



NRLN Review

NRLN
NATIONAL RETIREE
LEGISLATIVE NETWORK

NRLN Review, Summary for July 2021

The NRLN Review provides a monthly report on National Retiree Legislative Network actions, events in Congress and important retirement news.

NRLN President's Forum - Walmart Sets Example for Congress and Medicare

An NRLN President's Forum message on July 5 pointed out that Walmart is doing what Congress and Medicare should be doing to reduce prescription drug prices.

Walmart announced on June 29 that it is working directly with the manufacture, Novo Nordisk, to provide a new brand of analog insulin at a much cheaper price for patients without insurance.

The drug is available in Walmart and Sam's Club pharmacies at a price about \$73 for a vial or about \$86 for a package of prefilled insulin pens. This represents a savings of as much as \$101 per vial of insulin or up to \$251 per pack of prefilled insulin pens.

The NRLN has been lobbying Congress to eliminate the "non-interference" clause that prevents Medicare from negotiating drug prices. Instead of negotiating, we are advocating a business model for competitive bidding with drug manufacturers to be applied wherever two or more FDA approved generic drugs, or two or more brand drugs, or a generic and brand drugs (upon patent expiration) treat the same medical condition.

A Medicare competitive bidding policy, direct from the manufacture, would bypass middlemen that mark up prices and keep rebates.

NRLN Action Alert – Congress Should Pass Metastatic Breast Cancer Bill

An NRLN Action Alert was issued on July 7 asking NRLN members urge their members of Congress to support the bipartisan **Metastatic Breast Cancer Access to Care Act (H.R.3183 and S.1312)**.

Passage of the bill would waive the 24-month waiting period for Medicare benefits and the 5-month waiting period for Social Security Disability Insurance (SSDI) for patients with metastatic breast cancer.

The NRLN's sample letter stated that it was unconscionable that members of Congress did not pass the **Metastatic Breast Cancer Access to Care Act** during the 116th Congress. Senators and Representatives were told the reintroduction of the bill in the current session of Congress provided them an opportunity to correct the previous foolish mistake.

Breast cancer is the second most common cancer diagnosed in women in the U.S. and 90 percent of breast cancer deaths are the result of metastatic breast cancer where cancer has spread to additional parts of the body. The average life expectancy of an individual with metastatic breast cancer is three years.

NRLN Survey on Adding Out-of-Pocket Cap to Original Medicare

NRLN President Bill Kadereit extended an invitation to NRLN members on July 13 to participate in the NRLN survey which will provide data to help make the case that an out-of-pocket cap should be added to original Medicare because of the high health care cost seniors are experiencing. The NRLN intends to show that an out-of-pocket cost cap for original Medicare would help level the playing field with Medicare Advantage plans which are required to provide annual out-of-pocket caps. .

An out-of-pocket cap added to original Medicare would provide a third choice for seniors – Medicare Advantage, original Medicare plus Medigap (where the effective cap is the annual premium cost) and original Medicare with an out-of-pocket cap.

Kadereit stated, “based on the NRLN’s 19 years of dealing with members of Congress and their staffs, we know it is very useful to have first-hand information from individuals who are experiencing the high cost of healthcare. The information you provide in this survey will allow us to present facts that are very important in convincing Congress to set policies that attack healthcare costs instead of blaming people over age 65.”

The survey does not request names or contact information, only a responder’s city, state zip code and company or public entity from which he or she retired. However, if responders are willing to be contacted for more information that could be used with Medicare officials or members of Congress, they should answer “Yes” to the last questions on the survey and provide their name, email address and phone number.

Click here to participate in this important NRLN survey. <https://www.surveymonkey.com/r/NRLNMED>
If you have a problem with this link, go to www.nrln.org and click on the link in the announcement about the survey.

NRLN Action Alert – Pass Bills to Lower Drug Prices

An NRLN Action Alert issued on July 19 requested that NRLN members send letters to their Representatives and Senators to urge them to pass two House bills and three Senate bills that the NRLN supports to reduce the cost of prescription drugs.

The House bills are H.R. 3, Elijah E. Cummings Lower Drug Costs Now Act and H.R.2883, Stop Stalling Access to Affordable Medications.

H.R.3 would eliminate the “non-interference” clause and empower Medicare to negotiating better prices for 125 drugs that account for the greatest national spending or the 125 drugs that account for the greatest spending under the Medicare prescription drug benefit and Medicare Advantage. Also, it would cap seniors’ out-of-pocket costs for prescription drugs at \$2,000 per year.

H.R.2883 would reduce the incentives for branded pharmaceutical companies to file sham petitions with the Federal Drug Administration (FDA) to interfere with the regulatory approval of generics and biosimilars that would compete with their own products, a tactic that delays patient access to more affordable medications.

The Senate bills are:S.1425, Stop STALLING Act; S.1428, Preserve Access to Affordable Generics and Biosimilars Act, and S.833, Empowering Medicare Seniors to Negotiate Drug Prices Act of 2021.

S.1425 would reduce the incentives for branded pharmaceutical companies to file sham petitions with the Federal Drug Administration (FDA) to interfere with the regulatory approval of generics and biosimilars that would compete with their own products, a tactic that delays patient access to more affordable medications.

S.1428 would limit anticompetitive “pay-for-delay deals” that prevent or delay the introduction of affordable follow-on versions of branded pharmaceuticals. Pay-for-delay is the practice in which drug companies use pay-off agreements to delay the introduction of cheaper substitutes.

S.833 would have the Secretary of Health and Human Services directly negotiate with drug companies for price discounts for the Medicare Prescription Drug Program.

The NRLN's sample letter pointed out that Americans pay more for prescription drugs than citizens of any other economically developed country in the world. Because of higher prices too many Americans, especially seniors living on a fixed income, do not take their medications. It is time for Congress to act to reduce the price of prescription drugs. Talk is cheap – drugs are not

NRLN and TVA Chapter's Letter on Private Medicare Exchange

On July 29, Bill Kadereit, NRLN President, and Dan Pitts, President, TVA Retirees Chapter co-signed a letter to staff members for Tennessee Senators Marsha Blackburn and Bill Hagerty and Representative Chuck Fleischmann. (This TVA situation led NRLN to the conclusion that all NRLN member and all other retirees are affected by the visibility and open choice issues every time they shop for a Medigap plan.) The opening two paragraphs of the letter stated:

“On behalf of Tennessee Valley Authority (TVA) retirees who unknowingly purchased Medicare Supplement plans at substantially inflated premium rates, we urge you to ask the Centers for Medicare and Medicaid Services (CMS) to grant these seniors a Special Enrollment Period (SEP). In addition, please request that CMS investigate why Private Medicare Exchanges (PMEs) are pushing high-priced plans and falsely telling seniors that those plans have “competitive” rates. Rate comparisons clearly revealed that some of the PME's plans had rates which were up to 67% higher than plans available from local agents and brokers. “First, we will explain why we strongly believe that TVA retirees are entitled to a “do over” to rectify the injustice they experienced. Under Medicare law, if an enrollee was presented with misleading or false information while selecting their Medigap plan, they are eligible for a SEP. With the SEP, retirees would regain their “guaranteed issue” status, which would provide them a new opportunity to buy a fairly priced Medigap plan without being denied because of pre-existing health conditions.”

The end of the letter stated: “Furthermore, we request that Secretary Becerra and Administrator Brooks-LaSure take the following actions as important steps toward protecting America's seniors from abusive Private Medicare Exchanges' tactics. Should they fail to take these actions, Congress should pass legislation to set these recommendations in statutes.

1. Declare an automatic Special Enrollment Period (SEP) for Medicare beneficiaries who were provided misleading information by a PME that restricted access to lower priced plans.
2. Require that employers disclose to retirees that they are not required to purchase their plans through the PME and that employers and PMEs disclose that Medicare beneficiaries may be able to find a plan in their local market that is less expensive than those offered through the PME
3. Develop and standardize specific instructions that all PMEs must follow when providing information to retirees.
4. Expand the Medicare.gov webpage that lists plans registered in states by plan types and their price ranges to fully disclose specific prices for each plan available so that prospective buyers will have full pricing visibility”

Click here to read the letters on the NRLN website in Letters to Washington.

<https://www.nrln.org/ARCHIVES-W.HTML>

NRLN Legislative Committees' Work

The NRLN's Legislative Advisory Committee (LAC) composed of Judy Stenberg, Chairwoman, Deb Morrisett, Joe Mazzei, Al Duscher and Bob Martina submitted the following bills for the Legislative Action Planning Committee (LAPC) to consider for action during its July 5 conference call. The LAPC includes Bill Kadereit, Chairman, Judy Stenberg, Alyson Parker, Bob Martina and Ed Beltram.

H.R.3183/S.1312, Metastatic Breast Cancer Access to Care Act, would provide immediate access to Social Security Disability Insurance (SSDI) and Medicare for individuals with metastatic breast cancer. Under current law, these individuals must wait five months for SSDI and 24 months for Medicare benefits.

-- Action Alert was issued the week on July 7, that urged Senators and Representatives to pass the **Metastatic Breast Cancer Access to Care Act (H.R.3183/S.1312)**.

H.R.2883/S.1425, Stop Significant and Time-wasting Abuse Limiting Legitimate Innovation of New Generics (STALLING) Act, would reduce the incentives for branded pharmaceutical companies to file sham petitions with the Federal Drug Administration (FDA) to interfere with the regulatory approval of generics and biosimilars that would compete with their own products, a tactic that delays patient access to more affordable medications. **S.1428, Preserve Access to Affordable Generics and Biosimilars Act**, would limit anticompetitive “pay-for-delay deals” that prevent or delay the introduction of affordable follow-on versions of branded pharmaceuticals.

-- NRLN issued an Action Alert on July 19 on **H.R.2823/S.1425 and S.1428**.

H.R.1587/S.1731, Medicare Audiologist Access and Services Act of 2021, provides for Medicare coverage of audiologist services without having to receive a referral from a physician.

-- NRLN letters were emailed on July 5, to Committee on Energy and Commerce Chairman Frank Pallone (NJ-06) Ranking Member Cathy McMorris Rodgers requesting a Committee vote on **H.R.1587**. Also, NRLN letters were emailed on July 5, Committee on Ways and Means Chairman Richard Neal (MA-01) and Ranking Member Kevin Brady (TX-08) requesting a Committee vote on **H.R.1587**.

-- NRLN letters were emailed on July 5, to Committee on Finance Chairman Ron Wyden (OR) and Ranking Member Michael Crapo (ID) requesting a Committee vote on **S.1731**.

H.R.1978/S.912, Protecting Seniors Through Immunization Act of 2021, would provide Medicare beneficiaries access to all recommended vaccines, at no additional cost, including shingles and tetanus, diphtheria, and pertussis (Tdap).

-- NRLN letters were emailed on July 6, to Subcommittee on Energy Chairman Bobby L. Rush (IL-01) RM Fred Upton (MI-06) requesting a Subcommittee vote on **H.R.1978**. NRLN letters had been emailed on May 4, 2021, to Committee on Finance Chairman Ron Wyden (OR) and Ranking Member Michael Crapo (ID) requesting a Committee vote on **S.912**.

H.R.3108/S.1536, Medical Nutrition Therapy Act of 2021, would expand Medicare Part B coverage of outpatient medical nutrition therapy services to a number of currently uncovered diseases or conditions, including prediabetes, obesity, high blood pressure, high cholesterol, malnutrition, eating disorders, cancer, HIV/AIDS, gastrointestinal diseases including celiac disease, and cardiovascular disease.

-- NRLN letters were email on July 5, to Committee on Energy and Commerce Chairman Frank Pallone (NJ-06) Ranking Member Cathy McMorris Rodgers requesting a Committee vote on **H.R.3108**. Also, NRLN letters were emailed on July 5, Committee on Ways and Means Chairman Richard Neal (MA-01) and Ranking Member Kevin Brady (TX-08) requesting a Committee vote on **H.R.3108**.

-- NRLN letters were emailed on July 5, to Committee on Finance Chairman Ron Wyden (OR) and Ranking Member Michael Crapo (ID) requesting a Committee vote on **S.1536**.

H.R.3604, Retirees Sustainable Investment Opportunities Act, would require large asset managers, plan investors, and plan fiduciaries to take into account and explain how they consider environmental, social and corporate governance factors when making investment decisions. In addition, the bill would require consideration of environmental, social, and governance factors when making investments of workers’ assets. **The NRLN opposes H.R.3604** because it believes that asset managers and retirement plan fiduciaries need to be making prudent investments that will provide the most dollars for workers in their retirement years.

-- NRLN letters were emailed on July 6, to **Committee on Education and Labor** Chairman Bobby Scott (VA-03) and Ranking Member Virginia Foxx (NC-05) requesting that **H.R.3604** not be called up for a Committee vote. In other words, let the bill die in committee.

All of the above bills have been posted on <https://www.nrln.org/SE.html/congresslegs.html#/bills> which feeds the NRLN Report Cards.

Letters noted above have been posted in NRLN Archives in Letters to Washington at <https://www.nrln.org/ARCHIVES-W.HTML>

Key News Articles Posted in July

During July, 96 links to news articles related to retirement issues were researched and posted daily IN THE NEWS on the NRLN website home page. The headlines below are links to the articles. Or, read the articles at www.nrln.org under IN THE NEWS in the right column. Scroll down the right column and click on the headline to access the article you want to read. Below are examples of the headlines.

[Senator Wyden Outlines Proposed Drug Pricing Reforms](#) – July 1

[Biden Administration Moves To Implement Law Targeting Surprise Bills](#) July 2

[The States Are Not United When It Comes To Healthcare For Seniors](#) - July 3

[Progressives ramp up Medicare expansion push in Congress](#) – July 5

[71% of Americans are worried Social Security will run out of money in their lifetimes. Why experts say that won't happen](#) – July 6

[Stop The Bid To Expand Medicare](#) – July 6

[Column: Rising drug prices continue to hit seniors](#) – July 6

[Medicare Would Save \\$2.6 Billion Buying Some Generic Drugs At Costco Prices, Researchers Find](#) – July 6

[Pfizer to seek OK for 3rd vaccine dose; shots still protect](#) - July 8

[The Health 202: Expansions could be coming to Medicare](#) – July 9

[Biden orders agencies to look at hospital consolidation, costs of drugs and hearing aids](#) - July 9

[Successful, educated, but now destitute—why the problem of senior poverty in America should scare you](#) – July 10

[Medicare evaluating coverage for \\$56,000 Alzheimer's drug](#) – July 12

[Biden Issues Orders On Drug Prices, Billing And Hospital Mergers](#) - July 12

[Employer and health groups push Congress to pass drug price revamp](#) - July 13

[Bill Would Boost Social Security COLA](#) - July 13

[Senate budget deal to provide new funding for Medicare, Medicaid, ObamaCare](#) - July 14

[Yellen predicts 'several more months of rapid inflation'](#) – July 15

[Progressives Won't Give Up On 'Medicare At 60' In Budget Package](#) – July 16

[Hospital 'Trauma Centers' Charge Enormous Fees to Treat Minor Injuries and Send People Home](#) - July 16

[Biden's July Executive Order Includes Drug Pricing Provisions. But Will They Do Enough?](#) - July 19

[Will Congress Change How The Social Security Cost-Of-Living Adjustment Is Calculated?](#) July 21

[Empower snaps up Prudential's retirement business for \\$3.6 billion](#) – July 21

[G-fees,' pension smoothing on the table for infrastructure offsets](#) July 23

[Medicare Expansion: A Gift to the Relatively Wealthy](#) July 23

[Opinion: Congress Should Ensure a Better Medicare](#) – July 23

[For Older Adults, Home Care Has Become Harder to Find](#) – July 24

[Will Social Security Change the Way it Calculates Raises? Here's Why It Should](#) - July 25

[What Do Rising Prices Mean for Retirement Saving?](#) - July 26

[Four senators call on Becerra to back importation of prescription drugs from Canada](#) - July 27

[Experts, lawmakers back additional retirement security legislation](#) – July 28

[Hey Boomer: Medicare Won't Cover Your Long-Term Care](#) – July 28

[Congressional proposal would limit when retirees must return pension overpayments](#) - July 29

[FDA Lets Pharmacies Substitute Branded Insulin With Knockoff Product, in First for a Biologic Drug](#) July 29

[Senate moves to debate on infrastructure as bill takes shape](#) July 30