



# NRLN Review



## NRLN Review, Summary for July 2024

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

### Tell Us What You Think About the NRLN Review

On the first of each month the NRLN Review is emailed to all NRLN members to provide information from the previous month on the NRLN. We decided it is time to ask our readers whether we have been on the right track or the wrong track with the information provided.

Click “Reply” or send an email to [contact@nrln.org](mailto:contact@nrln.org) with your comments. Do you usually read all of the Review, just scan through it or look for certain types of information. What subjects do you want less information on and what would you like to read about more.

If you would like to refresh your memory on Reviews you received recently, access the Review archives on the NRLN website at: <https://nrln.org/nrln-review/>

### Funding Struggles Ahead for Medicare and Social Security

In July, the NRLN began a four-part series on the funding struggles ahead for Medicare Part A; Part B and D; Part C (Medicare Advantage) and Social Security.

In the coming decade **Medicare Part A (hospital insurance)** will exceed revenues of the HI Trust Fund beginning in 2030. The reserves will be depleted at some point during 2036 and will be able to pay only 89% of scheduled benefits unless Congress acts to provide additional funding.

The Supplemental Medical Insurance (SMI) Trust Fund which covers **Medicare Part B (medical insurance)** is financed primarily through a combination of general revenues (71% in 2023) and beneficiary premiums (27%) (and 1% from interest and other sources). The standard monthly premium for both traditional Medicare and Medicare Advantage enrollees is \$174.70 in 2024. However, the monthly premiums for beneficiaries with higher incomes range from \$244 to \$594.

Higher spending for benefits covered under Part B will increase the amount of general revenues and beneficiary premiums required to cover costs for Part B in the future. Medicare Trustees project that the standard monthly Part B premium will increase to nearly \$300 by 2033.

**Medicare Part D** (outpatient prescription drugs) is also funded by the SEMI Trust Fund and is financed primarily by general revenues (73%), with additional revenues coming from beneficiary premiums (14%) and

state payments for beneficiaries enrolled in both Medicare and Medicaid (12%). Higher-income enrollees pay a larger share of the cost of Part D coverage.

The third installment of the Medicare/Social Security funding series is currently posted at [www.nrln.org](http://www.nrln.org).

**Medicare Part C** (Medicare Advantage) benefits are drawn from the HI Trust Fund, accounting for 48% of total spending on Medicare Part A benefits in 2023. In addition, 17% of payments made to Part C plans are for extra-benefits like Part D premiums, Part B copays, coinsurance, dental, hearing and vision benefits, and insurance company costs and profit. These subsidies come from SMI Trust Fund general revenue.

According to current projections, payments to Medicare Advantage plans are projected to rise as a share of total Part A spending from 48% in 2023 to 54% in 2033, a shift that could impact the HI trust fund solvency. Medicare Advantage is also projected to rise as a share of total Part B spending, from 55% in 2023 to 65% in 2033, which could impact both beneficiary premiums and general revenue spending. In 2024, MedPAC estimates that the Medicare program will spend 22% more per Medicare Advantage enrollee than for similar beneficiaries in traditional Medicare – an additional \$83 billion in total.

**Social Security Retirement Benefits Could Be Cut in 2033.** The Old-Age and Survivors Insurance (OASI) Trust Fund will be able to pay 100% of total scheduled benefits until 2033. At that time, the fund's reserves will become depleted and continuing program income will be only sufficient to pay 79% of benefits. (59.5 million receive these retirement benefits.)

The Disability Insurance (DI) Trust Fund is projected to be able to pay 100% of total scheduled benefits through at least 2098.

OASI total cost began to be higher than total income in 2021 and is projected to continue to do so through about 2040. While the retirement of the baby-boom generation (born from 1946-1964) is increasing the number of beneficiaries, by 2027 all of them (us) will be over age 65. Our total population is aging much faster than the increase in the number of covered workers. Congress has known this for 35 years.

Each week when an email was sent to NRLN members inviting them to read about each part of Medicare funding, they were also asked to provide comments. The NRLN thanks those who took the time to send their comments. The comments provide the NRLN with additional insights into how it can better serve its members.

### **NRLN Legislative Committees' Work**

The NRLN's Legislative Advisory Committee (LAC) composed of Judy Stenberg, Chairwoman, Deb Morrissett, Joe Mazzei and Al Duscher prioritizes retirement-related bills it reviews during its twice-a-month conference calls. The LAC submitted the following bills for the Legislative Action Priorities Committee (LAPC) to consider for action.

The LAPC, which includes Bill Kadereit, Chairman, Judy Stenberg, Alyson Parker, Martha Deahl and Ed Beltram, took the actions below on the bills during its July 1 conference call.

The bills have been posted on the NRLN website at: <https://nrln.org/legislative-action-network/#/bills>. The posted bills feed the NRLN Report Card. For instructions on how to access the Report Card go to [www.nrln.org](http://www.nrln.org). Click on the Grassroots tab and select Congressional Report Card in the dropdown menu. Letters sent to Washington, DC are posted at: <https://nrln.org/letters-to-washington-2/>. The work of the LAC and the LAPC provides the cornerstone for much of the dealings with members of Congress and their staff members.

**H.R.5138/S.4137, Improving Access to Medicare Coverage Act of 2024** would update a current loophole in Medicare policy to help protect seniors from high medical costs for the skilled nursing care they require after

hospitalization. Passage of the bill would allow for the time patients spend in the hospital under “observation status” to count toward the requisite three-day hospital stay for coverage of skilled nursing care.

Under the current Medicare policy, a beneficiary must have an “inpatient” hospital stay of at least three days in order for Medicare to cover post-hospitalization skilled nursing care. Patients that receive hospital care under “observation status” do not qualify for this benefit, even if their hospital stay lasts longer than three days

-- On July 1, NRLN President Bill Kadereit sent letters to Ways and Means Subcommittee on Health Chairman Vern Buchanan (FL-16) and Ranking Member Lloyd Doggett (TX-37) and Energy and Commerce Subcommittee on Health Chairman Brett Guthrie (KY-02) and Ranking Member Anna Eshoo (CA-16) requesting votes on **H.R.5138**.

– On July 1, NRLN President Bill Kadereit sent letters to Committee on Finance Chairman Ron Wyden (OR) and Ranking Member Mike Crapo (ID) requesting a vote on **S.4137**.

**H.R.6094, Providing Realistic Opportunity to Equal and Comparable Treatment (PROTECT) for Rare Act** would provide access to new and innovative treatments that are essential to the health and well-being for seniors on Medicare and Medicaid who live with rare diseases. Too often, these people have very few options and new treatments or off-label drugs are often not covered under Medicare or Medicaid. This bill will allow Medicare and Medicaid to cover the cost of medication or treatment that doctors think would benefit their patients, providing flexibility to seniors living with rare diseases.

-- On July 1, NRLN President Bill Kadereit sent letters to Ways and Means Subcommittee on Health Chairman Vern Buchanan (FL-16) and Ranking Member Lloyd Doggett (TX-37) and Energy and Commerce Subcommittee on Health Chairman Brett Guthrie (KY-02) and Ranking Member Anna Eshoo (CA-16) requesting votes on **H.R.6094**. NRLN will explore getting a companion bill introduced by a Senator.

**H.R.7142/S.3832, Alternatives to Prevent Addiction in the Nation (PAIN) Act** would provide greater access to non-opioid treatments for pain management for seniors by making new opioid alternatives and others currently on the market available for Medicare Part D beneficiaries. Too often, Medicare Part D makes it unaffordable for seniors to get non-opioid pain relievers and forces them to settle for a prescription with a higher risk of addiction and overdose. This bill would remove these barriers so that seniors are able to choose the treatment that is best for them.

-- On July 1, NRLN President Bill Kadereit sent letters to Ways and Means Subcommittee on Health Chairman Vern Buchanan (FL-16) and Ranking Member Lloyd Doggett (TX-37) and Energy and Commerce Subcommittee on Health Chairman Brett Guthrie (KY-02) and Ranking Member Anna Eshoo (CA-16) requesting votes on **H.R.7142**.

– On July 1, NRLN President Bill Kadereit sent letters to Committee on Finance Chairman Ron Wyden (OR) and Ranking Member Mike Crapo (ID) requesting a vote on **S.3832**.

**H.R.7149/S.4078, Equal Access to Specialty Care Everywhere (EASE) Act of 2024** would be beneficial to seniors for the Center for Medicare and Medicaid to use existing innovation funds to test a virtual specialty network in partnership with primary care providers in underserved and rural communities including Federally Qualified Health Centers, Rural Health Clinics, and Community Health Clinics.

With the persistent specialist shortages, the bill would enable greater patient access to specialty care services for cardiology, neurology, and endocrinology to address chronic health conditions. It also would reduce wait times, prevent costly emergency room visits, and improve care coordination for Medicare and Medicaid beneficiaries.

-- On July 2, NRLN President Bill Kadereit sent a letter to Representative Michelle Steel (CA-45) to thank her for introducing **H.R.7149**.

– On July 2, NRLN President Bill Kadereit sent a letter to Senator Markwayne Mullin (OK) to thank him for introducing **S.4078**.

**H.R.7623/S.3967, Telehealth Modernization Act of 2024** would permanently extend telehealth, which expires on December 31, 2024. Passing this bill will ensure permanent access to federally qualified health centers and

rural health clinics. By increasing telehealth access and providing certainty about its future, more patients, particularly seniors and those in rural areas, will be able to access timely, high-quality care.

-- On July 1, NRLN President sent letters to Energy and Commerce Chair Cathy McMorris Rodgers (WA-05) and Ranking Member Frank Pallone (NJ-06) requesting a vote on **H.R.7623**.

-- On July 1, NRLN President sent letters to Committee on Finance Chairman Ron Wyden (OR) and Ranking Member Mike Crapo (ID) requesting a vote on **S.3967**.

**H.R.8018, Alleviating Barriers for Caregivers (ABC) Act** would require the Centers for Medicare and Medicaid Services (CMS), Social Security Administration (SSA), and Children's Health Insurance Program (CHIP) to review their eligibility, processes, procedures, forms, and communications to reduce the administrative burden on family caregivers. The legislation would then annually require CMS, SSA and CHIP to report to Congress about any issues they are facing and any next steps they are taking to support family caregivers.

More than 48 million family caregivers serve as a primary source of support for seniors and people with disabilities of all ages. One in four family caregivers have said they want help with forms, paperwork and eligibility for services.

-- On July 1, NRLN President Bill Kadereit sent letters to Subcommittee on Health, Ways and Means Subcommittee on Health Chairman Vern Buchanan (FL-16) and Ranking Member Lloyd Doggett (TX-37) and Energy and Commerce Subcommittee on Health Chairman Brett Guthrie (KY-02) and Ranking Member Anna Eshoo (CA-16) requesting votes on **H.R.8018**. (The companion bill **S.3109**, was supported by the NRLN on March 3 with a letter from NRLN President Bill Kadereit to Committee on Finance Chairman Ron Wyden (OR) and Ranking Member Mike Crapo (ID) requesting a vote on **S.3109**.)

**S.3974, Boosting Benefits and COLAs for Seniors Act** would direct the Social Security Administration to adjust the Cost-of-Living Adjustment (COLA) benefits based on Consumer Price Index for Americans aged 62 or older (CPI-E) rather than the currently used Consumer Price Index for Urban Wage Earners (CPI-W), if CPI-E would result in a larger increase in benefits, ensuring that seniors get a large enough increase in benefits to contend with the rise in costs they are facing.

The CPI-E is more reflective of the actual costs incurred by older adults; for example, medical expenses are weighted more heavily than they are in CPI-W. The CPI-W is reflective of the everyday spending of Americans, and includes expenses like food, consumer goods, and housing, among others.

-- On July 2, NRLN President Bill Kadereit sent a letter to Senator Robert Casey (PA) to thank him for introducing **S.3974**.

## Key News Articles Posted in July

During July, 74 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](http://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.

[Disadvantaged areas less likely to have high-quality Medicare Advantage plans, study finds](#) - July 30

[Three Medicare Changes on the Horizon for 2025](#) – July 29

[Pharma companies less concerned after hearing from US on negotiated prices for Medicare](#) – July 29

[The Biden administration is wrapping up negotiations to lower prescription drug prices](#) - July 27

[These two risks to Social Security and Medicare loom large](#) - July 26

[Voters Do Agree on Something: Boosting Social Security Funding](#) - July 25

[Medicare has a new pilot program to help people with dementia. Here's how it works](#) – July 24

[These two risks to Social Security and Medicare loom large](#) – July 23

[Drug middlemen are pushing patients to pay for more expensive drugs, lawmakers find](#) – July 23

[New Medicare Rule Could Force Seniors to Switch Health Insurance Plans](#) – July 22

[Opinion: Biden is in line for a pension of up to \\$413,000 a year](#) – July 21

[See how Social Security retirement benefits stack up globally](#) – July 19  
[Most US adults worry about future of Medicare, Social Security, Gallup poll finds: ‘Magnitude of concern’](#) – July 18  
[Social Security benefits have lost 20% of their buying power since 2010, report finds](#) – July 18  
[Social Security Releases \\$901 Million in Underpayments](#) – July 18  
[Why do your prescription drugs cost so much?](#) – July 18  
[CMS unveils payment option to ease prescription costs](#) – July 18  
[Biden-Harris Administration Releases Final Part Two Guidance to Help People with Medicare Prescription Drug Coverage Manage Prescription Drug Costs](#) – July 17  
[2024 Medicare Open Enrollment Offers Chance To Stay Ahead Of Costly Changes](#) – July 16  
[Bipartisan group pushes for more investment, permanent telehealth for Medicare providers](#) – July 16  
[Elon Musk Stopped Paying His Social Security Taxes Just Four Minutes Into The Year — Here’s Why That’s A Problem For You](#) – July 16  
[NEW COMPARISON: Prescription Rx Prices 50-90% Less Expensive From Canada Than Leading U.S. Pharmacy Prices](#) – July 15  
[KFF Health News: How to find a good, well-staffed nursing home](#) – July 15  
[Opinion: Privatization is taking over Medicare – and it cost taxpayers an extra \\$61 billion last year.](#) – July 13  
[Young Workers Fear They Will Never See a Cent From Social Security](#) – July 13  
[No, Project 2025 doesn’t mention eliminating Social Security and disability benefits](#) – July 12  
[This is not a scam: Social Security needs you to update your account](#) – July 12  
[PBMs and Big Pharma Play Blame Game for Inflated Prescription Drug Prices](#) – July 24  
[CMS Proposes 2.8% Cut to Medicare Physician Fees for 2025](#) – July 11  
[Project 2025’s plan to upend Medicare should set off alarm bells](#) – July 11  
[Medicare Advantage increasingly the lynchpin in hospital-payer fights](#) – July 11  
[Opinion: Why has Medicare’s Innovation Center failed?](#) – July 11  
[How Can Congress Solve the Medical Debt Crisis in America?](#) – July 11  
[Donald Trump Makes Fresh Pledge on Social Security, Medicare](#) – July 10  
[‘Less and Less Reimbursement’: CMS Proposes More Part B Medicare Cuts](#) – July 10  
[Americans agree that something must be done to save Social Security: survey](#) – July 10  
[CMS launches model aimed at improving dementia care](#) – July 9  
[Republicans Confirm Their Plan To Let Social Security Go Insolvent](#) – July 9  
[Prescription-drug middlemen face more pressure from FTC in new report](#) – July 9  
[Insurers Pocketed \\$50 Billion From Medicare for Diseases No Doctor Treated](#) – July 8  
[Opinion: Medicare Advantage has many restrictions, and patients struggle when they must switch doctors](#) – July 8  
[Trump’s new platform pledges to ‘end inflation’ and maintain the retirement age to receive Social Security and Medicare benefits](#) – July 8  
[With Boehringer ruling, industry extends legal losing streak against Medicare price negotiations](#) – July 8  
[Medicare Advantage linked to fattest gross profits in insurance: report](#) – July 6  
[Opinion: Social Security is in worse shape than it looks](#) – July 5  
[Opinion: A journey through time: The history of Social Security](#) – July 5  
[Medicare explores a new way to support caregivers of dementia patients](#) – July 4  
[Does Social Security increase the national debt? It depends on how you define “debt.”](#) – July 4  
[Medicare Rebate Becomes Available for 750,000 Americans](#) – July 3  
[No, undocumented immigrants aren’t eligible for Social Security and Medicare](#) – July 3  
[Baby boomers living on \\$1,000 a month in Social Security share their retirement experience: ‘I never imagined being in this position.’](#) – July 2  
[Opinion: President Biden: Novo Nordisk, Eli Lilly must stop ripping off Americans with high drug prices](#) – July 2  
[Biden and Sanders working on legislation to expand drug price negotiation](#) – July 2  
[Medicare Rebate for 64 Medications to Start Rolling Out: Here’s What to Know](#) – July 1  
[Medicare Advantage prior authorizations can delay healthcare for seniors. A bipartisan group of lawmakers is trying to streamline care.](#) – July 1  
[Want to Switch From Medicare Advantage to Medigap? Avoid These Mistakes](#) – July 1

**Medicare Dis-Advantage: Overpayments and Inequity – July 1**

*Important - Please read before forwarding: If you are going to forward this email to others, please delete the "Unsubscribe" link at the bottom of this email before forwarding this message. If another person would happen to click on the "Unsubscribe" link it will "Unsubscribe" your email address from receiving future NRLN or its Associations and Chapters emails.*