

June 18, 2025

The Honorable John Thune
Majority Leader
U.S. Senate
Washington, DC 20510

The Honorable Chuck Schumer
Minority Leader
U.S. Senate
Washington, DC 20510

The Honorable Mike Crapo
Chairman
Senate Finance Committee
Washington, DC 20510

The Honorable Ron Wyden
Ranking Member
Senate Finance Committee
Washington, DC 20510

Dear Leader Thune, Leader Schumer, Chairman Crapo, and Ranking Member Wyden:

On behalf of the more than 4,000 members of the National Academy of Elder Law Attorneys (NAELA), who represent some of the most vulnerable Americans and their caregivers across the country, I urge you to remove language in the budget reconciliation package that would endanger the well-being of millions of older Americans and individuals with disabilities. NAELA is concerned about the devastating effect of repealing the three-month retroactive coverage period, requiring eligibility determinations every six months for Medicaid enrollment, prohibiting the implementation of rules to streamline and strengthen the eligibility and enrollment processes, and barring measures to ensure adequate staffing for nursing home care.

NAELA's members are attorneys who represent older adults, people with disabilities, and their caregivers in these matters every day. We have firsthand knowledge of how Medicaid policies impact our clients and their quality of life. That is why we are so concerned about the harmful impact these proposals will have on the individuals we have been entrusted to serve.

Shortening the Retroactive Coverage Period Will Disrupt Care and Increase Medical Debt for People Transitioning From Hospitals to Nursing Homes

Shortening the retroactive coverage period from three months to two months (for traditional Medicaid beneficiaries) and one month (for ACA expansion beneficiaries) will have life-altering effects on the clients of our members. Each day, our members help clients navigate the

complex process of applying for Medicaid. These applications are often the result of a sudden and serious medical crisis, where the client has been admitted to a hospital or nursing home. At such times, the client is often under immense stress and facing a situation that is both new and frightening. Clients often have little experience with hospitals or nursing homes, are concerned that they may never be able to return home, do not understand what Medicare or private health insurance will cover, and have no concept of what Medicaid is or what the application process requires. The three-month retroactive period helps to ensure that individuals will not be penalized for this lack of experience or knowledge. It offers the opportunity to get beyond the initial shock of the medical crisis before adding additional complexity. This is especially important as many individuals in a medical crisis lack the capacity to navigate a Medicaid application themselves, and their families are focused on caring for their loved ones—not trying to wade through a sea of red tape. It is also common for individuals in a hospital or nursing home to lack direct access to the documentation needed for a Medicaid application process, such as extensive bank statements or birth certificates. The process of obtaining these required documents alone frequently extends beyond one or two months.

Reducing the current retroactive period places a burden on the individual to more immediately understand that they need the financial assistance that Medicaid can provide and to take steps to determine what the eligibility requirements are and how to meet them. Having a one-month period, in the middle of a medical crisis, to apply for Medicaid is simply not enough time to allow the clients of our members to avoid significant and unexpected medical debt, incurred during a period of time when they were eligible for Medicaid coverage. While we appreciate the Senate Finance Committee's change to allow up to two months of retroactive coverage for traditional Medicaid beneficiaries, reducing the retroactive coverage period below three months could still cause individuals and their families to delay or avoid care because of concerns about applying in time to receive benefits. This could result in a loved one's further hospitalization (which could have been avoided) or even death.

In addition, the shortened retroactive period risks causing a major backlog and delays in processing eligibility determinations in state Medicaid systems. As individuals wait for approval, they may feel the need to file new applications every one or two months. Combined with the effects of other proposed changes to eligibility and enrollment processes that place a greater burden on states, state Medicaid agencies would soon find themselves overrun as individuals file sequential applications to ensure they are covered. With no additional money provided in the federal budget to help states process these applications, state agencies will be overwhelmed, and individuals who should receive retroactive coverage will not get it in a timely manner.

Increasing the Frequency of Eligibility Redeterminations Will Create Backlogs, Burdening States and Beneficiaries

Another proposed provision will require states to conduct eligibility redeterminations for the Medicaid expansion population every six months instead of every 12 months. In its recent analysis of the One Big Beautiful Bill Act passed by the House, the Congressional Budget Office found that 700,000 individuals would lose coverage by 2034 due to this requirement. Increasing the frequency of eligibility redeterminations places a greater burden on state Medicaid agencies to process applications quickly and accurately, especially because the bill does not provide additional funding for this increased administrative capacity. Additionally, Medicaid beneficiaries may have trouble filing paperwork due to technology or accessibility constraints, in addition to gathering the required documentation to prove they remain eligible in a timely manner. This could create a backlog in the system, making it harder for both enrollees and state Medicaid staff to meet deadlines. As the experience with the COVID-19 unwinding proved, when states are burdened with a large volume of redeterminations to process in a short period of time, beneficiaries fall through the cracks and lose coverage, despite remaining eligible.

Prohibiting Implementation of the Enrollment and Eligibility Rules Will Make It More Difficult for Older and Disabled Individuals to Enroll in Medicaid Coverage and Access Important Cost-Sharing Assistance Programs

The proposal to prohibit implementation and enforcement of the Medicaid enrollment and eligibility rules will have harmful consequences for low-income Medicare beneficiaries and other Medicaid enrollees eligible based on age or disability. These rules are intended to make it easier for low-income Americans to receive and retain Medicaid coverage by reducing barriers to enrollment and streamlining administrative processes. Many of the provisions in these rules were specifically designed to improve timely access to Medicaid coverage and ensure important protections for individuals eligible based on age or disability, two of the program's most vulnerable groups. For example, the [September 2023 final rule](#) includes provisions designed to simplify processes for eligible individuals to enroll and retain eligibility in the Medicare Savings Programs (MSPs), which provide help to low-income Medicare beneficiaries to pay their premiums and other out-of-pocket costs. Additionally, the [April 2024 final rule](#) includes provisions to align eligibility determination and renewal processes for non-modified adjusted gross income (non-MAGI) groups (including aged and disabled groups) with those for MAGI groups (including the Medicaid expansion and other income-based groups), ending discrepancies that have long placed non-MAGI groups at greater risk of being denied or losing coverage due to procedural reasons or facing long delays in enrollment. Delaying these rules will undo progress toward

ensuring older adults and individuals with disabilities are able to access the Medicaid services they need in a timely manner.

From a fiscal standpoint, states have already begun investing in technology to make the enrollment process easier. By telling them to delay implementing these rules, states will have to set aside the staff and other financial resources already dedicated to this effort without anything to show for it.

Barring Implementation of the Nursing Home Staffing Rule Means Diminished Care

Prohibiting implementation or enforcement of the [Nursing Home Minimum Staffing Rule](#) will also put individuals' health in danger. Without sufficient staff to care for nursing home residents, older Americans and individuals with disabilities may not receive enough meals, leading to malnutrition, dehydration, and weight loss; suffer bedsores from not being moved enough; lie in soiled clothing or bedding; or experience other forms of neglect, leading to reduced quality of life. There is already a staffing shortage at institutional care facilities even as the number of older Americans grows. Stopping this staffing rule from taking effect as planned will only increase the likelihood of neglect and medical emergencies individuals face at a time when they are at their most vulnerable.

While a number of provisions in the Senate budget reconciliation package trouble us, those mentioned above pose the greatest concerns to our members on behalf of their clients. We strongly urge you not to include them in the final budget package and to stand up for the most vulnerable Americans you represent to ensure they receive timely access to Medicaid coverage.

Sincerely,

A handwritten signature in black ink, appearing to read "Eric J. Einhart". The signature is fluid and cursive, with a long horizontal stroke at the end.

Eric J. Einhart, Esq.
NAELA President