

Keeping Medicare Affordable

Every day, the [Medicare Improvements for Patients and Providers Act](#) (MIPPA) helps people with Medicare afford their prescriptions, premiums, and doctor visits.

Who MIPPA Helps in the United States

4,843,433 Medicare beneficiaries connected to benefits¹

20,321,698 Medicare beneficiaries living at or below \$23,475 (150% of the federal poverty level)



Dora's Story

At 68, Dora was living on just \$430 a month from her husband's Social Security. Medicare was deducting \$165 a month for the Part B premium. That left Dora just \$265 a month to cover rent, utilities, food, and all other daily expenses. Thanks to MIPPA, Dora applied for the Medicare Savings Program, which saved her \$1,979. Dora also applied for an affordable unit at a senior housing complex. Today, she is able to live with dignity and security.

What MIPPA Does



Connects eligible individuals to benefits like the Medicare Savings Program and Medicare Part D Low-Income Subsidy, which help pay for prescription drugs, premiums, and copays



Promotes preventive health services and screenings



Keeps older adults healthy and out of hospitals

¹ Data from 10/1/24 to 9/30/25 from SHIP Tracking and Reporting System and BenefitsCheckUp.

Government Savings

Research shows that having prescription drug coverage through Medicare Part D could reduce hospitalization rates by 7%². With an average Medicare hospital stay costing \$14,700³, connecting individuals to prescription drug coverage could create significant health care savings for the federal government.

Individual Savings

In 2025, MIPPA saved individuals \$8,400 annually in out-of-pocket health care costs. With the average monthly Social Security payment at \$2,071 in the United States⁴, MIPPA can significantly improve older adults' budgets.

MIPPA Funding for the United States

Each year, MIPPA provides \$50 million in funding to state and area agencies on aging (AAAs) and local nonprofit organizations across the country.

How MIPPA is Delivered in the United States

- 54 [State Health Insurance Assistance Programs \(SHIPs\)](#)
- 623 [Area Agencies on Aging \(AAAs\)](#)
- 89 [Benefits Enrollment Centers](#)
- 146 [American Indian Tribes and Tribal Organizations](#)



**Benefits
CheckUp®**

BenefitsCheckUp is a free tool where individuals can see if they may be eligible for these money-saving programs.

[BenefitsCheckUp.org](https://www.benefitscheckup.org)

800-794-6559

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² Afendulis CC, He Y, Zaslavsky AM, Chernew ME. The impact of Medicare Part D on hospitalization rates. Health Serv Res. 2011 Aug;46(4):1022-38. doi: 10.1111/j.1475-6773.2011.01244.x. Epub 2011 Feb 9. PMID: 21306369; PMCID: PMC3165176.

³ Moore BJ, Liang L. Medicare Advantage Versus the Traditional Medicare Program: Costs of Inpatient Stays, 2009–2017. 2020 Aug 4. In: Healthcare Cost and Utilization Project (HCUP) Statistical Briefs [Internet]. Rockville (MD): Agency for Healthcare Research and Quality (US); 2006 Feb-. Statistical Brief #262.

⁴ Social Security Administration, Master Beneficiary Record, 100 percent data; and U.S. Postal Service geographic data.