of my views on this important issue.

Sincere regards,



Marco Rubio
United States Senator