



MONDAY ALERT

New York State Alliance *for* Retired Americans

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We've Reached the End of a Long Election Season In New York NOW IT'S TIME FOR THE IMPORTANT STUFF

Why is this election so important? Simple. We must elect senior, pro-union candidates at every level of government to make sure our communities and our democracy have all they need to thrive and to protect and ensure our pensions, our Social Security, our Medicare and our Medicaid because they are on the ballot this year. Over the past month, we've been taking factual message of what is at stake in this election and what the "facts" are about the voting record of all our incumbent state and federal legislators and what would happen to seniors if we do not elect pro senior (not rhetoric but actual votes and on the record positions) pro union, pro-democracy candidates.

But now Election Day is approaching and early in person voting has started and we need everyone to TAKE ACTION!

KNOW WHO NYSARA SUPPORTS: Our endorsement of candidates is based on their actual votes on Senior issues and or their answers to a specific Senior Questionnaire. **Know that EVERY incumbent Democratic Senator and Congressperson had a 100% voting record while the Incumbent Republicans all had either a 0% or 10% voting record on Senior issues. The ARA/NYSARA have endorsed the Harris Walz ticket.** For each Presidential candidates positions on senior issues go to bit.ly/4fDF5x9

MAKE A PLAN TO VOTE EARLY: Find your [early voting locations](#) and vote early between October 26 and November 3. And make sure your friends and family do as well.

SUPPORT PRO-UNION, PRO SENIOR, PRO DEMOCRACY CANDIDATES: Together we can make sure that we uplift the middle class, strengthen our communities and make sure our communities get the resources they need.

TURN YOUR BALLOT OVER: Make sure to turn your ballot over to vote for Proposition 1 on the back!

U.S. Senate Debate Highlights Differences Between Candidates; Importance of Equal Rights Proposition on the New York Ballot

In case you missed it, here's coverage of this week's New York United States Senate debate. Incumbent U.S. Senator Kirsten Gillibrand, NYSARA's endorsed candidate, has a 100 percent voting record on senior issues.

The coverage also highlights the importance of Proposition 1 on the New York ballot which would ensure protection of equal rights for all in state law. Opponents of the measure have recklessly misrepresented facts about the proposition.

<https://www.wamc.org/news/2024-10-24/new-york-u-s-senate-candidates-clash-in-only-debate-before-general-election>

Millions See Cost Savings Under the Inflation Reduction Act

By Lindsey Copeland and our Friends at Medicare Rights

The Inflation Reduction Act (IRA) made significant improvements to Medicare prescription drug access and affordability, including by restructuring the Part D benefit to limit enrollee expenses. Those changes began in January 2024, when the IRA eliminated cost sharing in the catastrophic coverage phase. This has effectively held

enrollee spending to [roughly \\$3,400](#) in 2024. Starting in 2025, the IRA sets a lower, uniform cap at \$2,000, which will be indexed annually for growth in Part D.

A [new report](#) from the U.S. Department of Health and Human Services (HHS) Office of the Assistant Secretary for Planning and Evaluation (ASPE) examines the impact of the catastrophic coverage phase elimination on beneficiary spending as of June 30, 2024, including the number affected, their demographic characteristics, and their savings. Among the key findings:

- Nearly 1.5 million enrollees reached the catastrophic phase of the Medicare Part D benefit by June 30, 2024. From the time their spending reached the cap through December 31, 2024, these enrollees—and others who hit the cap before the end of the year—have no cost-sharing on covered prescription drugs.
- More than 500,000 Part D enrollees who did not have the Low-Income Subsidy (LIS) hit the cap in the first half of the year and saved a total of \$979 million, with average savings of \$1,802 per enrollee. These savings will likely continue over the remainder of the year.
- LIS enrollees were more than four times as likely to reach the catastrophic phase by June 30 than non-LIS enrollees. Although most would have had no cost-sharing in the catastrophic phase even before the IRA took effect, those with incomes between 135 and 150 percent of the Federal Poverty Level (FPL) would have

had some cost sharing, as they [only qualified for Partial LIS prior to the IRA.](#)

- Proportions of Medicare Part D enrollees hitting the 2024 cap by June 30 were higher for enrollees under age 65, American Indian and Alaska Native enrollees, and African American enrollees.
- Enrollees hitting the cap in the first half of the year had particularly high out-of-pocket spending on cancer drugs. The highest out-of-pocket costs were for the generic version of the cancer drug lenalidomide, with average out-of-pocket costs of \$2,921; the branded version, Revlimid, was also in the top ten with \$1,984 in average out-of-pocket costs. The other eight drugs are all brand drugs, and only one, Vyndamax, is for a condition other than cancer (cardiovascular disease).
- More enrollees will hit the cap during the second half of the year, generating additional savings.
- 4.6 million enrollees would have hit the \$2,000 out-of-pocket limit that will take effect in 2025.

The cap on out-of-pocket spending for Part D enrollees is only one of the IRA policies helping lower beneficiary costs.

Other important provisions include:

- Consumer rebates on drugs with prices that increase faster than inflation (effective in 2022 for Part D and in 2023 for Part B).
- A \$35 limit on beneficiary cost-sharing for a month's supply of insulin (effective in 2023 for Part D and Part B).

- Elimination of cost-sharing for recommended Part D vaccines (effective in 2023)
- LIS eligibility expansion (effective in 2024).
- Medicare drug price negotiation (effective in 2026 for Part D and in 2028 for Part B).

An [earlier ASPE report](#) estimated that beneficiary out-of-pocket savings would total \$7.4 billion in 2025, once these reforms were in place.

Health Policies for a Possible Second Trump Term as Laid Out in Project 2025 Concern Voters

By Wendell Potter and Danielle Deiseroth

New [polling](#) from Data for Progress shows that voters are very concerned about Republicans' health care policy proposals, as laid out in Project 2025, for a possible second Trump term.

As we have covered [previously](#) in *HEALTH CARE un-covered*, Project 2025 would radically change health care in this country. It would make it less affordable and accessible, roll back benefits that millions of American families rely on every day, and impose dangerous abortion bans.

The plan would also lead to the end of Traditional Medicare — handing it over exclusively to Big Insurance to generate profits for Wall Street investors.

Many of these proposals stem from Republican policy priorities that have been around for decades, but the sweeping nature of Project 2025 and the prospect of a

president and Congress who support these proposals have put them back into focus.

And that is why new polling from Data for Progress is so important and revealing. The polling finds that voters have deep concerns about Project 2025's health care proposals, including:

- 77% of voters are concerned about privatizing Medicare
- 76% of voters are concerned about repealing the policy that capped insulin costs at \$35 or less per month
- 75% of voters are concerned about the plan to cut spending on Medicaid

And this is not a partisan issue. The polling shows deep concern about these proposals from Independents and Republicans, not just Democrats. The poll found:

- 74% of independents and 63% of Republicans are concerned about privatizing Medicare
- 76% of independents and 62% of Republicans are concerned about repealing the cap on insulin in Medicare
- 77% of independents and 61% of Republicans are concerned about cutting spending on Medicaid

In today's polarized political environment, these are staggering numbers and show how deeply unpopular these proposals are.

Ultimately, voters will render their verdict on Project 2025 at the ballot box in less than weeks. But as we inch closer to Election Day, this polling shows that voters have deep concerns about how Republicans would likely handle health care, one of the top concerns of voters, in a second Trump term.

Donald Trump's Plans Cut \$2.3 Trillion from Social Security

A new [digital television ad](#) asks older voters if electing **Donald Trump** is worth losing 33% of their earned Social Security benefits. The ad was released Friday by [Retired Americans PAC](#), the Alliance's political arm and will air in the battleground state of Pennsylvania through Election Day.

Trump's plan
cuts *your* benefits 33%.

-Washington Post, 10/21/24

\$629 *less* a month.

-Social Security Administration FAQ, 1/2/24

The ad highlights the conclusion of a [conservative think tank](#) report released Monday showing that Trump's tax and budget proposals would cut [\\$2.3 trillion](#) from the Social Security Trust Fund over the next 10 years. Further, the analysis showed that current and future

Social Security beneficiaries would face a 33% automatic benefit cut starting in 2035.

"Donald Trump has [talked](#) about his interest in cutting Social Security for years and promises to double down on tax cuts for the wealthiest Americans and

corporations," said **Richard Fiesta**, Executive Director of the Alliance. "This report shows how Trump's plans will directly cut the benefits Americans have worked a lifetime to earn."

"To ensure Social Security is there for current and future generations, seniors need to elect **Kamala Harris** and reject Trump's dangerous schemes," Fiesta added.

On Thursday, "Expand Social Security" House Caucus Co-Chairs Reps. **John B. Larson** (CT), **Raúl Grijalva** (AZ), and **Debbie Dingell** (MI) also released a [statement](#) about the report on Trump's Social Security policies. They stressed that Trump's plan would cause "devastating, irrevocable damage to an institution that millions of Americans depend on."

New Ad: Deb Fischer Voted to Raise the Retirement Age and Cut Medicare, Dan Osborn Will Fight for Seniors

A new [radio ad](#) launched this week by [Retired Americans PAC](#) in Omaha and Lincoln contrasts Senator **Deb Fischer's** record on issues important to older Nebraskans with the positions of her opponent, **Dan Osborn**, an industrial mechanic and union leader running as an Independent. The six-figure ad campaign began running on October 21 and will continue through election day.

The ad reminds voters that Fischer has voted to [raise the Social Security retirement age](#), [cut benefits and slash Medicare](#). She also voted against [capping insulin costs](#) at \$35 per month.

Older voters turn out at the highest rates, and 26.5% of registered voters in Nebraska are 65 years of age or older.

In addition to this ad running across Nebraska, Retired Americans PAC is currently running [independent expenditure campaigns](#) in the presidential, Michigan and Montana Senate, and five battleground House races: AZ-01, AZ-06, MI-07, PA-07, and PA-10.

Court Rejects Drug Corporation Novartis' Challenge to Medicare's Drug Price Negotiation Program

On Friday, October 18th, a district court judge in New Jersey [rejected](#) Novartis' lawsuit against Medicare's ability to negotiate lower drug prices. The ruling marks the eighth setback for the pharmaceutical industry's multi-million dollar campaign to undermine the program and keep prices high at the expense of patients.

District Judge **Zahid Quraishi** denied Novartis' claim that Medicare negotiation "forces them to sell their personal property on the government's terms," since, as Judge Quraishi also stated in his decisions in Bristol Myers Squibb's and Janssen's lawsuits, participation in the program

is voluntary. Novartis' case was the final of four cases that were before Judge Quraishi, and he has now ruled in favor of the government and patients in all four.

"The ruling was a victory for everyone who relies on Medicare's ability to negotiate prices to afford their medication," said **Robert Roach, Jr.**, President of the Alliance. "Despite their best efforts, the drug industry's lawsuits will not be able to stop the progress that **Joe Biden** and **Kamala Harris** are making on behalf of seniors."

FTC Announces Final "Click-to-Cancel" Rule, Making it Easier to End Recurring Subscriptions and Memberships

Last week, the Federal Trade Commission [announced](#) a final "click-to-cancel" rule that will require sellers to make it as easy for consumers to cancel their enrollment as it was to sign up. Most of the final rule's provisions will go into effect 180 days after it is published in the Federal Register.

The updated rule will apply to almost all negative option programs in any media. The FTC uses the phrase "negative option marketing" broadly to refer to a category of commercial transactions in which sellers interpret a customer's failure to take an affirmative action, either to reject an offer or cancel an agreement, as assent to be charged for goods or services.

The rule also will prohibit sellers from misrepresenting any material facts while using negative option marketing; require sellers to provide important information before obtaining consumers' billing information and charging them; and require sellers to get consumers' informed consent to the negative option features before charging them.

"The FTC's rule will go a long way toward ensuring seniors and other consumers no longer have to jump through endless hoops in order to stop getting services they no longer want," said **Joseph Peters, Jr.**, Secretary-Treasurer of the Alliance. "This has been needed for a long time and now we will finally see things change."