

April 22, 2026

The Honorable Susan Collins
U.S. Senate
Washington, DC 20002

Dear Senator Collins,

On behalf of the undersigned organizations, we write to thank you for introducing the Senate version of the *Improving Access to Medicare Coverage Act of 2025*. This bipartisan legislation would ensure that Medicare beneficiaries can access needed skilled nursing facility (SNF) care by counting time spent in hospital observation status toward the existing three-day hospital stay requirement.

For decades, Medicare has required beneficiaries to have a three-day inpatient hospital stay to qualify for SNF coverage. However, current hospital practices increasingly classify patients under “observation status,” even when they receive the same care as admitted inpatients—often for multiple days. Because observation days do not count toward the qualifying stay, many beneficiaries are denied access to SNF care or face significant and unexpected out-of-pocket costs.

This issue is particularly significant for Maine. In 2024, Maine led the nation with the highest percentage of state residents ages 65 and older (23.5%). Add that to the fact that many of you rural constituents across the state often rely on seamless transitions from hospital to SNF settings, and administrative barriers like the observation status policy can delay care, increase costs, and create unnecessary hardship for patients and their families. Ensuring timely access to SNF services is essential to maintaining continuity of care, especially in areas where provider options may be limited and distances between care settings are greater.

Your legislation offers a common-sense solution by ensuring that all days a patient spends in the hospital—whether classified as inpatient or observation—count toward the three-day requirement. This policy change would better align traditional Medicare with modern care delivery and with existing Medicare Advantage, Accountable Care Organization, and bundled payment models, which already allow greater flexibility in accessing SNF services.

Importantly, evidence demonstrates that this reform would improve beneficiary access to post-acute care without significantly increasing costs to the Medicare program. Analysis estimates a modest net impact on the Medicare Trust Fund—approximately \$191 million over ten years—while expanding access to necessary care for thousands of beneficiaries each year.

This legislation is especially important for vulnerable populations. Beneficiaries who lack access to alternative Medicare models are disproportionately affected by the current policy and may be unable to receive appropriate post-acute care despite medically necessary hospital stays. Research also shows that reinstating the strict three-day inpatient requirement can lead to longer hospital stays without improving patient outcomes, increasing overall costs while creating unnecessary barriers to care.

For Maine’s seniors, families, and providers, this legislation would remove an outdated barrier and support more efficient, patient-centered care transitions—helping ensure that beneficiaries can recover in the most appropriate setting without avoidable financial strain.

Again, we thank you for your introduction of the Improving Access to Medicare Coverage Act and look forward to working with you and other members of the Senate to ensure that Medicare beneficiaries receive timely access to the post-acute care they need.

Thank you for your leadership and consideration.

Sincerely,

ADVISION (formerly National Association for the Support of Long Term Care) Aging Life Care Association® Alliance for Retired Americans American Academy of Emergency Medicine American Association of Healthcare Administrative Management (AAHAM) American Association of Post-Acute Care Nursing (AAPACN) American Case Management Association (ACMA) American College of Emergency Physicians (ACEP) American College of Physician Advisors (ACPA) American Geriatrics Society (AGS)	American Health Care Association (AHCA) American Medical Association American Physical Therapy Association (APTA) Association of Jewish Aging Services (AJAS) Catholic Health Association of the United States (CHA) Center for Medicare Advocacy The Hartford Institute for Geriatric Nursing The Jewish Federations of North America Justice in Aging LeadingAge Lutheran Services in America Medicare Rights Center National Academy of Elder Law Attorneys, Inc. (NAELA)	National Association of Benefits and Insurance Professionals (NABIP) National Association of County Health Facilities (NACHFa) National Association for State Long-Term Care Ombudsman Programs (NASOP) National Center for Assisted Living (NCAL) National Committee to Preserve Social Security & Medicare The National Consumer Voice for Quality Long-Term Care National Council on Aging (NCOA) National Transitions of Care Coalition (NTOCC) NJHSA – the Network of Jewish Human Service Agencies Post-Acute and Long-Term Medical Association Society of Hospital Medicine (SHM) Special Needs Alliance USAging
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