



NRLN Review, Summary for June 2025

The NRLN Review provides a monthly report on National Retiree Legislative Network actions, events in Congress and important retirement news.

NRLN Document Cites Medicare Spending Crisis

During June, letters and a document titled *Medicare, the Federal Budget, and the Deficit*, were emailed and sent in the U.S. mail to all members Congress and other government officials. Data in the document was from the Medicare Trustees' Report issued on June 18, 2025, and a recent report to Congress by the Medicare Payment Advisory Commission (MedPAC).

Key points in the document written by NRLN President Bill Kadereit included:

Rebates and the Budget -The 2025 Medicare Trustee report projects Medicare Advantage plan rebates will be \$240 billion by 2034, equal to 24.2% of MA plan bids and 10.26% of total Medicare spending. Rebate cost over 10 years, 2025 to 2034 is projected to be over \$1.5 trillion. MA payments to insurance companies per enrollee were 20% higher than paid in Original Medicare in 2025. Insurance companies kept 15%.

Chronic Disease and other Supplemental Benefits - Congress punished those in Original Medicare by prejudicially excluding 34 million of them in Original Medicare A & B from being eligible for chronic illness and other benefits awarded to MA enrollees only. Rhetorically speaking, why would the older segment of those over age 65 who need chronic benefits more and who pay for part of the cost as taxpayers be excluded? The Balanced Budget Act of 2018 subsidized MA plan market share growth and insurers' profits. Please amend the 2018 BBA to rectify this incongruous subsidization.

Enforcement of Guarantee Issue Rights - People in MA plans are trapped! We must protect the IBM, AT&T, Avaya, and TVA corporate plan beneficiaries whose Medigap benefits were terminated and those 1.1 million MA beneficiaries' whose MA plans were terminated by insurance companies, all without cause. Federal law protects them, with a Guarantee Issue Right, from being rejected by another plan due to preexisting conditions. Companies and insurers failed to, and now refuse to, grant GIRs. CMS has not enforced existing statute. We expect more MA plan terminations due to chronic illnesses that increase costs, as MA enrollees get older.

The letters and document went to U.S. Senators, Representatives, Health and Human Services Secretary Kennedy, CMS Administrator Dr. Oz, HHS Acting Inspector General, Comptroller General in the Government Accountability Office and the 54 members of the House Subcommittee on Health.

Kadereit asked recipients of the letters and document to do whatever they could do on the issues which concern many NRLN members and other Americans.

Click here to access the document in the NRLN website in the Health Care section of NRLN white papers.
<https://nrln.org/2020/08/white-papers/>

Trustees for Social Security and Medicare Issue Annual Report

In case you missed it when the NRLN sent a June 18 email to all members about the Trustees for Social Security and Medicare Reports, here is a summary of their 2025 reports:

- The Old-Age and Survivors Insurance (OASI) Trust Fund will be able to pay 100 percent of total scheduled benefits until 2033, unchanged from last year's report. At that time, the fund's reserves will become depleted and continuing program income will be sufficient to pay 77 percent of total scheduled benefits.
- The Disability Insurance (DI) Trust Fund is projected to be able to pay 100 percent of total scheduled benefits through at least 2099, the last year of this report's projection period. Last year's report projected that the DI Trust Fund would be able to pay scheduled benefits through at least 2098, the last year of that report's projection period.
- Although the OASI Trust Fund depletion year remains the same, both the OASI and OASDI depletion dates advanced by about 3 calendar quarters, relative to last year's projection.
- The Hospital Insurance (HI) Trust Fund will be able to pay 100 percent of total scheduled benefits until 2033, three years earlier than reported last year. At that point, that fund's reserves will become depleted and continuing program income will be sufficient to pay 89 percent of total scheduled benefits.
- The Supplementary Medical Insurance (SMI) Trust Fund is adequately financed into the indefinite future because, unlike the other trust funds, its main financing sources -- enrolled beneficiary premiums and the associated federal contributions from the Treasury -- are automatically adjusted each year to cover costs for the upcoming year. Although the financing is assured, the rapidly rising SMI costs have been placing steadily increasing demands on beneficiaries and general taxpayers.

The entire reports can be accessed at: Social Security: <https://www.ssa.gov/oact/TR/2025/trTOC.html>
Medicare: <https://www.cms.gov/oact/tr/2025>

NRLN Legislative Committees' Work

The NRLN's Legislative Advisory Committee (LAC) prioritizes retirement-related bills it reviews during its twice-a-month conference calls. The LAC submitted the following bills for the Legislative Action Priorities Committee (LAPC) to consider for action. The LAPC took the actions below on the bills during its June 9 conference call.

The work of the LAC and the LAPC provides the cornerstone for much of the dealings with members of Congress and their staff.

S.1095, Stop Significant and Time-Wasting Abuse Limiting Legitimate Innovation of New Generics (STALLING) Act, would make it an unfair method of competition to submit an objectively baseless petition to the Food and Drug Administration (FDA) in an attempt to interfere with a competitor's application for market approval of a drug. The bill authorizes the Federal Trade Commission to sue an individual or entity that submits such a petition to the FDA. A party found liable in such a lawsuit shall be subject to civil penalties, such as a fine of up to \$50,000 for each day that the FDA spent reviewing the baseless petition.

S.1096, Preserve Access to Affordable Generics and Biosimilars Act, would authorize the Federal Trade Commission (FTC) to initiate proceedings against parties to any agreement resolving or settling a patent infringement claim in connection with the sale of a drug or biological product. Such an agreement is presumed to have anticompetitive effects. It would be a violation of this bill if the filer of the generic drug or biosimilar application receives anything of value and agrees to limit or forego research, development, manufacturing, marketing, or sales of the generic drug or biosimilar. The bill imposes penalties for violations of this bill, including the forfeiture of the 180-day marketing exclusivity period for a generic drug.

The Senate Committee on the Judiciary passed **S.1095** and **S.1096** on April 10, 2025. The two bills were placed on the Senate Legislative Calendar under General Orders, Calendar No. 45 and No. 46.

On June 9, 2025, NRLN President Bill Kadereit sent a letter to Senate Majority Leader John Thune (SD) requesting **S.1095** and **S.1096** receive votes on the Senate floor. A copy of the letter was sent to Senator Amy Klobuchar (MN), sponsor of the two bills.

H.R.2199/ S.1173, Restore Protections for Dialysis Patients Act, would ensure individuals with End Stage Renal Disease (ESRD), or kidney failure, continue to have access to private healthcare. The law has long allowed ESRD patients to remain on employer-sponsored health coverage for 30 months following their diagnosis, a fair period of time before transitioning to Medicare as their primary insurance provider.

However, in *Marietta Memorial Hospital v. Davita*, the Supreme Court ruled that employers and insurers can impose low rates for dialysis or use other benefit limitations forcing patients to drop coverage and switch to Medicare prematurely. This upended an interpretation of existing law which stood for 40 years, wherein employers understood the law to prohibit limitations specific to dialysis treatments. Employer-sponsored plans hold enormous importance for many patients and their families, often offering more comprehensive care options not covered by Medicare.

H.R.2232/S.1634, Protecting Access to Ground Ambulance Medical Services, would prevent a gap in much-needed funding for local ground ambulance services for providers that service rural, super-rural and urban communities that are set to expire on October 1, 2025. The legislation provides some relief for the substantial cost increases in labor, vehicle, equipment, drugs and devices that local services are encountering and that current policy does not address.”

The bill would extend and increase Medicare payments for ambulance services in all communities to close the gap between Medicare reimbursement and the cost of providing services. This will help ambulance service providers hire and retain EMT staff, update their equipment, and continue providing lifesaving medical care across the country.

On June 9, 2025, NRLN President Bill Kadereit, sent letters to Committee on Energy and Commerce Chairman Brett Guthrie (KY-02) and Ranking Member Frank Pallone (NJ-06) and Committee on Ways and Means Chairman Jason Smith (MO-08) and Richard Neal (MA-01) requesting Committee votes on **H.R.2199** and **H.R.2232**. Copy of the letters were sent to Representative Mike Kelly, sponsor of **H.R.2199** and Representative Claudia Tenney, sponsor of **H.R.2232**.

On June 9, 2025, NRLN President Bill Kadereit, sent letters to Committee on Finance Chairman Mike Crapo (ID) and Ranking Member Ron Wyden (OR) requesting Committee votes on **S.1173** and **S.1643**. Copy of the letter was sent to Senator Bill Cassidy (LA), sponsor of **S.1173**.and Senator Catherine Cortez Masto, sponsor of **S.1643**.

S.641, Safe and Affordable Drugs from Canada Act of 2025, would allow Americans to safely import prescription drugs from Canada – lowering costs, increasing access and strengthening competition in the pharmaceutical market. Americans pay the highest prices in the world for prescription drugs. Brand-name

prescription drugs that are invented in America cost more than twice as much in the United States as in Canada

Passage of this bill would increase competition in the pharmaceutical market and save Americans money by allowing them to import their medications from pharmacies in Canada.

On June 9, 2025, NRLN President Bill Kadereit sent letters to Committee on Health, Education, Labor, and Pensions Chairman Bill Cassidy (LA) and Ranking Member Bernie Sanders (VT) requesting a Committee vote on **S.641**. A copy of the letter was sent to Senator Amy Klobuchar, sponsor of **S.641**.

The above bills have been posted on the NRLN website Bills webpage at <https://nrln.org/2020/12/legislative-action-network/#/bills>. The Bills webpage feeds the NRLN Report Card.

The letters noted above have been posted on the NRLN Letters to Washington Archives webpage at <https://nrln.org/2021/05/letters-to-washington-2/>.

Key News Articles Posted in June

During June 48 links to news articles related to retirement issues were researched and posted IN THE NEWS on the NRLN website home page. The headlines below are links to the articles. Or, read the articles at www.nrln.org under IN THE NEWS in the right column. Scroll down the right column and click on the headline to access the article you want to read. Below are some of the headline links.

[Critics say Social Security misleads public on wait times](#) – June 30

[Older adults are more likely to end up in the ER or hospital when relying on Medicare for this vital service](#) – June 30

[Feds announce massive takedown of Medicare fraud suspects in "Operation Gold Rush"](#) – June 30

['It wasn't my mistake': Social Security told Ohio widow they](#) – June 29

[Do billionaires still collect Social Security? The answer might surprise you](#) – June 27

[Social Security help wait times get worse: What's going on behind the scenes](#) – June 26

[CVS unit ordered to pay \\$95 million in Medicare whistleblower lawsuit](#) – June 26

[Dr. Oz Makes Shocking Remarks About Credit Cards, Medicare & Medicaid](#) – June 26

[New Social Security Commissioner faces pointed questions about staffing, privacy](#) – June 25

[Medicare Advantage Linked to Delays in Nursing Home Care, Longer Hospital Stays](#) – June 25

[Denied by a Bot? Doctors Warn AI Is Blocking Your Medicare Advantage Coverage](#) – June 25

[How long is the wait for Social Security customer service? No one knows.](#) – June 24

[Opinion: Social Security's dirty little secret: A game of borrowing](#) – June 24

[Lawmakers Seek to Close VA Loophole That Funnels Billions to Private Medicare Insurers](#) – June 23

[Kennedy, Oz announce insurers' plan to scale back prior authorizations](#) – June 23

[Medicare Advantage marketing practices raise concerns for kidney disease patients](#) – June 23

[Social Security stops reporting call wait times and other metrics](#) – June 20

[Most Medicare beneficiaries may pay more for drugs under the Inflation Reduction Act](#) – June 20

[Medicare may actually be in more trouble than Social Security](#) – June 19

[House Oversight Committee Launches Inquiry into Medicare Part D Redesign Amid Concerns Over Drug Access and Pricing](#) – June 19

[US Social Security, Medicare to run short of funds in 2033, trustees say](#) – June 18

[Trump's Social Security tax cut unlikely, but seniors may get \\$4,000 'bonus' deduction](#) - June 17

[An aggressive Social Security garnishment is underway. Here's how you can avoid it](#) – June 17

[\\$66 billion in taxpayer money is getting sucked into this Medicare Advantage black hole](#) – June 16

[Democrats introduce bill to establish a Medicare 'Part E' public option](#) – June 16

[Senate Republicans release Trump agenda bill text on Medicaid, Medicare and SALT](#) – June 16

[Social Security issues 'emergency message' — here's what beneficiaries it says were overpaid can soon expect](#) – June 16

[Social Security users face immediate suspension if they don't act on three requirements](#) – June 13

[Medicare Advantage is covering more and more Americans – some because they don't get to choose](#) – June 12

[MedPAC Calls for Higher Medicare Doc Payments Based on Healthcare Inflation Rate](#) – June 12

[You can continue working while receiving Social Security payments, but there are limits on the income allowed](#) – June 12

[Why are more Americans filing for Social Security benefits?](#) – June 11

[Opinion: We're cancer doctors. Here's why Medicare Advantage fails America's elderly.](#) – June 11

[How to spot these common Medicare scams. Watch out for these new ways you could be targeted](#) – June 11

[Social Security income tax deduction hits major roadblock](#) – June 10

[Record increase in Medicare Advantage plans: A double-edged sword for insurers](#) – June 10

[Cancer diagnosis sparks Medicare plan switch — but only in some states, study finds](#) – June 9

[Social Security Chief Says Musk's DOGE Figures Heavily in Agency's Plans](#) – June 9

[Digital Social Security cards coming this summer](#) – June 9

[Medicare Under Scrutiny: Trump's 'Megabill' Sparks Senate Debate](#) – June 8

[Supreme Court allows DOGE staffers to access Social Security data](#) – June 7

[Should You Ditch Your Medicare Advantage Plan? Most People Do](#)

[Kiplinger](#) – June 6

[Senate GOP eyes Medicare cuts to pay for Trump bill](#) – June 5

[Senate GOP talks cutting Medicare 'waste, fraud' to offset cost of Trump tax bill](#) – June 4

[Amazon, A Small Pharmacy Player, Seeks To Dent CVS And Walgreens Medicare Share](#) – June 3

[Opinion: The Medicare device coverage gap delays life-saving treatment for seniors](#) – June 3

[White House asks for steep cuts to HHS budget](#) – June 2

[Social Security chief makes defiant pledge as fears rise benefits will be exhausted in just 8 years](#) – June 2

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