



THE VOICE

OF THE RETIRED PUBLIC EMPLOYEE

11 BEACON STREET, BOSTON, MASSACHUSETTS 02108-3024 | (617) 723-7283 | WWW.MASSRETIRES.COM

JANUARY 2022

COLA

SOARING INFLATION ADDS TO URGENCY

In the past two editions of *The Voice*, we documented the outstanding long-term investment success of our Massachusetts public pension systems and our belief that the success can and should be shared with retirees by way of improved COLA benefits.

However, there is also a downside to a white-hot economy – Inflation!

In October, the US Bureau of Labor Statistics announced that the Consumer Price Index (CPI), for establishing the Social Security COLA, has risen to the highest level since 1983 coming in at 5.9% for the year. 1983's 7% COLA was less

As Pension Fund Returns Set New Records



FRANK VALERI
MASS RETIREES PRESIDENT

than half of that which was paid three years prior, when inflation hit a generational high with a 14.3% CPI.

The sharp rise in inflation comes as no surprise to anyone visiting the grocery store checkout line or purchasing any goods in recent months, that is if one can find the item needed in stock! As everyone learns in grade school, the basics of

inflation are driven by supply and demand. In this case, the demand of American consumers for goods cannot be met by the supply chains, largely due to the economic changes brought about by the ongoing global pandemic.

Retirees receiving a Social Security benefit will see a 5.9% COLA in the January payment. COLA payments for public pensions take place in July, with the state legislature and local retirement boards voting to authorize the FY23 payment throughout the late winter and

CONTINUED ON PAGE 4 ►

NEW WEP/GPO PROPOSALS

Four Bills Now Pending Before House

Over the course of a week, spanning late October into early November, the number of bills pending before the US House of Representatives to either repeal or reform the Social Security Windfall Elimination Provision (WEP) doubled.

The introduction of two new bills to reform the WEP or fully repeal both the WEP and GPO are proof that our national efforts to draw attention to these issues are working – albeit slower than anyone would prefer!

The first major development this fall came in the form of an omnibus Social Security reform proposal, filed by Congressman John Larson (D-CT), that includes a provision to fully repeal WEP and the Government Pension Offset. This

bill, which has the support of *Mass Retirees*, includes a funding method to cover the billions in new costs that would result from full repeal. This proposal now has 193 cosponsors.

Larson's proposal (H.R. 5723) is the 2nd of two bills before the House calling for full repeal of WEP and GPO. H.R. 82, sponsored by Congressman Rodney Davis (R-IL), fully repeals both laws – but does not include any provision to pay for the costs associated with doing so. Although the bill now has 237 cosponsors, it significantly lacks majority support in the US Senate where at least 60 votes are needed to pass any bill related to Social Security.

CONTINUED ON PAGE 2 ►



November Meeting: Congressman Richie Neal conferring with CEO Shawn Duhamel & President Frank Valeri

Neal & Brady WEP Proposals What Distinguishes Them

CONTINUED FROM PAGE 1 ►

Congressman Kevin Brady (R-TX) has reintroduced a proposal to reform the WEP. The bill, H.R. 5834, brings the total to four separate proposals now before the House pertaining to the WEP and the Government Pension Offset (GPO). Like the reform proposal filed earlier this year by Congressman Richard Neal (D-MA) (H.R. 2337), Brady's proposal focuses exclusively on reforming the WEP law – which applies to a retiree's personal Social Security benefit if they have earned a minimum of 40 Social Security quarters.

Brady's HR 5834 now carries 38 cosponsors, while Neal's HR 2337 carries 183.

While both Neal and Brady propose a restoration of some lost benefits for current retirees, as well as a new Social Security formula for future retirees with non-covered service, the two bills differ in the size of the retiree rebate, as well as how benefits will be calculated for future retirees beyond 2061.

Brady proposes up to a \$100 increase in Social Security benefits for those impacted by the WEP law and eligible to collect Social Security before 1/1/2023 (age 62, with a minimum of 40 quarters). The proposal also contains a \$50 spousal benefit for those collecting Social Security through a spouse who has been WEP'd.

Under H.R. 2337, Neal proposes a monthly rebate of up to \$150, but does not allow for an increase in the spousal benefit (retirees would not receive a rebate beyond the amount they have been WEP'd, up to a maximum of \$150).

Beyond the difference in the amount of the rebate for WEP'd retirees, the major difference between the two proposals is how the new Social Security formula would be

applied to future retirees. While both proposals establish a hold-harmless clause that prevents a potential reduction in benefits for current workers, Neal's bill permanently maintains the hold-harmless for all future retirees. Brady would sunset the provision for anyone eligible for Social Security after 12/31/61 – some 40 years from now.

'With a majority of the House now on record supporting some version of reform or repeal, now is the time to get a deal done. Compromise is essential. Congress has to keep hearing this from retirees over and over again, for as long as it takes.'

CEO Shawn Duhamel

Connected to the issue of perpetuity for the hold-harmless is also the issue of the long-term cost of the changes and how Social Security will pay for future benefits. Since its creation in 1935, Social Security has relied almost exclusively on the federal payroll (FICA) tax to fund the program and pay for the ongoing cost of retiree benefits.

Social Security operates on what is known as a pay-as-you-go basis, meaning the payroll taxes collected each month are used to pay for benefits paid out each month. Excess or surplus revenues are transferred to the Treasury Department to be used as general revenue to fund the US Government. Unlike our public pension systems that operate as investment trusts, Social Security does not invest or set aside payroll taxes in the same manner.

To account for and fund potential

future costs associated with WEP reform for future retirees, Neal's proposal contains a provision that could tap general federal tax revenue to cover a shortfall – in the unlikely event that a shortfall were to occur. Under the structure of Brady's proposal, long-term budget shortfalls are not predicted. Therefore, H.R. 5834 draws exclusively on the current payroll tax as the funding source.

"The good news here is that Democrats and Republicans agree that WEP is a flawed, unfair law that should be reformed. In fact, we now have four different proposals before the House of Representatives aimed at reforming the WEP or fully repealing the WEP and GPO. This is the result of the work we have been doing here in Massachusetts, as well as around the country, to make WEP and GPO front burner issues," explains *Mass Retirees* CEO Shawn Duhamel. "However, the challenge that remains is in the details and striking a deal. We are doing everything we can possibly do to encourage a compromise that would bring Republicans and Democrats together behind one bill that can pass both the House and Senate this session.

"There also remains some disagreement within the national public retiree and union coalitions, with some reluctant to accept legislation reforming the WEP in the hope that full repeal of WEP and GPO is possible. While we would like nothing more than full repeal and are supporting Congressman Larson's Social Security reform bill, the likelihood of this type of bill passing in this Congress is remote at best. The votes simply do not exist in the US

CONTINUED ON PAGE 13 ►

LEGISLATIVE UPDATE

FLURRY OF ACTIVITY

During the final months of 2021 the Association saw a flurry of activity on the legislative front. At the federal level there were two additional bills filed in the US House of Representatives that would address the WEP and GPO as noted on page 1.

The Association also engaged the Congressional delegation to find a solution to provide relief to the over 60 million Medicare subscribers. In November the Centers for Medicare and Medicaid Services (CMS) announced that the Part B premium for 2022 would increase by 14.5%. See related article on p. 5. For millions of retirees the standard

premium would be \$170.10, an increase of \$21.60 for 2022.

“Back here in Massachusetts the Association saw action on the final pieces



NANCY MCGOVERN
LEGISLATIVE LIAISON

Public Hearings On All Association Bills Completed

of legislation that had not had hearings as we went to press with the November edition,” reports Legislative Liaison Nancy McGovern. “The hearings held by the Joint Committee on Public Service could not have been timelier as we enter the new year.”

COLA TESTIMONY BEFORE JOINT PUBLIC SERVICE COMMITTEE

The ongoing efforts to make improvements to the COLA kicked into high gear in late October with the Joint Committee on Public Service’s hearing on legislation pertaining to retirement allowances and the COLA. The federal government announced in October that the CPI would be 5.9% meaning that those receiving Social Security benefits would be receiving a 5.9% COLA on the benefit. Strong investment

returns by pension plans and this announcement add further support to our call for COLA reform.

A panel of Association officers testified virtually on the COLA legislation that is part of our 2021-2022 Legislative package. President Frank Valeri testified in support of S1677, COLA enhancement for long-term “career” retirees filed by Senator Crighton (D-Lynn). The legislation increases by \$100 or \$200 the annual COLA for retirees who satisfy certain thresholds regarding their years of post retirement (10 & 15 yrs) & creditable service (at least 20 yrs) and pension amount (below average pension).

CEO Shawn Duhamel testified in support of H2664 and S1765 Relative to the State and Teacher COLA filed by Representative Gregoire (D-Marlborough) and Senator Pacheco (D-Taunton). Both initiatives would increase the State/Teachers’ COLA Base from \$13,000 to \$16,000

CONTINUED ON PAGE 6 ►

UPCOMING TELE-TOWN HALL MEETINGS

Due to the ongoing COVID-19 pandemic and public health protocols, *Mass Retirees* has now held more than 20 Tele-Town Hall meetings.



HOW TO PARTICIPATE

AUTO-CONNECT: At the time of the event *Mass Retirees* members will receive a call from 833-491-0336. Simply answer the call and remain on the line to join the meeting.

DIALING IN: *Mass Retirees* members can also directly dial into the tele-town hall meetings, at the time of the event, by calling 833-491-0336.

COLA UPDATE

JANUARY 14, 2022 AT 1:00 PM

MOVING AHEAD IN NEW YEAR

RETIREE HEALTH CARE

FEBRUARY 11, 2022 AT 1:00 PM

WHAT’S NEW FOR 2022?



COLA

CONTINUED FROM PAGE 1 ►

spring.

Current state law limits the ability of local retirement systems to grant a COLA that exceeds 3%. COLA payments for retired state employees and teachers are authorized by the legislature. Traditionally, this takes place through the annual state budget process, which also contains language governing the state/teacher COLA base and funding of the respective State and Teachers Retirement Systems.

Since the announcement of the 5.9% CPI for 2022, Association officials have been hard at work pushing for the passage of a temporary law that authorizes the payment of a 5.9% COLA by local retirement boards. This temporary authorization would authorize each of the 102 local 5-member retirement boards to pay an FY23 COLA beyond 3% - up to the full 5.9% CPI.

"The fact is that retirees are struggling with the largest jump in inflation in 38 years, while at the same time our pension investments are returning record breaking profits. Looking at the price increases of food alone, never mind gas and most everything else, and it is not hard to see that our members need help," said *Mass Retirees* President Frank Valeri, who also serves as a member of the State Retirement Board. "Through October, the Commonwealth's PRIT Fund earned more than 17% in 2021. We are on track for the 3rd consecutive year of double digit returns and the 4th out of the past 5 years.

"As we detailed in both the September and November newsletters, the success of our public pension investments over the past decade has been historic. This success should be shared with the systems' beneficiaries, as was the plan when the systems were originally established generations ago.

BETTER COLA: *Three Areas of Focus*

Heading into 2022, *Mass Retirees* has three areas of focus when it comes to making improvements to the COLA. At the local level of government, each of the 102 local retirement boards has the ability to make improvements in collaboration with their respective legislative bodies. This process is detailed in the November edition of *The Voice*.

FY23 COLA Payment based on the 5.9% CPI

However, legislative action is required to grant local retirement boards the authority to pay a COLA beyond 3%. *Mass Retirees* is advocating for the passage of such legislation and welcomes the support of local retirement systems, as well as local retirees.

Action benefiting retired State Employees and Teachers comes through the state legislature, with the approval of the governor. Therefore, *Mass Retirees* is now working toward passage of legislation targeting three aspects of the COLA.

While the pension funding schedules of both the State and Teachers Retirement Systems assume an annual 3% COLA be routinely paid each fiscal year, we believe that a one-time increase can be granted for FY23 that will not impair the funding schedule.

Increased State and Teacher COLA Base

Currently set at \$13,000, the COLA base for retired State Employees and Teachers has increased just once since 1997, when the minimum \$12,000 base was established through the landmark COLA reform bill (Chapter 17, Acts of 1997). The last increase in the base took place in 2011 – ten years ago!

A December 2019 analysis by the Public Employee Retirement

Administration Commission (PERAC) placed the annual cost for each \$1,000 increase in the COLA base for the State and Teachers' systems at roughly \$54 million, with an unfunded liability of \$464 million. According to PERAC Actuary John Boorack, a move to a \$16,000 base would carry an annual cost of some \$165 million, with some \$1.5 billion in new liabilities spread over the life of the funding schedule.

The ongoing costs for each increase in the COLA base are due to the fact that the Massachusetts COLA becomes a permanent part of a retiree's base pension. Each COLA payment is cumulative for all retirees. And since the COLA assumption is built into the pension funding schedule, payments to future retirees are part of the long-term funding plan and must be factored into the ongoing costs of the system.

Due to both the long-term success of investment returns, as well as the significant excess earnings generated by PRIT, the state should be able to absorb (at least in part) the costs of a modest COLA base increase.

Our Association is calling for a \$3,000 base increase, which would bring the total to \$16,000 for State and Teacher Retirees. In addition, a plan is needed by which the base can be periodically examined and incrementally increased to better keep pace with inflation.

Enhanced (Senior) COLA

In 2019, our Association proposed the creation of a new COLA benefit to be paid in addition to the traditional COLA. This new Enhanced or "Senior" COLA is designed to provide an annual boost for long-term retirees, whose pension benefits have suffered due to inflation.

In our proposal (S1677, filed by Senator Brendan Crighton), retirees

CONTINUED ON PAGE 16 ►

MEDICARE PART B

ASSOCIATION TAKES IMMEDIATE ACTION AGAINST 2022 PREMIUM HIKE

Pushing For Needed Relief

It can't be said enough that inflation has been hitting us all whenever we purchase groceries, gasoline, heating oil or other every-day goods and services. And now, our Medicare members will be experiencing it even more when they pay their 2022 Part B premium as recently announced by the federal agency that administers Medicare, CMS (Centers for Medicare and Medicaid Services).

According to CMS, the standard monthly Part B premium will increase by a whopping \$21.60 – from \$148.50 in 2021 to \$170.10 in



'If this is allowed to be implemented as is, then our members, as well as most public and private sector retirees, will experience an unsustainable cost, along with the current forces of inflation.'

CEO Shawn Duhamel
MASS RETIREES

2022. **Ed Note:** Except for higher income retirees (see chart below), most Medicare beneficiaries must pay the premium increase up to the amount of their 2022 Social Security COLA, which may be less than \$21.60 monthly for those impacted by the Windfall or Offset laws.

"To say the least, we're alarmed by the CMS action," states Association CEO Shawn Duhamel. "This is the largest increase in the Part B premium in Medicare's 57-year history and it can't go into

CONTINUED ON PAGE 16 ►

2022 PART B PREMIUMS

Medicare Part B covers doctor visits and other outpatient services, such as lab tests and diagnostic screenings. As the chart shows, premiums for some enrollees are higher than the standard premium because beginning 2007 monthly payments are based on income.

Beneficiaries who file individual tax returns with income:	Beneficiaries who file joint tax returns with income:	Income-related monthly adjustment amount	Total monthly premium amount
Less than or equal to \$91,000	Less than or equal to \$182,000	\$0.00	\$170.10
Greater than \$91,000 and less than or equal to \$114,000	Greater than \$182,000 and less than or equal to \$228,000	\$68.00	\$238.10
Greater than \$114,000 and less than or equal to \$142,000	Greater than \$228,000 and less than or equal to \$284,000	\$170.10	\$340.20
Greater than \$142,000 and less than or equal to \$170,000	Greater than \$284,000 and less than or equal to \$340,000	\$272.20	\$442.30
Greater than \$170,000 and less than \$500,000	Greater than \$340,000 and less than \$750,000	\$374.20	\$544.30
Greater than or equal to \$500,000	Greater than or equal to \$750,000	\$408.20	\$578.30

Leg. Update

CONTINUED FROM PAGE 3 ►

incrementally with a triggering mechanism for future increases.

Legislative Liaison Nancy McGovern rounded out the panel testifying in support of H2659, Relief for pre-July 2004 options (b) and (c) retirees filed by Representative Tom Golden (D-Lowell). H2659 recalculates, with an updated mortality table, the pensions of those who retired prior to 7/1/04, when the updated table was implemented, and chose Options (b) & (c) and adjusts their pensions prospectively and S1723 filed by Senator Friedman (D-Arlington) which would increase the Option (d) minimum pension. This legislation was highlighted as part of our spotlight on legislation impacting surviving spouses.

During the testimony the case was once again laid out for providing improvements to the COLA based on the strong investment returns seen by the systems and the committee was urged to take action

on the legislation.

In addition to the legislation and public hearings, just after Thanksgiving, the Association had an opportunity to meet with Representative Ken Gordon (D-Bedford), House Chair of the Joint Committee on Public Service to have a more in depth discussion on a path forward to improving the COLA.

GIC "MEDICARE BUY-IN" SUPPORT FOR H1281

In early November the Association participated in a virtual hearing by the Joint Committee on Public Service and testified in support of the last two healthcare related bills that were filed. S1712 & H2613 filed by Senator Feeney (D-Foxborough) and Representative Day (D-Stoneham) Local Retiree Insurance Protection requires that increases in the retiree premium percentage be applied prospectively to "new" retirees.

The Association also testified in favor of H1281 filed by

Representative Brad Jones (R-North Reading) relative to the GIC Medicare Buy-In Program. The bill would require the GIC to transfer its retiree enrollees, who are 65 or over and not Medicare eligible, into Medicare by July 1, 2023.



REP. BRAD JONES
(R-NORTH READING)

If you are a non-Medicare eligible retiree covered under the GIC, the active plans are the only choices for coverage, usually at a rate that is much

higher than the Medicare supplement plans offered. However, in recent years those in municipalities who are covered through Blue Cross and Blue Shield or through MIIA have gone through the process to transfer their non-Medicare retirees to Medicare through what we refer to as the "Medicare Buy-In" program. The program has been a win-win for both the government entities and retirees, providing significant savings to both despite the municipality paying the penalties that are

CONTINUED ON PAGE 13 ►

A CLOSER LOOK AT A

FACTS & FIGURES

While there is uncertainty and controversy surrounding Aduhelm, there is no question that Alzheimer's seriously damages the lives of many retirees, including Association members and their families. Here are some shocking facts and figures about this dreaded disease from the Alzheimer's Association's 2020 Annual Report.

• The number of Americans living with Alzheimer's is growing — and growing fast. More than 6 million Americans of all ages have Alzheimer's.

• An estimated 6.2 million Americans age 65 and older are living with Alzheimer's dementia in 2021. Seventy-two percent are age 75 or older.

• One in nine people age 65 and older (11.3%) has Alzheimer's dementia.

• One in three seniors dies with Alzheimer's or another dementia. It kills more than breast cancer and prostate cancer combined.

• Although deaths from other

major causes have decreased significantly, social records indicate that deaths from Alzheimer's disease have increased significantly. Between 2000 and 2019, the number of deaths from Alzheimer's disease as recorded on death certificates has more than doubled, increasing 145.2%

• Eighty-three percent of the help provided to older adults in the United States comes from family members, friends or other unpaid caregivers. Nearly half of all caregivers who provide help to older adults do so for someone living with Alzheimer's or another dementia.



Rx SPECIALTY DRUGS Rx

DRIVING UP HEALTHCARE COSTS

STARK EXAMPLE: ADUHELM & MEDICARE PART B

When we reported on the ever-increasing cost of prescription drugs in our last (November) issue of *The Voice*, we highlighted specialty drugs as a major driving force behind this upward trend. It so happens that we've just witnessed how specialty drugs can impact healthcare costs.

We're referring to the recent announcement by the federal Centers for Medicare and Medicaid Services (CMS) that the Medicare Part B is going up by a whopping 14.5% on January 1 (*see related article on p.5 for details*). According to the CMS, a major factor behind this huge increase is a specialty drug for Alzheimer's treatment called Aducanumab whose brand name is Aduhelm.

Its impact on the 2022 Part B

premium can't be overstated. It has been reported to us that 50% of the premium increase can be attributed to Aduhelm and the uncertainty surrounding it.

In our November article on prescription drug costs, we reported that one of explanations for the exorbitant price of specialty drugs is no or few available substitutes. That appears to be the case here.

Aduhelm, which is a monthly intravenous infusion and not a pill, has the distinction of being the first such Alzheimer's treatment to receive approval from the Food and Drug Administration (FDA) in nearly 20 years.

Ed Note: Brigham and Women's Hospital is commencing a first-of-its-time clinical trial with 16 individuals to test whether a nasal vaccine for Alzheimer's is safe and effective.



However, it must be noted that the FDA's approval is controversial since its favorable action this past summer was against an advisory committee's recommendation. While approving the drug, the FDA has also ordered the drug's maker, the Cambridge-based Biogen, to conduct another study to verify the medicine will do what it promises: provide relief to patients suffering from the debilitating disease. If the additional trial "fails to verify clinical benefit," the agency says it can withdraw approval of the drug.

Also and more importantly, CMS must still determine whether the drug will be covered by Medicare

CONTINUED ON PAGE 19 ►

ALZHEIMER'S DISEASE

- **Alzheimer's takes a devastating toll on caregivers. Compared with caregivers of people without dementia, twice as many caregivers of those with dementia indicate substantial emotional, financial and physical difficulties.**

- **Of the total lifetime cost of caring for someone with dementia, 70% is borne by families — either through out-of-pocket health and long-term care expenses or from the value of unpaid care.**

These facts and figures are sobering. But we can't overlook the human tragedy behind them. Our Insurance Coordinator Cheryl Stillman related a recent call from a

member whose wife was suffering from Alzheimer's.

According to Stillman, "My conversation with the member was heart-breaking. He called to see if his insurance would pay for some homemaker services.

"He told me he was the only one caring for his wife 24/7. I sensed that it was taking a serious toll on him and he needed some help – a

break from the daily stress and grind of caring for his wife who he loved deeply.

"I regretted having to tell him that his insurance did not provide coverage for the non-medical services that he needed. I suggested that he contact his local COA (Council on Aging) and see what they could do to help.



"We have other members who are going through the same ordeal emotionally, physically and financially. Alzheimer's is a terrible and deadly disease that we can hope will some day be defeated."

Cheryl Stillman
INSURANCE COORDINATOR

GIC

OUTLINES PROCUREMENT PROCESS

Hears Retiree Input

KEY POINTS:

- Quality
- Affordability
- Freedom of Choice

In November the Association hosted a long-planned Tele-Town Hall event focused on retiree health insurance and featuring the state's Group Insurance Commission Executive Director Matt Veno.

As members know, the GIC is now in the planning stages of the upcoming FY24 procurement process that will reset all health insurance and prescription drug plans offered by the state. This process takes place every five years and is of great importance to the 465,000 enrollees insured by the GIC, as well as those municipal retirees insured through city and town

sponsored plans.

"The GIC's procurement and plan design decisions carry great importance at both the state and local levels, which is why we have placed so much focus on having input before the GIC goes out to bid in the spring," said Association Legislative Liaison Nancy McGovern. "It is important for our members to have a voice in this process."

OVER 3,300 MEMBERS PARTICIPATE IN TOWN HALL

McGovern continued, "More than 3,300 retirees participated in the Tele-Town Hall, with some fantastic questions and comments being submitted for Matt and his team."

One major area of interest came from non-Medicare eligible retirees, who urged the GIC to implement the Medicare buy-in program. The program, which has been utilized by some 30 municipalities (see

related article on p. 11), would help lower costs for retirees and the Commonwealth. Veno reiterated his commitment to continuing to work with *Mass Retirees* to find a path forward in the foreseeable future.

Veno also heard from retirees living outside of Massachusetts who are hopeful for additional health insurance plan options beyond the UniCare indemnity plan, which while an excellent quality plan is among the most expensive options.

"Members had comments about prescription drug formularies, provider networks, and out of pocket costs – to name just a few of the topics raised. This was all great feedback to provide the GIC as they move into the final stages of designing the procurement. At this time next year, we'll be entering the final stages of the selection process, with the new plans beginning on July 1, 2023," added McGovern. "A lot of work will have taken place between now and then."

PUBLIC SECTOR HEALTHCARE ROUNDTABLE

ANNUAL CONFERENCE

In early November Shawn Duhamel, CEO, Bill Rehrey, General Counsel and Nancy McGovern, Legislative Liaison took part in the Public Sector Healthcare Roundtable's Annual Conference. Like many events this year the conference remained a virtual event spread over three days.

The Public Sector HealthCare Roundtable is a non-partisan, member-directed coalition that exists to



Association Officials Participate

give public sector health care purchasers as well as state and local health plan administrators a voice

in the design, development, and implementation of national health care policy. The Roundtable does this by providing in-depth policy analysis and a forum to collectively engage with key decision-makers in Washington, D.C.

Over the three days, attendees heard presentations on federal health care policy from the leaders such as the Hon. Andrea Palm Deputy

CONTINUED ON PAGE 14 ►

RETIREMENT BOARDS

ELECTIONS & APPOINTMENTS

Barnstable County – Harold



HAROLD BRUNELLE
BARNSTABLE COUNTY

Brunelle was re-elected to his second term to the **Barnstable County Retirement Board** in a landslide victory. Brunelle, a retiree from the Hyannis Fire District received 1,237 votes with his challenger **William**

Redmond Jr. receiving 225 votes. The other members on the Board include **Robert Lawton, Jr***, **Ronald Bergstrom**, retired Dennis Firefighter **Robert Rolanti** and **Judith Sprague**. The Board's executive director is **Christine Tetreault**.

Blue Hills – Both elected members of the **Blue Hills Retirement Board** were re-elected without opposition. Retired secretary **Patricia Brooks** and **Kathy Manning** were both determined to be re-elected by fellow Board members. The Board members making this determination were **Charles "Chuck" Gisondi***, **Steven Moore** and **Lisa Maloney, Esq.**, who also serves as the chief administrative officer for Middlesex County Retirement Board. The Board's executive secretary is **David Sullivan**.

Essex Regional – The Essex Regional Retirement System's Advisory Council re-elected **Kevin Merz** to the position of Second member of the **Essex Retirement Board**. The Advisory Council, made up of the region's respective local unit financial officers, re-elected Mr. Merz for his fifth term. He is the Treasurer-Collector in the Town of Ipswich. The remaining members of the Board are **Andrew Sheehan**, **Susan Yaskell**, **H. Joseph Maney*** and **Vincent Malgeri, Esq.** **Charles Kostro** is the Board's executive

PERAC

AUDITOR BUMP APPOINTS MICHAEL K. LEUNG-TAT AS COMMISSIONER

*Replaces Timothy Dooling, Newly Confirmed
Administrative Law Judge*

State Auditor **Suzanne Bump** appointed **Micheal K. Leung-Tat, Esq.** her designee as **PERAC Commissioner**. Mr. Leung-Tat, Esq. currently serves as her Deputy Auditor and General Counsel. He succeeds **Timothy Dooling, Esq.** who was nominated by Governor Baker for an Administrative Law Judge with the Division of Industrial Accidents.

The newly appointed Commissioner **Leung-Tat** has held various legal and leadership roles in the Auditor's Office before being named Deputy Auditor and General Counsel. He oversees two

major units under the State Auditor, Bureau of Special Investigations and the Division of Local Mandates.

President Valeri welcomes the new appointment of Commissioner Leung-Tat and looks forward to working with him as a new member of the PERAC Commission, "I'm anxious to work with Mr. Leung-Tat, he certainly brings great experience to the table and I know how important that can be with PERAC's role in the protection of public retirees' pension benefits."



MICHAEL K
LEUNG-TAT, ESQ.

director.

Natick – **Arti Mehta** retired as the Natick Town Comptroller and newly appointed Comptroller **Michelle Laramée** will serve as the **Natick Retirement Board's** ex-officio member. The other Board members include **Eliot Lurier**, retired Police Chief **Nicholas Mabardy**, retired Building Commissioner **Michael Melchiorri*** and **Michael Reardon**. The Board's Director is **Kathleen Bacon**.

Pittsfield – The **Pittsfield Retirement Board** reappointed **William Flynn** as their fifth member for his third term. Mr. Flynn also serves as Berkshire County Retirement Board Accountant. The other Board members making the appointment were, retired Firefighter **Timothy Bartini**, **Matthew Kerwood***, **Bonnie Galant**, and retired Fire Lieutenant **Timothy**

Hannigan, who also serves as the **Mass Retirees Berkshire County District VP**. **Karen Lancto** is the Board's executive director.



JOHN MEMORY
SOMERVILLE

Somerville – Retired Deputy Fire Chief, **John Memory** was declared elected by the **Somerville Retirement Board**, as he was unopposed in his re-election bid. This will be John's tenth term as one of the elected members of the Board. The Board members making the election declaration were **Edward Bean***, **Michael Mastrobuoni**, Firefighter **Thomas Ross** and **David Castellarin**. The Board's executive director is **Michael Pasquariello, CPA**.

*Denotes Chair

LEGISLATIVE PROGRAM HIGHLIGHTS

Special SERIES #2:



SPOTLIGHT Covering

One of *Mass Retirees* core issues is ensuring retirees and survivors have access to quality, affordable health insurance. In achieving that goal over the decades, a major focus for the Association has always been the Group Insurance Commission (GIC) that currently insures some 460,000 state and municipal retirees, active employees and their families.

Throughout our long-standing relationship with the GIC, we've taken on a myriad of issues related to this agency, some of which required a legislative remedy. For the 2021-2022 Legislative Session, *Mass Retirees* has proposed four legislative initiatives, each seeking to solve a specific issue that we've recognized with the GIC.

When it comes to the all-important issue of out-of-pocket (OOP) costs, our first proposal offers relief to those insured by the GIC. Currently the GIC has an established policy that retirees and employees, enrolled in its Active/Non-Medicare plans, will pay no more than \$5,000 for an individual and \$10,000 for a family in annual OOP costs. In our opinion, these thresholds may result in excessive OOP costs for retirees and therefore, must be lowered.



REP JOHN MAHONEY (D-WORCESTER)

Representative John Mahoney (D-Worcester) has filed H2719 An Act Relative to Group Insurance Costs for Certain Public Retirees, that

would establish state law (Chapter 32A) new OOP maximums of \$2,500 for an individual and \$5,000 for a family to better assist those who are being hurt by exorbitant OOP costs.

Our second proposal involves the GIC's governance. Briefly, the GIC is a quasi-state agency governed by a 17-member commission. Members are appointed by the Governor with representatives coming from the private sector, state agencies, labor and municipal management, one of which is a state retiree. Of the 17 members six are public representatives appointed by the Governor with no specific qualifications related to the Commission.

Senator Paul Feeney (D-Foxborough) has filed S1713 An Act Relative to the Composition of the Group Insurance Commission



SEN PAUL FEENEY (D-FOXBOROUGH)

on behalf of the *Mass Retirees*. The legislation would replace one of the six public representatives with the President (or their designee) of the *Mass Retirees*. A second member would provide state and local retirees a stronger voice on the Commission, in particular when determining plan designs, premiums and plan choices.

In the July *Voice*, we looked back at the 2011 Municipal Health Insurance law, Chapter 69 (see related article, p. 12). After Chapter 69 became law, many municipalities transferred their retirees and

employees to the Group Insurance Commission (GIC). As part of the change in the law municipalities were allowed to transfer employees two times a year, January 1 or July 1. If a municipality wants to withdraw their members from the GIC it can only be done on July 1 and they are required to notify the GIC by December 1 of the prior year.

And this is where we take a look at our third proposal. Specifically, it addresses when a community, participating in the GIC, must notify the state agency that it will be withdrawing.

Representative Tom Golden (D-Lowell) has filed H2660 An Act Further Regulating the Withdrawal of Local Subscribers from the Commission, legislation that would change the notification date to



REP TOM GOLDEN (D-LOWELL)

March 1 of the same year as the withdrawal. Many municipalities took advantage of the new law to achieve significant savings by joining the GIC. As carriers have developed plans that match the benchmark GIC plan and costs have stabilized over the last ten years many cities and towns are re-examining health-care options. Currently the GIC sets plan design and premium rates in February effective July 1 of that year, 3 months after a city or town needs to notify the GIC of withdrawal. As you will read below, retiree representatives who serve on the Public

IN THIS ISSUE WE CONTINUE OUR SPECIAL SERIES ON THE ASSOCIATION'S LEGISLATIVE PRIORITIES AND HIGHLIGHT OUR LEGISLATION RELATED TO THE GROUP INSURANCE COMMISSION.

TOWN ON GIC LEGISLATION

a Wide Range of Issues

Employee Committees (PEC) that negotiate alongside active members had expressed concern over the gap in time. Without the new plan design options and premium rates administrations and PEC members are not able to do a true comparison between carriers.

“Representative Golden’s proposal reflects a concern that has been raised not just by the Association but also in his hometown, Lowell, whose retirees and employees are insured by the GIC,” Legislative Liaison Nancy McGovern observes. “Our retiree designee on the city’s PEC (Public Employee Committee) Andrew LaCourse,

who is also President of the Lowell Retired Firefighters Association, has been at the forefront of this issue, contacting the Association, as well as Representative Tom Golden. No question, his advocacy led to the initial filing of the legislation.”



ANDREW LaCOURSE
(LOWELL PEC)

“Thanks Nancy,” adds LaCourse. “When I first joined the PEC and negotiated with the city, I was told that we had to make a decision regarding the health insurance policy and inform the GIC by December

1. But regrettably GIC does not have any information on plan design or the cost of the insurance that we’d be agreeing to purchase before that date.

“Frankly, this is a very poor way to do business. Good business practice would demand that the PEC and the City have all pertinent information before we make such an extremely important and costly decision. It’s clear that more time, as is being proposed here, is called for.”

We agree Andy and that’s why H2660 was introduced.

In addition to these three initiatives, there is a fourth. Representative Brad Jones (R-North Reading) has filed legislation, H1281, that would require the GIC to “buy in” to Medicare for all non-Medicare eligible retirees. Additional information is provided on page 6 in the Legislative Update.



MEDICARE *BUY-IN* PROGRAM

Continuing To Expand Locally

Four and a half years ago (July 2017) we announced to our members that an innovative program was being “tested” in the Town of Ware in which retirees, 65 or over and not Medicare eligible, would be enrolled in the federal insurance program. Ware was the first, but not the last.

Since then, twenty-nine other towns, cities and districts have decided to implement the program that we call Medicare Buy-In. We’ve adopted that name for the program because the local governments pay

all of Medicare Part A and any Part B penalties so that the retiree is held harmless and treated the same financially as their fellow retirees who were Medicare eligible.

For this year, there will be two newcomers whose retirees will be enrolled this coming July – the Town of Scituate and the Blackstone-Millville Regional School District. As we understand it, there will be 15 retirees from the regional school district will be making the move under the program while some 18 Scituate retirees will be enrolled in Medicare

this July.

“This also brings to ten, the number of local governments that have implemented the Medicare Buy-In over the course of the last two years,” comments Association PEC Coordinator Nancy McGovern. “When one considers the pandemic’s devastating impact during this time, we think that’s a very good increase in the program by local governments.”

CONTINUED ON PAGE 14 ►

GIC LOCAL PARTICIPATION

Status Quo This Year

As we enter 2022, the number of cities, towns, districts and other local entities in the state Group Insurance Commission (GIC) remains status quo for this year. (See tables below.) We know because the deadlines for joining or leaving the GIC on this coming July 1 have expired.

State law requires that if a local government intends to join the GIC on a July 1 (i.e., July 2022), then they must have informed state officials by October 1 of the preceding year (2021). And, if they plan to withdraw on the upcoming July 1, the deadline for notification is the preceding December 1 – a date that has come and gone.

Ed Note: *Local governments are given a second opportunity to join on January 1 of a year by informing the state by the preceding July 1, but not offered a second opportunity to withdraw.*

According to state officials, no notifications were received by the deadlines last year (2021), meaning GIC local participation remains at 59. As it stands now, the City of Springfield has been in the GIC the longest, having joined the state program in 2007 due to fiscal problems

that beset the city at that time.

Legislative Liaison/PEC Coordinator Nancy McGovern points out, “It’s noteworthy that after Springfield, several communities joined the GIC, including Norwood, Randolph, Stoneham, Weston, Weymouth and Winthrop, to name a few. One can look at the landmark 2007 GIC Municipal Health Insurance Law (Chapter 67), that was more than two years in the making, as the primary impetus for this migration to the GIC.

“With Chapter 67, it was much more attractive for local retirees, employees and officials to seriously consider enrolling in the GIC. And, some did just that.

“We’ve always believed that competition among municipal health insurers would best serve the interests of local retirees in obtaining quality affordable insurance. With the GIC stepping up, others had to do sharpen their pencils to meet the challenge – all to the advantage of retirees.”

Four years later (2011), another major change in the municipal health insurance law was made when Chapter 69 was enacted. *Please see the July Voice for more details on*

this law.

Chapter 69 officially established the GIC’s plan design (deductibles, co-payments, tiering, etc.) as a benchmark for local governments to adopt. It also resulted in another bump in GIC local participation, including Bedford, Marblehead, Salem, Sudbury and Wakefield

The most recent municipality to join is the City of Haverhill in 2017, while the Bi-County Collaborative transferred its retirees and employees to the GIC on July 1, 2019, making it the most recent participant.

McGovern continues, “Over the past few years, we’ve seen municipal health insurers aggressively take on the challenge of the GIC as it assumed a more prominent position locally. Again this competition has been good for retirees and their families.

“As the GIC proceeds with its procurement process this year (*see related article, p. 8*), we’ll be closely monitoring local developments, along with our PEC designees. So stay tuned for more this year.”

GIC LOCAL PARTICIPANTS

Arlington	Brookline*	Groveland
Ashland*	East Bridgewater	Haverhill
Athol-Royalston RSD*	Easton	Hawlemont RSD
Bedford*	Framingham	Hingham
Bi-County Collaborative Charter School	Gill-Montague RSD	Holbrook*
Blue Hills Voc Sch Dis	Gloucester	

CONTINUED ON PAGE 13 ►

LABBB Collaborative

Lawrence

Lexington

Lowell

Lynnfield

Marblehead*

Medford

Melrose*

Merrimack Valley Planning Commission

Middleborough*

Millis*

Mohawk Trail RSD

Monson

Nashoba Valley Regional Dispatch

North Andover*

Northeast Metro Tech*

Northampton

Norwood

Old Colony Planning Council

Pentucket RSD

Pioneer Valley Planning Commission

Randolph*

Salem

Somerville

South Essex Sewerage District

Southeastern Reg Planning & Economic Dev Dist

Springfield

Stoneham

Sudbury

Swampscott*

Valley Collaborative

Wakefield

Watertown

Weston*

Westwood*

Weymouth

Winthrop

*Participating in GIC dental

WEP Update

CONTINUED FROM PAGE 2 ►

years of fighting for full repeal, we will not continue to allow the perfect to be the enemy of the good. To bring needed relief to our members, we must cut a deal and pass WEP reform now – while continuing to fight for full repeal as part of a wider reform of Social Security. To do anything less is to allow another generation of retirees to suffer needlessly from WEP.

“Thankfully, our position is shared by Chairman Neal. Frank Valeri and I had a chance to speak with him directly in early November at a Forum on Trade hosted by the New England Council. He strongly reiterated to us his determination to bring relief to current retirees, as well as fix Social Security for future generations. He believes that he can get a deal done that will allow a bill to successfully advance through the House, as well as the US Senate. We take him at his word and will continue to do our part to help lay the ground work for a bill to pass this session.”

Toward that end, retirees impacted by the WEP, as well as current active employees who will one day be affected, are encouraged to contact your local member of Congress and ask that they please make support for a bipartisan compromise and passage of WEP reform a personal priority for this Congressional session.

“We are beyond the point where simply cosponsoring a bill is enough. With a majority of the House now on record supporting some version of reform or repeal, now is the time to get a deal done. Compromise is essential,” continued Duhamel. “Congress has to keep hearing this from retirees over and over again, for as long as it takes.”

Leg. Update

CONTINUED FROM PAGE 6 ►

incurred due to the late sign-up. See related article on p. 11.

The Association believes that this will be the case at the state level as well and has driven our push to extend the Buy-In Program beyond local governments to the state GIC. While we have been working with GIC officials to develop a viable plan whereby GIC enrollees, age 65 or over but not Medicare-eligible, can be enrolled in the federal insurance program, we also asked Representative Jones to file the H1281. As we testified during the hearing, it is our hope that legislation will be unnecessary and our ongoing discussions with the GIC will come to a successful conclusion.

Ed Note: At the Association’s recent Tele-Town, GIC Executive Director Matt Veno addressed the agency’s ongoing exploration of possibly implementing the program at the state level.

Public Sector

CONTINUED FROM PAGE 8 ►

Secretary of the US Department of Health and Human Services, Conor Sheehey, the US Senate Committee on Finance Health Policy Advisor-Minority Staff and Martha Cramer, the Health Policy Advisor from the Office of US Senator Ben Cardin (D-MD). Roundtable Senior Policy Advisor Andrew MacPherson also outlined the Roundtable’s Congressional priorities. In addition, there were presentations on public health policy during the pandemic, as well as key issues for public sector purchasers and innovations in the public sector. A few topics of note were the costs of prescription drugs, efforts to address surprise

billing, home based healthcare, and innovations in telehealth.

Daniel Kracov, a partner at Arnold and Porter and Board Chair Food and Drug Law Institute, gave a presentation on drug costs and the impact on the purchaser community. That was followed by a panel discussion on controlling the cost of prescription drugs. Both presentations focused on efforts to manage one of the largest cost drivers in healthcare, prescription drugs and most notably specialty drugs, and their impact on medical costs.

Katy Spangler of the Coalition to Address Surprise Medical Billing gave a presentation on the efforts to address this issue at the federal level. As was noted during the last tele-town hall with the GIC, surprise billing or balance billing can occur for example when you use an

in-network facility for a procedure but the medical staff administering the treatment are out of network and you receive a bill.

In addition to the formal presentations throughout the three days there were also informal lunch discussions covering various topics. These were opportunities to engage with industry experts and share ideas and information on topics such as Geriatric Medicine in the Digital Age, The Telehealth Trend: Navigating Healthcare Through Technology and Managing Your OPEB Liabilities.

The Public Sector Healthcare Roundtable conferences have traditionally been an opportunity to learn and network with leading healthcare experts. For Association officials who participated, the 2021 conference proved to be no different.

Buy-In

CONTINUED FROM PAGE 11 ►



FRED HARTNETT
PEC DESIGNEE

Our Blackstone - Millville PEC Designee Fred Hartnett offered the following observations. “I’ve been enrolled in Medicare myself for the past 10

years and have no complaints. So it

should be no surprise that I’ve been promoting the program with my fellow retirees who will be joining me in Medicare.

“In November, MIIA (Massachusetts Interlocal Insurance Association) conducted a Tele-Town Hall with those making the move, explaining the program and answering any questions. From the feedback that I received from those participating in the meeting, the response was very positive and

things are proceeding smoothly at this time.

“I agree with the Association that the *Buy-In* Program is a win-win for everyone – retirees and taxpayers. And, particularly for the retirees since they’re no longer responsible for the hefty calendar year deductible that comes with the active non-Medicare plans and should experience a drop in their out-pocket costs.”

LOCAL BUY-IN PARTICIPANTS

Amherst

Andover

Blackstone-Millville RSD

Chelmsford

Cohasset

Danvers

Dighton-Rehoboth RSD

Dracut

Duxbury

Fairhaven

Fall River

Lee

Ludlow

Lunenburg

Mansfield

Maynard

Methuen

Millbury

New Bedford

Newburyport

Peabody

Pittsfield

Ralph Mahar School

Reading

Saugus

Scituate

Sturbridge

Taunton

Walpole

Ware



PRODUCING POSITIVE RESULTS

SUBSTANTIAL REDUCTIONS IN HOSPITALIZATIONS

Ibis is producing positive results, enabling Medicare retirees to self-manage their multiple chronic health conditions at home. Ibis is the innovative program, created by Mass. based Sencio, that combines artificial intelligence technology with a health management team.

Mass Retirees launched the program with members a little over a year ago. Since then, we have reported extensively on it. **Ed Note:** *At this time, we don't intend to provide details on the program, as we have in previous issues, but will do so in a future update.*

"Before announcing our support for Ibis, we did our due diligence," according to CEO Shawn Duhamel. "Upon completing our review, we were confident that the

These Ibis results are very positive, showing that three out of four hospitalizations and seven out of ten ED visits may be avoided.

CEO Shawn Duhamel

program could enable our Medicare members to manage their chronic conditions while maintaining their independence in their home and not requiring frequent hospital or

nursing home care.

"Our analysis has been substantiated as we see the preliminary results on the program's progress. They're compiled from results in Maine where Ibis has been operating before it was launched in Massachusetts."

Their results have demonstrated the program's effectiveness in engaging its users in self-management of their health and as a result achieving unprecedented levels of adherence to their healthcare plans.

According to the date compiled:

- **1000+ Lives have been managed.**
- **400,000+ Days have been managed.**
- **5,000,000+ Self-Managed Tasks have been completed.**

With the program's overall effectiveness in achieving self-management, there has been:

- **73% reduction in hospitalizations,**
- **As much as 4X increase in the length of time between hospitalizations.**
- **69% reduction in ED visits.**
- **90% reductions in readmissions.**
- **36% reduction in long-term nursing home care.**

Duhamel continued, "These Ibis results are very positive, showing that three out of four hospitalizations and seven out of ten ED visits may be avoided. Not only do they prove the program's importance in maintaining one's independence while treating their chronic health conditions. As importantly, they should also help to reduce total medical expenses."

PILOT PROGRAM WITH MIIA

Currently Sencio and MIIA (Massachusetts Interlocal Insurance Association (MIIA) are conducting an Ibis pilot program. Briefly, MIIA is the insurance arm of the Mass. Municipal Association (MMA).

Formed In 1992, MIIA's Health Benefits Trust provides health insurance for 150 MMA members - cities, towns, districts, authorities and other governmental units - that

have elected to participate, making it one of the largest municipal purchasing collaboratives (what we commonly call local insurance pools) in the nation. It offers a wide range of Blue Cross Blue Shield plans from which local retirees, employees and survivors can be insured.

One of the MIIA Trust members is the Triton Regional School

District with approximately 250 retirees. Triton has agreed to participate in a pilot program, offering Ibis to its eligible retirees.

According to Duhamel, "Triton retirees have been signing up for Ibis. We will keep our readers updated on the program's progress with planned expansion to other MIIA members in the near future."

COLA

CONTINUED FROM PAGE 4 ►

with more than 20 years of creditable public service who have been retired at least 15 years and are receiving a pension benefit below the retirement system average would receive an additional \$100 annually. Those retired 20 years or longer, who meet the same criteria, would receive a \$200 annual increase.

"The focus of this proposal is to help those retirees most in need. The State and Teacher systems alone have more than 8,000 people who meet the criteria and have been

retired between 15-20 years. Those numbers jump to more than 14,000 people who have been retired 20 years or longer," explains Legislative Liaison Nancy McGovern. "All told, more than 22,000 retired state employees and teachers would benefit from an enhanced COLA.

"Another important factor to remember with these groups is that as career public employees, many do not qualify for Social Security. If they happen to qualify, then the WEP and GPO laws take a big toll. For this group the main, if not sole, source of income is their public pension. For this reason alone they are in need of

additional help."

According to PERAC's 2019 analysis, the annual cost of the Enhanced COLA to the Commonwealth is just \$14.9 million, with a total increase in liability of roughly \$166 million.

If passed into law, the benefit would automatically take effect for State and Teacher retirees. The measure would then become a local option, to be adopted by each of the 102 local retirement boards and their respective local legislative bodies. Local option is a longstanding practice under state law, which dates back to 1980 and Prop. 2 1/2.

Part B

CONTINUED FROM PAGE 5 ►

effect unanswered.

"If this is allowed to be implemented as is, then our members, as well as most public and private sector retirees, will experience an unsustainable cost, along with the current forces of inflation. No one should be surprised that we acted immediately when the increase was announced."

Association officials contacted both Congresswoman Katherine Clark (D-Melrose) and Congressman Richard Neal (D-Springfield), both of whom hold senior leadership positions in the House of Representatives. We have also joined with retiree groups from around the country, most notable the AARP, in calling for Congress to act to offset these outrageously high Medicare cost increases.

Duhamel continued, "We have been assured that they (Reps. Neal and Clark) share our concerns and that Congress is exploring what can be done to help lower these costs. While the specifics are not yet available, I am optimistic that something will be done before the new premiums take effect in January.

CMS OFFERS EXPLANATION

When it made this shocking announcement, the CMS offered the following explanations for it. Briefly they include:

- **Rising prices to deliver health care to Medicare enrollees and increased use of the health care system. Some of the higher health care spending in being attributed by the federal officials to COVID-19 care.**
- **In 2021, because of the pandemic, Congress took action to significantly lower the expected Part B premium increase for that year, something we fought hard for. In 2021, the Part B premium increased only \$3 a month. Congress directed CMS to pay back that reduced premium over time and that payback is starting in 2022 – estimated by some to account for 50% of the increase.**
- **CMS is setting aside money in its reserves in the event it decides that Medicare will cover the Alzheimer's drug, Aduhelm. For details, see report on this drug on page 7.**

"CMS also points to the 5.9% COLA increase that Medicare beneficiaries will be receiving in their Social Security checks as a mitigating factor," Duhamel notes. "But federal officials are ignoring the fact that most of our members will be receiving a 2022 Social Security check that's been substantially reduced by the Windfall and Offset laws.

"They won't be receiving a significant increase. Most, and possibly all, of their increase will be eaten up by the more costly Part B premium.

"That's particularly true for our widows who receive little or nothing because of the Offset law. For

these reasons alone, we'll continue to push for the relief that members rightfully deserve."

Before concluding his remarks, Duhamel added, "Most importantly, please help in this fight. Contact your member of Congress and both of our US Senators Warren and Markey and let them know that you need them to work now to achieve relief from this huge increase in Part B."

"This is how things stood when we went to press. Please look to our weekly email and videos, as well as Hotline messages for updates on this extremely important issue."

RESOURCES AVAILABLE FOR RETIREES

SUPPORTIVE SERVICES & PROGRAMS

Over the next few editions, we are going to spotlight different topics and provide information and links to resources available on those topics. This edition we are focusing on local councils on aging and heating resources.

COUNCILS ON AGING AND SENIOR CENTERS

According to the Massachusetts Executive Office of Elder Affairs, Councils on Aging & Senior Centers provide support services to elders, families and caregivers in the community. As a local agency, the Councils on Aging & Senior Centers serve as an elder advocate, offering services and activities for elders. They serve as a link to and support for this population.

Each Council on Aging determines its own priorities based on local needs and resources. Senior centers are a welcoming place for older adults who wish to remain independent in their community.

Council on Aging offerings may include outreach, access to transportation, meals, health screenings, health insurance counseling, fitness, wellness and recreation activities, life-long learning and socialization.

You can find the contact and location information for your local Councils on Aging and Senior Centers on most municipalities' websites and directories or through the Massachusetts Councils on Aging at <https://mcoaonline.com/>.

HOME HEATING AND WINTER ENERGY TIPS

Over the last several months we have all been facing the impact of

inflation and supply chain issues in our daily life. The cost of things like groceries are forcing many to make budget decisions they would not normally have to make. One area where some may qualify to potentially reduce costs is in heating.

The Commonwealth's Department of Housing and Community Development (DHCD) oversees various energy assistance programs for eligible and individuals and families. The programs include Fuel Assistance-Low Income Home Energy Assistance Program (LIHEAP), HEARTWAP, and the Weatherization Assistance Program.

LIHEAP helps pay a portion of eligible household's home heating bill during the winter season. Eligibility is based on a number of factors including, but not limited to, household size and gross annual income of every household member 18 years of age or older. The income cannot exceed 60% of the estimated State Median Income.

HEARTWAP is a year-round program that serves LIHEAP eligible households with heating system repair, replacement and maintenance services.

Weatherization Assistance Program is also a year-round program that serves LIHEAP eligible households with air sealing, attic/sidewall insulation, weather stripping and weatherization related repairs.

Additional information about these programs can be found by either calling the DHCD Heatline at 1-800-632-8175 or www.mass.gov/hed/fuel.

SEE LIHEAP CHART ON PAGE 18 ►

In addition to these programs, below are some winter energy saving tips offered by DHCD:

- Caulk and weather-strip doors and windows that leak air.

- When home, turn down the heat to 68° F or as low as comfortable.

- When you are asleep or away from home, turn thermostat back 7° to 10° for eight hours and save as much as 10% a year on your heating and cooling bills.

- Consider getting a programmable thermostat.

- Turn down the temperature of your hot water heater to 120°.

- Have your oil-fired heating system serviced annually or your gas-fired heating system serviced every three years.

- Clean or replace furnace filters every other month.

- Keep the fireplace flue damper closed unless a fire is burning.

- Check that warm air registers, baseboard heaters and radiators are not blocked by furniture or drapes.

- Close your curtains and shades at night; open them during the day.

STATE/TEACHERS' 2022 MAILING DATES ANNOUNCED BY TREASURER GOLDBERG

State Treasurer Deb Goldberg has announced the mailing dates for the State and Teachers' pension checks for calendar year 2022. Also included are the direct deposit dates for members who utilize that method of payment through the Treasurer's New England Automated Clearing House (ACH).

Please remember that you must notify your respective board of any address or deposit change by no later than the 15th of a month in which you wish to have the change made. Otherwise, you may have to wait another month.

Members should know that retirement boards can require direct deposit which the vast majority do use. That said, we hope that they would respect the wishes of those who ask to be paid in hand with a check.

For those who choose to have their checks mailed, please remember that delivery may take an extra day or two under current Postal Service conditions. For these very reasons, you may want to reconsider and decide to use direct deposit.

As always, please contact our office if there's a problem.

STATE AND TEACHERS' RETIREMENT 2022 MAIL & DIRECT DEPOSIT DATES		
Month	2022 Mailing Date	Direct Deposit Date
January	Thursday 1/27/22	Monday 1/31/22
February	Thursday 2/24/22	Monday 2/28/22
March	Tuesday 3/29/22	Thursday 3/31/22
April	Wednesday 4/27/22	Friday 4/29/22
May	Thursday 5/26/22	Tuesday 5/31/22
June	Tuesday 6/28/22	Thursday 6/30/22
July	Wednesday 7/27/22	Friday 7/29/22
August	Monday 8/29/22	Wednesday 8/31/22
September	Wednesday 9/28/22	Friday 9/30/22
October	Thursday 10/27/22	Monday 10/31/22
November	Monday 11/28/22	Wednesday 11/30/22
December	Wednesday 12/28/22	Friday 12/30/22

CONTINUED FROM PAGE 17 ►

FISCAL YEAR 2022

LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) INCOME ELIGIBILITY & BENEFIT LEVELS

Number of People in a Household	100% of Federal Property Level	125% of Federal Property Level	150% of Federal Property Level	175% of Federal Property Level	200% of Federal Property Level	60% of Estimated State Median Income
1	\$ 12,880	\$ 16,100	\$ 19,320	\$ 22,540	\$ 25,760	\$ 40,951
2	\$ 17,420	\$ 21,775	\$ 26,130	\$ 30,485	\$ 34,840	\$ 53,551
3	\$ 21,960	\$ 27,450	\$ 32,940	\$ 38,430	\$ 43,920	\$ 66,151
4	\$ 26,500	\$ 33,125	\$ 39,750	\$ 46,375	\$ 53,000	\$ 78,751
Homeowners and Non-Subsidized Housing Tenants						
Deliverable Fuel (Oil, Propane, Kerosene & Other)	\$ 1,030	\$ 906	\$ 798	\$ 702	\$ 702	\$ 618
Utility and Heat-Included-In-Rent	\$ 830	\$ 730	\$ 642	\$ 566	\$ 566	\$ 498
High Energy Cost Supplement*	\$ 200	\$ 180	\$ 160	\$ 140	\$ 140	\$ 120

*An additional benefit for LIHEAP eligible households whose previous year's heating costs exceed certain threshold.

Specialty Drugs

CONTINUED FROM PAGE 7 ►

under its Medicare National Coverage Determination (NCD) analysis. Despite the uncertainty over Medicare coverage in 2022, the CMS must set aside money in reserves for the possibility that Aduhelm will be covered and therefore, factor those reserve funds into its calculation of the 2022 Part B premium.

Shortly after the FDA approval, Biogen, with over \$13 billion in 2020 revenues, announced that it will cost \$56,000 a year – a price tag that retirees can't afford. According to the Kaiser Family Foundation, that amount "far exceeds spending on any other drug" covered under Medicare Part B which accounts for prescription drugs given in a doctor's office or hospital outpatient setting that Aduhelm requires.

It is also a stark example as to how specialty drugs, like Aduhelm, drive up healthcare costs.

PENDING BBB LEGISLATION

When the House of Representatives recently enacted H.R.1319, its version of the Build Back Better (BBB) legislation, they included provisions that would allow the CMS to negotiate the cost of prescription drugs. That raises the question whether the proposal provides an immediate remedy from the exorbitant cost of a specialty drug like Aduhelm.

According to H.R. 1319, CMS would be able to negotiate with manufacturers the prices of up to 10 drugs per year starting in 2023, with that number eventually becoming up to 20 drugs per year. More importantly, drugs would be eligible for negotiation once they've been sold for either nine or 12 years, depending on the drug's makeup.

Bottom line, the House-passed BBB would not allow the CMS

to negotiate with Biogen over Aduhelm's price in the near future. It remains to be seen what the US Senate will propose on drug prices in its BBB legislation.

When it comes to prescription drugs, the House also proposed the following:

- **Creating a cap on out-of-pocket costs for Medicare Part D prescription drugs at \$2,000 per year.**
- **Establishing prices for some insulin at \$35 per month.**
- **Impose tax penalties on drug manufacturers if they increased prices more than the rate of general inflation.**

Again, the BBB legislation had not been enacted into law when we went to press. What the final version will include on drug prices remains to be seen.

*The following members of our Association have recently passed away.
We extend our deepest sympathy to their families.*

ALECRIM, THOMAS E. – Fall River, MA
(Fall River Teacher)

ALBIERO, ALFONSO F. – Beverly, MA
(Beverly Fire Department)

ANDREW, DONALD R. – Everett, MA
(Everett Auditor)

ANTONELLI, ROBERT J. – Allston, MA
(Boston School Department)

ANTONOVITCH, DOROTHY M. – Belchertown, MA
(Belchertown School Department)

ARENSTAM, MICHAEL – Saco, Maine
(Hanover Teacher)

BAKER, DOROTHY E. – Duxbury, MA
(Weymouth Teacher)

BECKER, PAUL R. – Jefferson, MA
(Princeton Wachusett Teacher)

BEECHER, RICHARD W. – Needham, MA
(Newton Fire Department)

BLAKESLEE, ROBERT G. – South Deerfield, MA
(UMass)

BONAH, R. BRENT – Revere, MA
(Bunker Hill Community College)

BORAGINE, MARY ANN – Walpole, MA
(Walpole School Department)

BRADY, GERALD L. – Brockton, MA
(Brockton Fire Department)

BUCK, JESSIE M. – South Hadley, MA
(UMass Amherst)

BUONOMO, DORIS O. – Newburyport, MA
(Department of Mental Retardation)

BURKE, THOMAS J. – Salisbury, MA
(North Essex Registry of Deeds)

BUSSONE, LOUIS A. – St. Petersburg, FL
(Woburn Teacher)

CAMPOSANO, ROBERT A. – Marco Island, FL
(Watertown Police Department)

CANTALUPA, JOSEPH – North Reading, MA
(Medford Fire Department)

CARRIGNANT, KENNETH J. – Millbury, MA
(Millbury Housing Authority)

CARROLL, MADELEINE – Vineyard Haven, MA
(Stoughton Teacher)

CASEY, MARY ANNE – Auburn, MA
(Worcester Teacher)

CHIRGWIN, EDWIN J. – Holyoke, MA
(Holyoke Gas & Electric)

CLEARY, SHARON – Easthampton, MA
(Holyoke Soldiers Home)

COLLETON, JEANNETTE – Bellingham, MA
(Survivor, MCI Concord)

COLLIER, MARGUERITE B. – Lebanon, NH
(Wellesley Teacher)

CONNOR, GERALD R. – Peabody, MA
(Lynn Fire Department)

COSTA, WILLIAM J. – Uxbridge, MA
(King Philip Reg. School District Teacher)

CRONIN, CHARLES B. – Hyannis, MA
(Newton School Department)

DALY, NORMAN J. – Revere, MA
(Registry of Motor Vehicles)

DEGEORGE, JOAN R. – Everett, MA
(Everett Teacher)

DIGIOVANNI, MARY – Reading, MA
(Northern Essex Community College)

DOIRON, RENE P. – Gardner, MA
(Mount Wachusett Community College)

DONLE, BRUCE K. – Strafford, NH
(North Reading Police Department)

DONOVAN, MARION F. – S. Boston, MA
(State Environmental Management)

DOYLE, ROBERT – Westford, MA
(Lowell Fire Department)

DUMAS, ANN A. – Dorchester, MA
(Boston)

DUNN, RICHARD T. – Waquoit, MA
(Newton Police Department)

DURKEE, ARLENE M. – West Yarmouth, MA
(Salem State College)

EISENBERG, PHOEBE – Stockbridge, MA
(Berkshire Hills Reg. School System Teacher)

FALCO, DOMINIC T. – Hyde Park, MA
(State, Sewer Division)

FERGUSON, BETHE E. – Franklin, MA
(Lemuel Shattuck Hospital)

FISH, BRADFORD – Mashpee, MA
(Mashpee Police Department)

FITZGERALD, CAROLYN T. – Chicopee, MA
(Chicopee Teacher)

FITZHENRY, GEORGE A. – Swampscott, MA
(State Banking Department)

FLOOD, CAROL B. – Thorndike, MA
(Town of Longmeadow)

FOLEY, CHARLES F. – Fairhaven, MA
(Fairhaven Teacher)

GAGNON, VICTOR – Springfield, MA
(State Comm Public Counsel Services)

GIBSON, BEVERLY A. – Milton, MA
(State, Probation Officer)

GLENNON, GEORGE L. – Anna Maria, FL
(Boston)

GNEWUCH, SANDRA J. – Lakeland, FL
(Lowell Teacher)

GRANESE, RODERICK J. – Londonderry, NH
(Revere Water Department)

GRIFFIN, JOSEPH R. – Merrimack, NH
(Greater Lowell Tech. Teacher)

HANCOCK, ALLEN – Tewksbury, MA
(Tewksbury Fire Department)



RETIRED STATE COUNTY AND MUNICIPAL EMPLOYEES
ASSOCIATION OF MASSACHUSETTS
11 BEACON STREET • BOSTON, MASSACHUSETTS • 02108-3024

NONPROFIT ORG.
U.S. POSTAGE
PAID
BOSTON, MASS.
PERMIT 54933

FRANK VALERI, *President*
SHAWN DUHAMEL, *Chief Executive Officer*
JOSEPH CONNARTON, *Treasurer*
JUDITH LANGONE, *Secretary*
THOMAS BONARRIGO, *Legislative Chairman*
PAUL SHANLEY, *Executive V. Pres.*
RALPH WHITE, *V. Pres., At Large*
TIM HANNIGAN, *V. Pres., Berkshire District*
KARL SCHMAELZLE, *V. Pres., Western District*
ED PIETREWICZ, *V. Pres., Central District*
DENIS DEVINE, *V. Pres., Middlesex District*
BILL FLIPPIN, *V. Pres., Eastern District*
STEVE RIVARD, *V. Pres., Southeastern District*
ROBERT POWILATIS, *V. Pres., Plymouth Cape/Islands*
CHERYL STILLMAN, *Executive Board*
DAN TURCO, *Executive Board*
ANNE WASS, *Executive Board*
WILLIAM G. REHREY, *Legal Counsel*
NANCY McGOVERN, *Legislative Liaison*

VISIT OUR ASSOCIATION'S WEB SITE:

www.massretirees.com

THE VOICE

January 2022

© 2022 274C



*Happy Holidays
To All Our Members & Our
Troops Around The World.*

DECEASED MEMBERS (continued)

HART, BEVERLY A. – Seekonk, MA (Dighton Rehoboth Teacher)	MIRLEY, PHYLLIS M. – Winthrop, MA (Survivor, Medford Fire Department)	SEAVER, JOHN D. – Dennisport, MA (Marlboro Teacher)
HAYES, JOHN A. – Uxbridge, MA (Town of Hopedale)	NICOLO, PEARL R. – Ashland, MA (Ashland School Department)	SHEA, GEORGE J. – Natick, MA (State Police)
HOFFMAN, DIANE H. – Chelsea, MA (Bristol County House of Correction)	NORRIS, FRANCIS J. – S. Pasadena, FL (Boston Fire Department)	SMITH, SIDNEY J. – Phoenix, AZ (Waltham Teacher)
HOPE, NORMAN L. – Gardner, MA (State D.M.H.)	NORTON, RUSSELL B. – E. Sandwich, MA (Mt. Greylock Regional School Dist Teacher)	SOARES, LAURENIO – Grovetown, GA (Department of Correction)
HUBERDEAU, ELAINE C. – Atkinson, NH (Registry of Motor Vehicles)	PELOQUIN, MARY E. – Santa Monica, CA (Middleboro State Hospital)	SOFIS, ERNEST C. – Watertown, MA (Division of Employment & Training)
IANTOSCA, ANTONETTE A. – Dedham, MA (Dedham Treasurer's Office)	PERSSON, ELEANOR C. – Dedham, MA (Town of Dedham)	SOUSA, ANN M. – E. Chelmsford, MA (Lowell Teacher)
JOHANSEN, ARTHUR M. – Bradenton, FL (Billerica Teacher)	PHELAN, WILLIAM M. – Salem, MA (Suffolk County District Attorney's Office)	STEELE, RICHARD J. – Weymouth, MA (Teachers Retirement Board)
JOHNSON, RAYMOND – Sebastian, FL (Lawrence Fire Department)	PICCOLO, SALVATORE – Houston, TX (Harwich Teacher)	STEEVES, ERNEST A. – Needham, MA (Needham Fire Department)
JOYCE, MICHAEL P. – Canton, MA (State Department of Industrial Accidents)	PILLING, DAVID – New Hampton, NH (Attleboro Fire Department)	SWAN, MILDRENE – The Villages, FL (Beverly Teacher)
LEATHERS, EDNA C. – Methuen, MA (Medford Teacher)	PLOUFFE, THERESA – Beverly, MA (Tewksbury State Hospital)	TAYLOR, LESTER H. JR. – Middleton, MA (Andover Teacher)
LESKO, HELEN M. – Hadley, MA (Hadley School Department)	POWER, WILLARD D. – Medford, MA (State Police)	THURESON, NILS E. – Braintree, MA (Boston School Department)
LIMA, JAMES J. – Nashua, NH (Lexington Police Department)	POWERS, LAWRENCE – Plymouth, MA (MassPort Fire Department)	TIGHE, CHARLES J. – Westfield, MA (Springfield DPW)
LINATSER, POLINA – Henderson, NV (State, Dept. Transitional Assistance)	QUINTIN, LYNNE D. – Merritt Island, FL (Springfield Tech Community College)	TOOMEY, THOMAS J. – Woburn, MA (Cambridge Fire Department)
McDONALD, CAROLEE – Danvers, MA (Beverly Teacher)	REDLUND, DAVID J. – Plaistow, NH (State D.M.R.)	UGUCCIONI, JANICE C. – Waltham, MA (Norfolk County Superior Court)
McDONOUGH, WILLIAM J. – Ocala, FL (State Dept. Transitional Assistance)	RENZULLO, JOHN J. – Malden, MA (MWRA)	UNGETHUEM, ALICE A. – Dedham, MA (Needham Teacher)
MALONE, WALTER F. – Brentwood, TN (Halifax Teacher)	REYNOLDS, ANTHONY – North Andover, MA (North Andover Teacher)	URSOLO, JOHN J. – Auburn, MA (Blackstone Valley Reg. School Dist. Teacher)
MATZ, RUTH G. – Belmont, MA (Attorney General's Office)	ROBERTS, KARMA U. – Arlington, MA (Burlington Teacher)	VIDEN, C. ALLAN – South Weymouth, MA (Hull Teacher)
MAXNER, LOIS A. – Milford, NH (Arlington Teacher)	ROBERTSON, ELIZABETH M. – Portland, ME (State Police)	WESTLUND, JOANNE C. – Hubbardston, MA (Quabbin Regional School District Teacher)
MENEZES, HERBERT E. – Somerset, MA (Somerset Police Department)	RYAN, NOEL J. – Scarborough, ME (Amherst D.P.W.)	WILLIAMS, PAUL E. – Bradford, VT (Pittsfield School Department)
MILLER, ALBERT J. – Dorchester, MA (Boston School Custodian)	SANGINARIO, JOHN F. – Clinton, MA (State M.D.C.)	YELVERTON, JAMES F. – Gallatin, TN (Salem Water Department)