Congress of the United States

Washington, DC 20515

November 13, 2026

The Honorable Robert F. Kennedy, Jr.
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Secretary Kennedy:

We write to urge the Department of Health and Human Services (HHS) and the Centers for Medicare & Medicaid Services (CMS) to address critical funding disparities that threaten access to quality healthcare for Medicare beneficiaries in Puerto Rico. Specifically, we call for the Administration to correct Puerto Rico's Medicare Advantage benchmark for Calendar Year 2028, beginning with immediate action by HHS as it prepares the 2028 Advance Notice for submission to the Office of Management and Budget (OMB).

According to CMS data, as of August 2026 there are 682,030 Puerto Rico beneficiaries enrolled in Medicare Advantage, including approximately 308,000 beneficiaries enrolled in Dual-Eligible Special Needs Plans. Consequently, weaknesses in either Medicare Advantage or Medicaid frequently affect the same low-income seniors and people with disabilities. CMS's CY 2027 Medicare Advantage Rate Announcement continues policies that recognize Puerto Rico's unique Medicare market, including calculating Puerto Rico's fee-for-service experience using beneficiaries enrolled in both Medicare Parts A and B and adjusting for the Island's disproportionately high percentage of beneficiaries with no Medicare claims. While CMS's 4.4 percent zero-claim adjustment for CY 2027 is a step in the right direction, it does not fully address the underlying structural disparities in Puerto Rico's Medicare Advantage funding.

Because 97 percent of Puerto Rico beneficiaries enrolled in both Medicare Parts A and B receive coverage through Medicare Advantage, the Island's benchmarks rely on spending data from the remaining 3 percent enrolled in Original Medicare, a small and unrepresentative population. The resulting benchmarks remain roughly 40 percent below the national average and approximately 20 percent below those in the U.S. Virgin Islands. This disparity is not an accurate reflection of the cost of maintaining an effective healthcare system. It weakens provider networks, contributes to the migration of healthcare professionals, and threatens access to specialty and chronic care for older Americans.

We urge HHS and CMS to establish a nationwide Medicare Advantage benchmark floor of at least 70 percent of the national average for CY 2028 or adopt an equivalent methodology that protects against disproportionately low benchmarks and is consistent with the benchmark levels currently used in the U.S. Virgin Islands. Such a floor would apply nationally rather than create a Puerto Rico-specific exception. It would establish a reasonable guardrail applicable to any jurisdiction where unusually limited fee-for-service experience produces benchmarks substantially below national norms.

Establishing this benchmark floor would ensure that American citizens residing in Puerto Rico have equitable access to the Medicare protections available in the states. We urge HHS and CMS to take meaningful action to address these longstanding disparities and strengthen access to quality healthcare for Puerto Rico's residents.

Sincerely,

Pablo José Hernández
Member of Congress

Raul Ruiz, M.D.
Member of Congress

Ritchie Torres
Member of Congress

Darren Soto
Member of Congress