



THE ADVISOR

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DOGE No Longer Officially Exists, But Its Legacy Lives on at Social Security

BY JOHN I. ADAMS, CHAIRMAN, TSCL

Last year, the Department of Government Efficiency, also known as DOGE, dominated the headlines. Formed when the new administration took office and initially headed by Tesla and SpaceX CEO Elon Musk, the new agency made waves by slashing government contracts it deemed wasteful and shrinking the bureaucracy.

Now it appears the agency's brief turn in the spotlight has come to an official close, months before its official charter expires in July 2026.

According to a *Reuters* interview with Charles Kupor, director at the Office of Personnel Management (OPM), DOGE no longer exists, at least as a centralized entity. However, many staffers have moved on to other agencies and its legacy remains—in particular, at the Social Security Administration (SSA).



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Total staffing at the SSA has shrunk dramatically in the aftermath of DOGE, according to the Center on Budget and Policy Priorities, a left-leaning think tank based in Washington, DC. The SSA has seen staff cuts at its headquarters, its regional offices, its field offices, call centers, and its program service centers. This has resulted in longer wait times to set an appointment, reach someone at a call center, and receive initial decisions on disability benefits. This comes after the agency saw its total staff gradually decrease over five consecutive years from 2020 to 2024, even as the total number of beneficiaries the agency serves increased each year during this timeframe.

The Trump administration defends these staff cuts by pointing to opportunities to reduce fraud, waste, and abuse at the agency while leveraging technology to increase efficiency despite the headcount reduction. Skeptics, on the other hand, suggest that DOGE's cuts will cause lasting damage to America's retirees, with some claiming the fallout has already begun. Representative Norma Torres counts herself among the harshest critics of DOGE's cuts at Social Security. Staff cuts "left seniors and people with disabilities stranded without help," she said in a press release. To reverse any potential consequences, she has introduced a new bill, the Repairing Social Security After Trump and DOGE Act.

If passed into law, the bill would direct the SSA to identify people unable to apply for benefits due to hardships caused by the

administration's actions, allow these people to recover any benefits they may have missed, and waive disability insurance waiting periods. It would also require the Government Accountability Office (GAO), which provides audits to Congress to evaluate the effectiveness of federal agencies, to investigate and document any potential damage.

However, while TSCL sees this legislation as promising, it fails to address a much larger issue looming at the SSA. The trust fund that pays Social Security benefits is on track to reach insolvency and enact automatic benefit cuts of 23 percent in 2033 because the program pays more in benefits than it brings in from taxes every year, which would have devastating consequences for seniors. Our internal research shows that a majority would have trouble paying monthly bills, cut back on food and groceries, and skip or delay medical care if benefit cuts take effect.

While ensuring that efforts to increase the government's productivity and efficiency do not affect people who depend on its services is highly important, we as seniors need much more than that. We're calling for long-term, bipartisan solutions that protect the full benefits American seniors earned and depend on. To see a full list of the policies we're advocating for, visit our [website](#).



COLA Watch

What will your benefits look like next year?

Average Social Security Benefit:

as of Nov 2025

\$1,869



All Beneficiaries

\$2,013



Retired Workers

The 2027 COLA will be announced in **10 Months**

2.8%



2026 COLA

2.5%



TSC Predicted 2027 COLA

A better inflation measure

would give you a better COLA.

2.7%



CPI-W Avg.
(Current Method)
Sep-Dec 2025

3.0%



CPI-E Avg.
(TSC Preferred)
Sep-Dec 2025

Take a deep dive [here](#).

New Prices Negotiated by Medicare Announced for 15 Drugs

BY DAISY BROWN, LEGISLATIVE LIAISON, TSCL

In November 2025, the Centers for Medicare and Medicaid Services (CMS) announced new, freshly negotiated prices for 15 of its costliest drugs—including the popular weight-loss drugs Ozempic, Wegovy, and Rybelsus. When these prices take effect at the start of 2027, Medicare expects to save about \$8.5 billion.

Since When Can Medicare Negotiate Drug Prices?

CMS gained the power to negotiate prices directly with pharmaceutical companies through the Inflation Reduction Act (IRA), passed in 2022. Prior to the IRA's passage, Medicare was barred by law from negotiating with drugmakers.

Medicare's first round of drug price negotiations took place in 2024, with new prices taking effect in January 2026. The IRA limited negotiations to only 10 drugs in 2024, but in 2025 (and in all future years) that number expands to 15. Once negotiations are complete, the drugs' negotiated prices are tied to an inflation index to sustain their long-term affordability.

What Medicines Saw New Prices Announced?

CMS has targeted the drugs that will yield the most savings possible to the federal government and Medicare Part D beneficiaries. They range from treatments for psoriasis, diabetes, and obesity to medicines for cancer, irritable bowel syndrome and asthma. You can see a complete list in the table on the next page, which includes the name of each drug, its negotiated price Medicare Part D will pay in 2027, its list price from 2024, and expected savings.



Drug	Treats	Negotiated Price 2027	List Price 2024	Savings
Janumet and Janumet XR	Diabetes	\$80	\$526	85%
Tradjenta	Diabetes	\$78	\$488	84%
Breo Ellipta	Lung disease	\$67	\$397	83%
Linzess	Irritable bowel syndrome (IBS)	\$136	\$539	75%
Trelegy Ellipta	Lung disease	\$175	\$654	73%
Ozempic, Rybelsus, and Wegovy	Diabetes and weight loss	\$274	\$959	71%
Otzela	Psoriasis and psoriatic arthritis	\$1,650	\$4,722	65%
Xifaxan	Liver disease and IBS	\$1,000	\$2,696	63%
Pomalyst	Cancer	\$8,650	\$21,744	60%
Ibrance	Cancer	\$7,871	\$15,741	50%
Ofev	Lung disease	\$6,350	\$12,622	50%
Xtandi	Cancer	\$7,004	\$13,480	48%
Vraylar	Mood disorders	\$770	\$1,376	44%
Calquence	Cancer	\$8,600	\$14,288	40%
Austedo and Austedo XR	Huntington's disease	\$4,093	\$6,623	38%

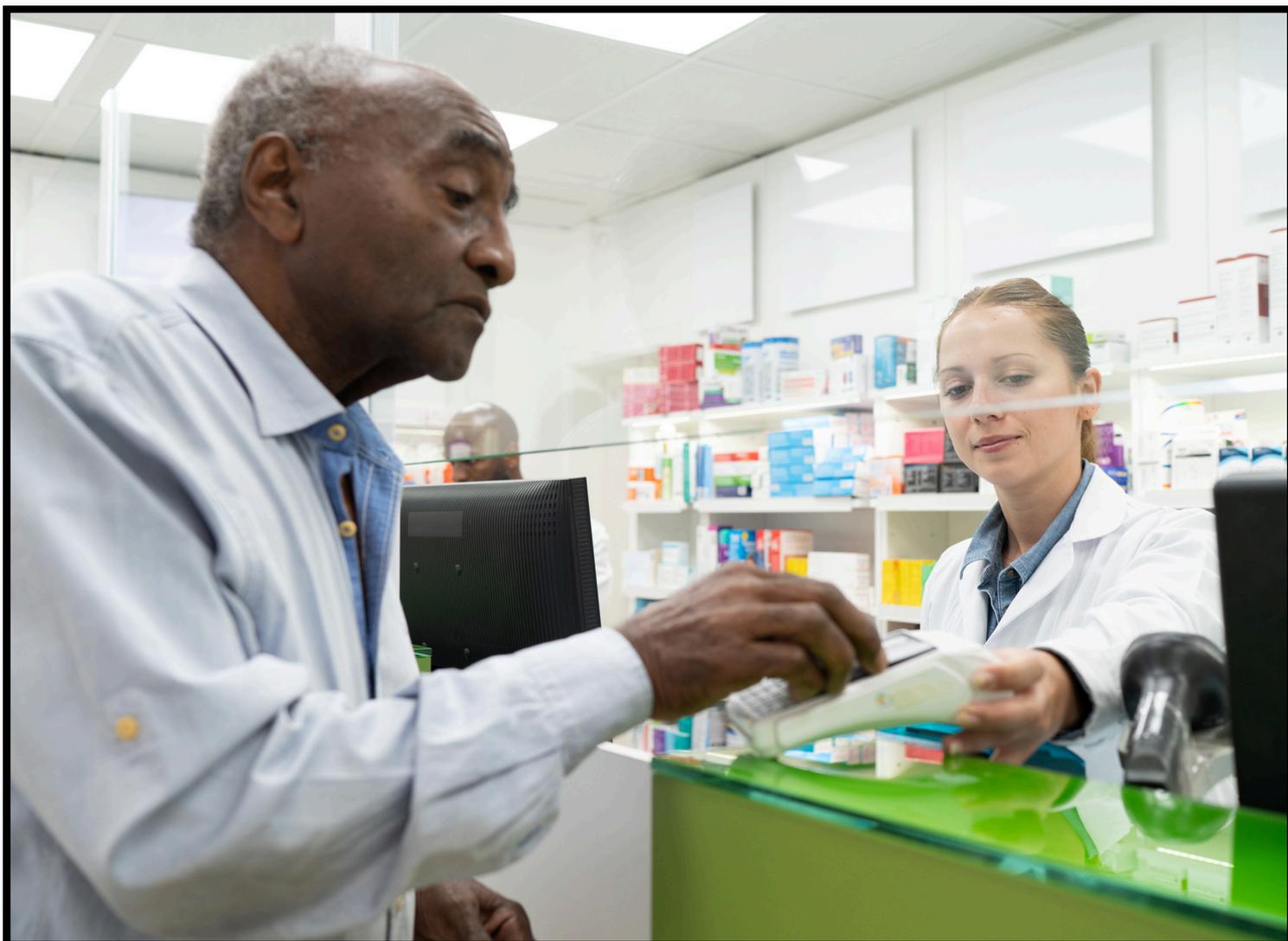
How Can You Get Access to These Prices?

To be eligible for lower prices negotiated by Medicare, you must be enrolled in Medicare Part D or a Medicare Advantage prescription drug plan. From there, the rest is simple.

All Medicare Part D and Medicare Advantage prescription drug plans are legally required to include drugs that complete price negotiations, and they must include those drugs in their coverage at the agreed-upon cost.

The new prices must be made available to eligible individuals and pharmacies alike, and CMS must conduct ongoing formulary reviews to address any practices that could affect your access.

The best thing for you to do is talk with an expert, such as a healthcare provider or licensed insurance agent. Together, review whether you take any of the drugs whose prices just took effect on January 1st (the 10 drugs negotiated in 2024) and confirm that you're paying the appropriate amount. Then, review the list of drugs whose new prices will take effect next year (shared in the table on the last page) so you can start projecting any future savings.



What Rules Do Your Insurance Agents Need to Follow?

BY SUSAN STEWART, LICENSED INSURANCE AGENT

Did you know that licensed agents have to follow rules? The Centers for Medicare & Medicaid Services (CMS) require insurance agents like me to adhere to a variety of regulations to protect consumers like you. Breaking requirements can cause, at the very least, an unhappy client. At the most? I'd lose my license and potentially my job, face penalties for myself and my employer, and even risk jail time.

Understanding the rules insurance agents operate by can help you make more effective decisions about your healthcare and avoid unscrupulous agents. Here are a few rules that govern every call I take:

- **Identify myself, the company I represent, and state that I'm a licensed insurance agent at the beginning of every call, whether outbound or inbound.** Even if we just got disconnected, I'll need to do this again. This is true even if I talk to you frequently enough that I know your voice, and if you know mine.
- **Ask you for three proofs of identity, such as name, date of birth, address, phone number, and zip code.** Again, I must do this every time we talk. This information helps me protect your Personal Health Information (PHI). It is also required to know what plans are in your area.
- **Inform you that we don't offer every plan available in your area.**



I must also share where you can go to look at every plan in your area.

- **Ask if you have other health insurance besides Medicare.** Group insurance may, or may not, be affected by a Medicare plan.
- **Confirm if you have Veteran, TriCare for Life, or ChampVA coverage.** This affects your options for a Medicare plan.
- **Ask if you make your own healthcare decisions.** This is to protect vulnerable beneficiaries who need assistance from a power of attorney or a family member. I also must pay attention if I believe a beneficiary doesn't seem to understand what we are doing. If so, I will find a way to gently end the call.
- **Receive your Medicare Beneficiary ID number or Social Security number.** I must confirm eligibility. It's a bonus that beneficiaries can learn about their own coverage because of what I see when I access the Medicare database.

Does that seem like a lot? Well, that just covers what rules and regulations stipulate I do in the first 15 minutes of a call!

If you're considering a Medicare Advantage plan, I'll ask questions about what matters to you. Your list of doctors, medications, and durable medical equipment needs. Then, when you choose your plan, I must conduct a final review that includes:

- **Confirm the plan carrier, name, and type.** Is it an HMO, PPO, HMO-POS, or PFFS plan?
- **Verify network requirements.** Are you aware of the higher cost to go out of network with a PPO, or that your bills will not be paid if you go out of network with an HMO?
- **Review key coverage details.** Are the most important providers and facilities for your care included in your network?
- **Confirm key dates.** When will your coverage begin? When is the election period that allows for this change?
- **Reaffirm the costs of premiums, deductibles, and copays.** How much will you pay every month? Will your plan require a deductible, copays for primary care or specialist doctors, or inpatient or outpatient visits to the hospital?
- **Review extra benefits.** Does your plan offer dental, vision, and hearing? Are they important to you?

- **Provide a full breakdown of incidental benefits if they are currently important to you.** What will your physical therapy copays look like? What brands of diabetic supplies are covered?
- **Unpack the plan's prescription drug costs, even if you don't take any.** Additionally, is your favorite pharmacy preferred or standard with the plan you've chosen?
- **Verify that you're happy and want the plan.** After everything we've gone over together, is your answer still "yes?" I must hear it to move forward. Then, I need to tell you that you have the right to cancel or file a complaint and then explain how to do that.

This process can seem cumbersome, but it protects you. It's about being transparent and having integrity as an agent and a company. I know it's a lot to take in, but it leaves room for questions. It deepens your understanding. It builds trust. If you speak to an agent and they don't do these things, think twice about working with them. Be your own advocate and pay attention.



Here's How Seniors Say We Should Fix Social Security's Finances

BY ALEX MOORE

Social Security is facing a financial crisis. The trust fund from which the program pays out benefits distributes more money in monthly checks than it brings in from taxes, and as a result, it is on track to become insolvent in 2033. That would trigger an automatic benefits cut of 23 percent.

According to TSCL's research, this isn't news to most seniors. In our [2025 Retirement Survey](#), available for free download, 93.2 percent of older Americans are aware of the issue, and 82.8 percent are very concerned about it. They have little faith that Congress will step up and find a solution. Only 26.8 percent think it's likely or very likely that Congress acts to fix Social Security's finances in time to prevent automatic benefit cuts.

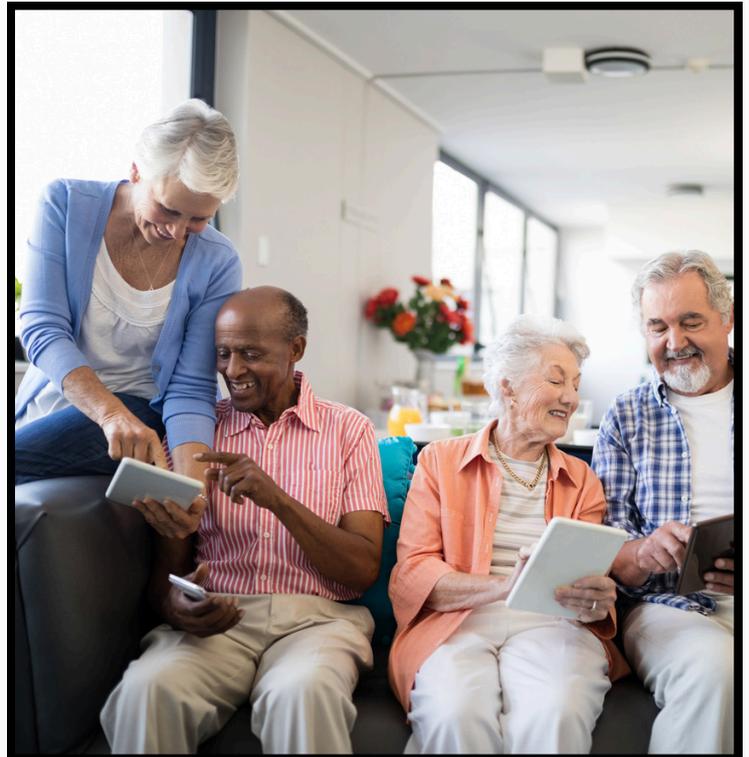
However, solutions to address Social Security's finances already exist, and many see bipartisan support from seniors. All of them have the potential to extend the life of Social Security's trust fund by decades, guaranteeing a secure retirement not only for you, but for future generations.

Eliminate the Cap on Income Subject to Social Security Taxes

Social Security currently collects its revenue through a 12.4 percent payroll tax, split evenly between employers and employees so each pays 6.2 percent. However, high earners have a loophole.

In 2026, Americans will only pay this tax on the first \$184,500 they earn, with any additional earnings exempted. In practice, this means that our country's highest earners pay a lower percentage of their income into Social Security. According to the Social Security Administration's (SSA's) Office of the Chief Actuary, enacting this proposal would extend Social Security's solvency through 2090.

In total, 77 percent of seniors support this proposal. That rises to 83 percent among Democrats and falls to 72 percent of Republicans, while remaining flat at 77 percent among independents. What's more, only 6 percent of seniors oppose this policy, while only 17 percent are unsure.



Pay Today's Benefits With Treasury Dollars While Establishing a National Investment Fund for Future Generations

In 2025, Senators Bill Cassidy and Tim Caine issued a new bipartisan proposal to fix Social Security's finances in a *Washington Post* op-ed. Their plan would require the U.S. Treasury Department to pay Social Security benefits for the next 75 years, while in parallel, establishing a new national fund invested in stocks and bonds and letting it grow throughout this period.

This strategy loosely mimics the strategy Norway used when it set up its own sovereign wealth fund. The fund takes Norway's surplus oil revenues and invests them to account for the rising cost of its public pension program.

Exactly half of American seniors (50 percent) expressed support for this proposal in the 2025 Retirement Survey. That number is 52 percent among Republicans and 50 percent among Democrats, although it falls slightly to 46 percent among independents.

While this support might not seem overwhelming at first, the underlying numbers hint that many seniors could come around to it. Only 8 percent oppose it directly, while 42 percent are unsure of their preference. This suggests that the measure has ample room to grow in popularity, since a sizeable portion of those who are currently unsure about the policy would likely come to support it over time, even if detractors also gained market share.

How Can You Help Turn These Policies Into Law?

First, get out and educate yourself. It will be much easier to communicate why these policies make sense and benefit not just today's seniors, but future Americans too, if you know them inside and out. Find examples of how other countries have implemented similar policies that worked, keeping in mind to use examples that will play well with whoever you're talking to, if possible.

Second, become an advocate. Write or call your Congressperson and Senators. Tell your friends, your family, your neighbors. Attend town hall meetings with your questions ready. Explain how the policies work, why you support them, and how they benefit our country's future.

Third, get out and vote. Evaluate candidates' stances on Social Security finances as a core issue when deciding who to vote for, and if you can afford it, donate to candidates who support these policies and have a track record as effective legislators.



Take Our 2026 Senior Survey

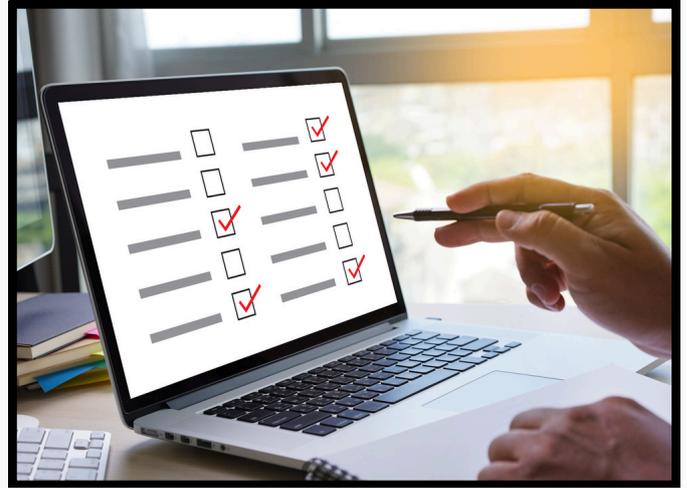
We need your help! TSCL is launching our 2026 Senior Survey to gather data on:

- The state of American seniors' finances
- Your satisfaction with Social Security and Medicare benefits
- Your support for policies to strengthen Social Security's COLA and prevent your benefits from falling behind inflation.

This data is key for helping policymakers and the public understand the difficult conditions seniors face, plus tap into our wisdom on how to solve these problems. As we've done with the [2025 Senior Survey](#), the [2025 Lifestyle Survey](#), and the [2025 Retirement Survey](#), we will publish the findings in a free report to communicate your voice to the world at large.

The survey will be completely anonymous and take approximately 15 minutes to complete.

Again, your support is essential. The research will only be possible if enough people participate, and we need at least 1,000 responses to build a large enough dataset to publish the report. Please click the link below to take the survey and help us advocate on your behalf!



**CLICK [HERE](#) TO
TAKE THE
SURVEY**