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THE SOCIAL SECURITY & MEDICARE
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Specialty Drugs Under Medicare Part D Nearly Two Times Higher Than Under Medicaid

Prices charged for the category of drugs known as "specialty medications" are exploding so quickly that they're now a key source of concern for both consumers and Congress. Specialty drugs include those used to treat cancer, multiple sclerosis and rare health conditions. Spending on these drugs under Medicare almost quadrupled in recent years, rising from $8.7 billion in 2010 to $32.8 billion in 2015. On the other hand, spending on the same drugs under Medicaid, the program that provides healthcare for low-income Americans, grew much more slowly over the same period, rising from $4.8 billion to $9.9 billion.

The difference in drug prices between the two programs is due to two reasons. Under Medicare Part D, the government isn't negotiating drug costs on behalf of beneficiaries, and Part D has no cap on out-of-pocket spending for prescription drugs. The lack of a cap acts as a perverse

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WHAT HAPPENS TO MEDICARE PART B PREMIUMS WHEN THERE'S A VERY LOW COLA

Inflation data through April currently suggests that the annual Cost-of-Living Adjustment (COLA) for 2020 could be very low, perhaps 1.2%. Even though Social Security recipients received the highest COLA since 2012 this year—2.8%—COLAs have averaged a meager 1.4% over

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Feds Shut Down $1.2 Billion Medicare Scheme—Finally

By Mary Johnson, editor

For years I've been getting the same unwanted robo call. "Hello seniors!" a voice bellows. "Stand by to learn how you can receive a free back brace covered by Medicare."

This call is a scam.

One can't write about Medicare as I do without learning that Medicare has requirements for everything. Lots of requirements. Nothing is free. Not even the services that Medicare says are free. In the case of durable medical equipment like back braces, Medicare requires a doctor's prescription for coverage. For a prescription, you must be seen by a doctor who participates in Medicare and you must have a medical condition for which a back brace is medically necessary.

Getting back to the scam call. There is nothing wrong with my back. I can still lift a 40 pound bucket of kitty litter without any help.

Even more importantly, you first must be covered by Medicare to begin with. At the time I started getting the calls, I was not. I called and reported the fraud to Medicare. But that made me feel like banging my head on my desk. The person I spoke with told me that they were getting a

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Almost 50% of You Paid Taxes on Your Social Security Benefits; At Least 60 Large Companies Paid No Taxes at All

By Rick Delaney, Chairman, TSCL

Rick Delaney, Chairman, TSCL

The new tax law appears to have had little to no effect on relieving the taxation of the Social Security benefits received by retired taxpayers. Almost half of all retiree households, about 46% of respondents in TSCL's 2019 Senior Survey, report that they paid taxes on a portion of their Social Security benefits for the 2018 tax year. That's virtually the same that was reported for the 2017 Senior Survey, before the new tax law went into effect. Meanwhile, at least 60 large profitable corporations, including Amazon, Chevron, and insulin drug maker Eli Lilly, reported they didn't owe any taxes in 2018, compared to previous years, as a result of the 2017 Tax Cuts and Jobs Act.

This came as no big surprise to TSCL. The controversial 2017 tax law lowered the corporate tax rate to from 35% to 21% among a number of other cuts. On the other hand, no changes were made to the taxation of Social Security benefits, stacking the system against Social Security recipients. Even retirees with very modest incomes can be subject to a tax on a portion of their Social Security benefits. A growing number of retirees are affected by the taxation of Social Security benefits, because the income thresholds are fixed, and not adjusted annually, like income tax brackets. In 1984 when the taxation of Social Security benefits began, less than 10 percent of Social Security recipients paid tax on benefits. Now it's about five times that. The Senior Citizens League is working to enact legislation that would raise the income thresholds that subject Social Security benefits to taxation.

From 50 percent to 85 percent of the Social Security benefits can be subject to taxation, depending on income. Single filers with incomes of $25,000 or more, and joint filers with incomes of $32,000 or more are affected. The tax is determined by adding nontaxable interest income to the adjusted gross income, and one half of Social Security benefits.

A new Social Security bill in Congress, the *Social Security 2100 Act* (H.R 860 and S. 269), would eliminate this tax for millions of older taxpayers, by making substantial changes to the income thresholds. The bill would raise the current income thresholds for taxation of Social Security benefits to $50,000 for single filers and $100,000 for joint filers, effective for tax year 2020. TSCL Senior Surveys have found that lifting the income thresholds that subject Social Security benefits to taxation is strongly supported by older taxpayers. The bill would make up for the loss of revenue, by other payroll tax changes.

Did you pay tax on your Social Security benefits? Please participate in our 2019 Social Security Survey, visit *www.SeniorsLeague.org.* ■

Sources: "Corporate Tax Avoidance Remains Rampant Under New Tax Law," ITEP Institute On Taxation And Economic Policy, April 2019.

Tell Us What You Think!

Each year, The Senior Citizens League asks supporters like you to make your voices heard in Washington by taking our Senior Survey. The results of our annual Senior Survey are our most valuable advocacy tool.

Your responses to the questions help shape our legislative agenda for the year ahead and give our team the knowledge we need to inform Members of Congress, the media, and the public about the challenges facing older Americans.

Take the survey online at www.SeniorsLeague.org. ■

TSCL Submits Statement in Support of Three Major Social Security Changes

By Jessie Gibbons, Legislative Director

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In March, the House Ways and Means Social Security Subcommittee held its first hearing of the 116th Congress, and it was focused on the need to *improve the adequacy* of Social Security benefits. Lawmakers on both sides of the aisle seem to agree that three major changes to the program must be made: improving benefits for widows and widowers following the death of a spouse, creating a new special minimum benefit for those who worked long careers in low-paying jobs, and addressing the inequities created by the Windfall Elimination Provision that impacts millions of teachers, police officers, and other public servants.

Modernizing Social Security has rare bipartisan support from both Democrats and Republicans. In his opening statement, Congressman John Larson (CT-1)—Chairman of the Subcommittee—reminded lawmakers that major changes to the program haven't been made since 1983, and benefits haven't been expanded in over fifty years.

Congressman Tom Reed—Ranking Member of the Subcommittee—agreed, saying: "Much of the program we know today was designed in the late 1930s. A lot has changed since then—today more women are working, people start their families later, and, in some cases, they live longer. It's time to come together to find bipartisan solutions."

The Senior Citizens League was pleased that these three policy initiatives received bipartisan support at the hearing in March, and we urge Congress to enact them this year. We hope lawmakers on the Social Security Subcommittee will consider several other benefit improvements as well. TSCL submitted a statement to the Subcommittee following the March hearing that outlined three benefit enhancements for which our supporters have expressed overwhelming support. They are:

Improving the Social Security Cost-of-Living Adjustment (COLA). Under current law, COLAs are based on the way young workers spend their money using the Consumer Price Index for Urban Wage Earners (CPI-W). A more fair and adequate measure of the inflation that older Americans experience is the Consumer Price Index for the Elderly (CPI-E). We estimate that individuals who filed for Social Security with average benefits over thirty years ago would have received nearly $14,000 more over the course of their retirement if COLAs had been based on the CPI-E.

Boosting Social Security benefits. Since 2000, Medicare Part B premiums have grown by 195 percent. Average annual out-of-pocket spending on prescription drugs has increased by 188 percent. But Social Security benefits have grown by just 46 percent since 2000. A modest boost in benefits is essential in order to make up for years of inadequate COLAs and skyrocketing healthcare costs. The Senior Citizens League believes a benefit boost of $70 per month is a fair increase.

Cutting taxes for millions of beneficiaries. This year, millions of beneficiaries with modest incomes just two times higher than the federal poverty level paid taxes on their Social Security benefits. The income thresholds for the taxation of benefits—set at $25,000 for individuals and $32,000 for joint filers—were first

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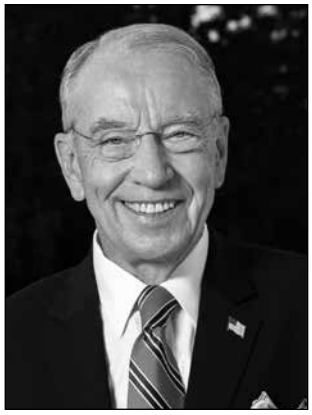
CONGRESSIONAL CORNER

We Need Competition In Prescription Drug Pricing and to Stop Abusive Conduct That Keep Drug Costs High

By Senate Finance Committee Chairman Chuck Grassley (IA)



Senator Charles "Chuck" Grassley (IA)

People with conditions such as cancer, cystic fibrosis and HIV have had their lives transformed, even saved, as a result of innovations by the U.S. pharmaceutical industry. Everyone knows someone who has benefited from the industry's research and development efforts. While we should be grateful for the work they do, something must be done about the high cost of prescription drugs. Innovative medicines only work when they're used. At nearly all of my 99 county meetings, Iowans talk to me about prescription drug costs. They tell me stories of rationing medications and leaving prescriptions at the pharmacy counter because they couldn't afford them. A hard discussion about prescription drug prices is long overdue.

I believe in the free-market principle of increasing competition to lower prices. Competition is one reason why generic medications have become an affordable staple in America's medicine cabinet. We need more competition in the prescription drug space and should stop abusive conduct that keeps costs high. That's why I've cosponsored bipartisan legislation including: *S.64*, the *Preserve Access to Affordable Generics and Biosimilars Act; S.340*, the *Creating and Restoring Equal Access to Equivalent Samples* (CREATES) *Act;* and *S.205*, the *Right Rebate Act.* These bills deter bad actors from undermining competition.

I also believe Congress has the responsibility to review government programs like Medicare Part B and Part D to ensure they're working as intended. This also applies to Medicaid. Currently, under my chairmanship, the Senate Finance Committee is taking a systematic look at these programs to determine how to modernize them in a way that reduces out-of-pocket expense for consumers while ensuring good stewardship of taxpayer dollars. Our oversight of Medicare B and D and Medicaid will result in legislation to improve these programs for those who use them.

Transparency is a powerful tool that leads to accountability. The *Physician Payment Sunshine Act,* which I co-authored, created the Open Payments website at the Centers for Medicare and Medicaid Services. It requires pharmaceutical companies and medical device companies to report payments made to healthcare providers. Often these payments are legitimate investments in research, but by requiring reporting, pharmaceutical companies, medical device companies and health care providers are held accountable.

Everyone in earshot of a television has heard an advertisement for a prescription drug. These ads tell you a drug's benefits and side effects, but not its list price. I support the Administration's effort to force drug companies to include the list price of drugs on all television ads. This approach worked when we required car companies to put the price on the window of a car and I believe it will have the same effect for prescription drugs.

High prescription drug costs impact millions of Americans. It's time we address the problems and find workable solutions that will preserve the industry's incentives to continue developing new and improved prescription drugs while reducing costs for the patients who depend on them. ■

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

BEST WAYS TO SAVE

Small Dietary Changes Help Diabetic Cut Down On Pricey Prescription Drug

A healthy diet can help reduce the risk for many health conditions and may also reduce corresponding healthcare costs. But what's a healthy food for one person, may not be the best choice for another. Recently we heard from Leslie R., a retired diabetic who lives in Arizona. Leslie contacted us last year highly concerned that she was going into debt in order to purchase the Lantus insulin that she needed to control her blood sugar. Under her doctor's guidance, Leslie uses a combination of high-cost Lantus, and lower-costing Novolin to control her blood sugar.

Recently with the help of a nutritionist, she discovered the incredible power that small dietary changes can have on lowering blood glucose levels which in turn can help reduce the amount of insulin she needs. Leslie has been able to significantly reduce the amount of Lantus she needs by more than half, and her goal is to eliminate the need for it altogether. Here's what Leslie told us:

Life sure is strange. This time last week I thought I was headed for the nursing home, feeling like I had been run over by a truck that backed up over me for good measure. Today I feel on top of the world. My morning fog is gone, I can slide under the steering wheel of my car instead of stuffing myself in, I can walk down the hall without huffing and puffing, and I was able to complete a short shopping trip today without falling exhausted into a chair when I got home!

I had a love affair with potatoes my whole life and I never knew how much damage a little mini bagel could cause. I was sure my new nutritionist would tell me that I could not have butter, or anything else—including cream cheese that I put on that mini bagel. Turns out I could have the everything I put on it, but not the mini-bagel! That was the culprit—along with all the other starches I was eating.

I thought I was eating healthy, fresh fruits, vegetables, lean meats, and a ton of low-fat stuff. WRONG! Within 24 hours after I cut out all starches, I started to see what a difference it made. I am losing, on average, a pound a day and sometimes more. My blood glucose numbers have dropped. Instead of using 100 units of Lantus like I was doing, I am down to 40 units per night—and seldom use Novolin at night. It's like somebody waved a magic wand and said "HEAL!"

I still use Novolin. The Novolin is what is helping me reduce the Lantus dosage. The body makes insulin just like the Novolin, and both get the glucose out of the blood fast. Then it dissipates. Lantus, on the other hand, is long-lasting and hangs around, making a person retain fat! I was doing things backwards for a time trying to reduce and eventually get rid of the Novolin, but my nutritionist read the records that I keep and she stopped me cold. She explained that it is the Lantus I need to reduce or even eliminate first. And, as added incentive, Novolin costs less than a quarter of what Lantus costs!

I want the entire diabetic planet to know about this. Diabetics don't have to suffer, lose limbs or go bankrupt because they can't afford their Lantus. What is working so well for me, may need some modification for others.

—Leslie R., AZ.

Editor's note: If you are struggling with the high cost of Lantus, ask your doctor about less expensive options, and about nutritional counseling. Many medical practices and hospitals have nurses on staff who specialize in nutrition counseling and may be able to help you design a dietary plan that's right for you and your health conditions. Improving your diet might help you in the same way that it's helping Leslie—by improving your health and reducing your reliance on expensive prescription drugs. Don't let your love affair with potatoes and mini-bagels do you (or your budget) in.

ASK THE ADVISOR

Where Can We Find Help For Questions About Health Emergencies and Financing Nursing Homes?

Q: Dad passed away a few years ago at age 90, after going to the emergency room during a health emergency and then spending a few days in the hospital. He was released to a nursing home where he lived a few more months. When all this happened, we didn't have any professional counseling, and had no idea how complicated this situation would turn out to be. We didn't know what Medicare covered or that it would not cover his nursing home care. Nor did we know how to get Medicaid assistance. Now Mom has no income left but her Social Security, and dad's impossible nursing home bills that she will never be able to pay off. How can we find help with questions about nursing home care, and how the costs would be financed in case Mom needs it next?

A: While Medicare covers emergency room care, unless your father was admitted to the hospital as an *inpatient,* Medicare Part A may not have covered his hospital stay. If emergency room doctors held your dad "under observation" or as an "outpatient," then his stay was covered under Medicare Part B, and there may have been expensive bills for that hospital stay depending on what other type of insurance your dad had in addition to Medicare. In addition, Medicare has strict rules about the length of stays in the hospital, in order to qualify for limited nursing home coverage for rehabilitation. Medicare does not cover most long- term stays in nursing homes.

While you probably won't find any single professional who can provide you with all the answers you may need for your mom, most areas of the country have access to an Agency on Aging that can help put you in touch with a number of valuable resources and people who can answer your questions. Most agencies serve specific geographic areas of several neighboring counties, although some operate statewide in less populated states. All Area Agencies on Aging receive federal funding that is supplemented with additional state and local funding.

Each Agency on Aging provides a different list of services, but there are some basic services that are provided by nearly all. These include the following:

Medicare counseling: Counselors provide free one-on-one assistance to help you and your mom understand what Medicare covers, and other insurances, such as Medicare supplements and Part D plans, and Medicare Advantage. In addition, you can get information about the limitations of Medicare coverage of long-term care. A counselor may be able to explain the requirements to help you determine if your Mom would qualify for Medicare Savings Programs or Medicaid.

Senior meals: Agencies on Aging often have congregate meal programs and act to coordinate with home delivered meal programs in your area.

Transportation: Info and assistance in coordinating shared, non-medical transportation services in your area.

Caregiver support: You and others helping with your mom can get caregiver training and information about respite care (should you need a break).

Information and referral: Depending on her income your mom may qualify for other assistance programs, like Medicare Extra Help, and you can get contact information for other types of programs (dental or vision care).

Long Term Care Ombudsmen: Find information about long term care facilities in your area, and investigations of complaints if you've encountered a problem. ■

To locate your Area Agency on Aging call the *Edlercare Locator* toll free at 1-800-677-1116.

Specialty Drugs Under Medicare Part D Nearly Two Times Higher Than Under Medicaid; continued from page 1

incentive for drug makers and drug plans to get beneficiaries to use the most expensive drugs, because Medicare reimburses drug plans 80% of the cost in the final catastrophic phase of coverage. The higher the cost of the drug, the more drug plans receive from Medicare. Medicare patients who rely on such medications could owe thousands of dollars out-of-pocket every year for a single drug, even when their Part D plan covers the drug.

According to a new analysis from the Congressional Budget Office, in 2015, the weighted average net price for top-selling brand name specialty drugs in Medicare Part D was $3,600 for a 30-day supply, almost twice as much as the weighted average net price of $1,920 for the same drugs in Medicaid. The big difference is how drug prices are determined.

Under Medicare Part D, the government does not negotiate prices like it does for doctors' or hospital fees. Drug prices are established by the private insurers who run Part D drug plans. Those prices are based on what the plans negotiate with drug manufacturers and what drug plans want to make on the drugs in order to operate at a profit. Under current law, however, even when drug plans negotiate a rebate, the law does not require that plans pass the savings along to consumers.

On the other hand, under Medicaid net drug prices are heavily influenced by two rebates that are required by law. Manufacturers of brand name drugs must pay a rebate equal to 23.1% of the average price that manufacturers charge to pharmacies. In addition, for generics, manufacturers are required to pay a rebate of 13% of the average price they charge to pharmacies.

TSCL is working with Members of Congress for enactment of legislation in both the House and Senate that would require Medicare to negotiate drug prices on behalf of Medicare beneficiaries. Recently TSCL launched a nationwide grassroots effort to urging Americans to contact Members of Congress to protest how big drug companies are getting away with steep prices on drugs, and to urge them to enact legislation that would make Medicare responsible for negotiating drug prices. Join the effort, sign our petition. ■

Sources: Prices for and Spending on Specialty Drugs in Medicare Part D and Medicaid, Congressional Budget Office, March 2019.

What Happens to Medicare Part B Premiums When There's a Very Low COLA; continued from page 1

the past decade. That's an unprecedented low rate of growth in Social Security benefits for an unprecedented period of time. From 1999 to 2009, COLAs averaged more than twice that rate of increase, at 3% per year.

A COLA as low as 1.2% increases the risk that Medicare Part B premiums for 2020 would take the entire amount of any COLA increase for many beneficiaries. This would be especially true for any Part B increase around $9.00 per month.

According to the new Medicare Trustee Report released in April of this year, Medicare Part B premiums for 2020 are expected to rise $8.80 from $135.50 to $144.30 in 2020. That would swallow the entire COLA of Social Security recipients with benefits of about $735 or less. According to Social Security data, roughly 4 million low benefit Social Security recipients could be at risk of seeing no growth in their net Social Security benefit due to rising Part B premiums.

And it could be worse if inflation is lower and Medicare Part B premiums are higher. Due to a special provision of law known as the Social Security hold harmless provision, when the dollar amount of the Medicare Part B premium increase is greater than the dollar amount of an individual's COLA, the Medicare Part B premium is adjusted to prevent a reduction in Social Security benefits from December of the previous year. Those affected by hold harmless wind up with no growth in their net Social Security benefit after the deduction for Part B premiums. That leaves nothing extra left over to deal with other rising costs such as housing and drug costs.

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What Happens to Medicare Part B Premiums When There's a Very Low COLA; continued from page 7

While the Social Security hold harmless provision provides important protection from Social Security reductions, more money is required to catch up to Medicare Part B levels in following years. If COLAs continue to remain low, premiums would adjusted again due to low COLAs. COLAs would have to be substantially higher in the following years or the whole process would happen all over again.

The Senior Citizens League supports legislation called the *Fair COLA for Seniors Act* (H.R. 1553) that would strengthen the annual COLA by tying it to a "seniors" index, the Consumer Price Index for Elderly Consumers (CPI-E), which over time is expected to provide modestly higher benefits than the Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI-W), which is used to calculate the COLA under current law. In addition, TSCL supports legislation that would provide a minimum COLA of no less than 3%. This would provide extra protection in years when inflation is below that amount.

What do you think about ways to strengthen the COLA? Take our 2019 Social Security survey at www.SeniorsLeague.org. ■

Feds Shut Down $1.2 Billion Medicare Scheme—Finally; continued from page 1

lot of calls about back brace telemarketers and that they were "looking into it." The calls continued.

Now finally, after what seems like a decade of aggravating calls, Federal officials recently announced that they had shut down the alleged telemedicine scam pedaling unnecessary medical braces. Happy day!

The U.S. Department of Justice says this is one of the largest Medicare schemes ever investigated by the F.B.I, charging 24 people in a $1.2 billion alleged scam. As part of the complicated operation, doctors got kickbacks for prescribing unneeded back, shoulder, wrist and knee braces to Medicare recipients. The defendants paid doctors for prescriptions, which they in turn sold to durable medical equipment companies, which in turn charged Medicare for the medical braces. Those participating in the alleged scheme laundered money through shell companies and used the proceeds to buy exotic automobiles, yachts and luxury real estate in the U.S. and abroad.

Medicare fraud costs everyone. The alleged $1.2 billion that fraudsters got from Medicare adds costs to our Part B premiums and increases the need for more revenues, including from older Americans who pay taxes on up to 85% of their Social Security benefits. $1.2 billion spread over 60 million Medicare beneficiaries could potentially add an extra $1.70 per month ($20.40 for the year) in higher premiums for each and every one of us next year—and even that may be more than many of our readers can afford.

From the beginning, The Senior Citizens League has supported strengthening the antifraud measures for Medicare, but since the 2011 budget battles, Medicare has been subject to crippling budget cuts that reduce funding for fighting fraud. Let's encourage today's Congress to build on this success—otherwise shutting down this back brace scheme could be just a one-time fluke. ■

How to report Medicare fraud

Call 1-800-MEDICARE (1-800-633-4227).

Report it online to the Office of the Inspector General.

Call the Office of the Inspector General at 1-800-HHS-TIPS (1-800-447-8477).
TTY: 1-800-377-4950.

Legislative Update: TSCL Submits Statement in Support of Three Major Social Security Changes; continued from page 3

established in 1984, and have not been adjusted for inflation since then. The Senior Citizens League was disappointed that the thresholds were not adjusted in 2017 when Congress passed the Tax Cuts and Jobs Act, and we urge Congress to act this year to cut taxes for beneficiaries.

In the months ahead, The Senior Citizens League will continue to advocate for these and other commonsense policy solutions that would strengthen and enhance Social Security benefits for current and future beneficiaries. For progress updates on the work of the Social Security Subcommittee in Congress, follow The Senior Citizens League on *Twitter*. ■

SOCIAL SECURITY & MEDICARE QUESTIONS

How Can My Grandmother Know When She's Getting Treated By Non-Network Doctors?

Q: My grandmother received a ridiculously high and unexpected medical bill (more than $13,000) after an emergency room visit, even though the emergency room was part of an in-network hospital. What can we do to contest this bill and protect her from bills like this in the future?

A: Your grandmother is not alone. Recently *Kaiser Health News* reported on a woman who suffered a massive heart attack, and then developed an infection that kept her in the hospital for a month, some of it in intensive care. Her bills totaled more than $454,000 of which she was told she owed $227,000 *after* her health insurance paid. Her surprise bill is a problem that has been described as a new "national epidemic."

In fact, a recent poll by the nonpartisan health policy group, Kaiser Family Foundation, indicates that in the past year, 4 out of 10 respondents said they had an unexpected bill—one that was not covered by insurance—from a hospital, doctor, or lab. The problem is so widespread, and has become so egregious, that general outrage over the issue has turned ending surprise medical bills into a rare bipartisan opportunity for Congress to take action.

Surprise bills most frequently occur when patients are treated in hospitals and emergency rooms by doctors and medical professionals who aren't part of their health insurance network. For people age 65 and older, the problem would tend to affect Medicare patients who are enrolled in a Medicare Advantage plan which has networks of doctors, hospitals, and labs, and pharmacies under contract to provide services to plan enrollees. When emergencies occur, patients are generally taken to the closest emergency room and treated there no matter whether the doctors are participating providers or not. Consequently, emergency rooms are a leading cause of surprise bills because doctors may not be part of your health plan network.

That said, if you know *ahead of time* that your grandmother is going back to the hospital for any type of procedure or treatment, check with the admissions or billing department and ask whether the services that your grandmother will receive will come from in-network providers. In particular, ask about anesthesiologists, radiologists and pathologists, people we frequently never see. The same is true for labs and imaging.

You can help your grandmother by filing a formal appeal with her insurance company to get coverage for the bill (or bills) in question. Insurers may help with the process and negotiate the charge. You should also check with your State Insurance Commissioner or regulator. Some 21 states have laws protecting consumers from surprise medical bills, if they're covered under a state-regulated

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Social Security & Medicare Questions: How Can My Grandmother Know When She's Getting Treated By Non-Network Doctors? continued from page 9

insurance policy. In some case, the amount you pay out of pocket is regulated. TSCL also strongly recommends that you locate your area Agency on Aging, senior center, or Social Services department and ask if there are any patient advocacy groups in your area that help with medical assistance.

TSCL supports legislation that would address surprise medical bills and strengthen patient protections. Says Shannon Benton, Executive Director of TSCL, "Patients should not be caught in the middle, or left standing holding the bag full of bills when providers can't settle the bills in a fair way with insurers." ■

Sources: "State Laws Ban Surprise Medical Bills. She Got One for $227K and Fought Back," JoNel Aleccia, Kaiser Health News, *March 22, 2019. "Surprise Medical Bills Sending Consumers Into Shock—Here's How To Avoid Getting Hit," Walecia Konrad,* CBSNews.com, *March 15, 2019.*

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