

## **U.S. Representative Ed Case** **Legislative Accomplishments for Kūpuna (2019-2026)**

Rep. Case focuses on the needs of the over 21% of Hawaii's population that now are kūpuna, up from 18% just four years ago and still growing rapidly. Our kūpuna have the same deep concerns for our country and Hawaii's as the rest of us, but also very specific issues as well.

This document provides an overview of Rep. Case's leadership on key bills, cosponsorships, votes, appropriations achievements, joint letters and statements related to our kūpuna. For further information on his overall activities and to contact him and his office with any questions or suggestions, please visit [case.house.gov](http://case.house.gov) or email [ed.case@mail.house.gov](mailto:ed.case@mail.house.gov).

### **Key Cosponsorships**

Many of bills Rep. Case has cosponsored focus on ensuring that our kūpuna can access the essential federal programs that they have paid into for years. Some of the cosponsorships related to Medicare included legislation to ensure that kūpuna can utilize telehealth benefits which they have become accustomed to during COVID, reducing the burdens of prior authorization for Medicare Advantage beneficiaries which make up nearly 60% of Medicare beneficiaries in Hawai'i and lowering prescription drug costs for Medicare beneficiaries. Also included are bills related to Social Security that work to increase benefits for beneficiaries while also ensuring the long-term viability of the program so that our kūpuna can continue to count on Social Security to support them.

#### **119<sup>th</sup> Congress:**

*H.R. 842, Nancy Garner Sewell Medicare Multi-Cancer Early Detection Screening Coverage Act*, would allow for Medicare coverage and payment for multi-cancer early detection screening tests that are approved by the Food and Drug Administration and that are used to screen for cancer across many cancer types.

*H.R. 1614*, this bill would allow audiologists, physical therapists, occupational therapists and speech-language pathologists to furnish telehealth services under Medicare.

*H.R. 2491, Alleviating Barriers to Caregivers (ABC) Act*, would require the Administrator of the Centers for Medicare and Medicaid Services and the Commissioner of Social Security to review and simplify the processes for family caregivers to assist individuals in establishing eligibility for, enrolling in and maintaining and utilizing coverage and benefits under Medicare, Medicaid, CHIP and Social Security.

[H.R. 3514](#), the *Improving Seniors Timely Access to Care Act*, seeks to streamline and standardize the way Medicare Advantage plans use prior authorizations and increase oversight and transparency around prior authorizations.

[H.R. 4206](#), the *CONNECT for Health Act*, would permanently extend Medicare telehealth flexibilities originally enacted during COVID and remove in-person requirements for receiving telehealth for Medicare beneficiaries.

[H.R. 4731](#), the *Resident Physician Shortage Reduction Act*, would increase the number of residency positions eligible for graduate medical education payments under Medicare for qualifying hospitals, including hospitals in rural areas and health professional shortage areas.

[H.Con.Res.52](#), a resolution designating the week of September 22 through September 28, 2025 as “National Falls Prevention Awareness Week.”

**118<sup>th</sup> Congress:**

[H.R. 82](#), the *Social Security Fairness Act*, would eliminate the government pension offset and the windfall elimination provision which had reduced Social Security benefits for individuals who also receive a pension or disability benefit from an employer that did not withhold Social Security taxes.

[H.R. 2389](#), the *Resident Physician Shortage Reduction Act*, would increase the number of residency positions eligible for graduate medical education payments under Medicare for qualifying hospitals, including hospitals in rural areas and health professional shortage areas.

[H.R. 2407](#), *Nancy Garner Sewell Medicare Multi-Cancer Early Detection Screening Coverage Act*, would allow for Medicare coverage and payment for multi-cancer early detection screening tests that are approved by the Food and Drug Administration and that are used to screen for cancer across many cancer types.

[H.R. 3875](#), the *Expanded Telehealth Access Act*, would allow audiologists, physical therapists, occupational therapists and speech-language pathologists to furnish telehealth services under Medicare.

[H.R. 4189](#), the *CONNECT for Health Act*, would permanently extend Medicare telehealth flexibilities originally enacted during COVID and remove in-person requirements for receiving telehealth for Medicare beneficiaries.

[H.R. 4583](#), the *Social Security 2100 Act*, would increase the primary insurance amount for Social Security benefits for all individuals (from 90% of average indexed monthly earnings to 93%). It also would’ve eliminated the government pension offset and the windfall elimination provision which had reduced Social Security benefits for individuals who also receive a pension or disability benefit from an employer that did not withhold Social Security taxes. The bill also modifies the financing and administration of the Social Security trust funds. For example, the bill

(1) subjects income over \$400,000 to Social Security payroll taxes, and (2) combines the Federal Old-Age and Survivors Insurance Trust Fund and the Federal Disability Insurance Trust Fund into a single Social Security Trust Fund.

*[H.R. 7274](#), the [Connecting Caregivers to Medicare Act](#), would require the Secretary of Health and Human Services to conduct education and outreach to Medicare beneficiaries to simplify access to information for family caregivers through 1-800-MEDICARE.*

*[H.R. 8018](#), the [Alleviating Barriers to Caregivers \(ABC\) Act](#), would require the Administrator of the Centers for Medicare and Medicaid Services and the Commissioner of Social Security to review and simplify the processes for family caregivers to assist individuals in establishing eligibility for, enrolling in and maintaining and utilizing coverage and benefits under Medicare, Medicaid, CHIP and Social Security.*

*[H.R. 8702](#), the [Improving Seniors' Timely Access to Care Act](#), seeks to streamline and standardize the way Medicare Advantage plans use prior authorizations and increase oversight and transparency around prior authorizations.*

**117<sup>th</sup> Congress:**

*[H.R. 3](#), the [Elijah E. Cumming Lower Drug Costs Now Act](#), would have required the Department of Health and Human Services (HHS) to negotiate prices for certain drugs. Specifically HHS, must negotiate maximum prices for single-source, brand-name drugs that lack certain generics and are among either the 125 drugs that account for the greatest national spending or the 125 drugs that account for the greatest Medicare spending.*

*[H.R. 82](#), the [Social Security Fairness Act](#), would eliminate the government pension offset and the windfall elimination provision which had reduced Social Security benefits for individuals who also receive a pension or disability benefit from an employer that did not withhold Social Security taxes.*

*[H.R. 1332](#), the [Telehealth Modernization Act](#), would have extended COVID telehealth flexibilities until the day after the end of the COVID-19 public health emergency.*

*[H.R. 1946](#), the [Medicare Multi-Cancer Early Detection Screening Coverage Act](#), would allow for Medicare coverage and payment for multi-cancer early detection screening tests that are approved by the Food and Drug Administration and that are used to screen for cancer across many cancer types.*

*[H.R. 2168](#), the [Expanded Telehealth Access Act](#), would allow audiologists, physical therapists, occupational therapists and speech-language pathologists to furnish telehealth services under Medicare.*

[H.R. 2256](#), the *Resident Physician Shortage Reduction Act*, would increase the number of residency positions eligible for graduate medical education payments under Medicare for qualifying hospitals, including hospitals in rural areas and health professional shortage areas.

[H.R. 2517](#), the *Comprehensive Care for Alzheimer's Act*, would allow the Center for Medicare and Medicaid Innovation to test a Dementia Care Management Model that provides comprehensive care to Medicare beneficiaries with Alzheimer's disease or a related dementia.

[H.R. 2881](#), the *Medicare Buy-In and Health Care Stabilization Act of 2021*, establishes a Medicare buy-in option for certain qualifying individuals and makes a series of other changes relating to health care costs. Specifically, the bill allows individuals aged 50 to 64 to enroll in Medicare if such individuals would otherwise qualify for Medicare at the age of 65. The Centers for Medicare & Medicaid Services (CMS) must determine enrollment periods and set premiums for the buy-in option established under the bill, in accordance with specified requirements. The CMS must also award grants to states and nonprofit organizations for outreach and enrollment activities relating to the buy-in option.

[H.R. 2903](#), the *CONNECT for Health Act*, would permanently extend Medicare telehealth flexibilities originally enacted during COVID and remove in-person requirements for receiving telehealth for Medicare beneficiaries.

[H.R. 3085](#), the *ENACT Act of 2021*, would lay out activities and requirements to increase the participation of underrepresented populations in research and clinical trials for Alzheimer's disease and related dementias.

[H.R. 3173](#), the *Improving Seniors' Timely Access to Care Act*, seeks to streamline and standardize the way Medicare Advantage plans use prior authorizations and increase oversight and transparency around prior authorizations. Would've required Medicare Advantage plans to establish an electronic prior authorization program that meets specified standards, including the ability to provide real-time decisions in response to requests for items and services that are routinely approved

[H.R. 3183](#), the *Metastatic Breast Cancer Access to Care Act*, would've expedited the payment of Social Security Disability Insurance benefits and eligibility for Medicare coverage for those with metastatic breast cancer.

[H.R. 3537](#), the *ACT for ALS Act*, establishes grant programs to address neurodegenerative diseases, such as amyotrophic lateral sclerosis (also known as ALS or Lou Gehrig's disease), and contains other related provisions.

[H.R. 3554](#), the *Pharmacy DIR Reform to Reduce Senior Drug Costs Act*, establishes certain requirements for prescription drug plans and the prices of covered drugs under the Medicare prescription drug benefit. Specifically, the bill requires price concessions, payments, and fees that are negotiated with a pharmacy to be included in a drug's negotiated

price, excluding incentive payments, and for this price to be provided at the point of sale. Additionally, prescription drug plans must report price concessions or incentive payments that are made after payment for covered drugs at the point of sale, including by contracted intermediaries, to the pharmacy at least annually.

[H.R. 3630](#), the *Lymphedema Treatment Act*, provides for Medicare coverage of lymphedema compression treatment items. Specifically, the bill provides for coverage of standard and custom fitted gradient compression garments and other approved items that are prescribed by a physician or other specified health care professional to treat lymphedema.

[H.R. 5012](#), the *Language Access for Medicare Beneficiaries Act*, would require CMS to translate the annual explanation of Medicare benefits for enrollees into multiple languages, besides English and Spanish. The CMS must prioritize languages into which Social Security documents are translated or that are most frequently requested for purposes of Social Security benefits applications.

[H.R. 5514](#), the *Choose Home Care Act*, provides for coverage of services that are furnished to Medicare beneficiaries in their homes by home health agencies, including nursing care, meals and nutritional support, home medical supplies, nonemergency medical transportation, and care coordination.

[H.R. 5723](#), *Social Security 2100: A Sacred Trust*, makes changes to Social Security benefits, taxes, and other aspects of the program, including by raising the primary insurance amount, increasing the maximum taxable earnings that are subject to Social Security payroll taxes, and requiring Social Security account statements to be mailed unless the individual recipient opts for electronic delivery.

[H.R. 6202](#), the *Telehealth Extension Act*, would permanently remove geographic restrictions on telehealth services furnished through Medicare as well as extending any Medicare telehealth flexibilities that were granted during the COVID-19 public health emergency.

### **116<sup>th</sup> Congress:**

[H.R. 3](#), the *Elijah E. Cumming Lower Drug Costs Now Act*, would have required HHS to negotiate prices for certain drugs. Specifically, HHS would negotiate maximum prices for single-source, brand-name drugs that lack certain generics and are among either the 125 drugs that account for the greatest national spending or the 125 drugs that account for the greatest Medicare spending.

[H.R. 141](#), the *Social Security Fairness Act of 2019*, would eliminate the government pension offset and the windfall elimination provision which had reduced Social Security benefits for individuals who also receive a pension or disability benefit from an employer that did not withhold Social Security taxes.

[H.R. 647](#), the *Palliative Care and Hospice Education and Training Act*, requires HHS to take a series of actions relating to palliative-care training. Specifically, HHS must provide support for Palliative Care and Hospice Education Centers. The centers must improve the training of health professionals in palliative care and establish traineeships for individuals preparing for advanced-education nursing degrees, social-work degrees, or advanced degrees in physician-assistant studies in palliative care.

[H.R. 860](#), the *Social Security 2100 Act*, makes changes to Social Security benefits, taxes, and other aspects of the program, including by raising the primary insurance amount, increasing the maximum taxable earnings that are subject to Social Security payroll taxes, and requiring Social Security account statements to be mailed unless the individual recipient opts for electronic delivery.

[H.R. 1046](#), the *Medicare Negotiation and Competitive Licensing Act*, would require the Centers for Medicare and Medicaid Services to negotiate with pharmaceutical companies regarding prices for drugs covered under the Medicare prescription drug benefit.

[H.R. 1346](#), the *Medicare Buy-In and Health Care Stabilization Act*, establishes a Medicare buy-in option for certain qualifying individuals and makes a series of other changes relating to health care costs. Specifically, the bill allows individuals aged 50 to 64 to enroll in Medicare if such individuals would otherwise qualify for Medicare at the age of 65. CMS must determine enrollment periods and set premiums for the buy-in option established under the bill, in accordance with specified requirements. The CMS must also award grants to states and nonprofit organizations for outreach and enrollment activities relating to the buy-in option.

[H.R. 1873](#), the *Improving HOPE for Alzheimer's*, requires CMS to conduct outreach to health care practitioners regarding comprehensive care planning services that are available under Medicare for individuals with Alzheimer's disease and related dementias.

[H.R. 2069](#), the *SPIKE Act*, requires CMS to determine at least annually whether certain covered drugs under Medicare were subject to a price increase that exceeded specified thresholds. Drug manufacturers must submit justifications for such price increases to the CMS, subject to civil penalties. The bill's requirements do not apply to low-cost drugs, as identified by the CMS.

[H.R. 2150](#), the *Home Health Care Planning Improvement Act*, allows Medicare payment for home health services ordered by a nurse practitioner, a clinical nurse specialist, a certified nurse-midwife, or a physician assistant. Currently, coverage is provided only for services ordered by a physician.

[H.R. 3107](#), the *Improving Seniors' Timely Access to Care Act*, seeks to streamline and standardize the way Medicare Advantage plans use prior authorizations and increase oversight and transparency around prior authorizations. Would've require Medicare Advantage plans to establish an electronic prior authorization program that meets specified standards, including the

ability to provide real-time decisions in response to requests for items and services that are routinely approved

[H.R. 4932](#), the *CONNECT for Health Act*, would permanently extend Medicare telehealth flexibilities originally enacted during COVID and remove in-person requirements for receiving telehealth for Medicare beneficiaries.

### **Key Votes**

#### **119<sup>th</sup> Congress:**

12/01/2025: *H.R. 5345, the Improving Social Security's Service to Victims of Identity Theft Act.* **Congressman Case voted Yes.**

12/01/2025: *H.R. 4313, the Hospital Inpatient Services Modernization Act.* **Congressman Case voted Yes.**

7/03/2025: *H.R. 1, Republican Reconciliation bill, on agreeing to the Senate Amendment.* **Congressman Case voted No.**

5/22/2025: *H.R. 1, Republican Reconciliation bill, on passage in the House.* **Congressman Case voted No.**

#### **118<sup>th</sup> Congress:**

11/12/2024: *H.R. 82, the Social Security Fairness Act of 2023. On passage in the House.* **Congressman Case voted Yes.**

9/23/2024: *S. 133, the National Alzheimer's Project Act Reauthorization. On passage in the House.* **Congressman Case voted Yes.**

9/23/2024: *H.R. 5526, the Seniors' Access to Critical Medications Act of 2024. On passage in the House.* **Congressman Case voted Yes.**

9/17/2024: *H.R. 3784, the Improving Social Security's Service to Victims of Identity Theft Act.* **Congressman Case voted Yes.**

9/17/2024: *H.R. 7218, BOLD Infrastructure for Alzheimer's Reauthorization Act of 2024. On passage in the House.* **Congressman Case voted Yes.**

9/17/2024: *H.R. 8089, the Medicare and Medicaid Fraud Prevention Act of 2024. On passage in the House.* **Congressman Case voted Yes.**

#### **117<sup>th</sup> Congress:**

9/14/2022: H.R. 3173, the Improving Seniors Timely Access to Care Act of 2022. On passage in the House. **Congressman Case voted Yes.**

8/12/2022: H.R. 5376, the Inflation Reduction Act. On passage in the House. **Congressman Case voted Yes.**

7/27/2022: H.R. 4040, Advancing Telehealth Beyond COVID-19 Act of 2022. On passage in the House. **Congressman Case voted Yes.**

12/7/2021: S. 610, the Protecting Medicare and American Farmers from Sequester Cuts Act. On passage in the House. **Congressman Case voted Yes.**

4/15/2021: H.R. 446, Protecting Seniors from Emergency Scams Act. On passage in the House. **Congressman Case voted Yes.**

### **116<sup>th</sup> Congress:**

12/8/2020: S. 3703, the Promoting Alzheimer's Awareness to Prevent Elder Abuse Act. On passage in the House. **Congressman Case voted Yes.**

10/1/2020: H.R. 6813, the Promoting Alzheimer's Awareness to Prevent Elder Abuse Act. On passage in the House. **Congressman Case voted Yes.**

3/11/2020: H.R. 4334, the Supporting Older Americans Act of 2020. On agreeing to the Senate Amendment. **Congressman Case voted Yes.**

12/12/2019: H.R. 3, Elijah E. Cummings Lower Drug Costs Now Act. On passage in the House. **Congressman Case voted Yes.**

10/28/2019: H.R. 4334, the Supporting Older Americans Act of 2020. On passage in the House. **Congressman Case voted Yes.**

## **Appropriations Highlights**

### **FY 2026 House Draft:**

- \$381 million for home delivered meals for Seniors
- \$237 million for the National Senior Volunteer Corps
- \$40 million for Native American Nutrition and Supportive Services grants to promote the delivery of nutrition and home and community-based services to Native American, Alaska Native and Native Hawaiian kūpuna
- \$27 million for the Protection of Vulnerable Older Americans

### **FY 2025 and FY 2024 (Full-Year CR):**

- \$380 million for home delivered meals for Seniors.
- \$236 million for the National Senior Volunteer Corps
- \$27 million for the Protection of Vulnerable Older Americans
- \$38 million for Native American Nutrition and Supportive Services grants to promote the delivery of nutrition and home and community-based services to Native American, Alaska Native and Native Hawaiian Kūpuna

FY 2023:

- \$366 million for home delivered meals for seniors
- \$236 million for the National Senior Volunteer Corps
- \$38 million for Native American Nutrition and Supportive Services grants to promote the delivery of nutrition and home and community-based services to Native American, Alaska Native and Native Hawaiian Kūpuna
- \$27 million for the Protection of Vulnerable Older Americans
- \$1.8 million for the Hawai‘i Public Health Institute to develop and train navigators to support kūpuna and family caregivers. (CPF)
- \$1.7 million to support improvements and renovations to Lunalilo Home, an Adult Residential Care Home that provides housing and services to disadvantaged Native Hawaiian kūpuna

FY 2022:

- \$291 million for home delivered meals for seniors
- \$230 million for the National Senior Volunteer Corps
- \$25 million for the Protection of Vulnerable Older Americans
- \$11 million for the Native American Caregivers program

FY 2021:

- \$276 million for home delivered meals for seniors
- \$230 million for the National Senior Volunteer Corps
- \$24 million for the Protection of Vulnerable Older Americans
- \$11 million for the Native American Caregivers program

FY 2020:

- \$266 million for home delivered meals for seniors
- \$230 million for the National Senior Volunteer Corps
- \$22.7 million for the Protection of Vulnerable Older Americans
- \$10 million for the Native American Caregivers program

**Key Joint Letters**

119th Congress:

- 7/31/2025: Letter to Secretary Kennedy urging him to halt the firing of Administration for Community Living Regional Administrators which are responsible for implementing funding for many Older Americans Act programs.
- 7/11/2025: Letter to Social Security Administrator raising concerns about Reduction in Force plans and the impact on constituent assistance.
- 3/13/2025: Letter to the Consumer Financial Protection Bureau (CFPB) to express concerns about the actions taken by the Department of Government Efficiency to unlawfully shut down the and the negative it will have on protecting seniors from fraud.
- 3/4/2025: Letter to the Social Security Administrator urging him to halt plans for significant workforce reductions at the Social Security Administration which could lead to the shuttering of field or hearing offices.

118th Congress:

- 3/22/2024: Letter to CMS Administrator Brooks-LaSure to ensure that the data used to set Medicare Advantage payment rates for 2025 fully accounts for the increased medical utilization and cost trends for seniors.
- 7/3/2023: Letter to House Leadership urging them to work towards enacting long-term Medicare Access and CHIP Reauthorization Act reform.
- 6/1/2023: Letter to CMS raising concerns that constituents are still unable to access FDA approved treatments to slow cognitive decline for those with mild cognitive impairment and early Alzheimer's disease.
- 5/11/2023: Letter to Secretary Becerra and Administrator Brooks-LaSure requesting the timely implementation of proposed rule changes for the prior authorization process for Medicare Advantage plans.

117th Congress:

- 3/18/2022: Letter to Secretary Becerra urging him to move forward with the agency's proposed rule to rein in the skyrocketing cost of prescription drugs through certain pharmacy direct and indirect renumeration fee reform in Medicare Advantage and Part D.
- 2/7/2022: Letter to CMS urging them to improve access to palliative dialysis for end-stage renal disease patients who are also accessing hospice.
- 2/4/2022: Letter to CMS on 2022 Physician fee schedule cuts to office-based specialties.
- 1/13/2022: Letter to CMS Administrator requesting the agency's continued support in preserving and strengthening the Medicare Advantage program.
- 4/14/2021: Letter to Secretary Becerra to protect and strengthen the Medicare Advantage program, which continues to provide high-quality, affordable care to America's seniors and those with disabilities.

116<sup>th</sup> Congress:

- 6/25/2020: Letter in support of reimbursement for Treatment in Place services by Emergency Medical Service providers.
- 1/29/2020: Letter to CMS supporting Medicare Advantage prior to the release of the 2021 advance notice which lays out rules and rates for Medicare Advantage plans in 2021.