

SOCIAL SECURITY AND MEDICARE BLAMED FOR RISING DEFICITS

Are Cuts the Only Way to Reduce the Deficit?

After passing new tax legislation that's projected to increase the federal deficit by more than \$1.5 trillion over the next ten years, Senate Majority leader Mitch McConnell (KY) recently blamed Social Security, Medicare and Medicaid for the rapidly increasing deficit. McConnell said the only way to lower the deficit would be to cut Social Security, Medicare, and Medicaid.

Senator McConnell's comments came a day after the U.S. Treasury Department released an analysis that revealed the corporate tax cuts under the new tax law had a significant impact on the deficit in 2018. Supporters of the 2017 tax legislation sold the bill saying that the tax cuts would spur economic growth so much that it would pay for itself. But the Treasury Department recently reported that the U.S. budget deficit grew to \$779 billion in Trump's first full fiscal year as president, as a result of the tax cuts, spending

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MEDICARE FOR ALL

What Would That Mean for Today's Medicare Enrollees?

"Medicare for All" became a popular rallying cry during the recent midterm elections—especially for Democrats. Last fall, the Trump Administration's top Medicare official, however, warned that Medicare has enough problems as it is. Exactly what does Medicare-for-all mean, and

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Special Issue!
2019 Senior Survey—
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President Announces Plan to Tie Drug Prices to Prices Paid In Other Industrialized Countries—Will it Work?

By Mary Johnson, editor

President Trump recently announced a new proposal to bring down the cost of certain expensive Part B prescription drugs. The plan is meeting with skepticism from leading health policy experts, not to mention hot opposition from the deep-pocketed pharmaceutical lobby. President Trump proposed a new payment system for prescription drugs that are administered in a doctor's office, such as injectable treatments for arthritis and cancer. Medicare would establish a new "international pricing index" based on prices more comparable to those paid in 16 other industrial nations, like Canada, the United Kingdom, and Germany, where drug prices are much lower.

The announcement came a few hours after the Department of Health and Human Services released a study that found Medicare was paying 80% more for prescription drugs than other advanced industrial countries. Medicare beneficiaries (or their supplemental plan) are responsible for 20% of the cost of Part B drugs, and high

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TSCL's Senior Survey is Changing the Conversation on Protecting the Adequacy of Social Security

Polls and surveys are key means for both the public, Members of Congress and the President, to gauge how people think on important issues. Survey results can turn up the heat during an election year.

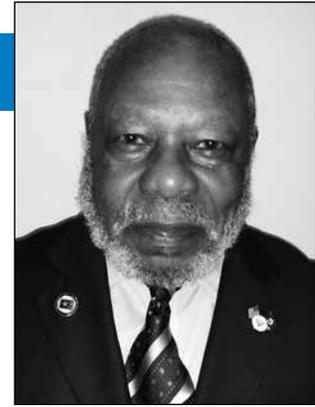
This month, TSCL launches our annual 2019 Senior Survey, and we urge you to participate. This is our most important survey of the year, and your response counts. In 2019, we plan two major surveys—the first focusing on healthcare costs and Medicare in January, and a second survey focusing on Social Security, in May.

Our annual Senior Surveys are distributed to tens of thousands of people like you, and are gaining a growing interest with the media. Your answers about the adequacy of annual Cost-of-Living Adjustment (COLA) and the amount you spend on healthcare costs, in particular, are beginning to change the national conversation on the COLA's ability to provide retirement security. TSCL received a record amount of attention in the press last year, and that's due in large part to the thousands of you who participate in TSCL's Senior Surveys every year.

In 2018, the information that survey participants provided about the amount that Social Security benefits increased after the deduction for Medicare Part B premiums hit home with journalists. Some 25% of survey respondents said that, after

deduction for Medicare Part B premiums, their net Social Security increase was \$0. Another 18% said their monthly Social Security increase was more than 10 cents, but no more than \$5. That's a total of 43% who saw little or no growth at all for the third year in a row in their Social Security benefits. This came after a COLA of just 0.03 percentage point in 2017, and zero COLA in 2016.

Our Senior Survey findings about the effect of rising Part B premiums on your COLA was the earliest such data gathered from the public on this topic. We are using it to draw the attention of Members of Congress to this growing problem affecting older Americans. It drives home the point that Medicare Part B premiums are now so high, and



Arthur "Coop" Cooper, Chairman, TSCL

COLA growth has been so low in recent years, that the growth in net Social Security benefits has been frozen for millions of retirees over much of the past decade. From 2010 until 2019, the COLA has averaged just 1.4%, less than half the 3% average from 1999 to 2008. Meanwhile, over the corresponding period, Medicare Part B premiums are now 40% higher.

How about you? Won't you please take time now to participate in TSCL's 2019 Senior Survey? Take the survey, starting on page 8. ■

Can You Help?

Social Security's financing imbalance threatens the long-term solvency of the program, and the benefits of more than 60 million beneficiaries. You can help us in the fight to protect Social Security from benefit and COLA cuts.

Help us help you with a donation.

\$10.00

\$5.00

Send your donation to: The Senior Citizens League, PO Box 97173, Washington, DC 20090-7174

Or donate online at: https://wfc2.wiredforchange.com/o/8854/p/salsa/donation/common/public/?donate_page_KEY=9054





Jessie Gibbons, Legislative Director

How Your Opinions Help Shape Our Legislative Agenda

By Jessie Gibbons, Legislative Director

Each year, The Senior Citizens League (TSCL) asks supporters like you to help shape our legislative agenda by participating in our annual Senior Survey. This year is no different. With the 116th Congress sworn in, and a split party makeup on Capitol Hill—Democrats have taken over the House and Republicans remain in control of the Senate—The Senior Citizens League needs your help now more than ever.

Last year, the results of the Senior Survey showed overwhelming support for several important issues facing Social Security and Medicare beneficiaries, including the following four:

Adopting a more adequate Social Security Cost-of-Living Adjustment (COLA). Under current law, Social Security COLAs are based on the spending patterns of young, working individuals—not older Americans. Basing the COLA on the Consumer Price Index for the Elderly (CPI-E) is a common-sense change that would result in an annual Social Security COLA that actually reflects the inflation experienced by seniors.

Making Social Security benefits modestly more generous. To make up for years of inadequate

COLAs, The Senior Citizens League believes Congress must take action to modestly boost Social Security benefits. In the 115th Congress, we advocated for legislation that would increase benefits by \$70 per month—an amount that most seniors feel is fair and necessary.

Increasing the Social Security payroll tax cap. To cover the cost of a more adequate COLA and a modest boost in benefits, The Senior Citizens League has advocated tirelessly for an increase in the payroll tax cap, which is set at \$132,900 in 2019. Under current law, high earners pay no Social Security taxes on income over the cap. Last year, survey respondents told us that must change, so that millionaires and billionaires contribute more fairly to the program.

Reducing prescription drug prices for seniors. The Senior Citizens League was pleased that Congress successfully took first steps in 2018 to reduce out-of-pocket costs by phasing in lower coinsurance in the Part D doughnut hole more quickly, and prohibiting “gag clauses” at pharmacies. However, Congress can and must do more to reduce prescription drug prices for Medicare Part D beneficiaries. In 2018, we advocated for several

comprehensive bills that would allow the federal government to negotiate lower drug prices, prohibit deals that keep generic drugs off the market, and cap out-of-pocket spending for older Americans.

This year, we expect these four important issues to remain at the top of our legislative agenda, but we need the help of supporters like you to set our priorities for the 116th Congress. That’s why we’re asking our supporters nationwide to participate in our annual Senior Survey this month. The results of the survey are our most valuable advocacy tool on Capitol Hill, giving our team the knowledge we need to inform Members of Congress, the media, and the public about the challenges facing older Americans.

Please take a few moments to fill out the 2019 Senior Survey online, or print it out and mail it to our office. Your participation is greatly appreciated by our legislative team. In 2019 we plan two major surveys—the first focusing on healthcare costs and Medicare in January and a second survey focusing on Social Security, in May. ■

The Social Security & Medicare Advisor ©2018 is published by The Senior Citizens League (TSCL). TSCL is an organization of active seniors concerned about the protection of their earned Social Security, Medicare, military, and other retirement benefits. TSCL's supporters participate in a number of grassroots lobbying and public education campaigns to help ensure governmental bodies live up to their commitments. Current active contributors to The Senior Citizens League are entitled to receive *The Social Security & Medicare Advisor* for no additional charge. Readers wishing to contact TSCL should address correspondence to The Senior Citizens League, 1800 Diagonal Road, Suite 600, Alexandria, VA 22314. TSCL website: www.SeniorsLeague.org. Editor: Mary Johnson.

CONGRESSIONAL CORNER

Medicare Needs to Cover Dental, Vision and Hearing Care

Representative Lucille Roybal-Allard (CA-40)

Hearing, vision, and dental services are essential to the well-being of older Americans. Sadly, our Medicare system has failed to recognize that truth. Since Medicare was implemented in 1965, it has excluded coverage for routine dental care, routine eye exams and eyeglasses, and hearing aids and related audiology services.

We cannot let these exclusions continue. That is why I have been leading the fight in Congress to pass the Seniors Have Eyes, Ears and Teeth Act, which would lift these deeply unfair Medicare coverage restrictions. When I introduced this legislation in 2017, it attracted the support of more than 100 cosponsors, and I look forward to re-introducing the bill in the new Congress this year.

We know hearing loss affects more than 40 percent of people

over 60 years old, more than 60 percent of people over 70, and almost 80 percent of people over 80—yet just one in five Americans currently diagnosed with hearing issues has the use of a hearing aid to mitigate their hearing loss. Tragically, the high cost of these aids (which can range from \$1,000 to \$6,000) is out of reach for many Medicare beneficiaries, half of whom live on incomes of less than \$26,200 per year.

For vision care, the story is the same. People over 70, who account for about 80 percent of the 2.8 million Americans with low vision, are confronting routine eye exam costs that can range from \$50 to more than \$300, and prescription glasses costs that average \$196.

As for dental services, nearly 70 percent of older Americans have no dental insurance, and that lack of insurance has been



Representative Lucille Roybal-Allard (CA-40)

identified as seniors' major barrier to accessing dental care.

It is increasingly well-documented that untreated vision loss and hearing loss not only diminishes quality of life, but also increases the risk of costly health outcomes such as falls and resulting disability, depression, and dementia. Likewise, the lack of access to routine dental exams and cleanings can exacerbate serious health problems that increase with age.

By expanding Medicare to cover vision, dental, and hearing services, we can reduce the costly consequences of failing to provide these services. More importantly, giving our seniors the gifts of hearing, vision, and oral health will go a long way toward helping our seniors enjoy their golden years.

I look forward to continuing to fight for the Seniors Have Eyes, Ears and Teeth Act in the 116th Congress, so we can finally ensure Medicare provides America's seniors with the dental, vision, and hearing care they need. ■

The opinions expressed in "Congressional Corner" reflect the views of the writer and are not necessarily those of TSCL.

DID YOU GET YOUR NEW MEDICARE CARD?

Your new Medicare card should have arrived in the mail by now. If you didn't get it, here's what to do:

- Remember that your new Medicare card will come in a plain white envelope from the Department of Health and Human Services.
- If the card didn't arrive, call 1-800-MEDICARE. The call center representatives can help check the status and correct your address if needed.

In the meantime, use your current Medicare card to get health care services. ■

Social Security and Medicare Blamed for Rising Deficits: Are Cuts the Only Way to Reduce the Deficit? continued from page 1

increases, and rising interest payments for the national debt.

The debate over cutting entitlement spending, however, isn't new. For years, proposals to cut Social Security and Medicare benefits have been put forth from both sides of the aisle. Consider:

- President Barak Obama included a proposal in his fiscal year 2014 budget that would have reduced Social Security benefits by using the more slowly-growing chained consumer price index to calculate the Social Security Cost-of-Living Adjustment (COLA). An estimate produced for TSCL projects that “chaining the COLA” would cut Social Security benefits by about 9% over a 30-year retirement. Although the proposal has been under discussion for several years, it has not passed, primarily due to fierce resistance from older voters.

- President George W. Bush proposed overhauling Social Security into a system of private accounts that would be invested in the stock market. The proposal never was passed into law, due to its unpopularity with the public. Before the proposal could gain traction, the Great Recession pounded the stock market, bringing a temporary end to the idea of investing Social Security payroll taxes into private individual retirement accounts. Between the peak of the stock market on October 9, 2007 and the low in March 2009, equity prices fell 50 percent, proving to many that the fixed benefit structure of Social Security is still desirable.
- Retired House speaker Paul Ryan's proposal to overhaul Medicare by providing beneficiaries a subsidy or voucher to shop for private insurance on a federal health exchange has been included in House budget blue prints numerous times, but voters are

overwhelmingly opposed to the idea. The plan would give private insurance plans a greater role in Medicare, and beneficiaries would be given a subsidy to shop for insurance coverage. The Congressional Budget Office has estimated that the plan would shift a growing share of the costs to beneficiaries.

Tell us what you think!

It's time for the TSCL's 2019 Senior Survey. This is your opportunity to let us know what you think about major proposals affecting your benefits. Tell us how rising costs are affecting you. The answers to these questions help us inform journalists, the public, and Members of Congress on how older Americans are faring in retirement today. Your participation is helping to change the national dialogue on the adequacy of Social Security benefits, and throwing a spotlight on the growing problem of the ability of COLAs to maintain the buying power of your benefits. ■

Medicare for All: What Would That Mean for Today's Medicare Enrollees? continued from page 1

how would such efforts affect people who are already enrolled in Medicare?

Medicare-for-all historically has meant a single-payer, national government-run health program that covers every American and replaces private health insurance, similar to government run programs in Canada and some European countries. But today the term is sometimes being applied more loosely, to include proposals that would allow Americans younger than 65 to buy into

Medicare as an option, along with private health insurance.

The fact is, that Medicare along with private insurance, is the way that Medicare is structured today. Medicare is a national government-run program, but almost all beneficiaries also get benefits through private insurance companies that provide some portion of the coverage. Medicare alone doesn't cover all out-of-pocket costs, leaving significant costs the responsibility of beneficiaries, who otherwise must either purchase additional supplemental coverage and a free-standing Part D plan for

prescription drugs, or get their coverage through a private Medicare Advantage plan that also covers prescription drugs. Low-income Medicare beneficiaries may also qualify for Medicaid, which is a joint state and federal program, the coverage for which in many states is supplied by private managed care health plans.

A year ago opinions on “Medicare for All” seemed to be mixed among participants in TSCL's 2018 Senior Survey. When asked whether the eligibility age for Medicare should be gradually reduced to allow all Americans to

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Medicare for All: What Would That Mean for Today's Medicare Enrollees? continued from page 5

enroll in Medicare, 43% were opposed, versus 31% who supported the idea. On the other hand, 59% of survey participants supported allowing people age 55 to 64 the option to buy-in to Medicare, if more affordable than other coverage. Only 21% were opposed.

TSCl agrees that Medicare has some problems that need to be addressed. Of particular concern is the upward spiral of costs that have contributed to Part B premiums rising, on average, 11%

per year since 2000. TSCl supports legislative changes that include:

- Limiting the amount of Medicare Part B premium increases to no more than 30% of an individual's Cost-of-Living Adjustment (COLA).
- Allowing Medicare to negotiate the price of prescription drugs.
- Restricting out-of-network healthcare providers from surprise balance billing, particularly when the care is received from an "in network" facility or provider.

What do you think about "Medicare for All?" Please take our 2019 survey starting on page 8. ■

Sources: "Don't Get Too Excited About Medicare For All," Elisabeth Rosenthal and Shefali Luthra, *The New York Times*, October 19, 2018. "Medicare For All? MS Chief Warns Program Has Enough Problems Already," Phil Galewitz, *Kaiser Health News*, October 16, 2018.

President Announces Plan to Tie Drug Prices to Prices Paid In Other Industrialized Countries—Will it Work? continued from page 1

costs of prescription drugs in both Part B and Part D pose a serious threat to retirement savings.

Trump's proposal, however, is estimated to reduce U.S. spending on Part B drugs by just \$17.2 billion over 5 years, a fraction of the \$19 billion that is spent on Part B drugs *annually*. Medicare beneficiaries would not see any immediate savings impact. The proposal would only affect the cost of Part B drugs and, would not apply to the cost of Part D drugs that Medicare beneficiaries purchase at the pharmacy.

The proposal also would not start until at least 2020, and because it is a demonstration projection, would impact just half of the country. It would take up to five years to fully scale in and realize most of the projected savings. Once fully phased in, lower Medicare Part B drug prices are expected to translate into significant savings for older

Americans receiving medicines by infusion (IV).

TSCl believes that our nation needs to change how it pays for Part B drugs. Under the current system, Medicare reimburses doctors 106% of the average selling price of the drug—a price that is *set by the drug manufacturer*. It is little wonder that critics of this system point out that doctors have an incentive to prescribe the most expensive drugs, since doctors keep the extra 6% of the cost of the drug.

The proposal to use an international pricing index is not without merit. This type of "reference pricing" is successfully used to negotiate drug prices in other nations where drug prices are much lower. If international index pricing would be adopted, the greatest potential savings would be in reducing prices not only for Part B but also at the pharmacy counter, for Part D.

Experts have raised concerns that the plan might run into roadblocks. Douglas Holtz-Eakin, a former director of the Congressional Budget Office,



warned that the drug industry might opt to push higher costs onto private U.S. health insurers in order to compensate for lower Medicare reimbursements. Thus, adopting the system of international pricing would need to include Part D as well as Part B, to prevent drug manufacturers from shifting higher costs to Part D.

Should Medicare tie the cost of Part B drugs to the cost of drugs in nations where the price is much lower? We list three proposed methods that Medicare could use to negotiate drug prices. Take our 2019 Senior Survey and tell us what you think! ■

SOCIAL SECURITY & MEDICARE QUESTIONS

How is the Tax on Social Security Benefits Calculated?

Q: My spouse and I retired in 2018, and this will be our first tax season with Social Security benefits. Can you explain how Social Security benefits would affect our taxable income?

A: If you receive income from one or more sources in addition to Social Security, chances are that a portion of your Social Security benefits may be taxable. New retirees are often surprised to learn that Social Security benefits are taxable, so congratulations for your timely question.

Since 1984, Social Security beneficiaries with income exceeding certain thresholds are required to figure part of their Social Security benefits as taxable income. At the time, less than 10% of all Social Security recipients were subject to the tax.

While incomes have gone up significantly since then, the thresholds that subject a portion of Social Security benefits to tax have never been adjusted. That means, as incomes rose over time, an increasing number of retirees pay federal income taxes on a portion of their Social Security benefits. In fact, TSC's Senior Surveys have found that on average, 56% of Social Security households pay taxes on a portion of their Social Security benefits.

In order to learn if a portion of your benefits may be subject to tax, add your adjusted gross income, plus any nontaxable interest, and one half of your Social Security benefits to get your "combined income." If your combined income is between \$25,000 and \$34,000 (individual) or \$32,000 and \$44,000 (joint) then up to 50% of your Social Security

benefits may be taxable. If your income is more than \$34,000 (individual) or \$44,000 (joint) then up to 85% of your benefits may be taxable.

The recent tax law almost doubled the standard deduction, and increases the deduction for taxpayers age 65 and older. On the other hand, personal exemptions have been eliminated. Unless you are well versed in tax preparation, you may want to get help from a tax professional to help you

through filing your taxes.

To more precisely determine whether your Social Security benefits are taxable try the Interactive Tax Assistant at <https://www.irs.gov/help/ita/are-my-social-security-or-railroad-retirement-tier-i-benefits-taxable>.

The IRS has a worksheet you can download to determine whether your benefits are taxable: <https://www.irs.gov/pub/irs-pdf/n703.pdf>. ■

WARNING! SCAM CALLS IMPERSONATE SOCIAL SECURITY

Help Report This Scam

By Mary Johnson, editor

Reports are coming in across the country of a new Social Security scam. Scammers use a threatening tone saying that due to illegal activity (such as an "account breach") your Social Security account has been "compromised" and will be closed unless you call a phone number to address the issue.

Do not engage with these calls or provide any personal information! If you get such a call or any call demanding your Social Security or bank account number, hang up. Don't respond to any recorded message. If you tend to get such calls, consider setting your phone up to allow an answering machine or voice mail to record or prescreen your calls.

In new versions of this scam, scammers are impersonating the Social Security Administration using the Social Security Administration's own phone number as the incoming number on your caller ID. This is called "spoofing." Should you receive a call from someone alleging to be from the Social Security Administration you may report that information to the Social Security Office of Inspector General at 1-800-269-0271, or online at <https://oig.ssa.gov/report>.

Read more in this blog from the Acting Inspector General of Social Security: <https://blog.ssa.gov/ig-warns-public-about-fraudulent-phone-calls-threatening-arrest-or-legal-action/>.



2019 Senior Survey

Tell Us What You Think!

Your responses to this survey will help inform the public and members of Congress on issues affecting older Americans. You will also help us bring you better services to meet your needs and priorities. The results will help craft The Senior Citizens League's legislative agenda and represent your interests on Capitol Hill. Your answers are vitally important and will be kept anonymous. Thank you!

Please fill out the survey on pages 8–11.

TSCL's 2019 Senior Survey may be taken online at www.SeniorsLeague.org. Or you may print and complete the survey. Put it in an envelope, add first class postage and mail your responses directly to us at:

The Senior Citizens League
1800 Diagonal Road, Suite 600
Alexandria, VA 22314

1. The Social Security Cost-of-Living Adjustment (COLA) for 2019 is 2.8%. Which of the following most closely represents the dollar amount that the COLA has increased your total monthly Social Security benefit in 2019, BEFORE the deduction for Medicare Part B premiums? (Please check one.)
 - Does not apply. I don't get Social Security benefits yet.
 - Less than \$29 \$30–\$44 \$45–\$60
 - More than \$60
2. Which of the following amounts most closely resembles your monthly Social Security benefit increase this year, AFTER the deduction for the Medicare Part B increase? (Please DO NOT include any deductions for Part D, Medicare Advantage or any Medigap. Please check one.)
 - Does not apply. I don't receive Social Security benefits yet.
 - \$0, and my Social Security benefit is less than received in 2018.
 - \$0, and my Social Security benefit is the same as received in 2018.
 - \$.01–\$5.00 \$5.01–\$10.00 \$10.01–\$25.00
 - More than \$25.00
3. Which of the following most closely represents the amount that your total monthly expenses increased or decreased during 2018?
 - Expenses stayed the same or went down
 - \$0–\$39.00 \$39.01–\$79.00 \$79.01–\$119.00
 - More than \$119.00
4. How much did you spend on all healthcare costs on average per month in 2018? You may take your total healthcare spending for 2018, and divide by 12. Please include the following: all premiums for Part B, Medigap or Medicare Advantage plans, and Part D plans (if any.) Include your typical out-of-pocket spending on doctor visits, prescription drugs, trips to the dentist and optometrist. (Please include spending on items such as glasses and hearing aid batteries.)
 - Less than \$160 \$160–\$375 \$376–\$495
 - \$496–\$750 \$751–\$1,000
 - More than \$1,000
4. How much did you spend per month on average for all out-of-pocket costs for Part D prescription drugs in 2018? You may take your total prescription drug spending for the year and divide by 12. (Please do not include what you pay for Part D premiums.)
 - Less than \$50 \$51–\$250 \$251–\$420
 - More than \$420
6. Which of the following consumer categories in your budget accounted for the single biggest cost increase in 2018? (Please circle just one.)
 - Housing Transportation Medical
 - Food Recreation Apparel
 - Communication (including internet and cable TV)
 - Other

7. Currently, there are federal and state programs that assist older Americans with the following expenses. (On a scale of one to five, with one being the lowest, and five being the highest, please rate your support for each program. Please circle your answer.)

Housing, including rental assistance, and real estate tax relief or deferrals	1	2	3	4	5
Utilities, electric, heating and cooling assistance	1	2	3	4	5
Transportation, including public transportation	1	2	3	4	5
Medical and prescription drugs assistance	1	2	3	4	5
Senior meals programs, meals on wheels, SNAP	1	2	3	4	5
In-home and long-term care services	1	2	3	4	5

8. Did you pay income taxes on a portion of your Social Security benefits last year (for the 2018 tax year)?
 Yes No Not sure No. Don't receive Social Security yet.

9. Do you have dental insurance coverage?
 Yes No

10. When is the last time you received routine dental care? (Cleanings, X-rays, check ups; please check one.)
 Within the last six months Within the past year Within the past 2 years
 Longer than 2 years ago

11. Do you support expanding Medicare coverage to include routine dental care?
 Yes No Not sure

12. Do you have a Medigap supplement policy?
 Yes No Not sure Not enrolled in Medicare yet

13. If you have a Medigap supplemental policy, how much did the premium increase in the past 12 months?
 \$0—I'm new to Medigap this year.
 \$0—I've been enrolled for more than one year and there were no increases.
 Less than 5% 6%–10% 11%–15% 16%–20%
 21–25% More than 25% Does not apply

14. If you have a Medigap policy, how much is your premium in 2019?
 What is your monthly premium amount? \$ _____

15. In most states, Medigap insurers are allowed to impose waiting periods or decline applications due to pre-existing conditions outside of the initial enrollment period, when one first becomes eligible for Medicare Part B. Do you believe Congress should amend the law to allow an annual Medigap Open Enrollment period with guaranteed coverage for pre-existing conditions? (During the period, Medigap plans would not be allowed to impose waiting periods or to deny coverage due to pre-existing conditions.)
 Yes No Not sure

16. The U.S. currently pays the highest drug prices in the world. If Medicare were to negotiate drug prices for Part D drugs, please indicate your support for each of the following proposed approaches.

A. Base Medicare Part D drug prices on prices paid in other industrialized countries like Canada, Great Britain, Belgium, and Japan. To do this, Medicare should tie what beneficiaries pay at the pharmacy to an “international drug pricing index” that surveys the costs of drugs in other nations where drug prices are negotiated by the government.

Support Oppose Not sure

B. Use a similar negotiation system to Medicaid. Under the Medicaid “best price” policy, a drug manufacturer must offer state Medicaid programs the best price given to any other purchaser (with a few exceptions), with a mandatory rebate of 23.1 percent off the list price. Medicaid programs must, in turn, cover all of the manufacturer’s prescription drugs, with few exceptions.

Support Oppose Not sure

C. Use a similar drug price negotiation system to the Veterans Administration and Department of Defense. The VA and DOD require drug manufactures to offer them a discounted price equal to 24% off a drug’s average price, or the lowest price paid by other (nonfederal) buyers—as well as further discounts if a drug’s price rises faster than inflation. Both programs use formularies, or a list of covered drugs, to strengthen their negotiating and get steeper discounts, which means some drugs may only have limited coverage or may be left off the formulary altogether.

Support Oppose Not sure

17. The out-of-pocket Part D doughnut hole costs will significantly grow in 2020. From 2018 to 2019, the out-of-pocket amount required to qualify for the catastrophic level of coverage rose just \$100 from \$5,000 to \$5,100. The Medicare Trustees estimate that, between 2019 and 2020, the out-of-pocket amount that beneficiaries must spend to qualify for catastrophic coverage will jump from \$5,100 in 2019 to \$6,350 in 2020, an increase of \$1,250. Should Congress enact legislation to permanently reduce the amount of out-of-pocket spending in the Part D doughnut hole?

Yes No Not sure

18. Should Congress establish an out-of-pocket spending cap for Part D prescription drugs? For example, cap out-of-pocket spending for prescription drugs to no more than \$250 per month (\$3,000 per year), and then adjust by inflation annually.

Support Oppose Not sure

19. In order to lower out-of-pocket costs, should Congress establish a cap on the maximum percentage of profit that Medicare private insurers, health, and drug plans may earn?

Support Oppose Not sure

20. In general, do you feel that the Medicare eligibility age should be increased, from 65 to 67?

Support Oppose Not sure

21. In general do you feel that the eligibility age for Medicare should be gradually lowered so that all Americans can get healthcare?

Support Oppose Not sure

22. In general do you feel adults age 55 to 64 should have the option to “buy-in” to Medicare?

Support Oppose Not sure

23. Should out-of-network healthcare providers such as doctors, anesthesiologists or lab service companies be restricted from “balance billing,” surprise bills, and high extra charges, when they provide services in an “in-network facility” that participates in your health plan?
- Yes No Not sure
24. Senate majority leader Mitch McConnell has said that Social Security, Medicare and Medicaid are responsible for the federal deficit. Which of the following statements most closely reflect what you think of this statement?
- Agree completely.
- Congress, not Social Security, Medicare and Medicaid, is responsible for the deficit.
- Insufficient revenues are responsible for the deficit.
- Government waste, fraud, and abuse is responsible for the deficit.
25. Are you a veteran?
- No Yes (thank you for your service)

If, yes, please supply your full name and email address:

Full name: _____

E-mail address: _____

You're almost finished. If taking the survey on paper, please print and fill it out, insert into an envelope, and mail back to the address shown. Don't forget to add first class postage.

Or, complete the survey online at www.SeniorsLeague.org.

Thanks for your participation!

The Senior Citizens League, 1800 Diagonal Road, Suite 600, Alexandria, VA 22314.