



# THE ADVISOR

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## Should You Be Worried About DOGE and Social Security?

BY EDWARD CATES, CHAIRMAN, TSCL

The new Department of Government Efficiency, also known as DOGE, has spent a lot of time in the headlines over the last few months. Headed by Elon Musk, the agency was established by the Trump administration through executive order to modernize federal software while maximizing governmental efficiency and productivity.



In its first few months of existence, DOGE has claimed to save U.S. taxpayers billions of dollars. However, it has also stirred controversy by working to shut down USAID, laying off federal employees still in their probationary periods, and accessing employee data from the Office of Personnel Management.

So, with the agency seemingly touching nearly every aspect of the federal government, it's fair to wonder: How will senior citizens be affected?

## This Issue

**COLA Watch: What will your benefits look like next year?**

PAGE 04

**Legislative Update: Medicare Begins Price Negotiations for Weight-Loss Drugs**

PAGE 05

**American vs. U.K. Healthcare: The Good and the Bad**

PAGE 07

**The Treasury Department Just Clawed Back \$31 Million in Federal Payments to Dead People**

PAGE 09

**New Study Shows Medicare Advantage Beneficiaries Leave Meat on the Bone**

PAGE 10

In this article, we'll attempt to answer a few pressing questions about DOGE for America's senior citizens. TSCl is a non-partisan organization and we focus solely on providing the information you need to protect yourself and your data.

### **Should the average senior citizen be worried about DOGE having access to their personal information and accounts?**

TSCl believes that DOGE should not have direct access to personal information or accounts unless a person is actively involved with a government program or service that collects such data. DOGE should typically be involved in improving government programs' efficiency, not necessarily collecting personal data unless it's part of a larger initiative or required for a specific service.

However, there could be concerns about whether DOGE or any government entity is given access to databases containing sensitive personal information. Seniors should be cautious when sharing personal details with any government agency or program. You should ensure that you only share your information when necessary and that the agency operates under appropriate privacy protections.

### **Is there any potential for tampering with or deleting data?**

Government agencies are bound by strict data protection regulations, including privacy laws. However, like any large system, there is always the potential for errors or, in the worst case, unauthorized deletion of data. This is especially true if a government program is new.

While these risks are typically low due to existing protections, seniors and the public should remain vigilant about data security and stay informed about their rights. If you suspect data tampering or deletion, you should immediately contact the relevant authorities to report the issue.

### **What should the average senior do if they are worried?**

If you're concerned about personal information security or the potential for data tampering with ANY government agency, you should consider the following steps:

- **Understand your rights:** It's important to learn about your personal data rights, particularly regarding government programs. In the U.S., privacy laws like the Privacy Act of 1974 govern how government entities collect and use personal data.
- **Monitor your information:** If you've submitted personal details to any government agency, you should regularly check for any unusual activity or discrepancies in your records. Many government programs offer ways to track or verify this information.
- **Contact the agency directly:** If you have concerns about data access or security, you should contact DOGE or the relevant agency. You can ask questions about the agency's data protection policies and how their information is being managed.
- **Use official channels:** You should always use official websites or contact methods when dealing with government-related services or programs. You should also be cautious of phone calls or emails from people claiming to be government representatives, as these may be phishing attempts.

- **Secure your digital footprint:** Seniors, in particular, should be mindful of the security of their online accounts. You should use strong, unique passwords and enable two-factor authentication (2FA) to protect your personal information.
- **Seek help from trusted individuals:** If someone is unsure how to protect their information, they should ask a trusted family member, friend, or professional for help navigating any concerns with government data handling.

In conclusion, while government agencies like DOGE should have systems in place to protect personal data, the average person, especially seniors, should remain vigilant and take steps to safeguard their information. It's essential to make sure you're informed and aware of your rights regarding government data collection.



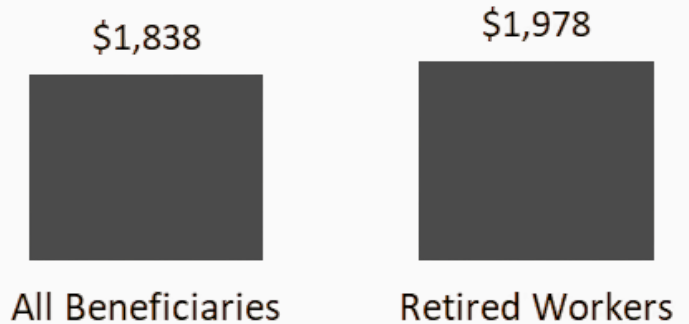
**Protect your data**

# COLA Watch

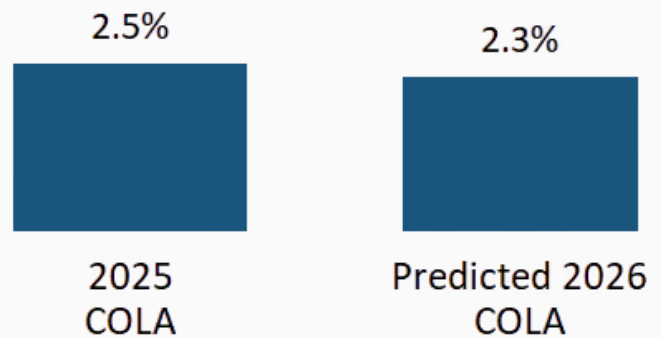
What will your benefits look like next year?

## Average Social Security Benefit:

as of March 2025

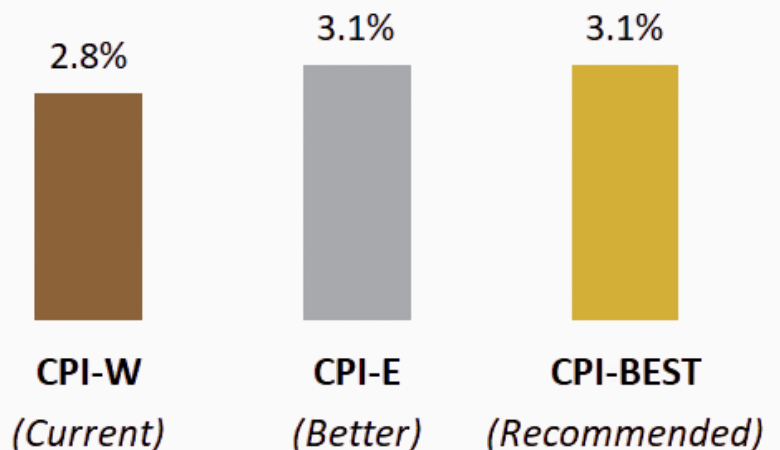


The 2026 COLA will be announced in **6 Months**



## A better inflation measure

would give you a better COLA.



More information coming soon.

# Legislative Update: Medicare Begins Price Negotiations for Weight-Loss Drugs

BY DAISY BROWN, LEGISLATIVE LIAISON, TSCL

In January, the Centers for Medicare and Medicaid Services (CMS) announced the next 15 drugs whose prices it will negotiate directly with pharmaceutical companies, using powers granted by the 2022 Inflation Reduction Act (IRA). Weight-loss drugs Ozempic, Rybelsus, and Wegovy made the list, potentially spelling a turning point for seniors' access to the popular-but-pricey medicines. (See a full list of drugs up for negotiation on the next page.)

Negotiations on the drugs' prices will occur during 2025, and the resulting prices will come into effect in 2027. According to CMS, the 15 drugs up for negotiation this year accounted for about 14 percent of drug costs covered under Medicare Part D between November 2023 and October 2024. About 5.3 million people covered by Part D used them during that period.

Based on the first round of negotiations, which occurred in 2024 and set prices for 10 drugs that will go into effect in 2026, it's likely that this second round will meaningfully reduce costs for seniors. CMS estimates that if the negotiated prices had taken effect in 2023, they would have saved the agency approximately \$6 billion. When they take effect in 2026, CMS expects people with Medicare Part D to save \$1.5 billion in out-of-pocket costs.

If the second round of negotiations can

reduce prices for weight loss drugs like Ozempic, the impact could be substantial. Today, Medicare only covers the drugs for health issues not related to weight loss, such as heart disease and diabetes, but with lower prices, it would be easy to see the agency making them more broadly available because of the potential for effective weight management to reduce the risk factors for other diseases.

However, Medicare will need to overcome resistance from drug makers to see the process through. Novo Nordisk, the maker of Ozempic and Wegovy, has already filed a lawsuit against the federal government for including its insulin medications NovoLog and Fiasp in the first round of negotiations and strongly opposes the program. "We believe the IRA's pricing scheme will limit patient access and negatively affect overall patient care," the company said in a statement when it announced its lawsuit. "Novo Nordisk is challenging this law to protect patients and ensure our ability to continue developing and providing transformative medicines to treat and cure chronic diseases now and in the future."

One other potential headwind to this year's price negotiations is the new presidential administration



administration. Since the IRA was passed by a Democratic administration and Congress, it's likely that the law will come under intense scrutiny while Republicans control both the White House and the Capitol. According to Bloomberg, drugmaker Eli Lilly & Co. has already called for the Trump administration to pause the price negotiation process while it updates the law or makes improvements to the price negotiation process.

At TSCL, we strongly support the Inflation Reduction Act's provision that empowers Medicare Part D to negotiate drug prices. Whatever happens with the rest of the act, we'll be fighting hard to ensure this component remains intact—and that you see another round of reduced Part D drug prices in 2027.

### Are my drugs up for price negotiation?

Here is the full list of drugs up for Medicare Part D price negotiations in 2025:

- Ozempic, Rybelsus, and Wegovy
- Trelegy Ellipta
- Xtandi
- Pomalyst
- Ibrance
- Ofev
- Linzess
- Calquence
- Austedo and Austedo XR
- Breo Ellipta
- Tradjenta
- Xifaxan
- Vraylar
- Janumet and Janumet XR
- Otezla.



# American vs. U.K. Healthcare: The Good and the Bad

BY SUSAN STEWART, LICENSED INSURANCE AGENT

I lived in England for 10 years, worked, got a driver's license, joined a book club, and needed medical care. There, virtually all costs that we'd associate with health insurance here in the states are covered through the National Health Service (NHS), a government agency. The NHS is funded primarily by general taxation and secondarily by required employee contributions.

Last month, I wrote about how my experience with the NHS compared to my experience with the American healthcare system, focusing on how prescriptions differ. For this follow-up piece, drawing on my own experience rather than deep investigative reporting, I'll share a few more observations on what works and what doesn't work in the U.K. healthcare system in general.

Here are a few things that worked for me in the English healthcare system:

- **I appreciated having healthcare at all.** In America, I had spent years without health insurance because I was self-employed and could not afford it. Citizens, legal immigrants, and some refugees get “free” healthcare in the U.K.
- **In the U.K., nobody goes bankrupt due to medical costs.** You never have to worry about paying co-pays or co-insurance percentages.
- **I required four surgeries, and the care I personally received was stellar.**

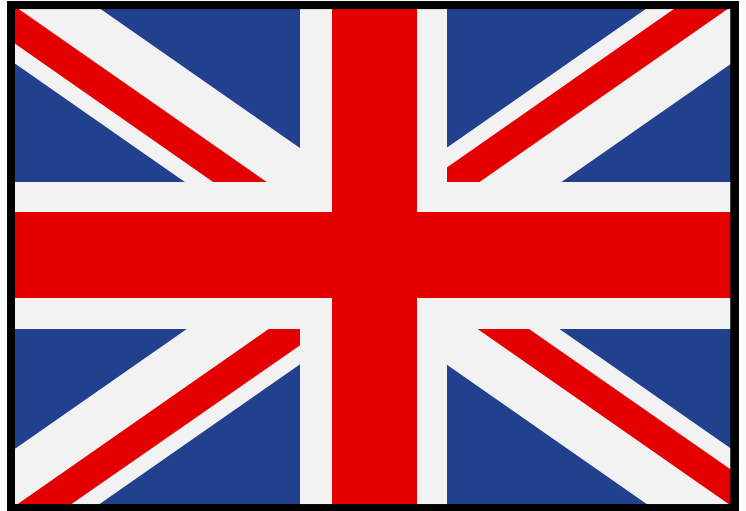
- **You choose a medical facility as your primary care provider.** Mine opened at 8 a.m. and was first-come, first-served until 9 a.m. I could stand in line outside until they opened, see my doctor, and usually still get to work by 9 a.m. Not all facilities do that, but I appreciated that mine did.

However, several aspects of the U.K.'s socialized healthcare system were more challenging. Here are a few aspects of the English system that I struggled with:

- **Primary Care appointments can be hard to get.** Depending on the facility, it was not uncommon to be unable to get through, much less get a same-day appointment for a sudden-onset diagnosis like strep throat. One time, it took a friend two hours of calling to get through, only to be told they couldn't schedule an appointment for three weeks. At the time, her only option was Accident and Emergency (A&E; equivalent to the ER). If English A&Es and American ERs have one thing in common, it's long wait times.
- **People needing any surgery that's considered elective—even if it's really not—can wait a year or longer due to the backlog.** This can include procedures for the knees, the hips, and even the heart. I know someone who had to wait a full year for a heart ablation due to a lack of specialists to provide the necessary appointments, a shortage of techs to do the tests, and full surgery schedules at the hospital. Each appointment had to be scheduled weeks, even months, out. After that ordeal, I am glad my friend is still with us.

- **Healthcare providers often threaten to strike due to low pay.** Most nurses earn a fraction of what they do in the States. The U.K. asked its highest-paid specialists to retire early in 2018 and 2019. Then COVID-19 struck, leaving a shortage of providers, less experienced doctors, and burnout. Now, the U.K. must bring in nurses and doctors from other countries to address its staffing shortages.
- **Dental care is not so accessible.** Dentists are required to offer only a small percentage of their business for NHS payment. Waiting lists are very long to get into a dentist using the NHS. Most people must pay out of pocket for all their dental care.

Despite the challenges, my view of the NHS is fairly positive today, more than three years after returning to the U.S. I'm still stunned by the high cost of American healthcare—co-pays, co-insurance, deductibles, and the whole network system. I'll be eligible for Medicare this summer, but I will still work full-time, so maybe my perspective will change. Stay tuned.



**VS.**



# The Treasury Department Just Clawed Back \$31 Million in Federal Payments to Dead People

BY ALEX MOORE

This January, the U.S. Treasury Department announced that it has recovered \$31 million in federal payments that improperly went to dead people in a five-month pilot project. The Treasury Department undertook this effort after Congress granted it temporary access to the Social Security Administration's (SSA's) Full Death Master File, which is the most complete federal database of people who have died.

"These results are just the tip of the iceberg," said Fiscal Assistant Secretary David Lebryk in a press statement. "Congress granting permanent access to the Full Death Master File will significantly reduce fraud, improve program integrity, and better safeguard taxpayer dollars."

Currently, the Treasury Department only has access to the file from December 2023 to December 2026, a power granted by Congress in the 2021 omnibus appropriations bill. The agency projects that, after subtracting costs, it will recover \$215 million over this period. However, as Lebryk mentioned, it would take another act of Congress to make the program permanent.

The problem is that the program's impact will be relatively limited, considering the scale of the SSA's budget, even if it's made permanent. The SSA had more than \$1.39 trillion in expenditures in 2023, with more than 99 percent going toward benefits. That means the \$215 million the Treasury

projects to recover during its temporary access period is little more than a drop in the bucket.

However, a drop in the bucket may not be enough for the new administration as it focuses on reducing waste, fraud, and abuse across the federal government. President Trump and the head of the Department of Government Efficiency (DOGE), Elon Musk, have claimed that millions of people receive fraudulent Social Security payments. Meanwhile, fact checkers at the Associated Press have refuted the claim, pointing to a misunderstanding caused by how the programming language used to maintain SSA records handles missing or incomplete dates.

This sets up a fight that will likely push SSA—and possibly Social Security benefits—even further into the spotlight. The final outcome remains to be seen, but here at TSCL, we'll be working hard to pressure Congress and the administration to ensure that their efforts to clean up federal spending don't have a negative impact on America's seniors.



# New Study Shows Medicare Advantage Beneficiaries Leave Meat on the Bone

BY ALEX MOORE

Although Medicare Advantage (MA) plans usually offer vision, hearing, and dental benefits not covered by traditional Medicare, MA beneficiaries generally don't receive additional care in those areas, which are sometimes called supplemental benefits. That's according to a new study published this January in *Jama Network Open*, an international, peer-reviewed healthcare journal.

The study, titled "Use and Costs of Supplemental Benefits in Medicare Advantage, 2017-2021," reviewed data from two nationally representative surveys to assess beneficiaries' access to, use of, and expenses paid for supplemental benefits. It reviewed more than 76,000 observations to reach its conclusions.

As mentioned above, one of the study's key findings was that MA beneficiaries generally do not receive supplemental benefits at a higher rate than traditional Medicare beneficiaries, despite MA plans offering more coverage. Among people with difficulty seeing, 78 percent of MA beneficiaries wore corrective lenses, compared to 76 percent of traditional Medicare enrollees. Among people with severe hearing loss, 28 percent of MA beneficiaries wore hearing aids, compared to 29 percent of people with traditional Medicare plans. The study also found that people with MA plans were not less likely to

delay dental care due to costs than people on traditional Medicare.

This naturally leads to the question: Why? If Medicare Advantage plans offer enhanced supplementary benefits, why aren't people who have these plans accessing dental, vision, and hearing benefits at a higher rate than those who don't?

According to the study, one important potential driver is awareness. Despite nearly all MA plans offering supplemental benefits, only 54 percent of those enrolled in the plans knew they had dental or vision coverage. In other words, nearly half had coverage without even knowing it! Another potential factor is the cost-sharing imposed by MA plans. The study found that MA plans, on average, only covered about one-fourth of the cost for enrollees' dental, vision, and hearing services.

So, if you're on an MA plan, what should you do? First, if you haven't been using your supplementary benefits, contact your provider to make sure you have them. (You almost certainly do.) Then, ask for details. How can you find providers that accept your coverage? What costs would you have to pay out-of-pocket to access your covered care? Will your MA coverage save you enough on hearing, vision, and dental benefits that it's worth the extra cost over a traditional Medicare plan? Go and find out. They're your benefits, and you deserve to take advantage of them.