THE SENIOR CITIZENS LEAGUE
An Affiliate of TREA The Enlisted Association

THE ADVISOR

Social Security and Medicare News • Vol. 30 Issue 5 • MAY 2025

New Leadership Appointments for Social Security and Medicare

BY EDWARD CATES, CHAIRMAN, TSCL

With a new presidential administration, only one thing is inevitable: change. As the Trump administration has taken power, the changes made at the top of the Social Security and Medicare agencies can give important clues about how the programs will evolve over the next four years.

In this article, we'll look at who the administration has chosen to lead the Department of Health and Human Services (HHS) and the Centers for Medicare and Medicaid Services (CMS). We will also look at the new head of the Social Security Administration.

HHS Secretary:

The Trump administration's head of the Department for Health and Human Services (HHS), Robert F. Kennedy Jr., was confirmed on February 13th. The former activist began the 2024 election cycle as a democrat before later switching to run as

This Issue

an independent, and eventually, endorsing President Trump in the run-up to the election.

Some of Kennedy's priorities as HHS Secretary will be combatting chronic diseases, such as obesity, diabetes, neurological diseases, autoimmune diseases, and allergies. He sees these conditions as an existential threat to not just Americans' health but also the economy and national defense because of their impact on people's day-to-day lives. In his confirmation hearing, he cited dietary and environmental factors as major drivers of such diseases.

As he did during his independent presidential campaign, Kennedy faced questions during his confirmation hearing for past remarks expressing skepticism about COVID-19 and vaccines. He asserted that he supports vaccinations throughout the hearing. He also addressed accusations of being a conspiracy theorist by saying he earned the moniker by asking hard questions about healthcare's vested interests.

Since taking office as secretary, Kennedy has stayed busy. HHS has kicked off a major organizational transformation effort, including a planned 25 percent reduction in the agency's workforce. (So far, the cuts have not touched CMS, the agency that directly oversees Medicare.) Under Kennedy's leadership, HHS has required the Food and Drug Administration (FDA), which it also oversees, to close a loophole that allows food manufacturers to self-affirm the safety of their ingredients.

CMS Administrator:

Dr. Mehmet Oz—yes, that Dr. Oz—will be the new administration's Centers for Medicare and Medicaid Services (CMS) administrator after being confirmed on April 3rd. The 65-year-old cardiothoracic surgeon rose to fame as a regular guest on the Oprah Winfrey Show. He then built on that success with his own talk show before running for the Senate in Pennsylvania as a Republican in 2022.

Much like Kennedy, Oz said that addressing chronic disease should be a major priority for public health agencies during his Senate confirmation hearing, linking poor lifestyle choices to high U.S. healthcare costs. He expressed interest in working with Congress to stabilize insurance markets, enact policies that prevent disease by incentivizing healthy lifestyles, and increase transparency for Medicare and Medicaid beneficiaries. Additionally, Oz said he would like to promote the use of AI in the healthcare system, especially to reduce paperwork and other administrative burdens. He will also target reducing fraud, waste, and abuse across CMS.

During his confirmation hearing, Oz faced questions about how his experience prepared him for the job. Senators questioned whether Oz could effectively lead CMS without any background in leading a public health agency, although he has treated patients on Medicare and Medicaid as a physician.

He also faced questions about conflicts of interest, having previously endorsed Medicaid Advantage—a private alternative to traditional Medicaid that critics see as less effective and more expensive—while owning stock in a major Medicare Advantage provider (he has said he will divest while serving his term). Additionally, Oz came under fire for recommending questionable nutritional supplements and holistic treatments on television and questioning government policy during the COVID-19 pandemic.

SSA Commissioner:

Frank Bisignano, the former CEO of payment processing company Fiserv and a veteran of the banking and finance industry, will be the new head of the Social Security Administration (SSA). After nominating Bisignano to lead the agency in December, President Trump highlighted the nominee's "tremendous track record of transforming large corporations," on his social media platform, Truth Social.

According to Bisignano's remarks at his Senate confirmation hearing, he plans to take a bipartisan approach to improving Social Security's service quality during his term, which ends in 2031. He's committed to reducing wait times to speak to an agency representative over the phone, the length of the disability claim process, and Social Security's payment processing error rate.

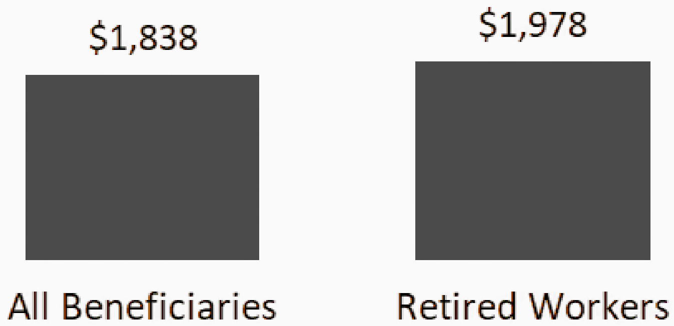
Under Senate questioning, Bisignano said he did not want to privatize Social Security. He also reported that he would take steps to address concerns that attempts to reduce fraud, waste, and abuse by the Department of Government Efficiency (DOGE) could put beneficiaries' personally identifiable information (PII) at risk. Despite stating that he broadly favors DOGE due to his background in implementing financial controls to improve efficiency and quality, he said he would investigate its work at the SSA and address any security issues it may have caused.

COLA Watch

What will your benefits look like next year?

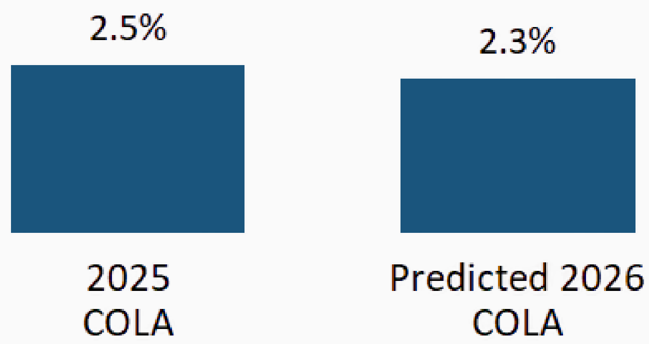
Average Social Security Benefit:

as of April 2025



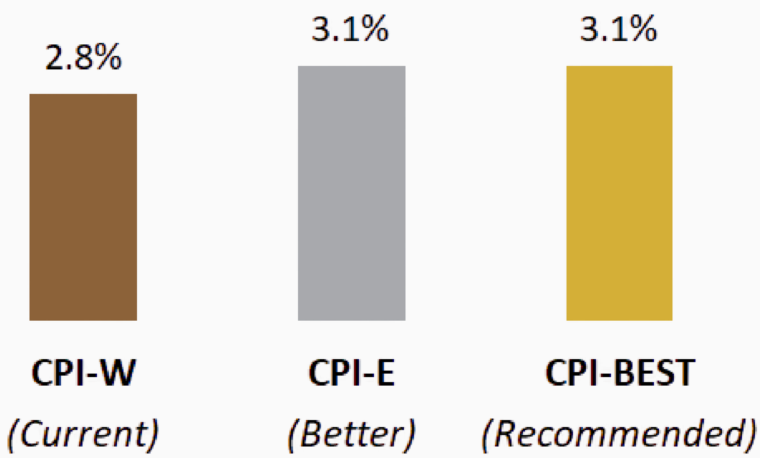
The 2026 COLA will be announced in

5 Months



A better inflation measure

would give you a better COLA.



Take a deep dive here.

Legislative Update: New Bills Could Increase Benefits by $2,400 and Eliminate Taxes on Benefits

BY DAISY BROWN, LEGISLATIVE LIAISON, TSCL

So far this year, Congress has been busy introducing new legislation to improve Americans' Social Security benefits. Two bills, the Social Security Expansion Act and the Senior Citizens Tax Elimination Act, are particularly noteworthy.

In this article, we'll examine both bills, looking at what major changes they would enact and providing TSCL's recommendations for moving them forward.

The Social Security Expansion Act Would Increase Benefits by $2,400

Introduced in the Senate by Senators Bernie Sanders and Elizabeth Warren, the Social Security Expansion Act strives to increase benefits for today's seniors while extending Social Security's long-term financial solvency. Representatives Jan Schakowsky and Van Hoyle introduced a corresponding bill in the House of Representatives.

One of the bill's most important features would increase Social Security payments by an estimated average of $200 a month, or $2,400 per year, for the average beneficiary by changing the way benefits are calculated so that more income is counted in the formula. The new calculation would favor lower-income seniors, but virtually all beneficiaries would benefit.

Another important feature of the bill would be applying the 12.4 percent Social Security payroll tax, which is split between employees and employers on all incomes above $250,000. In 2025, Americans only pay Social Security taxes on the first $176,100 they make yearly.

According to an analysis from the Social Security Administration's (SSA's) chief actuary, the new revenue provided by this change would extend Social Security's solvency for at least 75 more years. The program is currently projected to be unable to pay full benefits starting in 2035 because its expenditures outpace its revenues.

TSCL strongly endorses this legislation. We have long argued that Social Security benefits have fallen behind the pace of inflation and need a boost. To improve the program's finances, we have frequently called for Congress to raise or eliminate the income thresholds on Social Security payroll taxes.

The Senior Citizen's Tax Elimination Act Would Make Good on an Administration Promise

According to the SSA, approximately one in four beneficiaries pay income taxes on at least some portion of their Social Security benefits. You might already know this if you're a regular *Advisor* reader because we've covered it before, but on the campaign trail, President Trump proposed eliminating these taxes.

Introduced by Rep. Thomas Massie, the Senior Citizens Tax Elimination Act would make good on that promise by removing income taxes on all benefits if passed. "Although seniors have already paid tax on their Social Security contributions via the payroll tax, they are still required to list these benefits as taxable income on their tax returns," said Massie in a statement. "My bill would exempt Social Security retirement benefits from taxation and boost the retirement income of millions of older Americans."

This isn't the first time the bill has been introduced—it was first proposed by Rep. Ron Paul in 2003, and Rep. Massie has re-introduced it each Congress since taking office in 2012—but it does seem like the first time it has a prospect of passing. Here, at The Senior Citizens League (TSCL), we will fight to see that it does. We have long called to eliminate taxes on Social Security benefits, seeing them as unfair double taxation.

Adding Dental, Vision, and Hearing to Medicare Coverage

BY ALEX MOORE

Despite making cuts to other government agencies and services, the new administration has vowed to protect Medicare and Social Security. It has also, primarily through new Health and Human Services Secretary Robert F. Kennedy Jr., who has called to "Make America Healthy Again" by reducing chronic diseases.

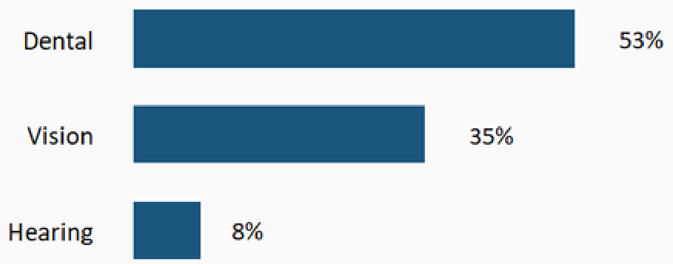
Want to know one of the best opportunities to accomplish both goals at once? Addressing Medicare's failure to cover "supplemental" care. This includes dental, vision, and hearing. Although there would be an upfront cost to the expanded coverage, it would substantially improve many seniors' quality of life while also creating improved downstream health outcomes that would lower costs for American taxpayers in the long run.

Two bills introduced this March—one in the House and the other in the Senate—would make it so Medicare covers dental, vision, and hearing. "This expanded care could help prevent cognitive impairment and dementia, worsened chronic disease, and imbalance leading to falls with deadly consequences," said Representative Lloyd Dagget, who introduced the House version of the bill, in a statement. "This is an essential step to fulfilling the original promise of Medicare—to assure dignity and health for all."

Many Seniors Currently Go Without Dental, Hearing, and Vision Care

The most recent data, from a 2021 research study by the non-profit Kaiser Family Foundation, shows that many seniors struggle to access supplemental care. As shown in Figure 1, it is estimated that only about half of Medicare beneficiaries see a dentist each year. Only 35 percent see an eye doctor, and only 8 percent see a hearing specialist.

Figure 1:
Medicare Beneficiaries Who Received Care in the Last Year



Low usage of supplemental care isn't driven by a lack of need. The study found that 83 percent of beneficiaries need eyeglasses or contact lenses, and 65 percent struggle with hearing difficulties. The biggest problem was the cost. On average, beneficiaries who did use supplemental services paid an annual average of $914 for hearing care, $874 for dental care, and $230 for vision care. As shown in Figure 2 (next page), among beneficiaries who hadn't accessed supplemental care, 75 percent said cost was a barrier to getting hearing care, 71 percent said it was a barrier to dental care, and 66 percent said it was a barrier to vision care.

So, we don't really have to say much more here. American seniors are clearly missing out on important dental, vision, and hearing care since they can't afford it because Medicare fails to cover these services. The obvious next question is this: What would change if they were covered?

Supplemental Coverage Through Medicare Would Broadly Improve Seniors' Health

A healthy mouth, eyes, and ears all have an important impact on seniors' lifespans. According to a study from the *Journal of the American Heart Association*, gum infections and periodontal disease increase the likelihood of premature death by 12 percent. Another study published in the *Lancelet Longevity Journal* finds that, among adults with hearing loss, those who use hearing aids have a 24 percent lower mortality rate.

What's more, research shows that reducing dental, vision, and hearing issues can reduce the risk of other chronic diseases that reduce seniors' quality of life, such as:

- cardiovascular disease
- diabetes
- dementia
- hypertension
- vertigo and balance issues
- depression and anxiety.

Granting seniors access to dental, vision, and hearing care through Medicare could extend their lives, mitigate the risk of chronic diseases that greatly reduce their quality of life, and serve as preventative care that reduces the need for healthcare interventions that solve problems once they've already gotten bad, which tend to be more expensive.

Figure 2:
Percentage of Beneficiaries Who Didn't Get Care Due to Cost Barriers

TSCL, Like Most Americans, Supports Expanded Care

According to a 2024 study from the think tank Data for Progress, 92 percent of Americans support expanding Medicare to provide dental, vision, and hearing benefits, while only 5 percent oppose doing so. This support held across the political spectrum, with similar percentages reported for Democrats, Republicans, and independent voters.

At TSCL, we call on the current administration to fulfill its "Make America Healthy Again" promise by working across the aisle to make this happen. American seniors deserve access to comprehensive medical care, and providing it to them will extend their lives, reduce chronic disease, and, in the long run, save money for taxpayers.

Late Enrollment Penalties

BY SUSAN STEWART, LICENSED INSURANCE AGENT

It's not happy news when a Medicare beneficiary finds out they have incurred a Late Enrollment Penalty.

The most common penalty I see is Medicare Part D prescription drug coverage. It often goes like this: When a person signs up for Part B, they are typically healthy and happy to pay the 20 percent coinsurance for medical care, unaware of the financial vulnerability it entails. Or they need no or very inexpensive prescription drugs. It might seem easy to use GoodRx or pay out of pocket.

Then, a day comes when something changes. Their health declines, or they start needing an expensive new prescription. Better get Part D.

Easy, right? Not so fast—you can't add Part D without a Special Enrollment Period. Then, suppose you do have a Special Enrollment Period. In that case, Medicare will charge you a penalty of an extra 1 percent each month (that's 12 percent per year) if you didn't join a Medicare drug plan when you first got Medicare or went 63 or more days without creditable drug coverage.

Let's look at an example below to better understand how the penalty works.

Suppose you waited 14 months after you were eligible for Medicare to join a Medicare drug plan, and you didn't have creditable drug coverage. In that case, you'll pay a 14 percent late enrollment penalty in addition to your monthly plan premium. Medicare will apply this penalty to the national base

beneficiary premium each month, which is $36.78 in 2025. That means you'd end up paying an additional $5.15 on top of your plan's monthly premium for the year.

However, the penalties don't stop there. You'll continue to pay a monthly penalty as long as you have Medicare drug coverage, even if you switch plans. Additionally, the base beneficiary premium changes yearly, and your penalty amount will change accordingly.

People with creditable drug coverage as good as Medicare's are not penalized. Most often, this comes through an employer. A GoodRx card or a discount through your union doesn't count. People who are eligible for Extra Help are excused from the Late Enrollment Penalty. Extra Help is a federal government program designed to assist with prescription costs based solely on income.

Part B penalties are less common. You'll pay an extra 10 percent each year you could have signed up for Part B but didn't. For example, if you waited two full years (24 months) to sign up for Part B and didn't qualify for a Special Enrollment Period, you'll pay a 20 percent late enrollment penalty on top of the standard Part B monthly premium of $185 in 2025. This penalty continues for life.

Much as with Part D, people who have creditable medical coverage are excused from the Part B penalty. Again, this most often comes through an employer. People can choose to stay on their employer's coverage, but when the time comes to enroll in Part B, they must show proof of employer coverage and its end date to avoid the penalty.

Even less common is the Part A penalty. If you need to buy Part A and don't purchase it when you're first eligible for Medicare, your monthly premium may increase by 10 percent. You'll have to pay the penalty for twice the number of years you didn't sign up.

Medicare.gov is an accurate resource for educating yourself on the rules. Take the time to use it to make the most of your Medicare benefits and avoid frustrating lifelong penalties.

Take Our 2025 Lifestyle Survey

Do you want to show the world how American seniors live, the picture that you don't see covered in the media or in government statistics? Then take TSCL's 2025 Retirement Survey by clicking on the link below.

This research will be completely anonymous and will take approximately 15 minutes. We will publish the results in a free report that we distribute to the media, Congress, and of course, you. It will help TSCL and the world answer key questions like:

- **What is seniors' quality of life like?**
- **How do they spend their time?**
- **How are their relationships with their family, friends, and community?**
- **Do they have access to the resources they need to thrive?**

This research will only be possible if we get enough people to participate. We need at least 1,000 people to take it to publish. So, we implore you: Please take the 2025 Lifestyle Survey.

CLICK HERE TO

TAKE THE SURVEY!