



THE VOICE

OF THE RETIRED PUBLIC EMPLOYEE

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JULY 2025

EDITORIAL

HEALTHCARE AFFORDABILITY CONCERNS DEEPEN

For the better part of two years, *Mass Retirees* has sounded the alarm regarding what we believe to be a growing healthcare affordability crisis. As healthcare costs continue to sharply increase, our concerns have only deepened.

Beyond sounding the alarm over rising costs – which we believe are unsustainable for public retirees, active employees, and public sector health plans to shoulder – it is time for action by public officials and healthcare leaders to gain control over the growing problem.

Our Association will continue to

Steps Must Be Taken to Prevent Crisis Scenario

be engaged in this process, ensuring that our members' collective voices are heard. There is far too much at stake for retirees for us to remain silently on the sidelines.

However, we are far from alone in our deep concerns regarding healthcare costs. Last year, BCBS of MA conducted a poll of 1,000 Massachusetts adults which produced alarming results. Four in ten responded that they put off medical

care due to the cost! This is an unacceptable reality that we must face and work to change.

The state's Group Insurance Commission (GIC), which recently required a \$240 million supplemental appropriation to pay medical claims through the end of FY25, has loudly joined the chorus on the dire need for cost containment steps. While the GIC's deficit was partly a structural function of the Commonwealth's annual budgeting process, a large portion of the appropriation was needed to cover higher than anticipated costs that stem

CONTINUED ON PAGE 2 ►

COLA COMMISSION

REVIEWS AND DELIBERATES ON BENEFIT IMPROVEMENTS

As *Mass Retirees* members know, the Special COLA Commission is now reviewing steps that can be taken to improve COLA benefits.

Created at the behest of our Association within the outside sections of the FY25 Budget, the Commission's mandate is focused on three main areas: Increasing the COLA base for members of the State and Teachers' Retirement Systems; developing a new enhanced or "senior" COLA benefit to be paid to long-term retirees in addition to the traditional annual COLA; and

studying new methods to fund COLA benefits within the long-term pension funding schedules.

After several meetings since the nine member COLA Commission's organizational meeting in January, the Commission members have been reviewing various analyses provided by PERAC Actuary John Boorack.

Chairman of the Commission and Exec. Director of PERAC Bill Keefe has led discussions of the review of these analyses. Such discussions have resulted in a focus of improving the current COLA base of

the State and Teachers' Retirement Systems. In addition, there seems to be a growing interest in developing a proposal to help longer-term retirees. Commission members have seemed to direct their comments on the analysis and cost estimates towards these two issues of COLA improvements.

Over the past several years, *Mass Retirees* has made an increase to the current state COLA base of \$13,000 (established in 2012) the center of discussion surrounding pension benefit improvements.

CONTINUED ON PAGE 6 ►

INSIDE THIS EDITION

FAIRNESS ACT
UPDATE

Page 4



BASIC LIFE
INSURANCE

Page 5



REDUCING
Rx PRICES

Page 13



Healthcare

CONTINUED FROM PAGE 1 ►

from higher prices being charged by doctors and hospitals, along with significant increases in prescription drug spending.

HARD CHOICES

One of the contributing factors in the sharp increase in healthcare costs over the past two years are a class of medications found to aid weight loss. Originally developed as a treatment for type-2 diabetes, GLP-1s have become a proven and highly popular weight loss drug – albeit with a high price tag. The high cost, combined with substantially growing popularity, has forced private health insurance companies like BCBS of MA and Point32 to announce restrictions in coverage.

Municipalities insured through both plans will be able to choose whether to continue covering the medication for weight loss in 2026.

At the state level, the GIC has announced that it is also taking steps to control the costs of GLP-1s. The May Commission meeting included a presentation focused on out-of-pocket costs and GIC spend trends (see related article, p.4). The trends surrounding the coverage of GLP-1 agonists for weight loss were highlighted as part of the presentation. It was noted that the GIC spend and utilization of these medications for weight loss increased steeply beginning in calendar year 2024 and continue to rise steadily in 2025 (similar to cost increases cited by private sector plans). The data presented was updated through February of 2025 and indicated that approximately 11 thousand non-Medicare members were utilizing the drug for weight loss, equating to approximately \$15 million per month in GIC spend. As a result, the GIC has launched a workstream to explore solutions that would reduce spending and maintain access to the drugs.

The GIC currently covers all

options of drugs as a tier two prescription with a copay of \$30 for a 30-day retail supply and \$75 for a 90-day mail order supply. Coverage will change as of July 1 due to a formulary update by CVS Caremark. CVS Caremark announced that as of July 1, 2025, they will remove Zepbound from coverage for weight loss, with Wegovy and Saxenda remaining preferred, due to lower unit costs. It was shared that GIC staff is working closely with CVS concerning their communication outreach to affected members and their prescribers and confirmed that an exception process is in place for members on Zepbound who are not able to take Wegovy. Staff are also working closely with CVS to determine the impact on GLP-1 spend for weight loss, which exceeded \$17.5 million in March alone (excluding rebates).

*Now is the time for
collective action and
we will do our part
in representing our
members.*

With a growing number of life-changing specialty drugs in development and in FDA approval pipeline, it is logical to assume that the debate surrounding cost vs. coverage will only continue. Using past practice as a guide, new life altering medications will continue to come with the very high price tag, as the free market that exists in the United States allows drug manufacturers to set the price of their products without restriction or controls.

This places insurers in a difficult position of simply accepting higher costs, which are then paid by enrollees and plan sponsors (such as the state and municipal governments) or restricting coverage.

The same hard choices exist when it comes to the prices proposed by doctors and hospitals. All insurance

providers contract with doctors and hospitals regarding the price of the services provided to enrollees. Along with the cost of prescription drugs, the cost of medical services (medical spend) has sharply risen over the past two years.

Like drug costs, increases in medical spend are also passed on to enrollees and plan sponsors through higher premiums and, in some cases, increased out-of-pocket costs.

As we have said, while Massachusetts has some of the best doctors and hospitals in the world, it does retirees no good if you cannot afford your monthly premium or pay for the copayment/deductible charged to access care.

For all the reasons stated above, we believe that public retirees (amongst others) have reached a tipping point whereby the cost of healthcare now exceeds affordability. The result is what can only be described as a crisis of affordability.

While we will not pretend to have the solutions to the problem, we do know that the status quo is not an option. We also firmly reject the belief that the solution exists in cost shifting. Forcing retirees and employees to pay higher copayments and deductibles, or a greater share of the monthly insurance premium, does nothing to address the fact that the price of healthcare is too high and growing at an unsustainable rate.

We applaud the legislature for steps taken last session, and that are in the works during the current legislative session, aimed at controlling costs and reforming our healthcare system. *Mass Retirees* will continue to work with our public sector allies and seeks to join with colleagues representing private sector employees and employers in a combined effort to support beneficial changes to our healthcare marketplace.

If real steps are not soon taken to gain control over costs and reform healthcare, it will come at the expense of public retirees who will undoubtedly become the first targets of cost shifting.

2025-2026 MASS RETIREES MEETING SEASON

BEGINS WITH THE ANNUAL MEETING ON SEPTEMBER 12



9.12.25
Westport, MA
11:00 AM

10.3.25
Plymouth, MA
11:00 AM

10.9.25
Pittsfield, MA
1:00 PM

10.10.25
West Springfield, MA
11:00 AM

11.21.25
Auburn, MA
11:00 AM

Traditionally with our September 12th Annual Meeting in Westport, Mass Retirees kicks off its 2025-2026 Season of in-person area meetings. HERE IS OUR FALL SCHEDULE:

L A S T C A L L

2025 ANNUAL MEETING

DON'T FORGET: MARK YOUR CALENDAR AND NOTE NEW LOCATION IN WESTPORT

WHEN: FRIDAY, SEPTEMBER 12, 2025, 11:00AM
WHERE: WHITE'S OF WESTPORT
66 STATE ROAD, WESTPORT, MA 02790

**PLEASE
JOIN US!**

U P C O M I N G I N - P E R S O N

AREA MEETINGS - FALL 2025

A C R O S S T H E C O M M O N W E A L T H

AS CUSTOMARY, WE WILL BE CONDUCTING MEETINGS IN ALL REGIONS ACROSS THE COMMONWEALTH DURING THIS FALL AND POSTING FUTURE MEETINGS ON PAGE 3 OF *THE VOICE*. PLEASE STAY TUNED FOR A FUTURE MEETING IN YOUR AREA.

WHEN: FRIDAY, OCTOBER 3, 2025, 11:00AM
WHERE: HOTEL 1620
180 WATER STREET, PLYMOUTH, MA 02360

WHEN: THURSDAY, OCTOBER 9, 2025, 1:00PM
WHERE: HOLIDAY INN & SUITES BERKSHIRE
ONE WEST STREET, PITTSFIELD, MA 01201

WHEN: FRIDAY, OCTOBER 10, 2025, 11:00AM
WHERE: STORROWTON TAVERN & CARRIAGE HOUSE
1305 MEMORIAL DRIVE, W SPRINGFIELD, MA 01089

WHEN: FRIDAY, NOVEMBER 21, 2025, 11:00AM
WHERE: AUBURN ELKS LODGE 2118
(PLEASE USE HANDICAPPED ENTRANCE)
754 SOUTHBRIDGE STREET, AUBURN, MA 01501

**STRIVING
TO KEEP
MEMBERS
INFORMED
& ENGAGED**

SOCIAL SECURITY WEP/GPO UPDATE

FAIRNESS ACT IMPLEMENTATION CONTINUES

Since the repeal of the Social Security Windfall Elimination Provision (WEP) and Government Pension Offset (GPO) laws, more than 110,000 Massachusetts residents have benefited.

Retirees impacted by the WEP have witnessed their monthly Social Security check increase by an average of \$400, depending on the specifics of their benefit. These retirees also received retroactive payments to January 1, 2024, which average \$5,600.

While relief from the WEP and the retroactive benefit that has resulted from the passage of the Fairness Act is a welcome boost for public retirees

living on fixed incomes, the truly life changing impact has been for those who were previously denied collecting all, if not most, of their spousal or survivor Social Security benefit due to the GPO.

For those who had been impacted by the GPO, the conservative estimate for the restored monthly spousal benefit is \$1,000. And for surviving spouses, who are eligible to collect 100% of their deceased spouse's benefit, the new benefit well exceeds \$2,000 a month on average.

"To hear just how much the Fairness Act has changed the lives of our members has been humbling, to say the least. Despite a 41-year

battle, *Mass Retirees* never gave up on the fight to end WEP/GPO – nor did our members. Hearing members' personal stories truly reinforces just how important these issues are to so many retirees," said *Mass Retirees* CEO Shawn Duhamel. "Social Security has done an excellent job implementing the law, getting money into retirees' bank accounts a lot quicker than anyone would have thought. We're very grateful to the SSA workforce.

"That said, we know that nearly 1 million retirees across the country are still waiting to be paid. The good news is that it is no longer a matter of "if" a retiree impacted by WEP/

CONTINUED ON PAGE 16 ►



PAC MESSAGE TO DONORS *THANK YOU!* Another Successful Spring Fundraising Drive



We're pleased to report that during this spring, members generously responded to the request for donations by the Association's political committee, the Retired Public Employees PAC. "Our PAC thanks those members who donated voluntarily to its work," adds its Treasurer Shawn Duhamel. "As it turns out, this donor drive repeats previous ones with members making it another success."

While organized and maintained separately from *Mass Retirees*, the PAC contributes significantly to the Association's overall mission, furthering its legislative and educational/information programs. "As you can see from this issue of *The*

Voice, we'll be facing major health-care and COLA challenges," continues Duhamel.

"*Mass Retirees* success on these and other public retiree issues depends on both a strong and engaged membership, as well as having the financial resources required to win the anticipated fights. And, the PAC will be playing an essential role in that regard."

In addition to supporting candidates for public office here in MA, who support public retirees, the PAC also supports our field activities, such as area meetings and awareness campaigns focused on the issues of direct importance to public retirees. The grassroots work that went into WEP/GPO repeal is an

example of these efforts.

THE BOTTOM LINE IS SIMPLE: A well-funded PAC gives us the ability to fight for you and win. It goes hand-in-hand with a strong, informed, and engaged membership.

REMEMBER: It's never too late to donate. So please consider doing so. There are 3 ways you can donate: Mailing your check payable to the *Mass Retirees* PAC, at 11 Beacon St, #309, Boston, MA 02108; Online at www.Massretirees.com/pac; or Using the QR Code shown above. And, thank you in advance for your donation.

2 0 2 5 - 2 0 2 6 LEGISLATIVE & BUDGET UPDATE

The legislative session is in full swing with activity on the Fiscal Year 2026 budget underway between the middle of April and the end of May. The House released their budget in the second week of April and debated the last week of April. The bill was then sent to the Senate for action on their version in the third week of May. When we went to print the two versions were set to be reconciled by a Conference Committee made up of House and Senate members. Once the Conference Committee completes their work, the bill will

be sent to the Governor for action. The new fiscal year begins on July 1, 2025. Should work not be completed by that date, the branches will take action on legislation that allows the government to continue to operate.

Like the Governor's version that was filed in February, the House and Senate both included several important items to *Mass Retirees* members. Included in the versions was the 3% COLA for the State and Teachers' and both versions included the full appropriation to the pension liability fund for FY26, a total of \$4.9 billion. Funding for the

Group Insurance Commission was also included along with language that protects the premium splits for state retirees at the current rate.

Legislative Committees have begun to schedule public hearings on legislation that was filed for the 2025-2026 session. We anticipate that with the completion of the FY26 budget process in both branches the schedule will pick up and the legislation that the Association has filed will be scheduled by the Joint Committee on Public Service in the coming weeks.

REMINDER: STATE BASIC LIFE BENEFIT DOUBLING TO \$10K ON JULY 1, 2025

State retirees and employees will see their Basic Life benefit doubled to \$10,000 beginning this July 1, 2025 as a result of one of the *Mass Retirees* legislative initiatives becoming law on that date.

In 1985, past President and one of the founding fathers of the Association, Ralph White, recognized the need to increase this State Basic Life or "death benefit" so called, from \$2,000 to the current level of \$5,000. It has remained at that level since that time.

Some 25 years later, after the successful passage of that benefit increase, members began to recognize the significant increased costs in providing for a respectful burial ceremony by family members. This hardship was voiced by so many members that the Association introduced as one of its legislative bills

the initiative to increase this benefit to \$10,000.

It soon became a legislative priority for the incoming President Valeri as he was also hearing from numerous members that the \$5,000 benefit level was not anywhere near the amount needed to allow family members to provide a respectful burial ceremony for our members. After recognizing that the cost for such service had tripled



FRANK VALERI
PRESIDENT MASS RETIREES

since 1985, President Valeri worked diligently along with Association's Legislative Chairman Tom Bonarrigo and other Association staff to convey the pressing need for a \$10K benefit to the Executive Branch, its Group Insurance Commission that administers the plan and Legislative leadership for the past ten years.

It should be noted that the GIC supported the increase and provided

technical data on the cost of the new benefit, which helped get the measure across the finish line last year.

Like many issues the Association advocates on retirees' behalf, such change takes time. Finally, at the Association's behest, the House of Representatives included the increase in their enactment of the State Budget last year, with the Senate agreeing to same in conference and then being signed into law by Governor Maura Healey. The language in the law provided for the increase to take effect July 1, 2025 in order to allow for the efficient implementation and smooth transition of the new \$10,000 benefit level.

According to President Valeri, "I am so grateful to those who made this a reality. Not only having heard from so many of our members, I also had been experiencing the loss of family members during this period. So I completely understood

CONTINUED ON PAGE 8 ►

COLA

CONTINUED FROM PAGE 1 ►

However, any increase to such base with only ten years remaining in the Commonwealth's funding schedule carries significant annual estimated increases to the pension funding schedule. These cost estimates have been confirmed through the work of the Commission. However, a means to finance such increases with excess investment earnings has brought about much discussion.

Unfortunately, accessing prior funding schedule's excess earnings is not something possible for a future pension funding process. So, attempting to put a permanent policy in place to set a portion of future excess gains aside to raise the COLA base level has been center of most recent meeting discussions.

"It is only right that the investment success of our public pension funds be shared with retirees. After all, public pension funds exist in a trust that belongs to the beneficiaries of the system. With full funding now within reach, a more equitable system needs to be established," said *Mass Retirees* President Frank Valeri, who serves as the Association's designee on the COLA Commission. "The policy that has really taken shape as a major focal point for the Commission is the need for an additional benefit for long-term retirees. The evidence the Commission has developed proves that once someone has been retired for ten years or longer, inflation has significantly reduced purchasing power."

Beyond the need increase the State and Teacher Retirees COLA base, what has seemed to be developing amongst the 9-commission members is a willingness to recommend a proposal to help long-term retirees obtain more immediate relief from the high inflationary period they have just experienced. A new proposal may evolve from the Association's legislation which seeks to help long time, lower paid retirees with increased annual



COLA HISTORY

- SEE PAGE 9 -

COLA payments. An expansion of this proposal has been discussed at its recent meetings to provide more immediate relief.

BALANCING SHORT & LONG-TERM COSTS

Since the late-1980s, when modern pension funding took hold, retirement benefits shifted from a pay-as-you-go basis to needing to be properly funded through the pension funding schedule of each retirement system. In practice, this means that any time new benefits are approved those benefits must not only be properly accounted for but also paid for.

COLA benefits are paid for through each retirement system's pension funding schedule, which is funded through three sources: Employee payroll contributions; the employer's contribution; and the investment returns generated by those combined contributions. As defined benefit pension systems, the employer (state or local government) is responsible to cover any short-comings the system may experience over the life of the pension fund – as a government entity, the life of the fund is infinitely in perpetuity.

With a few notable exceptions (Wellesley, MassPort, MWRA, MassHousing), most MA public pension funds did not adopt funding schedules and begin to properly fund our public pension systems until the late 1980s. The 40-year pension funding schedules adopted in 1988 were designed to pay-off decades of accumulated unfunded liability by 2028. Following the Great Recession in 2008-09, the funding deadline was moved out to 2040. However, the Commonwealth along with the majority of the 102 local retirement systems will be fully funded by 2036

– if not sooner.

What this means for COLA benefits is that anytime the COLA base is increased, or a benefit is paid that goes beyond current benefit levels (2022 5% COLA), the new unanticipated benefit increase must be properly accounted for and funded within the structure of the system's funding schedule. For example, each \$1,000 increase in the State/Teacher base results in over \$500 million in new unfunded liabilities that must be fully paid for by 2036 – the current funding deadline for the State and Teachers Retirement Systems. Part of the reason why the liability is so high is that the schedule must assume that all current and future retirees will receive the same COLA benefit.

To pay-off the unfunded liability created by the new COLA benefit, two funding sources are tapped: Excess investment returns and/or increased State Budget appropriations (for FY26, the state's pension appropriation is \$4.9 billion). Again, using the State/Teacher COLA base as an example, a \$1,000 increase in the current base would add over \$60 million to the FY26 appropriation.

However, early estimates indicate that the creation of an enhanced COLA benefit for long-term retirees could prove to be far less expensive.

"While the Commission still has work to do, early indications are that the cost of creating a new enhanced COLA for long-term retirees could be far less than even minor increases to the traditional COLA base. The reason for this appears to be two-fold. First, due to the nature of the new benefit the number of eligible retirees is naturally a small group and would continue to decrease within each phase of the added benefit (ie, retired for 10, 15, 20 years). Second,

CONTINUED ON PAGE 7 ►

LOCALS CONTINUING TO INCREASE THEIR COLA BASE

Increases Range from \$15K to \$22K

Since local retirement boards have until July 1 to approve a new 2025 COLA, we typically wait until the next (October *Voice*) to provide a complete rundown of the COLA Bases for all 104 retirement systems. We intend to follow that practice again this year.

But, in the interim, we'll take the opportunity in this issue of *The Voice* to report on those retirement

systems that have adopted a higher base for this coming July 1.

"Back in 2010 , the opportunity presented itself for the Association to insert in a municipal relief law (Chapter 188) a provision that allows local retirement systems to increase their COLA Base," according to Association Counsel Bill Rehrey. (See related article on COLA History, p. 9.) "And, over the past 15 years

they've been doing just that."

Listed below are the latest systems that will be increasing their Base effective July 1. It should be noted that these systems have increased their Base more than once over the years.

Rehrey continued, "We thank them for improving the COLA for their retirees and survivors and look forward to more good news like this in the near future."

FY26 COLA BASE INCREASES

RETIREMENT SYSTEM	CURRENT (FY25)	NEW (FY26)
BRISTOL COUNTY	\$20K	\$22K
CITY OF EASTHAMPTON	\$16K	\$18K
CITY OF LOWELL	\$17K	\$18K
CITY OF METHUEN	\$19K	\$20K
CITY OF WATERTOWN	\$14K	\$15K
MINUTEMAN RSD	\$14K	\$15K
TOWN OF HULL	\$19K	\$20K
TOWN OF MAYNARD	\$15K	\$18K
TOWN OF SOUTHBRIDGE	\$14K	\$18K
TOWN OF SWAMPSCOTT	\$14K	\$16K
TOWN OF WELLESLEY	\$20K	\$21K

COLA

CONTINUED FROM PAGE 6 ►

there does not appear to be an actuarial requirement to pre-fund the enhanced COLA for future retirees," continued Valeri.

"My hope is that the Commission will consider addressing the COLA in two ways. First, developing a recommendation to routinely increase the State and Teacher COLA base over time using a portion of future excess investment returns. Next, recommend the immediate creation

of a new enhanced COLA benefit that will be applied in steps and paid in addition to the traditional COLA. For example, someone retired for 10 years would receive an extra \$100 a year. At 15 years, you will receive and extra \$150, and at 20 years of retirement an extra \$200."

While the details must be developed by the Commission, the general philosophy behind the enhanced COLA is that it would apply to long-term retirees who were career public employees. Further, to qualify the long-term retiree must also receive

a pension benefit that is at or below the benchmark established by the Commission.

"To be clear, the concept behind the enhanced COLA is to benefit those retirees who need the most help. In many cases, these would be career public workers who qualify for little if any Social Security benefit and retired with modest pensions," added Valeri.

The Special COLA Commission will likely file its report and recommended changes to the Legislature in early fall.



2025-26

Membership Dues Increase

As an Association representing public retirees who are living on fixed incomes, we are extremely mindful of the need to diligently manage our operating costs and keep our Annual Membership Dues as low as possible.

While we do run a tight ship, the sharp rise in inflation since 2021 has forced our hand and requires a dues increase. Starting in July, when the 2025-2026 renewal process begins, yearly dues will be \$46 for all members. The cost of an annual membership for new members has been \$46 since February.

Despite our non-profit status as a 501(c)(5) organization, *Mass Retirees* faces the same cost pressures as most other businesses and organizations. And while our labor costs have remained quite stable, it is the sharp increase in our operational costs that have most impacted our budget. For example, printing and postage costs alone have risen significantly, along with rent and utilities.

In terms of our office location, it is true that it would be less expensive for our office to be located outside of Boston. Since early in 1969, we have been located on the 3rd floor of 11 Beacon Street for a reason – the location puts us in the heart of Beacon Hill, less than a block from the State House and other important state office buildings. Part of why *Mass Retirees* has a long history of effectiveness is that we are where the decision makers are.

We would be remiss if we did not acknowledge and thank those members who choose to include an additional donation along with your Annual Membership Dues payment. Your generosity and support have helped supplement the Association's budget and staved off earlier and more substantial dues increases.

Our hope is that \$46 Annual Dues is enough to fund the operations of *Mass Retirees* for at least the next few years, without the need for further increases in the foreseeable future.

Thank you for being a member, as well as for your support of *Mass Retirees*.

Frank Valeri
President
Mass Retirees Association

Joseph Connarton
Treasurer

Shawn Duhamel
Chief Executive Officer

Life Benefit

CONTINUED FROM PAGE 5 ►

the problems facing our membership and their concerns for their

family being able to afford a respectful burial service during the most difficult time of their lives. This increase should help ease their stress."

"Also, we hope that history will repeat itself as it did back in 1985

when cities, towns and other local public employers followed the state's example and raised their Basic Life to \$5,000. Our local retirees are deserving of the same improved benefit."



COLA HISTORY MILESTONES THRU THE DECADES

Mass Retirees at the Center of Reforms

During the January meeting of the Special COLA Commission, *Mass Retirees* President Frank Valeri, who sits on the Commission, made a presentation on the history of the COLA (Cost-of-Living Adjustment). The choice of Valeri to make this presentation was a natural fit, especially when one looks closely at that history and the predominant role played by the Association on this issue throughout the decades.

Over the past 54 years, *Mass Retirees* has been at the center of every major COLA reform. "While he served as president (1968-2013), Association founder Ralph White always emphasized with us (the staff) that the COLA was the genesis upon which the organization was built," recalls Counsel Bill Rehrey who worked with White over most of that time. "As he saw it, this 'bread and butter' issue continued to be the centerpiece, energizing and enabling the Association to grow in strength."

We need to look back some 54 years ago to **1971**. That's when *Mass Retirees* succeeded in enacting **Chapter 1011** that created what we call the COLA Base, the maximum pension on which the COLA is applied. Before then, the COLA was very limited, being paid only to those with pensions below \$6,000 while those over \$6,000 received nothing.

Chapter 1011 significantly restructured the law so that all retirees would begin to receive a COLA on the first \$6,000 of their pension. This became the law's fundamental principle of a maximum pension amount or Base upon which a COLA would be paid to all eligible retirees.

Another major change in the

COLA law, also initiated by *Mass Retirees*, was the **1975** law that made COLAs a permanent part of a retiree's pension. Prior to this change, the COLA was nothing more than a 1-time bonus payment sometimes referred to as a "13th check." **Ed Note:** In most other states, the COLA continues to be treated as a bonus payment – if any COLA is paid at all.

Following the passage of the voter approved Prop. 2 ½ law in **1981**, and at *Mass Retirees* urging, the state took on the role of approving and funding COLAs for all state, teacher as well as local retirees and survivors. This responsibility continued until **1997**.

HIGHLIGHTING MORE RECENT DEVELOPMENTS

That's when *Mass Retirees* succeeded in enacting **Chapter 17, Acts of 1997**, the landmark COLA Reform Law that returned responsibility for local COLAs to local retirement systems while increasing the COLA Base to \$12,000. Because this law was local option, the Association worked tirelessly to have Chapter 17 adopted locally.

Our efforts paid off with the law being implemented by all systems. And, over the past 26 years, COLAs have been paid, with very few exceptions, by the state, teachers' and all 102 local retirement boards.

During the **2009-2010** legislative session, the Association achieved another milestone with the enactment of our initiative (**Chapter 188, Acts of 2010**) that allowed local retirement systems, with the approval of their local legislative body, to increase the maximum \$12,000

COLA Base to a higher amount, in \$1,000 increments – without any ceiling. And, a year later (**2011**) we succeeded in increasing the State/Teachers' maximum Base from \$12,000 to \$13,000.

With Chapter 188, we've experienced an increase in local COLA Bases ranging from \$13,000 to a high of \$30,000 – with the local average now just about \$16,000. In fact, 100 of the 102 local retirement systems have increased their COLA Bases. **Ed Note:** *The Voice's* next (October) issue will include a complete rundown of the COLA Bases for all retirement systems.

Since Chapter 17's enactment, the state, teachers and local retirement systems, with very few exceptions, have been paying a COLA by applying 3% to the Base amount. That said, *Mass Retirees* achieved one very significant increase from the traditional 3%.

In **2022** the Association successfully included in the **FY23 State Budget (Chapter 126, Acts of 2022)** a provision that established a 5% COLA for state and teacher retirees who were eligible for a COLA on July 1, 2022. We did this primarily to provide financial help to retirees impacted by the inflationary impact of the pandemic.

We didn't stop there and worked to have a local option law (**Chapter 269, Acts of 2022**) passed that allowed local retirement systems to adopt a 5% COLA for Fiscal Year 2023. However, Chapter 269's passage was just the crucial beginning toward final adoption of the increase since Chapter 269 established a somewhat cumbersome approval

CONTINUED ON PAGE 14 ►

SPOTLIGHT

MAYFLOWER MUNICIPAL HEALTH GROUP

Closer Look at Joint Purchasing Arrangements

Over the past year and a half, we have become increasingly concerned about rising healthcare costs, both for our members and the Commonwealth and its local government entities. We are once again at a crisis point, where access, affordability and quality are at risk and without hard conversations and decisions the outcome will be catastrophic for retirees and employees. Without strong partners and options for local governments, they will be left with subpar options guided by groups that do not serve the interests of the public sector. It is important that we continue to use our voice to highlight those partners and educate our membership about the increasingly complicated healthcare space.

Quite often members hear us speak of “municipal health insurance” in the context of the Public Employee Committee (PEC) and the retiree representative on that committee or what bargaining options provide protection for retirees when it comes to “municipal health insurance.” What gets lost at times is how a municipality, school district or other local unit purchases insurance for employees and retirees.

WHAT IS A JPA?

When we think of health insurance we think about the carrier or what “plan” we have, meaning we automatically think Blue Cross Blue Shield, Harvard/Tufts (Point32), or Wellpoint. However, there is a bit more to it. A key component is how

the public employer purchases those plans and which carriers they select and for that there are several ways that can happen.

One of those options is through a joint purchasing arrangement (JPA). The largest JPA in the state is the Group Insurance Commission, insuring approximately 460,000 lives. The GIC is governed by Mass General Laws Chapter 32A and is overseen by a 17-member commission, including a retiree representative and labor representatives. At the local level, a JPA is established pursuant to Mass General Laws Chapter 32B section 12. This section allows for 2 or more governmental units to join together to negotiate and purchase benefits.

There are approximately 12 JPAs throughout the Commonwealth. As we noted, the GIC is the largest, followed by the Massachusetts Interlocal Insurance Association, MIIA. JPAs play a critical role in providing stability for municipalities, in particular when factoring in the current healthcare environment. One such JPA is the Mayflower Municipal Health Group (MMHG), located in Plymouth. Like the partnership the Association has with the GIC and MIIA, *Mass Retirees* views the Mayflower Group as an important partner in the municipal health insurance space, and we recently had an opportunity to spend time with Plymouth County Treasurer Tom O'Brien and the administrative team to share insights.

MAYFLOWER GROUP: WHO ARE THEY?

The Mayflower Municipal Health Group (MMHG) is a self-insured joint purchasing arrangement that was established on July 1, 2008. As one of the foremost JPAs, MMHG has 33 governmental units that participate in the health insurance program with 7,500 subscribers and over 12,800 members. Along with medical the MMHG offers dental, life and vision insurance to the participating members.

Participating units are not required to enter into multi-year contracts and there is no administrative fee, with all of the expenses included in the rates. A key feature of MMHG is the centralized administration office for processing all enrollment applications, invoicing/collecting premiums, maintaining financial information, reviewing invoicing, providing wellness programs, tracking members turning age 65, answering benefit administrator questions, and other administrative functions. This centralized administration removes the administrative burden from the participating entities, saving personnel costs.

Like many JPAs, MMHG has a General Board that governs the group and is comprised of representatives from each of the 33 governmental units with each unit having one vote. The board has the authority to approve a new member joining the MMHG, vote on the final rates every year, and vote recommendations

CONTINUED ON PAGE 14 ►

GIC REPORT ON OUT-OF-POCKET COSTS

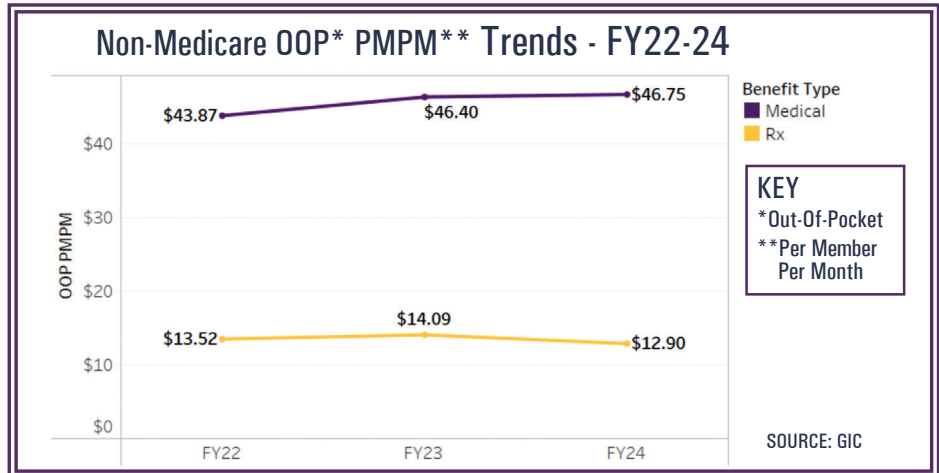
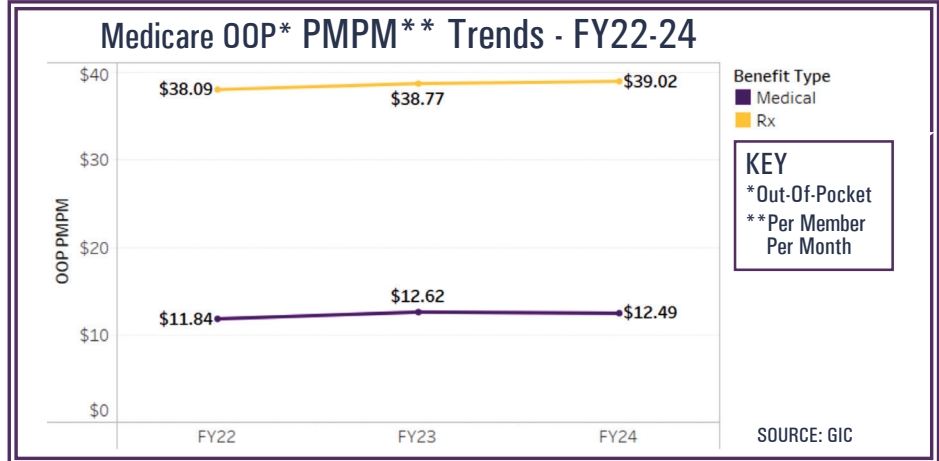
*Contains Largely
Good News For
Retirees*

At their May meeting, GIC commissioners focused primarily upon the annual report on out-of-pocket (OOP) costs. After reviewing the highly detailed report, we have determined that it contains largely good news for public retirees and employees insured under the state insurance plan.

While healthcare costs have continued to rise at an alarming and unsustainable rate, the copayment and deductible burden placed on enrollees by the GIC have not changed in seven years. As the report demonstrates, overall OOP costs per enrolled member remained relatively flat, if not decreased in 2024. *See accompanying graphs on Medicare and Non-Medicare OOP (Out-of-Pocket) Trends FY22-FY24.*

Despite escalating healthcare costs, the GIC's commitment to affordability for members continues to deliver results. In FY24, member OOP costs remained stable, even decreased in some areas—while GIC absorbed a significant share of the cost increases driven by medical inflation and rising pharmacy expenses.

Throughout the presentation the staff cautioned that interpretation of FY23-24 trends both on the OOP side and the GIC spend side was complicated by member migration and vendor changes, such as the consolidation of the pharmacy benefit manager, bringing both active and retiree members under the CVS/Caremark/Silverscript umbrella. However, procurement changes did result in some clear examples of savings.



Member OOP Costs: Overall Stability

Some of the report's key findings on Member OOP costs included the following:

- On the member side regarding OOP costs, there was overall stability with the Medicare plans, with only minor variations in OOP costs.
- For those covered by a non-Medicare plan, there was a slight OOP decrease.
- While there was a nominal increase in medical OOP costs mainly due to copay alignment and tiering implementation in some plans, despite higher drug costs overall, OOP dropped by nearly \$1.20 Price Per Member PER Month (PMPM) due to lower generic drug pricing.
- CVS/Caremark/Silverscript has a lower allowed amount on maintenance drugs than Express Scripts had, resulting in a decrease.

Costs Paid by GIC See Moderate Increases

Part of the presentation included a comparison of the costs paid by the GIC alongside the member OOP costs.

The breakdown included data on medical spend and drug spend by the GIC.

CONTINUED ON PAGE 16 ►



WELLPOINT-IBIS HEALTH CLINICAL TRIAL

*With Recruitment Phase Nearing End, Results
Expected Next Year*

More than two years into its partnership with Wellpoint, Sencio Systems is nearing the end of the recruitment phase of a clinical trial study that seeks to prove the benefits of its Ibis Health program, including its ability to keep members out of the hospital and healthier at home.

Over 600 participants have been enrolled in the study since it first launched last year, accounting for over 55,000 cumulative days on Ibis and more than 41,000 interactions with the Ibis Health nurse practitioner-led care team. So far, participants have demonstrated an 80 percent adherence rate to their care plans while on the program.

Once the recruitment phase

ends this June 30, investigators will continue to follow participants for the next year to determine whether Ibis Health can significantly move the needle in three specific areas: a reduction in all-cause hospital admissions over a period of 18 months; an increase in participants' confidence in their own self-management; and an effective adherence rate of 80 percent or greater to taking medications prescribed for chronic conditions.

"Mass Retirees has played a central role in fostering the partnership between Sencio and Wellpoint because we believe strongly in the value of Ibis Health to our members," reports CEO Shawn Duhamel. "And, we expect that the study's results

will bear that out."

Jointly led by Dr. Soeren Mattke, MD, DSc, Research Professor of Economics and Director of the Center for Improving Chronic Illness Care at the University of Southern California, and Dr. Michael Aciero, PhD, Associate Professor of Mathematics at the University of New England, the study first received IRB approval in December 2023 and began enrolling patients in January 2024.

Ed Note: While the clinical trial study involves only Wellpoint beneficiaries, Ibis Health is available to all Massachusetts retirees with Medicare Part B coverage who qualify. To learn more about the program, log onto www.ibishealth.org/voice.

Hearing Firsthand from a Member: Invaluable Testimonial

When *Mass Retirees* member Debra first heard about Ibis Health through a *Mass Retirees* Town Hall, she thought it sounded like a wonderful program — for other retirees. Like many people in their 60s, Debra has a few health issues, but she considers herself to still be relatively healthy.

"I didn't think it was for me," Debra said. "I'm still working part-time, and I'm quite social."

Until she thought about the experience of caring for her mother, who lived with Debra during the final years of her life. Debra, who lives in western Massachusetts and retired from a career in the UMass system, began to realize it could be helpful to develop some resources to help her

Ibis Is There When She Needs Them

better navigate the healthcare system before she gets to the point of being really sick. "I had my mother here for four years, and I wish I had something like Ibis for her care. Because I didn't know how to find a walker. I didn't know how to get her healthcare without having to, in the end, physically carry her to the doctors."

Debra decided to give Ibis Health a try. She told an Ibis Health enrollment specialist that she just wanted to get some guidance. "I know that my conditions aren't going to completely reverse themselves and get

100 percent better," she said.

More than a year later, Debra believes she is getting that guidance and more. She uses the Ibis Health patient portal (see *April Voice*) to help keep track of her medications, blood pressure and other vitals. And she looks forward to her conversations with the program's clinical care team, who have helped her better understand her health conditions and the medications she takes to manage them.

"When I've met with the [Ibis Health] nurse practitioner, it is a great relief to be able to have the time that I don't get from my primary [care physician] or my cardiologist,"

CONTINUED ON PAGE 14 ►



CMS Rx PRICE NEGOTIATIONS: UPDATE

Timeline for 2nd Cycle

As we reported in the last (April) *Voice*, the federal Centers for Medicare and Medicaid Services (CMS) is proceeding forward with its 2nd cycle of negotiations. They will conclude with the new maximum fair price (MFP) for each of the 15 drugs, listed in the April *Voice*, becoming effective on January 1, 2027.

This is happening despite the fact

that pharmaceutical manufacturers and their trade associations are continuing their challenges against the Program in the courts and with the Trump administration and Congress. While their efforts to kill or otherwise undermine the Program have proven unsuccessful so far, we're closely monitoring the situation.

During March and April, CMS hosted patient-focused and

clinical-focused public engagement sessions. That includes patient-focused roundtable events and a town hall meeting focused on clinical considerations.

As of this June, CMS has sent an initial offer of a MFP for a selected drug to each participating drug company. Here's what is planned during the remainder of this year.

- **July 1, 2025:** Deadline for a participating drug company to accept CMS's initial offer of a MFP or counteroffer.
- **Summer of 2025:** CMS and participating drug companies may engage in negotiation sessions over the initial offer and counteroffer.
- **October 8, 2025 to November 1, 2025:** Exchange of additional offers or counteroffers between CMS and drug companies.
- **November 30, 2025:** Deadline for CMS to publish agreed-upon MFPs.

OTHER FEDERAL EFFORTS UNDERWAY

Efforts at reducing Rx drug prices hasn't stopped with the CMS negotiations. Recently President Trump issued an executive order that seeks on several fronts to cut drug prices here to align with the significantly lower ones abroad.

His executive order seeks to implement what is known as the "most favored nation" drug pricing policy which aims to reduce U.S. prices to those in other countries. As we went to press, details on how the administration will fully implement this policy remain unclear.

For example, the executive order

Focus on "Most Favored Nation" Policy

did not specify to which drugs it will be applied. That said, it requires U.S. Health and Human Services Secretary Robert F. Kennedy Jr. to set clear targets for price reductions across all U.S. markets within 30 days.

If "adequate progress" is not made toward those targets, then Secretary Kennedy will impose the

most favored nation pricing on the drugs through rulemaking. Also, the order directs the U.S. Department of Justice and Federal Trade Commission to aggressively enforce "anti-competitive actions" that keep prices high in this country.

If the pharmaceutical manufacturers' response to the CMS's ongoing drug price negotiations is any indication, then legal challenges to this executive order can be expected. As major developments occur, we will be updating our members here as well as in weekly messages/videos.

Mayflower

CONTINUED FROM PAGE 10 ►

made by other Committees.

Another hallmark of MMHG is the Steering Committee. MMHG has a nine-member Steering Committee with six members that are elected from the General Board. The remaining three members of the Steering Committee are appointed and include one from the Massachusetts Teachers Association, one from the Professional Fire Fighters and one retiree appointed from the Plymouth County Retirement Board.

MMHG is the first and only joint purchase arrangement to have this representation on the Steering Committee. The Steering Committee

is empowered to review annual rate renewals, negotiate health coverage renewal contracts, negotiate funding, and other financial arrangements. Retiree and organized labor representation on the Steering Committee ensures that all stakeholders have a voice and have shared investment in decision-making.

Along with the General Board and the Steering Committee, MMHG also elects a Finance Committee and has an elected Massachusetts Certified Treasurer who provides quarterly financial reports and attends Steering Committee meetings to provide monthly updates. Notably, Plymouth County Treasurer Tom O'Brien serves in that role.

A key feature is the award winning wellness program overseen by

the Wellness Committee, who meets quarterly to discuss program offerings that include member-based interaction with a focus on members' individual responsibility for their health and well-being.

While protecting employee benefits with comprehensive plan design options, low premiums has been the foundation of the work done by the MMHG. We see this accomplished through strong leadership and a collaborative environment between stakeholders. As a result, the five-year average rate increases between FY21 and FY25 is 3.15%. The working relationships that the structure has established will be vital as the employers, employees and retirees in the group attempt to navigate the storm we see on the horizon.

COLA

CONTINUED FROM PAGE 8 ►

process, particularly for regional and county retirement systems.

Consequently, a great deal of effort by many went into having the

5% implemented locally. But, as we reported back then in issues of *The Voice*, all the hard work paid off and eligible local retirees also received a 5% COLA for FY23. This increase to 5% marked the first such increase since 1992.

That brings us current to the

Special COLA Commission that we proposed and had included in the **FY25 State Budget (Chapter 140)**. We envision this Commission to be a springboard for more COLA milestones in the future. See related article about the Commission on p. 1.

Ibis

CONTINUED FROM PAGE 12 ►

Debra said. Ibis Health's team is "able to address things that my doctors don't have enough time to get into the nitty-gritty."

And the best part, according to Debra? Because of Ibis Health's ongoing partnership with Wellpoint, Debra's health insurance provider, she doesn't pay anything out-of-pocket for the program. Debra says she is trying to convince friends and neighbors to join Ibis Health. "Overall I think it's a great program, and the people that have touched me are so caring and so professional at the same time," Debra said. "Ibis is there when I need them. They understand that I really don't need a lot

from them right now, but that I want to stay involved so that as things change in my life, they are there."

FLYING SOUTH LATER THIS YEAR?

**With Expanded Coverage for
Florida Residents, Ibis Health
Goes with You!**

With its recent expansion into Florida, Ibis Health is now available to *Mass Retirees* members who later this year, may be searching for warmer temperatures and palm trees! To discover whether the program is a good fit for you or your loved one, log on www.ibishealth.org/voice.



MASS RETIREES IN PERSON AREA MEETINGS

FOR MORE VISIT ASSOCIATION WEBSITE

During this winter and spring, *Mass Retirees* held several in-person meetings across the Commonwealth. Member turnout at each of these six meetings exceeded all expectations. While we've included a small sampling of photos here, you can find much more by visiting the Association's website at: www.massretirees.com.

WINTER MEETINGS



AUBURN

AUBURN MEETING PLEDGE



TEWKSBURY

CONGRESSWOMAN LORI TRAHAN SPEAKING IN TEWKSBURY



FLORIAN HALL

PACKED HOUSE AT FLORIAN HALL



V.P. ED PIETREWICZ, SEN. MIKE MOORE, LEG. LIAISON NANCY McGOVERN & CEO SHAWN DUHAMEL



REP. BRUCE AYERS, IAFF GEN. PRES. ED KELLY, SEAN KELLY (SEE PG. 17), NORFOLK SUPERIOR CT CLERK WALTER TIMILTY



PRES. FRANK VALERI, CONGRESSWOMAN LORI TRAHAN & CEO SHAWN DUHAMEL



LEG. LIAISON NANCY McGOVERN, REP. BRANDY FULKER REID & LEG. CHR. TOM BONARRIGO



SPRING MEETINGS



NATICK

FIRST EVER MEETING IN NATICK



LEOMINSTER

PLEDGE OF ALLEGIANCE IN LEOMINSTER



PEABODY

CEO DUHAMEL AT PODIUM IN PEABODY



PRES. FRANK VALERI WITH NATICK BD MEMBER NICHOLAS MABARDY



SEN. JOHN CRONIN, TREAS. JOE CONNARTON, PRES FRANK VALERI, REP. MEGHAN KILCOYNE & LEG CHR. TOM BONARRIGO IN LEOMINSTER



GIC EXEC. DR. MATT VENO AND FORMER MTRS EXEC. DR. ERIKA GLASTER IN PEABODY



REP. JACK PATRICK LEWIS IN NATICK



FOR MORE, PLEASE VISIT THE ASSOCIATION WEBSITE AT: WWW.MASSRETIREES.COM
YOU MAY SEE A FRIEND, FORMER CO-WORKER OR EVEN YOURSELF

OOP

CONTINUED FROM PAGE 11 ►

In the medical spend category there was a \$35.38 PMPM increase from FY23 to FY24. These increases occurred in the broad categories of outpatient and inpatient surgical, inpatient medical, outpatient psychiatric and pharmacy.

The report yields some interesting data in the prescription drug spend category. Brand drugs were up approximately \$15.00, led by GLP-1 utilization for diabetes and weight loss. It was noted that there are 11K utilizers on non-Medicare plans accounting for a drug spend of \$15M monthly GIC cost. The OOP member cost is \$30 (30-day), \$75 (90-day). The increase in the brand

drugs was offset by \$1.43 decrease in specialty drugs due to biosimilars for Humira and CVS Caremark made

changes to the formulary in April 2024.

Spending Compared to Other Plans

Another valuable aspect of the report is the comparison to other plans in the Massachusetts marketplace. Utilizing data from the Center for Health Information and Analysis (CHIA) the staff compared the GIC spend to those plans in the Jumbo Group, defined as 500+ employees.

Two interesting data points were highlighted.

- The GIC percentage of medical cost share is calculated at 91.6%. This has remained stable over the last three fiscal years. However, it was noted that the jumbo group runs around 89%, slightly lower than the GIC.
- The data also indicated that 31% of large employers increased cost sharing in 2024 as a mechanism to address cost, GIC and most municipal plans did not.

"As we see it, the GIC OOP report continues to provide very important data," comments Association's Nancy McGovern. "It will be a valuable resource as we continue to examine solutions to rising healthcare costs."

Social Security

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GPO will be paid, but simply "when." We know that implementation is ongoing, with members routinely reporting that they have received payment."

As of May 16, 86% or 2.4 million retirees had received their retroactive payment and have been made whole going forward. The remaining group of impacted retirees, totalling nearly 1 million people, have cases that were deemed "complicated" by SSA. While the specifics of each case is different, what they all have in common is the fact that both the retroactive payment and adjusted monthly benefit must be calculated by a human rather than the automated process used for 2/3rds of the cases that had been resolved by early April.

If you are now receiving a Social Security benefit that was reduced by the WEP or GPO laws but have not yet received your retroactive payment and new monthly benefit, *Mass Retirees* suggests that you contact Social Security by calling your local field office and inquire about your status. Once it has been confirmed

that you are in fact on the list of pending claims, there is not much more you can do beyond waiting to be paid.

Social Security has publicly stated that all pending cases should be resolved by November.

For those retirees who were denied a spousal or survivor Social Security benefit due to the GPO, you may need to contact Social Security to initiate payment of your benefit. Spouses are eligible for up to ½ of their living spouse's Social Security benefit. Surviving spouses are eligible for 100% of their deceased spouse's benefit.

To be clear, if the retiree qualifies for their own Social Security benefit, based on their own personal work history, then they will only qualify for spousal/survivor Social Security benefits if those benefits are greater than their own.

"For spousal or survivor benefits, you essentially qualify for the greater of the two. Divorced spouses may still qualify for benefits, if they were married for at least 10 years," explains *Mass Retirees* General Counsel Bill Rehrey. "In terms of the retroactive application of spousal/survivor benefits, if there is a

record of the denial taking place due to the GPO, Social Security will pay the retroactive benefit to 1/1/2024. However, if there is no formal record of the denial taking place the retroactive benefit is generally paid just six months retroactively.

"We have heard from quite a few members who had applied for spousal/survivor benefits prior to 2025 and were verbally denied by SSA due to the WEP. Unless there is a written record or documentation, there is no way to legally prove that the benefit was denied. We believe this to be an unfair and incorrect interpretation of the Fairness Act and have urged SSA to revise their position."

Several members of Congress, including all members of the Massachusetts delegation and US Senator Susan Collins (R-ME) have also called on SSA to reverse its interpretation and pay all pre-2024 claims retroactively to 1/1/2024. However, to date, SSA has maintained its narrow interpretation.

Mass Retirees will continue to advocate for the fair and prompt application of the Fairness Act for all impacted retirees. We will keep members informed of all new developments.

RETIREMENT BOARDS

ELECTIONS & APPOINTMENTS

Easthampton – Easthampton Retirement Board members voted to appoint former Easthampton town official, **Phillip Campbell**, as their fifth member replacing retired Springfield Fire Lieutenant **Connie Sullivan** who chose not to be considered for reappointment. The other Board members making the appointment were **Hetal Patel**, **Emily Russo**, retired Fire Chief **David Mottor** and retired Police Captain **Donald Emerson**.* **Kymme Wood** is the Board's administrator.

Fairhaven - Timothy Cox, Town of Fairhaven harbormaster/shellfish warden, was elected to the **Fairhaven Retirement Board**. He ran unopposed and declared elected to his second term on the Board. He will join with the other Board members, **Anne Carreiro***, **Mark Rees**, retired Firefighter **Wally Therrien**, and retired Acushnet Firefighter **Alfred Robichaud**. Fairhaven's Retirement Board administrator is **LeeAnn Torres**.

Holyoke – Jack "Duke" McCarthy, retired firefighter, passed away last fall while serving his seventh term on the **Holyoke Retirement Board**. He was replaced by retired Firefighter **Joe O'Connor**. In addition, retired



Boston – The Boston Retirement Board held a special election to replace Firefighter **Michael O'Reilly** who had resigned as one of the Board's two elected members. To fill the open seat, members of the system elected District Fire Chief **Sean Kelly** who received a strong endorsement from *Mass Retirees* in

SEAN KELLY SECURES DECISIVE VICTORY

FOR BOSTON RETIREMENT
BOARD'S OPEN SEAT

his bid.

Sean won the hotly contested election race by an overwhelming margin over the nine other candidates in the field. With 2,839 votes, he more than doubled the votes of the second place finisher, **Elissa Cadillac**, a Boston Library

CONTINUED ON PAGE 18 ►

Board Executive Director **Cheryl Dugre*** was reelected to her second term and appointed Chair, replacing McCarthy. The other members of the Holyoke Board are **Todd McGee Esq.**, **Tanya Wdowiak** and **Michele Aubrey, CPA**. **Anthony Dulude** now serves as the executive director for the Board.

Lawrence – The Lawrence Retirement Board held a concurrent election with only two nominees, Firefighter **Robert Wilson** and retired Board Administrator **Diane Cockcroft**, who were declared reelected to their second term by the other Board members. The other three members

making the election declaration **Pascual Ruiz**, **Ramona Ceballos*** and **Sheryl Wright**. **Gina Rizzo** is the Retirement Board's executive director.



JONATHAN CAMPAGNAU
LEOMINSTER

Leominster – Firefighter Jonathan Campagnau was reelected, without opposition to his third term on the **Leominster Retirement Board**. The other members

CONTINUED ON PAGE 18 ►

IN HONOR AND MEMORY OF MEMBERS LOST

Now on Association Website

In honor and memory of *Mass Retirees* members who have recently passed away, we are now including a tribute to them - their names, addresses

and former public service - on the Association website at www.massretirees.com.

We extend our deepest sympathy to their families.

Elections

CONTINUED FROM PAGE 17 ►

of the **Leominster Retirement Board** are, Firefighter **Shayne Newton**, Ex-Officio Member **Jennifer Reddington**, retired City Treasurer/Comptroller **David Laplante*** and **Douglas Farwell**. The administrator for the Retirement Board is **Erin Kelley**.

Maynard – **Michael Pasternak** has been appointed the **Maynard Retirement Board's** fifth member. **Michael** also serves as the executive director of the Fall River Retirement System. He will be replacing longtime



MICHAEL PASTERNAK
MAYNARD

Maynard Board member **Christopher Connolly, Esq.** who is also the retired Chief Administrative Magistrate of DALA. The other Board members making the appointment were **James Alexander**, **Kevin Petersen**, **Patrick Hakey*** and **Sandra Baltazar**. The Maynard Board's executive director is **Kenneth DeMars**.

Montague – Retired Firefighter **David Dion** was declared reelected to his 14th term by the other **Montague Retirement Board** members, as he was the only candidate nominated.

The other Board members declaring the election were **Carolyn Olsen***, **Steven Ellis**, **Cheryl Clark** and retired Greenfield Retirement Board Administrator **Marianne Fiske**. The Retirement Board administrator is **Debra Underhill**.

New Bedford – Retired Police Officer **Lenny Baillargeon*** was reelected to his fourth term and **William Cabral** replaced retired Firefighter **James Kummer** who chose not to run for reelection. The concurrent election was declared by Board members as both candidates were unopposed. The other members declaring the election were, **Quillan Lowney**, **Angela Natho** and **Christopher Saunders, Esq.**, who is also the Bristol County treasurer. The Board's executive director is **Eric Cohen**.

North Adams – The North Adams Retirement Board has declared Firefighter **Matthew LaBonte** as the elected first member to the Board as he was the only candidate nominated. This will be his fifth term as an elected trustee. The other Board members include, **Kathleen Wall**, **Beverly Cooper**, retired Fire Lieutenant **Lawrence O'Brien*** and **Fred Thompson, Esq.** The North Adams Retirement Board administrator is **Shawn Flynn**.

Plymouth – The declared **Thomas Kelley*** and **Dale Webber**



DALE WEBBER & THOMAS KELLEY
PLYMOUTH

were reelected to the Board, as they were the only two candidates nominated for the Board's elected positions. **Mr. Kelley** will be entering his 11th term and **Mr. Webber** begins his 4th term. The other members serving on the Board are retired Librarian **Sharon LaRosa**, fifth member **Robert Ness** and Ex-Officio **Lynne Barrett**. The Board's executive director is **Wendy Cherry**.

Reading – Retired Firefighter **Robert Beck** chose not to run for reelection and will be replaced by City Clerk **Laura Gemme**. She received 166 votes to defeat Light Department employee **Kenneth Finne** who received 148 votes. The other **Reading Retirement Board** members are **Sharon Angstrom**, Police Officer **Richard Abate**, Firefighter **David Gentile*** and retired Woburn Firefighter **William Sweeney**. The Retirement Board administrator is **Elaine Kelly**, who replaced **Colleen Loughlin**.

*denotes chair

Sean Kelly

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employee who received 1,264 votes. According to the final tally, Cadillac was followed by retired Police Officer **Stephen Green** with 877 votes, Police Officer **Mary Ryan** with 363 votes and Code Enforcement employee **Christopher Stockbridge** receiving 328 votes. Each of the remaining five candidates received

less than 300 votes.

Sean Kelly had served as an elected member to the Board beginning in 2008 and Chairman to the Board from 2010-2014, before eventually deciding not run again for reelection. He is credited with helping the Boston Retirement System to recover from the recession at that time and helped lead the way for a \$2,000 increase in the COLA base. During this time, he worked with former **Mayors Menino and Walsh** to

ensure that Boston's requirement to fully fund the retirement system remained on track. His efforts have played a significant role in Boston now being amongst the best funded cities in the country.

"We congratulate Sean for his hard fought victory," remarks President Frank Valeri. "And, we look forward to working with him once again."

At the beginning of May the Association had an opportunity to participate in the Massachusetts Senior Medicare Patrol Program's 11th Statewide Conference. While the main focus of the conference was on primary care and access, the program also included several

workshops on identifying scams targeting older adults and identifying potential Medicare fraud. The workshops were an opportunity to gain knowledge that will assist us in educating our members.

To that end we partnered with the Medicare Senior Patrol to share information about the program and

the resources and services available to members.

Below is an introduction to the program, prepared by them, and you can look at their website for more information. We are planning an education webinar for members in October and will be providing details as we get closer.



Preventing Medicare Fraud

AgeSpan, 280 Merrimack Street, Suite 400, Lawrence, MA 01843
800-892-0890 • www.MASMP.org



The Massachusetts Senior Medicare Patrol (SMP) Program works in partnership with mainstream government, non governmental, and “grassroots” community-based organizations across the state to raise awareness about protecting, detecting, and reporting healthcare errors, fraud, and abuse.

According to the Centers for Medicare and Medicaid Services, healthcare errors, fraud, and abuse cost American taxpayers billions of dollars annually.

The MA SMP Program encourages consumers to track all their healthcare encounters by keeping a personal healthcare journal. We all should use a healthcare journal to record all our medical interactions, including in-person, virtual/telehealth, and radiology appointments; medications, prescribed and over the counter; home health services;

lab tests; and durable medical equipment, such as wheelchairs, braces, walkers, and CPAP machines.

Additionally, the MA SMP Program urges consumers to write down all questions they have for their physicians or other health professionals as well as the responses to their questions. Consult www.MASMP.org/Resources for five important questions to ask at every medical appointment.

The MA SMP Program regularly conducts outreach and free educational sessions across the state to inform Medicare and Medicaid beneficiaries, family members, caregivers, and professionals about the importance of being engaged healthcare consumers. Only through consumer engagement can we prevent, detect, and report healthcare errors, fraud, and abuse which are costly and too often have devastating health-related consequences.

Healthcare **fraud** is always intentional deception or misrepresentation which can have an impact on the health and lives of consumers and are costly to taxpayers and the insurance industry. Healthcare errors and abuse are typically unintentional incidents, practices, or procedures that are inconsistent with sound medical, business, or fiscal practices.

Healthcare **errors** and **abuse** often result in payment for services that fail to meet professionally recognized standards of care or are medically unnecessary. Unnecessary treatments can be dangerous and just as damaging to one's health and finances.

Consumers should protect all personal information including their Medicare, Mass Health/ Medicaid, and Social Security cards as they would protect their credit cards. Carry these cards only when absolutely necessary.

Approximately 98,000 lives are lost annually due to medical errors, according to the Institute of Medicine's report, “To Err Is Human: Building A Safer Health System.”

The Massachusetts Senior Medicare Patrol (SMP) Program is part of a national initiative to educate healthcare consumers on how to avoid Medicare errors, fraud, and abuse. There are SMP programs in the 50 states, the District of Columbia, Guam, Puerto Rico, and the U.S. Virgin Islands. The MA SMP Program has been under the leadership of AgeSpan, formerly Elder Services of the Merrimack Valley and the North Shore, since 1999.

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