“Maybe next year.” “It’s just too expensive.” “We can’t just make everything free.”

When you advocate for healthcare that people can afford, functional public transportation, the right to decent housing, or any other social benefit that preserves human dignity, you’re bound to hear responses like these from time to time.

But in a country as rich as ours, funding social programs is usually a question of priorities, not whether or not we have the money. Do we prioritize the most vulnerable among us, or the wealthiest? Do we maintain a good standard of living for everyone, or just some people?

The fact is, leaders and officials prioritize the people they’re truly accountable to -- the people that can give them power, or take it away.

That’s why it’s never been enough for seniors to just want better funding, treatment or programs, or even ask nicely; to win, we’ve always had to come together and find strength in numbers.

So even now, after billions of dollars in recovery funds have begun to flow to our state and local governments thanks to the American Rescue Plan Act (ARPA), we can’t simply expect that the money will be directed where it’s needed most. We need to take charge.

Take healthcare, for instance. Today, even though Massachusetts ranks dead last in the nation for senior economic security, we haven’t expanded our Medicare Savings Program (MSP) -- a lifeline that covers healthcare costs for qualified seniors -- to more of the people that need it.

With over 4 billion in
continued on page 13
MEMBERSHIP APPLICATION FORM

Enclosed are membership dues for:

☐ $10 1-year individual  ☐ $15 1-year couple  ☐ $50 individual lifetime  ☐ $75 couple lifetime

NAME(s): ____________________________________________________________

ADDRESS: ____________________________________________________________________________________________ APT #: ______

CITY: __________________________ STATE: __________ ZIP: ___________

PHONE: __________________________ EMAIL: __________________________

☐ Yes, I would like all notices sent by email, instead of postal mail, including this quarterly newsletter.

Make checks payable to: MSAC
Mail to: Mass Senior Action, 108 Myrtle Street, Suite 112, Quincy, MA 02171
MISSION: As a democratic, grassroots, senior-run organization, Massachusetts Senior Action is committed to empowering seniors and others to act collectively to promote the rights and well-being of all people, but particularly vulnerable seniors.

MESSAGE FROM THE PRESIDENT  by Edna Pruce

Hello to My Mass Senior Action Brothers and Sisters,

We have remained active and strong throughout the pandemic.

We have testified before the joint Ways and Means committee holding hearings on the American Rescue Plan Act (ARPA) funding, to expand the MEDICARE SAVING PROGRAMS. This expansion would lower the cost of Medicare for Massachusetts seniors whose income is below $2100 per month by paying for their Medicare premiums, deductible, and co-pays. As one of our lead sponsors of the plan, Senator DiDomenico stated, “The State has the money and the time to expand is now.”

We testified on Sept. 28, before the Senate and House Health Care Financing Committee and received press coverage on our rally in front of the State House about the MSP bill on Sept.20. You can read more and see photos of the rally on page 6.

We have been actively campaigning through in person rallies and leafleting, against the Brewery Owners in Jamaica Plain who are trying to prevent the development of 38 Units of Senior Housing. I also testified with two other MSAC members before the Boston City Council about this matter on Oct, 5. You can read more about the action on page 4.

In August, the Boston Chapter interviewed At Large Candidates for the Boston City Council. This was not a small task. Before the September primary, 17 people were running for the 4 At-Large Council seats. We interviewed all but 3 of the candidates. We must know the candidates positions on our issues before we cast our vote.

The Springfield Chapter kept the pressure on in August as they rallied at the door of the Springfield Police Department, calling for the removal of the Police Commissioner. MSAC members from around the state, joined in because as a statewide organization we stand with our Brothers and Sisters in local, state and even national struggles.

Committees continue to meet on Food Insecurity, Long Term Care funding, and Real Estate Tax Concern. Members are now forming a transportation committee to continue our work towards equitable transit for all.

Remember our strength is our collective power. I hope each one of you will recruit a fellow senior to add their voice on the important issues facing our community and build senior power in your local area, across the state, and at the national level.
Greedy Landlord Exposed by Senior Super Heroes
Monte Gold and Turtle Swamp Brewery sue to block senior housing.

Mass Senior Action Council led a coalition of residents and community organizations to rally on Saturday, September 18, to fight for a city-approved plan for 38 units of affordable senior housing at 3371 Washington St, Jamaica Plain, which is being blocked by area landlord Monty Gold and Turtle Swamp Brewing.

The community fought for this particular lot of land for over 4 years to prevent the displacement of a beloved neighborhood restaurant El Embajador Dominican Restaurant and create low-income housing on this land, because the neighborhood feels elders and immigrant families deserve to remain in the community they’ve built.

Displacement of elder and low-income Bostonians is a growing problem in the city. But in a blatantly anti-community act, Turtle Swamp Brewing and their landlord, Monty Gold, have filed a lawsuit to block this much-needed housing.

The lawsuit is based on an antiquated law requiring a certain number of parking spaces for housing units. The Developer, Jamaica Plain Neighborhood Development (JPNDC), attempted to negotiate with Gold and Turtle Swamp but to no avail. JPNDC explained statistically that parking is not as needed at senior housing as family housing and as MSAC Vice President Kathy Paul pointed out, “This housing is for low income seniors. I am a low income senior. We are trying to work our budget to cover basics like a roof over our head and food. Low income seniors do not have money for a car. Monte Gold must not know any low income seniors. Maybe his rich friends might have cars but not us, the people waiting on this housing.”

JPNDC offered space to Turtle Swamp until the construction is completed along with other mitigation to ease any of Gold’s concerns. It just did not matter, Gold went ahead with the lawsuit tying up the senior housing and costing both the non-profit JPNDC and the city tens of thousands in legal fees while the waiting list for senior housing can be up to 8 years.

“We ask Turtle Swamp to drop the lawsuit. Don’t be an evil turtle, be a superhero for seniors and for this neighborhood,” said Kathy Paul, to crowd at the September rally.

Previously, Monty Gold filed suit to stop the Pine Street Inn from building housing which included programming to help people get off the street and on their feet. In that lawsuit, Gold claimed the building would violate the parking requirement just as he is falsely claiming now. The neighborhood fought back until Gold dropped the lawsuit. The units are on the same street as the proposed housing and guess what? No issues with parking.

Members are committed to exposing this land grab for what it is and are asking the community to tell Turtle Swamp - “We will not buy your beer until you drop the lawsuit!” Fight back against greed and fight for affordable housing.
Meet The Members:

Thank you to those who have been, became, or will be MSAC monthly supporters, providing resources for transportation to rallies, supplies for “Get Out The Vote Events, Props to attract media attention for the campaigns, electronic devices to keep seniors engaged, or a microphone so everyone is able to hear our voice. You keep the action going.

Photos:

Members committed to including racial justice to the Springfield public safety system,

North Shore Officer Rich Smith “Smitty”, collected and delivered 21 absentee ballots to the city clerks office,

Members held forums before the Primary and General Election,

MSP Committee Champions Sarah Blakeney, Elaine Correia, and Kamilah Sharif testifying to decision makers,

New MSAC members joining longtime activist fighting for affordable senior housing,

And members donning the infamous MSAC plastic bottoms to highlight the State needs to “Close The Healthcare Gap” for seniors!
Close The Senior Healthcare Gap
Expand MSP to cover premiums, co-pays, deductibles

The campaign to close the senior health care gap has come roaring back to the (virtual) halls of the State House in the past few weeks. Despite ongoing pandemic constraints, Mass Senior Action members have been taking advantage of every remote opportunity to make their voices heard and call for urgent action on health care affordability. As Elaine Correia recently testified at a hearing on American Rescue Plan funds, “The American Rescue Plan can be a lifeline for 50,000 Massachusetts seniors, if the legislature uses it. Leave no seniors out of the rescue. Let’s get to 200% by 2022.”

The Health Care Financing committee also heard from a slew of members in September, both by video call and in writing. Over 40 written stories and statements of support were submitted to the committee chairs, urging them to support House Bill 1319 and Senate Bill 794 to expand MSP to 200% of the federal poverty level. Hearing from residents about the crisis of high health care costs is what moves legislators to take action. Audrey McCloud shared this powerful testimony with the committee: “After paying for my monthly expenses of rent, car payment and insurance, food and healthcare costs I have $40 dollars left over. I would benefit from the expansion because my healthcare costs are too costly for me to afford, over 20% of my Social Security. It will give seniors like me a peace of mind to know that I will be able to afford and access quality healthcare.”

Finally, a dedicated band of MSP supporters gathered on the State House steps in-person for a press conference on the eve of a critical budget hearing. Thanks to creative visuals and resonant speakers, the media latched onto the story and we made headlines. “Senior activists clad in hospital gowns crowded the State House steps Monday and parted their johnnies to expose false rubber buttocks -- in the hopes of drawing attention to a "gap" in health care assistance for low-income seniors,” wrote the State House News Service.

State leaders will not be able to ignore the call for MSP expansion much longer. This fall offers a grand opportunity for legislators to close the senior health care gap, and Mass Senior Action members will ensure they take it. 200% by 2022!

For more information contact MSAC at info@masssenioraction.org.
Current MSP Eligibility Income and Asset Limits (165% FPL)

<table>
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<th>You are:</th>
<th>Your income is at or below:</th>
<th>And your assets are at or below</th>
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<tr>
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<td>$15,460</td>
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<tr>
<td>Married Couple</td>
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<td>$23,200</td>
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Proposed Expanded MSP Eligibility Income and Asset Limits (200% FPL)

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<th>Your income is at or below:</th>
<th>Seeking to eliminate asset</th>
</tr>
</thead>
<tbody>
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<td>Single Individual</td>
<td>$2,167/mo</td>
<td></td>
</tr>
<tr>
<td>Married Couple</td>
<td>$2,923/mo</td>
<td></td>
</tr>
</tbody>
</table>

To Apply For MSP: Call: 1-800-841-2900 or go to the Mass.gov website: https://tinyurl.com/Massmsp

Food Access and SNAP
Slight Permanent Increase, Pandemic amount in place for now.

On October 1, an update to the USDA “Thrifty Food Plan” went into effect to more accurately reflect the cost of a healthy diet for SNAP households. The cost adjustment is the first time the purchasing power of the plan has changed since 1975. As a result, USDA implemented a 21% permanent increase in the maximum SNAP monthly allotments. Acknowledging the meager increase, this is still an encouraging step in the right direction to improve food access!

What does this mean for SNAP recipients? Beginning October 1, 2021, SNAP benefits increased roughly $8 per person per month. The new minimum allotment is $20/mo. and the new maximum allotment is $250/mo. for an individual. Massachusetts will receive a total of $2 billion in SNAP funds in fiscal year 2022, bringing increased economic benefits to SNAP households and our communities as a whole.

Harmful changes to SNAP benefits still lie ahead, however. Emergency allotments, which have boosted all households’ SNAP to the maximum level, are likely to expire sometime in early 2022. The Food Access committee will be holding mass meetings on this topic in the coming months.

To learn more or get involved, contact organizer Eric Holmberg at 617-501-0648 or eholmberg@masssenioraction.org.
The LGTQIA+ Aging Project at Fenway Health
Policy and Program Advocacy for Aging LGBTQIA

My name is Dee Campbell-Tompkins. I am a Board member of the MSAC Metro North Chapter. I want to share my journey and offer information to seniors who might not know about The Aging Project, a “life line” for LGBTQ elders.

As I reflect upon my experience “coming out” and my identity formation as a lesbian in 1983, indeed it was lonely, but liberating process. However, I think I had it “easy”, in comparison to what my peers experienced in past decades. I feel fortunate to have witnessed more societal acceptance of what “flies in the face” of what I grew up to learn was normative.

Traveling upstream, what I perceived to be against the current, required tremendous persistence to be my authentic self! To navigate a personal journey but also a political, civil rights movement has been exhausting, yet exhilarating on many levels. Now in 2021, as a legally married person, thanks to the Goodrich decision in 2004, I am both amazed and thankful.

However, I know that Seniors older than I are members of, what has been coined “The Silent Generation”, with secret code phrases like “She’s a friend of Dorothy’s”, books such as “Odd Girls Out”, and experience in the proverbial “closet”.

The LGTQIA+ Aging Project is so important to me because it serves to open minds, connect us to life-changing resources and engenders hope.

What do I expect to accomplish from sharing the LGTQIA+ Aging Project with Members of the Mass Senior Action Council?

My hope is that you are more aware, you are able to make connections for yourself and/or your friends/relatives, and that you experience a greater degree of insight and empathy. The “Personal is Political” is a common theme in our individual journey, as it is in our work on behalf of the Mass Senior Action Council!

To learn more about the LGTQIA+ Aging Project, Visit its website: https://fenwayhealth.org/thenew-institute/lgqtiaagingproject/

You may also visit its Facebook page (LGBTQIA+ Project) and/or contact: Lisa Krinsky, Director, 1-857-313-6590, Lkrinsky@fenwayhealth.org

Additional resources include: The National Resource Center on LGBT Aging. For questions, referrals or group discussion, contact Dee: Dcampitup@comcast.net.

Senior LGBTQ Facts:
There are an estimated 2.4 million LGBT adults over the age of fifty in the United States. In the course of their lifetime, they have seen monumental change. Any LGBTQ adult over the age of 65 was born at a time when same consensual same-sex activity was still illegal in all

Photo: Dee Campbell-Tompkins, MSAC Metro North Board Member

50 states. However, far too many LGBTQ older adults are struggling in what should be their golden years.

LGBTQ older adults face high rates of economic insecurity, few options for LGBTQ specific housing, severe health and wellness issues, and a dearth of support services tailored to meet their unique needs:

Economic Insecurity – Many LGBTQ older adults suffer economic insecurity due to the legacy of discrimination’s effect on lifetime income. Having earned less throughout their lifetime and having forfeited tax breaks afforded married heterosexual couples, LGBTQ older adults – whether in a relationship or single – have fewer savings to draw on.

continued on pg. 9
Health & Wellness – LGBTQ older adults face a number of alarming health disparities. Among LGBTQ older adults, there is a higher prevalence of risk factors such as smoking, alcohol abuse, and unprotected sex. One report found that 30 percent of LGBTQ older adults experienced depression, while nearly 40 percent seriously considered suicide.

These health disparities are exacerbated by discrimination and a lack of culturally competent healthcare. More than ten percent of LGBTQ older adults have been denied healthcare or received inferior care on account of their sexual orientation or gender identity.

HIV/AIDS – Half of all people living with HIV are over the age of 50, and the majority of those older adults with HIV identify as LGBTQ. People with HIV are living longer, and LGBTQ older adults are still contracting the virus. For the latter group, medical providers all too often fail to routinely test for HIV due to misconceptions about the sexual activity of LGBTQ older adults. Additionally, LGBTQ older adults all too often fail to seek out HIV tests and delay treatment when diagnosed, due to fear of discrimination.

Housing – LGBTQ older adults are twice as likely as their straight counterparts to be single and living alone, often without any children. In these scenarios, they become reliant on “families of choice.” Lack of culturally competent senior housing for LGBTQ older adults has resulted in an unacceptable number of seniors returning to the closet in their last few years just to get adequate housing.

LGBTQIA+-What this acronym means:

LESBIAN-women sexually and affectionately oriented toward women
GAY-men sexually and affectionately attracted to men.
BISEXUAL-those sexually and affectionately attracted to both men and women
TRANSGENDER- when one’s gender identity (who they feel they are inside) does not match with the sex they were assigned at birth.
QUEER-umbrella term for those who are not heterosexual

For more information: https://fenwayhealth.org or call: 1-857-313-6590 or lkrinsky@fenwayhealth.org

Staff Contact Info
Carolyn Villers .................................. (617) 435-1926
Pam Edwards .................................... (781) 864-2596
Tracey Carpenter.............................. (413) 328-4659
Jake Taber ..........................................(617) 637-7067
Claudia Pérez (Habla Español) ...... (857) 236-5719
Eric Holmberg...................................(617) 501-0648
Shayla Fonfield....................................(617)284-1234

Massachusetts SENIOR ACTION Council

Become a “40 For 40” Supporter.
40 people who donate monthly to support MSAC’s 40 years of Action.
Donate at www.MassSeniorAction.com or 617-284-1234
Mail In Ballots Increase Voter Turnout. When people vote, policy for the people happens.

Advocates are hoping new rules that make it easier to vote by mail in Massachusetts could significantly boost election turnout going forward in the Commonwealth. Grassroots organizing is demanding the mail in voting that worked well for the 2020 presidential election during the pandemic continue just as other states have been doing for years.

Local Election Offices did forgo traditional absentee ballot rules allowing folks to request a ballot to vote at home on their own time but many did not know about the option for the September primary.

Some believe if the new vote-by-mail rules are adopted, voter turnout could reshape local politics in cities like Lynn and Springfield where most of the city councilors are white, but most of the residents are not.

"The mail-in ballot allows for voting to be accessible to people," said Kathy Paul, President of the MSAC North Shore Chapter. “The old rules only allowed for absentee ballots if you were out of town but the new rules could be especially helpful in boosting turnout in Black and Latino neighborhoods, where many people work multiple jobs and don't have time to go to the polls.”

Until recently, people in Massachusetts could only vote by mail if they were out of town or had another good excuse. After the pandemic hit, state lawmakers decided to temporarily let anyone vote by mail. Those rules are set to expire in December.

But some activists are pushing to make the changes permanent. That includes Mass Senior Action Council Boston Chapter member Paulette Durrett. She said it’s often difficult for seniors to get to the polls, and mail-in voting solves that issue.

"It's always been a transportation problem for seniors," Durrett said. "Who's going to take me? What if it rains?... there's just obstacles for senior citizens when it comes to voting. So many other states have mail in voting so we know it works and it definitely increased turnout in the 2020 Presidential election."

Massachusetts has the lowest Black turnout percentage in the country, according to data from the Kaiser Family Foundation.

Supporters insist mail-in voting proved it did increase participation in Massachusetts, which saw record turnout in the last presidential election. More than 40% of those votes were cast by mail.

The September preliminary total voter turnout shows the difference when residents receive a ballot in the mail versus having to request the absentee ballot. Cities held major Mayoral races and less than 8 percent of eligible voters participated in choosing the leader of their community.

September 2021, left many wondering when they would receive their ballot in the mail as they did in the 2020 Presidential election. In several instances, when people found out they had to request a ballot, the deadline to receive an absentee ballot had passed.

Just over 6,000 people voted in Lynn’s preliminary for mayor in September out of more than 52,000 registered voters. These dismal numbers show a great lack of understanding of the importance and the community must find a way to reach out to more residents and encourage their participation.

While in Boston, the city received nearly 40,000 requests for absentee ballots for the preliminary election where five candidates for

continues on pg 11
Mayor were whittled down to two, with 108,000 votes cast. This sounds like a large turnout until you find out there are over 400,000 registered voters in the city of Boston. That is 27% of the people living in the city determining the policy for everyone for the next four years.

Historically, Black and Latino residents vote at a far lower rate than white voters in Massachusetts. While 71% of white voters turned out in 2020, the figure was only 51% for Hispanic voters and just 36% for Black voters. Massachusetts has the lowest Black turnout percentage in the country, according to data from the Kaiser Family Foundation.

Doug Chavez is a Boston-based political strategist who specializes in mobilizing Latino voters. He said low turnout in Black and brown communities is about class and education — but also disenchantment with politics. "They're not confident in the leaders coming through for them," he said. "Black and brown folks have been left behind economically, in education, the health care system. Look what happened in the pandemic — it blew up the disparities that exist in our communities."

Chavez said mail-in voting could make a difference. The problem, he said, is not enough people know about the option.

Last year, state election officials took significant efforts to encourage people to vote by mail in the November presidential election, sending every voter an application. But the Secretary of State’s office said it was too late to send similar mailings this year, because lawmakers waited too long to extend the vote-by-mail rules. That meant local election officials were on their own to get the word out this voting season and without extra funding to send the message broadly.

Mass Senior Action members remember their parents fighting for the right to vote. A former Boston Chapter Board Officer shared, “I grew up in Virginia. I remember holding my Mother’s hand walking with my Dad to the register’s office. They would walk every morning before work and stand in line until the office opened to just be turned away for one crazy reason or another. They both finally registered and when we walked to the polls by Dad was beaten by the police and told to go home. My Dad did go home, cleaned himself up, and went back to the polling place to vote. He would not give up and he would not give up his right to vote.”

We know when working people and seniors vote, policy does change because decision makers change. We must work to let our neighbors know what is at stake and why voting matters. If our vote did not matter, those in power would not be trying to make it so hard to vote.
Over 200,000 people have lost their lives due to COVID-19 as the pandemic has had a devastating impact on the older population, those with disabilities, and the caregivers who help them, especially those living in nursing homes and long-term care facilities. As of last month, about 40% (77,000 of 200,000 reported) of all nationwide deaths were linked to long-term care facilities.

Home Aides are the backbones to the healthcare system, but their $12/hr wages make it hard to make ends meet. As of today, those with chronic conditions are living longer. Due to this demand, the healthcare workforce needs drastic change, otherwise the available help will continue to dwindle. The COVID-19 pandemic has led to an economic crisis undermining the health and well being of the country. 

Millions of people, especially underserved communities and low-wage workers, increase the risk of their health to continue to keep the country functioning as usual. Amidst the pandemic, many workers (over 9 million to be exact) have lost their jobs. Although the American Rescue Plan did deliver relief to some, as the public health crisis persists, our country struggles to recover.

As of March 2021 the Biden administration released a $400 Billion Proposal which is said to not only help America recover from the pandemic, but also rebuild its infrastructure. One of the major components of this plan is including caregivers (finally). Although we are one of the richest countries in the world, we lack quality in many aspects of our culture, such as our healthcare system, which the pandemic has highlighted. The $400 Billion Proposal aims to stiffen our health economy by allocating jobs for our caregivers-majority who are women of color- and create a more secure system which pays and values them.

“President Biden believes more people should have the opportunity to receive care at home, in a supportive community, or from a loved one.” If this is a universal belief, then why do we fall behind in demand for at-home based care? Throughout the peak of the pandemic, hospitals overflowed with patients resulting in an increase of caregivers. As a result, we as a nation were forced to acknowledge our healthcare workers. The proposal plans to extend programs and encourage states to develop Medicaid covered alternatives to nursing homes and other long-term care facilities along with benefits and liveable wages for caregivers- as 1 in 6 caregivers are living below the poverty level.

In addition, Biden’s proposal pledges much needed upgrades to nursing homes shifting from management reform to long-term reform mid and post pandemic. For example, a more strict enforcement of regulations and fines for non-compliances (especially among facilities with lower ratings). Other proposal highlights include:

Tell Your Congress person to invest in Home and Community Based Services:
Call Congress: (202) 224-3121

Build Back Better To:
- Improve homecare for seniors and disabled,
- Create an estimated 1.1 million new jobs each year for a decade,
- Including nearly 800,000 care jobs, and
- Ensuring a true, equitable economic recovery for all.

Making a call takes two minutes but has a HUGE impact.
Add your voice!

continued on pg. 13
Mandatory infectious disease specialist at every facility

Protection of workers right to form and/or join a union

Implementation an Emergency Temporary Standard (ETS) which protects workers from exposure to COVID-19

Requiring the Department of Health & Human Services to audit nursing home cost reports and data

Invoke the Defense Production Act to allocate materials such as protective supplies (masks, gloves etc.)

Reject liability limitations ensuring individuals harmed or killed due to negligence can hold providers accountable by pursuing legal actions

Considering the months, sometimes years (whether because of wait lists or finances) it takes to receive the proper services specific to one's needs, nursing home occupancies are low as seniors prefer to postpone or refrain from institutional care. In some states, they've downsized facilities in order to meet demands for the low number of beds being used within senior nursing facilities. As we work to recover from the trials of last year, it’s important to create an economy that works for everyone.

ARPA aid to play with, Massachusetts could easily “close the gap.” But MSAC members know that our power comes from showing up, not from the generosity of electeds.

So this September, ahead of two key hearings on the issue, we showed up in force. We rallied for the MSP in front of the state house steps, pressed our legislators on the issue, and submitted 40 pieces of written testimony, a major showing for an issue that doesn’t regularly make the front page of the papers.

ARPA funds have the potential to meet needs like these that could and should have been met long ago. And the opportunity doesn’t just exist at the state level.

Dozens of communities across the state are receiving funds to bolster recovery efforts and municipal programs. Malden, for example, has been allocated $34 million -- a golden opportunity for expanding affordable housing, language access, public works and more. Chelsea, hit particularly hard by the pandemic, is receiving $40 million.

We won’t just assume that seniors are going to get the help they need from these funds. We’re going to come together, take charge and win the help we need.
One of the advertisements opens with a doctor sitting across from his patient and holding a prescription drug pill bottle. "You want to continue with this medication?" the doctor asks while an older patient nods.

Another ad has an older woman looking at the camera stating how “scared” she is Congress might start to negotiate Medicare drug prices because her doctor told her she will not be able to obtain her prescriptions.

In both, a “doctor” then explains that he can no longer provide the medicine to her because insurance companies and Washington bureaucrats "are working together to swipe $500 billion from Medicare to pay for [House Speaker Nancy] Pelosi and [Senate Majority Leader Chuck] Schumer's out-of-control spending spree." "They're calling it Medicare negotiation, but, really, it's just a way to cut your benefits and no longer pay for lifesaving medicines," the doctor says Medicare negotiation refers to the federal government bargaining directly with pharmaceutical companies on the price of prescription drugs. Currently, Medicare is prohibited from using its vast market-share muscle to set prices. But supporters of Medicare drug negotiations eye the Democratic-backed budget reconciliation bill now being discussed in Congress as a means to reverse the policy.

This ad, seen on television and online, is part of a multi platform campaign by the 60 Plus American Association of Senior Citizens, a conservative group that lobbies on senior issues and brands itself as the "right alternative to AARP." It's one example of a swath of ads that have popped up in the past month about Medicare drug price negotiations.

Since drug pricing is a hot topic and a critical piece of the broad, politically charged debate in Congress, we thought it was important to dig into the ad's messages.

THE $500 B NUMBER: First, the ad claims that Medicare drug price negotiation will take "$500 billion from Medicare.

Medicare and drug pricing experts across the country confirmed what MSAC knew that the ad is misleading and sponsored by the people who will make less in profits when seniors pay less for prescriptions.

The reference to $500 billion comes from a Congressional Budget Office estimate of a provision in H.R. 3, the Elijah E. Cummings Lower Drug Costs Now Act. It's an estimate of how much the government would save over 10 years if drug price negotiations were enacted. When the government saves on Medicare prescriptions the seniors see their co-pay costs decrease for those prescriptions. That is, the government would be paying pharmaceutical companies $500 billion less for prescription drugs.

And, in that bill, $300 billion to $400 billion of the savings were to be used to expand benefits that Medicare does not currently cover to include dental, hearing and vision coverage, said Juliette Cubanski, deputy director of the program on Medicare policy at KFF. Right now, Medicare doesn't provide that coverage to seniors.

If this policy were to make it into the pending budget reconciliation, some of the savings would also likely address other important healthcare priorities, such as covering people in states where Governors refused to extend benefits under the Affordable Care Act and

continued on pg. 15
improve coverage and subsidies in the plan passed in 2010.

So the ad's charged language — that Pelosi and Schumer are planning to "swipe" this money from Medicare — is incorrect. That $500 billion in savings would be slated for reinvestment in the program. And some experts said the changes to drug pricing could also translate into lower premiums and out-of-pocket costs for seniors.

The point of negotiations is "to spend less on the drugs we're already buying and put the money back into the health system and lower costs for individuals," said Rachel Sachs, a law professor and expert on drug policy at Washington University in St. Louis.

But what about the ad's other main point — that Medicare negotiation will result in seniors no longer being able to get their medications?

It's possible the ad is implying that drug makers may walk away from the negotiating table if they don't like the prices the government promotes. But experts said the financial penalty is in place to motivate the companies to work with the government. H.R. 3 imposes financial penalties on drug companies that do not comply with the negotiating process as well as if negotiations fail. Manufacturers that fail to negotiate successfully with the Secretary would face an escalating excise tax on the previous year's gross sales of the drug in question, starting at 65%. The U.S. has the world's largest prescription market, so it seems unlikely companies would stop selling drugs here. MSAC feels it is more of a scare tactic or an argument often welded by the pharmaceutical industry.

WHY IT MATTERS: The political stakes surrounding the Medicare drug price negotiations are high.

The savings will help pay for the Democratic-backed health initiatives being discussed as part of the reconciliation bill.

And, a recent poll from KFF shows that almost 90% of the public supports the government's ability to negotiate for lower drug prices.

Meanwhile, PHARMA, the powerful pharmaceutical industry trade group, announced Sept. 15 it would be launching a seven-figure ad campaign against the drug pricing proposals.

The bottom line is experts agreed it is false to say seniors could no longer get the medications they're currently taking.

Do not be fooled by Big PHARMA, follow the money and tell your Federal Lawmakers, negotiate the prices. Analysis taken from Kaiser Health news and Congressional Budget Office.

It's time for Congress to fix this and allow Medicare to negotiate for lower prescription drug prices, which would save the program hundreds of billions of dollars and help lower costs for everyone. Help us send a message to Congress. Tell them: Stop unfair drug prices now! Call Congress: 202-224-3121.
Senior Action Leader
108 Myrtle Street, Suite 112
Quincy, MA 02171

Massachusetts SENIOR ACTION Council

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40 people to join our community of monthly donors

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