



NRLN Review

NRLN
NATIONAL RETIREE
LEGISLATIVE NETWORK

NRLN Review, Summary for February 2023

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

Highlights of NRLN's Advocacy on Capitol Hill During February Fly-in

The NRLN Board met from 10:00 a.m. to 12:00 noon on Monday, February 27 at the YoTel Hotel near Capitol Hill. Monday afternoon was devoted presentations on lobbying issues. Tuesday and Wednesday (until time to depart of airport or train) was devoted to appointments on Capitol Hill to advocate issues important to retirees. The issues included:

- **Protect Retirees in Pension Plan De-risking:** When "de-risking" occurs with the purchase of an insurance annuity pension, plan participants lose the protection of PBGC and ERISA. The NRLN's proposal is to protect beneficiaries by requiring a secondary insurance policy in case the initial insurer defaults.
- **Prevent Privatization of Medicare:** CMS is using taxpayer subsidies to private insurance companies for Medicare Advantage (MA) plans and ACO REACH will receive even more subsidies as a move toward the privatization of Medicare. The NRLN opposed the use of MA and ACO REACH to privatize Medicare. After 37 years (1985-2022) of doling out over **\$450 billion in rebates** to private insurers for MA it is not competitive with original Medicare Fee-for-Service. MA chronic care special services are denied to original Medicare enrollees. ACO REACH is turning healthcare for seniors over to Wall Street investors.
- **Medigap Plan Prices on CMS Website:** CMS provides on its website a range of prices for Medicare supplement plans (Medigap) by zip code. NRLN advocated that CMS should provide the actual price of Medigap plans by zip code. This would provide seniors with actual prices of specific Medigap plans so they can compare the prices against prices they may be offered by a Private Medicare Exchange (PME), an insurance broker or insurance agent.
- **Reduce Prescription Drug Prices:** Fly-in participants lobbied for legislation to end pay-for-delay and other brand name drugmakers' tactics that obstruct generic drugs from coming to market. Also legislation is needed to import safe and less expensive drugs from Canada and other countries that meet FDA quality standards.
- **Make HCTC Permanent:** NRLN urged the reintroduction and passage by Congress of the bill to make permanent the Health Coverage Tax Credit (HCTC). This will help retirees ages 55-64 cover the cost of health insurance if their pensions have been taken over by the PBGC, or if their job was outsourced abroad under Trade Adjustment Assistance.
- **Pass Susan Muffley Act:** The House of Representatives passed on July 27, 2022, the **Susan Muffley Act** to recover pensions for Delphi salaried retirees. However, the U.S. Senate failed to take up the legislation. The bill has been re-introduced in the House as **H.R. 735, Susan Muffley Act**. The NRLN advocated passage of the legislation that would recover the pensions that Delphi salaried retirees lost during the Delphi bankruptcy.

Further coverage of the Fly-in will be reported with photos in the spring NRLN FOCUS Newsletter. You will be notified when a video of the lobbying issues briefing session is posted on www.nrln.org.

NRLN Action Alert – Members of Congress Are Squandering Taxpayer Dollars

An NRLN Action Alert was issued on February 7 told Representatives and Senators. In 2022, health insurers persuaded 400 Members of Congress to sign a letter to CMS to fund extra benefits for Medicare Advantage (MA) plans only, these are denied to original Medicare beneficiaries. Please do not sign in 2023!

It is a concern that 76% of the members of Congress are helping healthcare insurers privatize Medicare and that 30 million original Medicare beneficiaries are being deprived subsidized cost-sharing and enhanced benefits.

MedPAC reported rebate payments to MA plans of \$53 billion in 2022 and \$75 billion this year, \$205 million a day, and that CMS will pay private insurers 4% more per MA plan enrollees than they will for original Medicare Fee-for-Service (FFS) beneficiaries.

The premise for subsidies, that a gap between a cost benchmark and a plan bid is savings is bogus!

MedPAC annual reports state there has never been a year where CMS payments per MA enrollee have been equal to or lower than FFS payments per enrollee.

The premise that Medicare C plans can provide A & B benefits at less cost to taxpayers is invalid.

MA plans have achieved 49% market share. It is time to stop rebates and to grandfather MA subsidized benefits in place. MA insurers no longer deserve subsidies paid for with taxpayer general revenue.

The NRLN's proposal is:

- Stop Medicare Advantage rebates to plans but grandfather current recipients.
- Allow original Medicare to add a Medicare E community related Medigap Plan F equivalent plan from Medicare at a premium based on FFS cost plus 3% (97% MLR).

Taking this action would:

- Preserve the original Medicare 80% FFS payment cap,
- Cover the 20% catastrophic FFS gap with the optional FFS plan F equivalent,
- Eliminate the pre-existing condition access barrier,
- Create a level playing field for Original Medicare FFS (with a buy-in F option), MA and its Out-Of-Pocket (OOP) maximum, and Medigap (with its patient Medical Loss Ratio (MLR) of 65%.

That is American competition, a good deal for the federal government, fair and low-cost catastrophic coverage for seniors and would keep original Medicare alive at a lower cost but always under a competitive umbrella.

NRLN Legislative Committees' Work

The NRLN's Legislative Advisory Committee (LAC) composed of Judy Stenberg, Chairwoman, Deb Morrisett, Joe Mazzei and Al Duscher submitted the following bills for the Legislative Action Planning Committee (LAPC) to consider for action during its February 6 conference call. The LAPC includes Bill Kadereit, Chairman, Judy Stenberg, Alyson Parker, Martha Deahl and Ed Beltram. The LAPC's actions included:

H.R.33, Medicare Dental, Vision, and Hearing Benefit Act of 2023 would provide for Medicare coverage of dental, vision, and hearing care. Coverage includes (1) routine dental cleanings and exams, basic and major dental services, emergency dental care, and dentures; (2) routine eye exams, eyeglasses, and contact lenses; and (3) routine hearing exams, hearing aids, and exams for hearing aids. With respect to such care, the bill establishes special payment rules, limitations, and coinsurance requirements.

H.R.244, Medicare Hearing Aid Coverage Act of 2023, would expand Medicare to cover hearing aids for beneficiaries. Medicare does not currently cover hearing aids, which have an average price of about \$2,500. Hearing loss affects nearly 48 million Americans and, left untreated, has serious emotional, social and medical consequences for older adults. Research has shown older adults with hearing loss are 32 percent more likely to require hospitalization, face a 24 percent increased risk for cognitive impairment, and increasingly suffer from isolation and depression. A 10-year longitudinal study of patients in Baltimore found that those with hearing loss had a higher probability of developing dementia, with the probability rising as the severity of the hearing loss increased.

H.R.33 and H.R.244 have been referred to the Committee on Energy and Commerce and Committee on Ways and Means. NRLN letters were sent on February 7, 2023, to Committee on Energy and Commerce Chairwoman Cathy McMorris Rodgers (WA-05) and Ranking Member Frank Pallone (NJ-06) and Committee on Ways and Means Chairman Jason Smith (MO-06) Ranking Member Richard Neal (MA-01). The letters stated that the Committee should closely examine on the cost of the bills. It was noted that Medicare Advantage plans offer some level of hearing, vision and dental benefits. These benefits are denied to the 30 million original Medicare enrollees.

Key News Articles Posted in February

During February 107 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 some of the headline links.

[Why telehealth coverage needs 'to become permanent,' according to experts](#) – Feb 1

[Can these viruses increase your risk of dementia?](#) – Feb 1

[Inside the current urgent care 'boom'](#) – Feb 2

[Nursing Home Residents Need Nurses, Wherever They Live](#) – Feb 2

[Reps plan renewed push on bill to restore lost Delphi pension benefits](#) – Feb 2

[Before you enroll in Medicare, what to know about new rules that eliminate coverage gaps](#) – Feb 3

[Why a New Alzheimer's Drug Is Having a Slow US Debut](#) – Feb 4

[Medicare has changed for 2023. Here's what is new](#) – Feb 5

[Are Apple devices overwhelming emergency dispatchers?](#) – Feb 6

[The virus threat is easing, but US hospitals are still as full as ever](#) – Feb 6

[Targeted Drug Tagrisso Could Be Advance Against Lung Cancer](#) – Feb 6

[What the Senate HELP Committee has planned for healthcare](#) – Feb 7

['This virus isn't done with us yet': Where the 'triple-demic' stands now](#) – Feb 7

[Biden urges Congress to lower prescription costs](#) – Feb 7

[Primary Care a Hot Target; CVS Spends \\$10.6B on Oak Street](#) – Feb. 8

[State of the Union brings brief unanimity on Social Security, Medicare. Why experts say there's still reason to worry](#) - Feb 8

[Biden Administration Releases COVID-19 Public Health Emergency Transition Road Map](#) – Feb 9

[HHS Releases Initial Guidance for Medicare Prescription Drug Inflation Rebate Program](#) – Feb 9

[PEG-lambda: The next game-changing COVID-19 treatment?](#) – Feb 10

[GOP races from Medicare, Social Security third rail](#) – Feb 10

['That's not a Republican plan': McConnell distances GOP from Scott on Social Security, Medicare sunset plan](#) – Feb. 10

[As Social Security's full retirement age moves to 67, some experts say it should not go higher](#) Feb 12

[Republican senator warns Congress must take action now to protect Medicare and Social Security](#) – Feb 12

[Biden escalates fight over Social Security and Medicare, frustrating Republicans](#) – Feb 13

[How CMS intends to 'lower out-of-pocket drug costs'](#) – Feb 13

[GOP Launches Probe Into COVID Origins With Letter to Fauci](#) – Feb 13

[6 Big Shakeups to Social Security in 2023](#) – Feb 13

[Amid Republican Threats to Social Security, Sanders, Warren, Schakowsky, Hoyle, and Colleagues Introduce Legislation to Increase Benefits and Extend Solvency Through 2096](#) – Feb 13

[Distrust over GOP plans for Social Security, Medicare marks rocky start to budget talks](#) – Feb 15

[Opinion: What history tells us about your prescription costs and the new 'bad boys' of health care](#) Feb 22

[6 Big Shakeups to Social Security in 2023](#) – Feb 22

[Mike Pence: Changes to Social Security, Medicare should 'be on the table' long-term](#) – Feb 22

[Physical activity may be the key to higher cognition as we age](#) – Feb 23

[Flu vaccine provided 'substantial protection,' CDC says](#) – Feb 23

[New Analysis Highlights Steps by the Biden-Harris Administration to Reduce Medicare Advantage Overpayment](#) – Feb 23

[CDC adds COVID-19 vaccines to its official immunization schedule](#) – Feb 24

[DEA announces proposed rules to make telemedicine permanently flexible, safeguarded](#) – Feb 24

[Could wearables interfere with implanted cardiac devices?](#) – Feb 27

[Recession or not, Americans feel like they're poorer](#) – Feb 27

[CDC: Surge of antibiotic-resistant bacteria poses 'serious public health threat'](#) – Feb 28

[FDA panel narrowly endorses Pfizer vaccine for RSV in older adults](#) – Feb 28