



NRLN Focus



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The NRLN Clarion Call...Letter to President Donald J. Trump

By Bill Kadereit, NRLN President



Although I earlier sent out an email to NRLN Grassroots Advocates with a copy of my October 18, 2017 letter to President Donald J. Trump, over 2,000 NRLN members who only receive our messages in the U.S. Mail have not seen the letter. So, I thought it would be important to review why the letter was sent and to include the text of the letter in this issue of the FOCUS for all to see.

If you read my letter when it was emailed, you may wish to read the information about why we decided to send the letter below but skip rereading the entire letter. For those seeing my letter for the first time, the motivation for writing it was when I watched the CBS 60 Minutes report on Sunday, October 15, about the opioid epidemic in America and the enacted legislation that took away much of the DEA's enforcement power to stop the flood of pain pills from drug companies and distributors. I decided to write the letter to President Trump to object to his nominee, Representative Tom Marino (PA-10), to serve as head of the Office of National Drug Control Policy.

Marino had introduced in the House the Ensuring Patient Access and Effective Drug Enforcement Act that has hindered DEA prosecutions. Under pressure after the 60 Minutes report, Marino withdrew his name from nomination on Monday, October 16. Utah Senator Orrin Hatch, Chairman of the Finance Committee, had introduced the bill in the Senate. I considered as disingenuous Senator Hatch's denial, in a CBS follow up interview, that his and Marino's bills took away too much of the DEA's enforcement power.

As the writing of the letter progressed, I decided it was also an opportunity to address other facts with President Trump, including prescription drug bills that have been bottled up in the Senate Finance Committee chaired by Senator Hatch and point out again the NRLN's opposition to Speaker Paul Ryan's "premium support" plan that is in the Fiscal Year 2018 Budget Resolution.

In the fifth paragraph of the first page of the letter it notes President Trump's quotes on high prescription drug prices during his October 16 press conference. I found his statement, "the world is taking advantage of us" to be very similar to a closing sentence in the NRLN's white paper on Prescription Drugs Price Gouging. Our statement is, "Retirees also know that the high prices they are paying for prescription drugs only serves to support market entry of those same drugs into countries around the world." It caused me to believe that President Trump may actually have read our white paper? Americans are effectively subsidizing lower drug costs in countries that practice socialized medicine, thus Pharma is exporting our GDP (Gross Domestic Product)!

Letters have also been sent to leaders of the U.S. Senate about prescription drug bills in Senate Committees that have not been called up for votes and the NRLN's opposition to the "premium support" plan that will destroy Medicare as we have known it.

Dear Mr. President:

The National Retiree Legislative Network, which represents the interests of more than 2 million retirees, was pleased to read your October 17 Tweet that "Rep. Tom Marino has informed me that he is withdrawing his name from consideration as drug czar."

The fact that he championed the passage of legislation that made it harder for federal agents to take

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enforcement action against drug producers and distributors who flood the country with addictive opioids demonstrated he was more interested in doing the bidding of drug firms rather than acting in the interest of America's pain pills epidemic. He would have been unacceptable to Americans to serve as head of the Office of National Drug Control Policy.

Senator Orrin Hatch, Chairman, Senate Finance Committee, introduced the Ensuring Patient Access and Effective Drug Enforcement Act companion bill in the Senate. His denial on October 16 in an interview with CBS that his and Congressman Marino's bills took away too much of the DEA's enforcement power was disingenuous. In this case, the 60 Minutes / Washington Post investigation was not "fake news" with its findings that Senator Hatch and Congressman Marino steered legislation that made it harder for the government to take enforcement actions against drug companies.

Senator Hatch and Congressman Marino could be the poster boys for why Americans' perception of Congress is so low.

Mr. President, you reiterated in your October 16 rose garden press conference your desire to get the cost of prescription drugs "way down," claiming that "the world is taking advantage of us" and drug companies are "getting away with murder." We suggest that you examine why Senator Hatch has kept bills bottled up in the Senate Finance Committee that would save Americans and the federal government billions.

For example, among those bills are: S. 41, Medicare Prescription Drug Price Negotiation Act of 2017; S. 1688, Empowering Medicare Seniors to Negotiate Drug Prices Act of 2017, and S. 771, Improving Access To Affordable Prescription Drugs Act of 2017.

Does Chairman Hatch have more loyalty to the pharmaceutical industry rather than to the welfare of Americans who need affordable medicines? According to OpenSecrets.Gov, Center for Responsive Politics, Chairman Hatch has accepted during the past six years \$991,909 in contributions from the pharmaceutical and health products industry. The pharmaceutical and health products industry is the #1 financial contributor to members of Congress and the insurance industry is #2.

In addition to trying to prevent prescription drug price gouging, you have repeatedly said you would not harm Social Security and Medicare. Speaker Paul Ryan is once again working to destroy Medicare with his "premium support" plan in the 2018 Fiscal Year Budget Resolution (H. Con. Res. 71) that the House has passed. The intent of privatizing Medicare through federal government subsidies to insurance companies is masked in hot air language in the resolution. You recently took action to cut off Affordable Care Act subsidies to insurance companies. Senators Lamar Alexander and Patty Murray, leaders of the Health, Education, Labor and Pensions Committee, announced on October 17 they have reached a deal "in principle" to restore Affordable Care Act subsidies to insurance companies for two years.

Don't be misled by Speaker Ryan's claims he is acting in the best interests of America's seniors. Keep in mind the information from OpenSecrets.Org that Speaker Ryan has already received \$365,925 from the insurance industry in the 2017 – 2018 election cycle. His plan would cut Medicare funding by nearly \$500 billion over 10 years while forcing future retirees, now 55 or younger, to face more expensive choices inferior to traditional Medicare and would be an unmitigated disaster of America's seniors. The cost per person for today's Medicare beneficiaries will rise more rapidly than it does now.

The retirement age would be raised from 65 to 67. This would represent a benefit cut to those Americans.

Medicare Part A (hospital insurance) and B (physician / outpatient costs) deductibles would be combined. Changes would also be made to Medigap supplemental insurance. Both of these changes will most likely increase cost for traditional Medicare participants. Income-related premiums for Medicare Part B and D (prescription drugs) would be increased until 25% of beneficiaries pay more out of pocket.

While it is not fully clear to Americans yet that "premium support" may prove to be the most wasteful use of taxpayer dollars ever! Massive federal subsidies will be paid to insurers, hiding the fact that they



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have never been more cost efficient than Medicare is, even today. Think what could happen if we let Medicare attack costs of health care instead of subsidizing them. Bidding out prescription drugs and every other product or service Medicare buys could revolutionize the process and the entire industry, just what is needed.

The “premium support” plan is an insurance company scam to privatize and completely destroy Medicare. First, we will see replacement of existing Medicare Advantage and other plans by subsidized industry- concocted regional plan offerings. Incredibly, little or no real cost improvement can be proven. The initial alternative choices of traditional Medicare A & B plans and supplemental plans will rapidly become unaffordable and then collapse under the weight of unaffordable premiums, deductibles, copays and coinsurance. Mr. President, we can’t let this happen to the 57 million people on Medicare who are rapidly realizing that “premium support” will prove to be disastrous to our grandchildren, future generations and the American economy.

When Speaker Ryan was Chairman of the House Budget Committee he pushed his “voucher” plan through the House in 2011. The “voucher” plan ignited a firestorm of opposition from many in Congress, America’s seniors (including the NRLN) and the general public. Fortunately, the Senate killed the “voucher” plan.

In 2011, an analysis of his proposal by the Congressional Budget Office (CBO) concluded that adding private insurance plans into the mix would result in seniors paying twice as much for their care, would raise administrative costs and would not keep medical inflation as low as traditional Medicare has done. How could a CBO analysis be any different for the plan that Speaker Ryan now calls “premium support”?

There are less disruptive ways that Congress could be addressing reducing the cost of Medicare. The following is stated in the June-July 2017 draft of the House Budget Resolution for Fiscal Year 2018:

“Elected officials are tasked with being good stewards of taxpayer dollars, but the federal bureaucracy has proven to be wasteful, inefficient, and often susceptible to fraud. Tackling an issue as significant as improper payments is daunting, but this committee believes it is necessary. The extent of government-wide payment errors is high and requires real action to fix the root problems.

“Improper payments” are any government payment made in an incorrect amount (mostly overpayments), to the wrong individual or entity, or for the wrong reason. According to the Government Accountability Office, these payments totaled a stunning \$144.3 billion in 2016, up from \$107.1 billion in 2012.

“Worse, this figure likely understates the full extent of the problem; 18 government programs deemed susceptible to improper payments did not even submit error estimates last year, according to GAO. Thus, the estimated total may very well represent a floor rather than a ceiling.

“...Our budget proposes the establishment of an independent commission to find tangible solutions to reduce government-wide improper payments. The new commission would be charged with finding tangible ways to reduce government-wide improper payments by 50 percent within the next five years. It would also be required to develop a tighter system of agency oversight to ensure agencies comply with commission recommendations and achieve the reduction goal over time.”

Importantly, \$96 billion of 2016 \$144.3 improper payments were Medicare and Medicaid related.

Another bureaucratic independent commission is not the answer to prevent improper payments and fraud in such programs as Medicare and Medicaid. Elected officials and administration employees need to do their assigned responsibilities to prevent this loss of taxpayers’ money and use it to sustain Medicare.

Mr. President, we understand that it is a big job to DRAIN THE SWAMP! We ask that you put forth your best effort while being constantly mindful that many in Washington, DC are not motivated in doing what is best for America and its citizens. Too often they serve their electability and yield to special interests. Be careful who you listen to for advice.

The NRLN is in touch daily with retirees through emails and phone calls. If you or a member of your

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staff would like to learn more from us about the concerns of retirees and the help they need from our elected officials and federal agencies, please contact me or Alyson Parker, the NRLN's Executive Director in Washington, DC, at executivedirector@nrln.org or 813-454-6792. A member of your staff might be interested in accessing our website at www.nrln.org and clicking on the links to our "Legislative Agenda" and "Letters to Washington".

Most Respectfully,
Bill Kadereit, President
National Retiree Legislative Network

Important Retirement Issues Advocated During Washington, DC Fall Fly-In

Gaining legislation to preserve Social Security and Medicare, protecting retirement income and addressing high prescription drug prices was the focus of the lobbying efforts on Capitol Hill during the NRLN's Annual Fall Fly-In to Washington, DC September 11 – 13, 2017.

Briefing on Lobbying Issues

The Fly-In opened on Monday afternoon with a presentation from guest speaker Allan Coukell, Senior Director of Health Programs, for Pew Research Center, a nonpartisan fact tank that informs the public about the issues, attitudes and trends shaping America and the world. He addressed the cost of prescription drugs in the USA.

Coukell's topic areas included, How Much Are Drugs Going Up; Does It Matter; What Is Going on with Drug Pricing, What Are the Drivers of Drug Costs, Government Policy Responses; Limits on Prices, Transparency and Value of Prescription Drugs.



Barry Gore (center), Communications Director for the TVA Retirees Coalition, with Tennessee Senators Lamar Alexander (left) and Bob Corker

He cited that Americans spent \$477 billion on prescription drugs in 2016 and noted that prescription drugs account for 16.7% of health care spending. Specialty drugs are a key driver of cost with 1% of all prescriptions resulting in 37% of all spending on prescription drugs.

Alyson Parker's Perspective

Following a Q&A Session with Coukell, Alyson Parker, NRLN Executive Director in Washington, DC, presented Looking Ahead at Congress and President Trump's Administration. She said that Congress and President Trump have shifted from the efforts to repeal / replace the Affordable Care Act to tax reform. She noted there is little time left on the Congressional calendar to accomplish tax reform legislation in 2017.



Allan Coukell, Senior Director of Health Programs, for Pew Research Center, answers question about prescription drug cost.

Advocating Legislation to Protect Retirees

Michael Calabrese, NRLN Legislative Advisor, briefed attendees on the importance of advocating with Representatives, Senators and their staff members the NRLN's proposals and legislative amendments needed to protect retiree benefits in corporate bankruptcies and during mergers, acquisitions and spin-offs. Calabrese had updated the white papers he originally wrote on these issues and added proposed specific amendments to existing statutes that would accomplish the NRLN's objectives.

Although the NRLN's proposals for reforms to Pension Benefit Guaranty Corporation (PBGC) rules was not on the Fly-In's lobbying agenda, Calabrese covered with attendees the updated white paper and the added legislative amendments. The proposed rule changes and legislative language is intended to give retirees more protection when a pension plan is taken over by the PBGC. Calabrese noted that he and Parker would be meeting with PBGC officials to advocate changes that the NRLN believes are important.

Opposing 'Premium Support' to Privatize Medicare

NRLN President Bill Kadereit asked attendees to voice opposition in their meetings on Capitol Hill to the "premium support" plan to privatize Medicare that is in the House 2018 Fiscal Year Budget Resolution. The plan would cut Medicare funding while forcing future retirees, now 55 or younger, to face a baffling set of more expensive health care choices inferior to those that seniors in



Michael Calabrese, NRLN Legislative Advisor, provides briefing to Fly-In attendees on NRLN's legislative proposals for protecting retirees' pensions in corporate bankruptcies, mergers, acquisitions and spin-offs



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traditional Medicare get now. Costs for traditional Medicare covering the older group of beneficiaries would rise more rapidly than they do now.

Preserving Social Security and Medicare

In his PowerPoint presentation, Kadereit explained the extent that Social Security and Medicare are at risk and laid out the NRLN's proposal to preserve the programs.

Trustees for Social Security and Medicare reported this year that by 2034, the Social Security Trust Fund reserve will be completely depleted and afterward will only cover about three-fourths of promised benefits.

Medicare's coverage for Part B, physician and outpatient costs, and Part D, prescription drugs, are funded through enrollee premiums and general government revenues, which each year are set high enough to cover costs. However, Medicare Part A (hospital insurance) will only have enough funds to pay 87% of costs after 2028.



Michigan Senator Gary Peters (center) with members of National Chrysler Retirement Organization and Detroit Edison Alliance of Retirees. (l-r) Bob Barrette, Dana Oliver, Karen Mitchell, Peter Hollinshead, Deb Morrisett, Jay Kuhnle and Bob Tompkins



Larry Smity (left), Legislative Director, AT&T Ameritech / SBC Retirees, and Austin Weatherford, staff member for Rep. Adam Kinzinger (IL-16)

Given this forecast for the two programs, Kadereit presented the logic attendees should present to lawmakers and staffs about the NRLN's "Grand Bargain" proposal to use the opportunity of Congress' efforts on tax reform legislation to preserve Medicare and Social Security for the next 75 years. The proposal provides a 3.47% payroll tax funding increase (0.5% for individuals) beginning in 2017 that Trustees for Medicare and Social Security say is needed to pay for the program benefits through 2092.

The NRLN's proposed "**Grand Bargain**" plan is simple, flexible, understandable and should be acceptable:

- **Add to individual payroll taxes no more than 0.5%.** Tax reform savings should exceed 0.5%.
- **Raise the Taxable Maximum Earnings Limit from \$127,000 to no less than \$300,000**, eliminate if needed.
- **Raise corporate and small businesses payroll taxes to a level that ensures meeting the 3.47% actuarial deficit requirement.** Tax reform savings should far exceed 2%.
- **Declare war on the cost of health care** - eliminate fraud, waste and misuse. Congress and Federal agencies must enable Medicare importation of safe and lower priced prescription drugs.

Opposing Prescription Drugs Price Gouging

To wind up the briefing session, Ed Beltram, NRLN Vice President – Communications, went over key points and bills in the white paper he had updated on Prescription Drugs Price Gouging. He urged attendees to ask members of Congress to prove they are not bound by obligations to pharmaceutical and insurance companies more than their own constituents. They could do this by forming a consensus on which of the following bills to pass to best address skyrocketing drug costs:



Jim Odle, President, NRLN DuPont Retirees Chapter, meets with Doug Calidas, Chief Counsel for West Virginia Senator Joe Manchin



Paul Brown (left), NRLN CD Leader (ME-01), NRLN President Bill Kadereit and Alyson Parker, NRLN Executive Director, meet with Mark LeDuc, staff member for Maine Senator Susan Collins

S. 92 and H.R. 1480, Safe and Affordable Drugs from Canada Act of 2017, to allow individuals to import a 90-day supply of prescription drugs from an approved Canadian pharmacy.

S. 469 and H.R. 1245, Affordable and Safe Prescription Drug Importation Act of 2017, would lower cost of prescription drugs by allowing Americans to import safe, low-cost medicine from Canada and would authorize the HHS Secretary in two years to allow importation from other advanced countries

S. 41 and H.R. 242, Medicare Prescription Drug Price Negotiation Act of 2017, to allow Medicare to negotiate the best possible price of prescription drugs.

S. 1688, Empowering Medicare Seniors to Negotiate Drug Prices Act of 2017, would allow Medicare to negotiate best prices for prescription drugs to cut

costs for seniors in Medicare Part D.

S. 124, Preserve Access to Affordable Generics Act of 2017, to expand consumers' access to the cost-

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saving generic drugs and increase competition between drug manufacturers to end “pay for delay”.

S. 974 and H.R.2212, Creating and Restoring Equal Access to Equivalent Samples (“CREATES”)

Act of 2017 targets abusive delay tactics that are being used to block entry of affordable generic drugs.

Represented at Fly-In

NRLN organizations represented at the Fly-In included, AT&T Ameritech/SBC Retirees (AASBCR), Detroit Edison Alliance of Retirees (DEAR), DuPont Retirees Chapter, Lucent Retirees Organization (LRO), National Chrysler Retirement Organization (NCRO), Pacific / Mountain West Region, Southeast Region, TelCo Retirees Association, Tennessee Valley Authority Retirees Chapter, NRLN Congressional District leaders from California and Maine and four NRLN staff members. Hurricane Irma caused the cancellation of flight to Washington, DC for the President of the Villages Chapter, but his fellow Chrysler retirees kept his appointments with Florida Congressional members.

Advocating NRLN’s Agenda



(l-r) Alyson Parker, NRLN Executive Director, Judy Stenberg, NRLN VP - Pacific / Mountain West Region, Lauren Paulos and Nick Clason, staff members for Utah Senator Orrin Hatch, Chairman, Finance Committee

The Fly-In was attended by 26 individuals who participated in more than 60 appointments on Capitol Hill. They covered in Tuesday and Wednesday meetings with Representatives, Senators and staff members what they were briefed on in the Monday afternoon session.

They voiced opposition to the “premium support” plan that would destroy Medicare as we know it through privatization that would funnel taxpayer’s money to insurance companies. They introduced the NRLN’s “Grand Bargain” plan that would preserve Social Security and Medicare for the next 75 years.

They told lawmakers and staffers that current bankruptcy laws don’t offer fair treatment for retirees facing loss of their pension and other benefits

comparable to those afforded to secured creditors. It was pointed out that it is particularly urgent for Congress to act on the NRLN’s proposed bankruptcy law amendments because members of the NRLN Avaya Retirees Chapter are faced with Avaya’s Chapter 11 bankruptcy. While Avaya has relinquished its salaried pension plan to the PBGC, other earned retirement benefits are unresolved.

NRLN leaders have met with officials of the Department of Treasury and the PBGC in an effort to protect retirees from pension losses during corporate mergers, acquisitions and spinoffs. They were told that legislation is required to gain the desired protections. Fly-In attendees proposed rule changes and legislative amendments for consideration. This issue is of urgent concern to the NRLN DuPont Retirees Chapter members because DuPont and Dow have merged and intend to spinoff at least three separate companies.

Action Requested for TVA Retirees



(l-r) NRLN President Bill Kadereit and Barry Gore, Communications Director for TVA Retirees Coalition, meet with staff members for Tennessee Senator Lamar Alexander, Chairman, Health, Education, Labor and Pensions Committee

Barry Gore, Vice President – Communications for the TVA Retirees Coalition who lives in Tennessee, participated in the Fly-In and lobbied the Tennessee Congressional delegation to take action to support rewriting the TVA Retirement System (TVARS) rules to ensure that the ERISA (Employee Retirement Income Security Act and PPA (Pension Protection Act of 2006) minimum funding standards are adopted by TVARS, or Congress should amend the TVA Act and/or Section 3(32) of ERISA so that the TVA defined-benefit plan is fully covered by ERISA and PPA.

The TVA defined-benefit pension plan is dangerously under-funded, to a degree that would trigger “at risk” penalties under ERISA if TVA were a private rather than a government-owned corporation. TVA is the only

federal agency, Government Sponsored Enterprises (GSE), or Government Owned Corporations (GOC) that severely under-funds its pension plan.



NRLN President Bill Kadereit (left) and John deCastro (right) meet with Vernon Baker, Legislative Assistant for Social Security for Rep. Mike Thompson (CA-05)



Joe Dombrowski (left), President, Lucent Retirees Organization, and Alyson Parker, NRLN Executive Director, meet with Jonathan Pacheco, Legislative Correspondent for Arizona Senator John McCain



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Accessing Fly-In Documents

The Talking Points and Executive Summaries of white papers in the folders presented in the meetings on Capitol Hill are available on the NRLN website at: <http://www.nrln.org/talking.exec.sums.html>. Click on the links for: Bankruptcy; Mergers, Acquisitions and Spinoffs and Prescription Drugs Price Gouging. The entire white papers on these issues can be accessed at: <http://www.nrln.org/pvtflyin.html>. Description of the NRLN's "Grand Bargain" proposal and opposition to the "premium support" plan are in the NRLN President's column in the summer NRLN FOCUS newsletter at: <http://www.nrln.org/Newsletters/NRLN%20FOCUS%202017%20Summer.pdf>.



John deCastro (left), NRLN CD Leader (CA-12), and Jane Banfield (2nd from right), TelCo Board Member, with Katherine Monge and Wendell Primus, staff members for Rep. Nancy Pelosi (CA-12), Minority Leader



A View From Washington

Positive Steps in Combatting the High Cost of Prescription Drugs
By Alyson Parker, NRLN Executive Director

When I decided to write about the high cost of prescription drugs, I was going to focus on the lack of progress. For an issue that has bipartisan interest by both Democrats and Republicans in Congress and the Administration in that they all agree that the escalating cost of prescription drugs, including generics, is an issue that needs to be addressed, little progress has been made.

Complicated Drug Delivery System

Part of the problem is the complicated prescription drug delivery system and figuring out who is to blame. All the players point fingers at each other as to whom is causing the problem - manufacturers, insurance companies, pharmacy benefit managers. I just saw on October 16th an ad placed by the Pharmaceutical Association, which represents the manufacturers, claiming while they set the price of the drug, the middlemen such as the insurance companies and pharmacy benefit managers don't share with consumers the \$100 billion in rebates and discounts they give the middlemen, and the insurance companies decide how much the consumer actually pays.

PhRMA's Big Influence with Congress

The other part of the problem could be the influence the Pharmaceutical Research and Manufacturers of America Association (PhRMA) and the drug companies have over Congress. Last year, drug companies gave millions of dollars in campaign and leadership PAC contributions to Republicans and Democratic Members of Congress. Further, the pharmaceutical industry has hundreds of lobbyists that blanket the Hill daily attempting to influence the members of Congress.

Something May Get Done

Now that I am putting pen to paper, however, my thoughts have changed and I am mildly optimistic that something may get done. Don't get me wrong, the cost for prescription drugs won't drop overnight, but we are starting to see positive steps.

States Taking Action on Drug Prices

One of these positive steps is that more states are taking the matter into their own hands since the federal government has failed to act. Just this week, California's Governor signed into law a drug pricing transparency law, which requires pharmaceutical companies to justify big price hikes of drugs.

Other states that either have similar laws or bills pending include Maryland, New York, Ohio and Vermont. Ohio, for instance, wants to cap what individuals can be charged to what state agencies pay for the drug.

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Maryland passed a drug pricing law that targets generic drug price hikes by notifying the attorney general if drug makers raise the price of a drug by 50% in a year and allows the government to assess a fine. (Maryland's governor has not signed this into law yet). If these states are successful in curbing the rising price of drugs, I think we can expect to see more states follow these steps.

Senate May Vote on Two Drug Bills

Another positive sign is the Senate may be voting on two drug price control bills in the next two weeks that aim to get generics to the market faster. One is S. 974, Creating and Restoring Equal Access to Equivalent Samples (CREATES) Act, which would prohibit business practices used by big drug companies to avoid competition by generics. The other bill, S. 124, Preserve Access to Affordable Generic Act, which would prohibit companies from paying for delay of generics entering the market. These two bills would provide over \$5 billion in savings to the federal government. The NRLN has lobbied for passing both of these bills.

Another Hearing on Prescription Drug Costs

Finally, the Senate Health, Education, Labor and Pensions (HELP) Committee held its second hearing on October 17th, titled The Cost of Prescription Drugs: How the Drug Delivery System Affects What Patients Pay. Witnesses included VP of Pharmaceutical Research and Manufacturers of America, CEO of Association of Accessible Medicine, VP and General Counsel of Healthcare Distribution Alliances, CEO of Pharmaceutical Care Management Association and CEO of American Pharmacists Association.

Keep the Pressure on Congress

I hope this is just the beginning of action on this important issue to not only retirees, but also everyday families that fill prescriptions for themselves and children and experience the sticker shock every time they get a prescription filled. Now is the time to keep the pressure on Congress especially in light of the unsettled health care market.

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