

# THE VOICE

OF THE RETIRED PUBLIC EMPLOYEE

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NOVEMBER 2023

## STATE & TEACHER COLA BASE AT CROSSROADS

### *1996 Reform Serves as Blueprint for Improvements*

Just over a quarter century ago state-wide policy for the cost-of-living adjustment (COLA) had run into a dead end of sorts, with the cost of implementing the annual benefit outpacing the state's ability to fund the increases. As we chronicled in the July 2023 edition of *The Voice*, from 1981 through 1997 the Commonwealth both approved and paid for the COLA for all retired public employees.

The policy that saved municipal retirees from the austerity resulting from the passage of Proposition 2 ½

in 1980 had grown to become exceedingly expensive over the ensuing 16 years. When the legislature assumed the responsibility for the municipal COLA, the Commonwealth and all local retirement systems were still operating on a pay-as-you-go basis which did not require proper funding of future benefit costs.

While the 1988 pension reform and establishment of funding schedules was sound public policy and ensured the future stability of our public pension systems, it did not come without a cost – a financial

cost, as well as a cost to future retirees. It should also be pointed out that Massachusetts was the 49th state to implement pension funding, second only to Mississippi!

The financial and legal structure of a properly funded public retirement system requires that both current and future costs (liabilities) to the system are paid for. This not only applies to a retiree's base pension, but also any COLA benefits that a retiree is granted or is scheduled to

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## TAX RELIEF BECOMING LAW

### *Includes Major Provisions Benefiting Retirees*

While the legislation awaits the governor's signature at press time, there's no question that tax relief will become law, providing about \$561 million in relief in the current fiscal year (FY24) and more than \$1 billion by FY27. Within the new comprehensive law, there are major provisions that directly benefit retirees and their families.

Since our May issue, we've been monitoring the progress of the legislation. Our focus has been on its proposals to reform three major parts of

the state's tax law – the estate tax, property tax relief (circuit breaker) and the income tax, specifically a credit for families with dependents 65 or over.

When we last reported on this in our July *Voice*, the legislation was pending in the Senate. Since then, the Senate enacted its version of tax relief, including the three proposals outlined above.

To iron out the House and Senate differences, a House-Senate conference committee was convened, led by the chairmen of the

House and Senate Ways & Means, Rep. Aaron Michlewitz and Sen. Michael Rodriguez respectively. On September 26, the conference committee issued its compromise legislation that was passed by both the House and Senate and then sent to the governor for her signature.

"We're pleased to report that all three reforms are in the legislation on the governor's desk," according to Legislative Chairman Tom Bonarrigo. "House Speaker Ron Mariano, Senate President Karen Spilka, as well as the Ways & Means

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# COLA

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receive.

One of the major benefits of Massachusetts COLA policy is that the COLA is cumulative, meaning it becomes a permanent part of the retiree’s pension and cannot be taken away. This means that the 3% COLA paid in 2023 continues to be paid going forward, in addition to the COLA paid in future years. Due to the pension system funding requirements, the ongoing cost of the COLA must be funded in perpetuity.

Back in 1996, the combination of pension funding schedule requirements and the Commonwealth’s growing annual appropriation resulted in the creation of a Special Commission on COLA Reform – on which our Association served. The goal of the Commission was twofold: increase the COLA base, as well as craft a sustainable plan to return responsibility for the future COLAs paid to municipal retirees to the 102 local retirement systems.

Less than a year later, the landmark COLA reform law (Chapter 17, Acts of 1997) was signed into law by then Governor Bill Weld. While proven to be a great success, particularly at the local level where the COLA base has continued to grow, the structure of how to fund improvements to COLA base is now a significant hurdle for the State and Teachers’ Retirement Systems.

## 2036 FUNDING DEADLINE

As it now stands, both the State and Teachers’ Retirement Systems are scheduled to become fully funded in 2036 – less than 13 years from now. To stay on course in achieving this goal, the state continues to aggressively fund its share of the cost of the systems. For FY24, the Commonwealth’s appropriation is more than \$4.1 billion and is on track to increase at nearly 9% a year.

The original State and Teachers’

funding schedules established in 1988 were 30-year schedules, meaning that the liability was planned to be paid off by 2028. In conjunction with the passage of Chapter 17, the original schedule was shortened by 10-years to 2018. This was due, at least in part, to the success of the pension fund investment policies in the 1990s.

Following the losses to both the Commonwealth’s PRIT Fund and across all local retirement systems during the financial crisis in 2008, the law was amended to extend the legal requirement for full funding to 2040. However, a more aggressive path was set to fully fund the State and Teachers’ Systems by 2036.

In addition to the change in funding dates, the Commonwealth has also made a series of changes to the underlying investment and actuarial assumptions that determine how the funding schedule operates. These assumption changes have been conservative in nature. Examples include revised mortality tables that represent an overall increase in life expectancy, as well as a significant change in the assumed rate of investment return.

Prior to the financial crisis the longstanding assumed rate of return used by the Commonwealth’s PRIT Fund was 8.25%. Following the advice of economists and funding experts concerned with an overall slowdown in future economic growth, the assumed rate of return has gradually become more conservative and currently sits at an assumed rate of 7% for the State and Teachers’ Retirement Systems.

Each 0.10% change in the assumption results in massive changes in the system’s funded ratio, unfunded liability, and annual budget appropriation. This decade-long move of assumption changes from 8.25% to 7% result in more than \$11 billion in new unfunded liability and has increased annual budget costs to the Commonwealth.

Combined with a funding

deadline that is now just slightly more than a decade away, these changes have compressed the time available to spread out new costs and gradually pay off pension debts over a longer period.

As we have reported in the past, each \$1,000 increase in the State and Teacher COLA base represents some \$500 million in new unfunded liability and roughly \$50 million added to the state’s annual budget appropriation. In other words, a \$16,000 COLA base would create \$1.5 billion in new unfunded liability and potentially add \$150 million a year to the budget appropriation.

## COLA REFORM 2.0: SPECIAL COMMISSION

“We appear to be in a very similar place as 1996, when the cost of implementing new COLA benefits had become a difficult hurdle to overcome. The answer back then was to create a special commission, designed to bring together all the key players with the goal of finding a solution to the problem. Twenty-seven years later, we believe it is time to do so again,” said Association President Frank Valeri. “Thankfully, the Healey Administration and Legislative Leadership want to find a way to improve the COLA for the members of the State and Teachers’ Retirement Systems, as do the retirement boards governing both systems.”

Association officials have approached the governor and legislative leaders with a proposal to create a new COLA Commission, on which *Mass Retirees* would serve. The proposed Commission would also be comprised of Administration officials, legislative leaders, and key retirement policy leaders.

“While we don’t believe the whole COLA policy needs to be changed, it is important that decision makers come together around a general plan to both improve and

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**MASS RETIREES  
LEGISLATIVE  
UPDATE**

SEVERAL ASSOCIATION BILLS  
HEARD BY PUBLIC SERVICE

**B**ack from the August break, the Legislature resumed work on legislation for the current session. Various conference committees resumed meetings to resolve differences and act on large omnibus bills such as tax relief (see article, p. 1).

The standing committees, such as the Joint Committee on Public Service, also advanced the public hearing schedule. As we had reported in the September edition, 14 out of the 20 bills the Association filed for the current session have had a public hearing before the Public Service Committee. Public Service is planning hearings throughout the month of October, at which time, the remaining bills in the Association’s legislative package should be heard. We anticipate that once the public hearing process is completed the Committee will move

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**10.19.23**  
Pittsfield, MA  
1:00 PM

**10.20.23**  
West Springfield, MA  
11:00 AM

**11.17.23**  
Westport, MA  
11:00 AM

**12.5.23**  
Auburn, MA  
11:00 AM

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

**2023 AREA MEETINGS**

Here is a schedule of the Association’s area meetings until year’s end. During our 2023-2024 Meeting Season, we will attempt to conduct in-person meetings in all regions of the state. As customary, we will post future (2024) meetings on Page 3. Please stay tuned for a meeting in your area.

**WHEN: THURSDAY, OCTOBER 19, 2023, 1:00PM**  
**WHERE: HOLIDAY INN & SUITES**  
ONE WEST STREET, PITTSFIELD, MA 01201

**WHEN: FRIDAY, OCTOBER 20, 2023, 11:00AM**  
**WHERE: STORROWTON TAVERN & CARRIAGE HOUSE**  
1305 MEMORIAL DRIVE, W SPRINGFIELD, MA 01089

**WHEN: FRIDAY, NOVEMBER 17, 2023, 11:00AM**  
**WHERE: WHITE’S OF WESTPORT**  
66 STATE ROAD, WESTPORT, MA 02790

**WHEN: TUESDAY, DECEMBER 5, 2023, 11:00AM**  
**WHERE: AUBURN ELKS LODGE 2118**  
754 SOUTHBRIDGE STREET, AUBURN MA 01501  
(PLEASE USE HANDICAPPED ENTRANCE)

**STRIVING  
TO KEEP  
MEMBERS  
INFORMED  
& ENGAGED**

**PLEASE  
JOIN US!**

**2024 FLORIDA AREA MEETINGS**

**EAST (GOLD) COAST IN EARLY FEBRUARY**  
**WEST (GULF) COAST IN EARLY MARCH**

As members know, the *Mass Retirees* is planning a series of area meetings that will piggyback on Florida’s East (Gold) and West (Gulf) Coasts. For our East Coast members, the 2 in-person meetings will be in early February and the 3 West Coast meetings will be scheduled in early March. Please look for details on these meetings in the January *Voice*.



# HOUSE REPUBLICAN LEADERS FILE WEP REFORM PROPOSAL

## Total of 6 Bills Now Pending to Repeal or Reform WEP & GPO

Texas Congressman Jodey Arrington has stepped in to fill the void created by the retirement of Kevin Brady by filling a revised proposal to reform the Social Security Windfall Elimination Provision (WEP). The bill, **HR5342**, is the 6th proposal filed in 2023 that would either reform the WEP or fully repeal both the WEP and Government Pension Offset (GPO) laws. Like Brady, who also hailed from Texas and held a senior leadership position within the House GOP caucus, Arrington chairs the powerful House Budget Committee and is the Leading Republican on the House Ways and Means Committee. Brady previously chaired Ways and Means, as well as served as the ranking Republican member while the House was under Democratic control during the 116th and 117th Congressional sessions.

Like that filed by Brady in the past two sessions, Arrington's proposal focuses exclusively on the WEP and provides current retirees who are now impacted by the WEP with a \$100 per month rebate aimed at restoring part of the reduced benefit. The bill creates a new Social Security benefit formula for all future retirees that accurately accounts for work covered by Social Security vs.

noncovered service, such as that covered by a public pension.

Where HR5342 differs from previous Republican reform proposals is that it grandfathers all workers age 18 and older, so that they will receive the greater of the current or revised benefit once they retire.



**SHAWN DUHAMEL**  
CEO MASS RETIREES

Brady's grandfather provision took effect for everyone over the age of 21.

HR5342 is similar to HR4260, filed by Congressman Richard Neal, in that it focuses exclusively on reforming the WEP and does not address the GPO at all. However, Neal's bill goes further than Arrington's on two key points. First, Neal's proposal would restore \$150 a month in WEP'd benefits (\$1,800 annually, indexed to inflation). Neal

also provides all future retirees with the greater of either the current or revised Social Security benefit using the new formula.

Unlike HR82 and its Senate counterpart S597 (sponsored by Ohio Democrat Senator Sherrod Brown), which fully repeal both the WEP and GPO laws altogether, the Arrington and Neal bills strictly focus on reform of the WEP.

Filed by Congressman Garret Graves (R-LA), HR82 currently has 294 cosponsors (200 Democrats and 94 Republicans). While supporters continue to push for the bill to be discharged for a vote on the House floor, formal opposition to the proposal has grown from national budget watchdog groups (see September 2023 *Voice*).

Two additional bills, focused on the overall reform of Social Security, also contain provisions repealing both the WEP and GPO laws. The two bills, HR4583 and S2280, are sponsored by Connecticut Congressman John Larson and Senator Richard Blumenthal and are exclusively cosponsored by Democrats.

"What is most encouraging is that we now have six different bills pending within the House and US

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## Legislative

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forward with Executive Sessions, taking further action on legislation before the Committee.

On the horizon is what is

commonly known as Joint Rule 10 day. This is the date, the first Wednesday of February of the second year of a legislative session, that all committees need to make final reports on legislation that has been filed in a timely manner. For this session that date is February 7th. The only exception is the Joint

Committee on Healthcare Finance, which is the last Wednesday of March. Any of the legislation that is part of the Association's package that has not been acted on prior to February 7th will receive a report of either favorable to pass, ought not to pass or studied further.



# NEWEST MASS RETIREES BOARD MEMBER JACQUELINE A. GORRIE

## Still Serving After Career In Teaching

President Frank Valeri has appointed retired Taunton teacher **Jacqueline Gorrie** to fill a vacancy on the *Mass Retirees* Association's Executive Board.

Jacqueline "Jackie" Gorrie, who began and ended her 36-year teaching career in the Taunton Public Schools as a second-grade and kindergarten teacher, will fill the seat formerly held by the retired Executive Director of the Mass Teachers' Retirement system, Joan Schloss.

As a lifelong public school educator, Jackie's advocacy for her profession and her students led her to many leadership roles within her Union, as well as a number of local, labor and retiree related offices. Locally, she served as president of the Taunton Education Association (TEA) for ten years, as well as a number of other offices, such as the public relations and political action chairperson, the secretary, vice president/grievance



JACQUELINE A. GORRIE & PRESIDENT FRANK VALERI  
& ANNE WASS

chairperson and building rep. for the TEA.

Her community activism led her to multiple state and national advocacy positions such as a member of the Mass. Teachers' Retirement Board, Massachusetts Teachers' Association Board of Directors and subsequently as a member of the National Education Association (NEA) Board of Directors.

Currently, Jackie is a member of the MTRS Board of Trustees and

serves as its Vice Chair.

In response to Jackie Gorrie's willingness to serve as a member of the *Mass Retiree's* Executive Board, President Valeri stated that he is very much looking forward to working with Jackie, "I think this will be such a positive addition to our E-Board composition. Especially, because she will be joining Anne Wass on the Board who is another exceptional advocate for retired public employees and also a retired teacher and fellow MTRS Board

Member." There are approximately 66,000 Massachusetts retired teachers in the MTRS.

A resident of Randolph, Jackie continues to be an active voice for retiree issues. She holds a BA from Bridgewater State College and an M.Ed from Cambridge College. She is married to Stephen Gorrie, former president of the Massachusetts Teachers' Association from 1997-2002.

## COLA

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fund future COLA benefits. This should include improvements to the State and Teacher COLA base, as well as taking steps to create a new enhanced or senior COLA benefit for all long-term public retirees," said *Mass Retirees* CEO Shawn Duhamel, who served as the Association's legislative liaison during COLA reform in 1996-97.

"The COLA Reform Commission was successful because it brought the key decision makers together with retirement policy experts to craft a workable plan to fix the benefit going forward. A quarter of a century later we find ourselves in a similar place.

"As we have said in the past, the challenge is not convincing state leaders of the need for improved COLA benefits. The challenge strictly falls on the funding side,

which should not be an insurmountable challenge. What is important is getting this work done, developing a workable plan, and moving things forward without too much delay. Retirees need help and need it now!"

Members should look to the January 2024 edition of *The Voice*, as well as to our weekly news reports for updates on this important issue.



# MEDICA

## MAJOR DEVELOPME

# 2024 MEDICARE PART B PREMIUM LIKELY TO INCREASE

## *New Alzheimer's Drug a Major Factor*

**W**hile approval of a new Alzheimer's drug has understandably raised hope among those suffering from this dreaded disease, its cost has also triggered concerns over how it will be paid for. This is the case particularly with respect to its impact on the Part B premium paid by Medicare retirees.

### FDA & CMS APPROVE LEQEMBI

Earlier this summer, the federal Food and Drug Administration (FDA) granted full approval to the Alzheimer's drug called Leqembi that is manufactured jointly by Cambridge-based Biogen and the Japanese drug manufacturer Eisai that also has offices/labs in that city.

At the outset, it's important to emphasize that Leqembi is not a "cure-all" of Alzheimer's for everyone. Its use has been approved only for people with early forms of Alzheimer's, meaning those with mild cognitive impairment or mild dementia who have been confirmed to have amyloid plaques in their brains. According to experts in this field, that group constitutes about a sixth of the more than 6 million nationally who are currently diagnosed with Alzheimer's.

And, officials point out that even for those who may benefit from the drug, it's not a cure. In an 18-month clinical trial, Leqembi was shown to slow declines in cognitive ability and

function by 27%. Simply put, it slows down the disease's progression.

With FDA's full approval, the Centers for Medicare and Medicaid Services (CMS) announced that it would expand coverage of Leqembi, broadening access for up to an estimated million people with early forms of the disease. Since Leqembi must be administered intravenously, it will be covered by Medicare Part B.

But the coverage does come with some qualifications. Medicare will cover the approved drug when a physician and clinical team participate in the collection of evidence about how the drug works in the real world, also known as a registry. This information, collected by the registry, will help gauge the usefulness of the medication for Medicare enrollees.

Providers will be able to submit the evidence through a CMS-facilitated portal, which will be free to use. According to the agency, it is working with a number of organizations that are preparing to open their own registries. Clinicians will be able to choose in which registry to participate.

### LEQEMBI'S COST: POTENTIAL IMPACT ON MEDICARE

While the positive actions by FDA and CMS are understandably

welcome news for Medicare retirees who are suffering from the early stages of Alzheimer's, they raise questions on their potential impact on the Medicare Part B premium. According to Association President Frank Valeri, "We're naturally concerned after our experience just two years ago with another Alzheimer's drug manufactured by Biogen called Aduhelm."

In 2021, Biogen had received FDA approval for Aduhelm. In order to set aside reserves to pay for the drug's cost, originally estimated at \$56,000 per patient annually which was later cut in half, CMS made exorbitant hikes in Medicare's 2022 Part B premiums to which *Mass Retirees* was strongly opposed.

Eventually, CMS substantially restricted Aduhelm's usage for Medicare enrollees. As a result, CMS adjusted its premiums for the current (2023) year. And, Biogen shifted its focus away from Aduhelm and to Leqembi.

"That brings us to where we're at right now, anticipating Leqembi's potential impact on 2024 Part B premiums that CMS will be announcing after we go to press with the November *Voice*," continues Valeri.



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# ARE NEWS

## ENTS ON MULTIPLE FRONTS

## MEDICARE DRUG PRICE NEGOTIATIONS BEGINNING

### *First Drugs Selected for the Program*

In our September *Voice*, we updated our readers on the status of the federal Inflation Reduction Act (IRA), focusing on the law's key features relating to

Medicare. Of particular importance we highlighted that the IRA created the Medicare Drug Price Negotiation Program, allowing the federal CMS (Centers for Medicare & Medicaid

Services) to directly negotiate with drug manufacturers over the prices of certain high expenditure single source drugs without generic or bio-similar competition.

As reported in our last issue, there will be multiple rounds of drug selections and negotiations. The first round has begun with the CMS's recent announcement of the first ten drugs to be negotiated. They are:

**Eliquis**, made by Bristol-Myers Squibb, is used to prevent blood clotting, to reduce the risk of stroke.

**Jardiance**, made by Boehringer Ingelheim, is used to lower blood sugar for people with Type 2 diabetes

**Xarelto**, made by Johnson & Johnson, is used to prevent blood clotting, to reduce the risk of stroke.

**Januvia**, made by Merck, is used to lower blood sugar for people with Type 2 diabetes.

**Farxiga**, made by AstraZeneca, is used to treat Type 2 diabetes.

**Entresto**, made by Novartis, is used to treat certain types of heart failure.

**Enbrel**, made by Amgen, is used to treat rheumatoid arthritis.

**Imbruvica**, made by AbbVie, is used to treat different types of blood cancers.

**Stelara**, made by Janssen, is used to treat Crohn's disease.

**Fiasp and NovoLog**, insulins made by Novo Nordisk.

**Note:** During the time period (June 1, 2022 and May 31, 2023) used to determine which drugs were eligible for negotiation, about 8,247,000 people with Medicare Part D coverage used these drugs to treat a variety of conditions, such as cardio-vascular disease, diabetes, autoimmune diseases, and cancer. These selected drugs accounted for \$50.5 billion in total Part D gross covered prescription drug costs, or about 20% of total Part D gross covered prescription drug costs during that time period. Source: CMS.

### Program's Future Timeline

With the selection completed for the initial round, there are important future dates in the process.

\***October 1, 2023:** By that date (after we went to press), drug manufacturers must sign agreements to join the negotiations.

\***February 2024:** CMS make an initial price offer to manufacturers and those companies have a month to accept or make a counteroffer.

\***August 2024:** Negotiations end.

\***September 1, 2024:** Agreed upon prices published.

\***January 2026:** Reduced prices go into effect

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# Medicare Part B

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“Indications are that the Part B premium will likely be increasing next year, 2024.”

Leqembi’s cost is prohibitive at a whopping \$26,500 annually, and that doesn’t include the expenses for services related to the treatment including doctor visits and brain scans. One of its manufacturers, Eisai, has estimated that about 100,000 patients will use it over the first three years of availability.

Assuming that all these patients are enrolled in Medicare, the Kaiser Family Foundation (KFF) has determined that the annual Medicare spending on Leqembi would be

\$2.7 billion. This would make it the third most costly drug covered by Medicare Part B, based on 2021 total Part B drug spending.

What estimates, like those by the KFF, show is that Leqembi’s cost will raise Medicare’s future drug spending. And, this will be reflected in a higher 2024 Part B premium.

*According to Kaiser Family Foundation, the Annual Medicare Spending on Legembi would be \$2.7 billion.*

In March, the Medicare trustees projected that the standard monthly Part B premium may increase to \$174.80 in 2024, an almost \$10 monthly increase from the \$164.90 standard monthly premium that Medicare retirees are currently paying.

But, the trustees’ projection was before the approval of Leqembi. According to The Senior Citizens League, a non-partisan senior group, Leqembi and services related to the treatment may add \$5 per month to Part B premiums, bringing the projected premium to \$179.80 – a 9% increase in this year’s standard monthly premium.

“Be assured that we’re closely monitoring developments on this issue and updating our members here in our *Voice*, weekly emails and videos, as well as on our Hotline,” continues Valeri. “Please stay tuned for more.”

# Medicare Drug Price

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If a drug manufacturer declines to negotiate, it must either pay an excise tax of up to 95% of its medication’s U.S. sales or pull all its products from the Medicare and Medicaid markets.

According to the Congressional Budget Office (CBO), CMS’s negotiations with the pharmaceutical industry is expected to save Medicare an estimated \$98.5 billion over a decade. And, these savings should translate into lower costs for retirees.

suings to block the negotiation process. PhRMA (Pharmaceutical Research and Manufacturers of America), the drug industry’s biggest lobbying group, as well as the U.S. Chamber of Commerce, have also filed their own lawsuits.

Scattered in federal courts nationwide, their lawsuits have made similar claims that the Medicare price negotiations are unconstitutional. Among their constitutional claims, they argue the process would force drugmakers to sell their medicines at huge discounts, below market rates, violating the Fifth Amendment that obligates the government to pay reasonable compensation for

private property taken for public use.

Also, they argue that the negotiating process violates drugmakers’ free speech rights under the First Amendment, essentially forcing companies to agree that Medicare is negotiating a fair price. They further contend that the talks violate the Eighth Amendment by levying an excessive fine if drugmakers refuse to engage in the process.

It’s been speculated that the pharmaceutical industry hopes to obtain conflicting rulings from federal appellate courts, which could fast-track the issue to the Supreme Court. It’s fair to say at this time that we haven’t heard the final word on this.

## DRUG MANUFACTURERS SUING TO BLOCK PROGRAM

While CMS is proceeding forward with the Program, Merck, Johnson & Johnson, Bristol-Myers Squibb and Astellas Pharma are among the drug manufacturers

## MORE MEDICARE NEWS

### Rx PRICES OUTPACING INFLATION

SEE PAGES 16 – 18



## MEDICARE ADVANTAGE

# STAY WITH YOUR CURRENT GROUP COVERAGE

It is once again that time of year when celebrities pop up in commercials telling you to call and see if you could get additional benefits that Medicare doesn't offer. In addition to the commercials, we have also seen an increase in direct mail and solicitation calls. What exactly are all these sales pitches for? Medicare Advantage plans that are targeted for those who are covered by private sector plans.

Every year we see this uptick in October. This is because there is an open enrollment period that begins October 15th and runs to December 7th. During this time a person who has Medicare and does not have an employer sponsored supplement can either enroll in, drop, or switch to another Medicare Advantage Plan (or add or drop drug coverage), or switch from Original Medicare to a Medicare Advantage Plan.

Medicare Advantage Plans, sometimes called "Part C" or "MA Plans," are offered by private companies approved by Medicare. Medicare pays these companies to cover Medicare benefits. Medicare Advantage Plans, provide all of the Medicare Part A (Hospital Insurance) and Medicare Part B (Medical Insurance) coverage. **Ed Note:** MA enrollees must still pay their Medicare Part B premium.

The most common types of Medicare Advantage (MA) plans are Health Maintenance Organization (HMO) plans and Preferred Provider Organization (PPO) plans. As is common with HMOs, members can only go to doctors, other health care providers, or hospitals in the plan's network, except in an urgent or emergency situation. You may also need to get a referral from your primary care doctor for tests or to see other doctors or specialists. In a PPO, you pay less if members use

doctors, hospitals, and other health care providers in the plan's network. Members usually pay more if you use doctors, hospitals, and providers outside the network.

The Association cautions members against signing up for one of these plans and leaving your current employer sponsored plan. While these plans may cover services such as vision or hearing, they also tend to have limited networks that restrict where a member may receive services or drug coverage that is not as broad. In addition, the carriers tend to be national for-profit companies that have not been long time partners and providers with Massachusetts public retirees and employees.

### PROFILE: EMPLOYER GROUP MA PLANS

There are plans out there that are employer sponsored plans that are affordable, quality plans. What are employer sponsored plans? Employer sponsored health plans are health insurance that is offered to employees and their dependents (and in most cases, spouses) as a benefit of employment. Examples of these plans are those offered either through the GIC or the municipality you retired from, and these include MA plans. According to The Commonwealth Fund, in 2022 approximately 5 million beneficiaries were enrolled in an employer group MA plan.

For decades Medicare eligible retirees who have been covered by both the GIC or a municipality that offers Blue Cross/Blue Shield, either as part of MIIA, self-insured or another purchasing group have had access to high quality, affordable Medicare Supplement plans.

In recent years the GIC began offering a group MA plan, Tufts

Medicare Preferred HMO. Retirees living in the counties of Barnstable, Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester have access to the network of Tufts physicians. Enrollment in this plan has continued to grow year over year.

### SPOTLIGHT

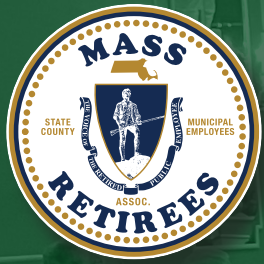
#### BC/BS Medicare PPO Blue FreedomRX

Along with the Tufts plan offered by the GIC, Blue Cross/Blue Shield offers the Medicare Advantage plan, Medicare PPO Blue FreedomRX. Some of the highlights of the plan include:

- Access to a broad network of Massachusetts hospitals and doctors as well as providers under the Blue Medicare Advantage PPO network in 47 states and two territories.
- \$0 In-network copay for most benefits including doctor's office visits, emergency room visits, urgent care, mental health and substance use programs, and in-network routine dental, vision and hearing services.
- Additional benefits such as fitness and weight loss reimbursements, vision allowances, and low copays on generic drugs.

The Blue FreedomRX is currently being offered in several municipalities and we anticipate that the number of members who have access to the plan will continue to grow.

Unlike the plans being advertised, the plans offered by Blue Cross/Blue Shield and the GIC are backed by carriers who have had a long history of providing benefits in Massachusetts, in particular to public retirees. They have been true partners with the Association engaging in open dialogue that ensures retirees have access to affordable, high quality health plan options as they begin to access Medicare benefits.



# ASSOCIATION 2023 ANNUAL MEETING

Mass Retirees' kicked off Annual meeting that was a meeting's location, there's always something was also true as we prepared for our annual Well, our members didn't disappoint a strong turnout, and from their comments as well as the speakers.

President Valeri opened the meeting's discussions. He highlighted the Association's health insurance to \$10K, enhancing the COLA

## MEMBERS TURN OUT AT NEW LOCATION

### SPEAKERS



CEO SHAWN DUHAMEL



PRESIDENT FRANK VALERI



LEG. LIAISON NANCY MCGOVERN



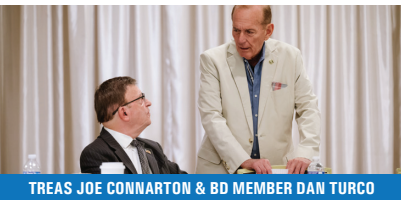
SEN. PAUL FEENEY



SEN. WALTER TIMILTY WITH SHAWN DUHAMEL



SEN. WALTER TIMILTY WITH SEN. PAUL FEENEY



TREAS JOE CONNARTON & BD MEMBER DAN TURCO



its 2023-2024 meeting season with the first time at a new location – the enviroCenter in Mansfield. With any change in the uncertainty about attendance, and that annual meeting.

As shown in the photos here, there was a great turnout, members enjoyed the new setting as well as the food.

Starting with welcoming remarks and introducing legislative priorities – raising the basic life support for long term retirees and increasing the

vets' bonus to \$1,000 annually.

He was followed by CEO Shawn Duhamel who spoke on the *Mass Retirees'* outreach programs, as well as a wide range of retirement issues. That included our efforts to increase the State/Teachers' COLA, working with the GIC and UniCare, and supporting the Ibis program (See Article, p.13 & Photos, p.11).

Our guest speaker was Sen. Paul Feeney of Foxborough who was joined by Sen. Walter Timilty of Milton. Both, longstanding friends.

Sen. Feeney thanked the audience for their public service. Recognizing *Mass Retirees* as one of the most influential organizations on Beacon Hill, he urged the attendees to continue supporting the Association.

## ASSOCIATION EXECUTIVE BOARD & OFFICERS



FRANK VALERI - PRESIDENT



SHAWN DUHAMEL - CEO



JOE CONNARTON - TREASURER



JUDITH LANGONE - SECRETARY



TOM BONARRIGO - LEG. CHAIRMAN



JACQUELINE GORRIE - EXEC. BOARD



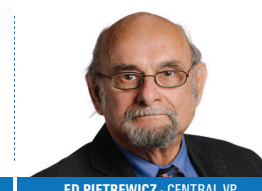
ANNE WASS - EXEC. BOARD



CHERYL STILLMAN - EXEC. BOARD



KARL SCHMAELZLE - WESTERN VP



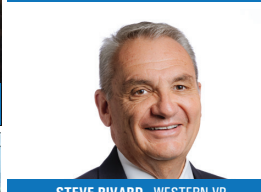
ED PIETREWICZ - CENTRAL VP



DEWIS DEVINE - MIDDLESEX VP



BILL FLIPPIN - EASTERN VP



STEVE RIVARD - WESTERN VP



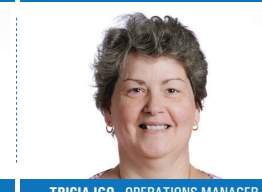
ROBERT POWILATIS - PLYMOUTH/CAPE VP



NANCY MCGOVERN - LEG. LIAISON



BILL REHREY - GEN. COUNSEL



TRICIA IGO - OPERATIONS MANAGER



LEO DELANEY - MEETING COORDINATOR



SENSCIO'S GARY BRODSKY WITH MEMBERS



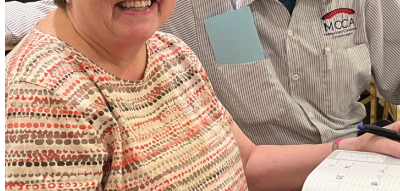
SENSCIO'S GARY BRODSKY & TOM ARNEMAN



TOM ARNEMAN & SHAWN DUHAMEL



SEE RELATED ARTICLE, PG 12



# HEALTH POLICY COMMISSION RAISES ALARMS

## Post Pandemic Costs Trend Upward

In mid-September, the Massachusetts Health Policy Commission (HPC) released its annual report on health care spending and cost trends. This much anticipated report raises the alarm regarding rising costs and other worrisome trends the Commission believes present within the Commonwealth's health care market.

terms of increasing out-of-pocket costs (OPC) citing evidence that higher copayments and deductibles can lead to enrollees opting not to receive needed healthcare services or take medications due to affordability concerns. This then leads to greater levels of disease and overall healthcare problems, which in turn further increases costs.



DAVIS SELTZ  
HEALTH POLICY COMMISSION

those costs have likely risen again over the past two years.

The report also indicates that in the wake of the pandemic the pace of health care spending in Massachusetts has grown faster than across the country. HPC sets an annual target of 3.1% a benchmark growth

rate for per capita health care spending.

In a statement to the State House News Service, Seltz said, "Unfortunately, what we see from a lot of the data in our report is that this cycle is moving in the wrong direction. We see that prices continue to grow, and this is contributing to higher premiums and higher out-of-pocket costs both for employers and for consumers."

### What is the HPC?



Formed in 2012 with the goal of containing the growth of health care costs, the HPC was the first of its kind public agency in the United States. HPC is led by David Seltz, a former State Senate staffer and highly respected healthcare policy expert. David played a key role in developing the Municipal Healthcare Reform law (Chapter 69, Acts of 2011) and worked closely with our Association to help protect the rights of retirees.

Over the past 11 years, HPC has worked to implement the state's healthcare cost containment law that attempts to place controls on the annual rise of healthcare costs in Massachusetts. In addition, the agency researches cost trends and drivers. It also makes policy recommendations to both public and private sector healthcare entities.

Leading up to the GIC's procurement process last year, the HPC publicly cautioned the 17-member commission to tread lightly in

Thankfully, the GIC heeded HPC's warning and chose to largely maintain current OPC, which have now been in place for six years.

### HPC ANNUAL REPORT: KEY FINDINGS

The September 2023 Report sounds the alarms that health care spending in Massachusetts is "moving in the wrong direction" in terms of an increase in the rate of annual growth. One measurement used by HPC is the average annual cost of a family insurance plan in 2012 compared to 2021. Back in 2012 the average family plan came in at \$16,400. Just ten years later in 2021 the cost had risen to \$23,100 – a 40.85% increase of \$6,700.

Another point of focus in the report is the growing trend of high deductible plans. While the GIC has drawn the line at a \$500 annual deductible for the non-Medicare plan, the average private sector deductible grew to \$2,800 for families and \$1,400 for individuals in 2021. Like insurance premiums,

### COMMISSION RECOMMENDATIONS TO MITIGATE PRICE GROWTH

The HPC report also provides recommendations on areas of focus that can help contain the growth of costs, some of which would require legislative approval to implement. One such item is placing cost controls on the price of prescription drugs – something that the pharmaceutical industry adamantly opposes.

Another HPC recommendation is granting the commission increased authority to cap spending by hospitals and other providers. This proposal is another item that is highly controversial.

CONTINUED ON PAGE 19 ►



# NOVEMBER: DIABETES AWARENESS MONTH



## *Ibis Can Help – a Member’s Story*

**N**ovember is National Diabetes Month, an effort to raise awareness about an illness that affects roughly 37.3 million Americans, including many Mass Retirees members and our own

CEO Shawn Duhamel, who shared his personal fight with the illness during our September annual meeting (see pages 10 & 11).

**“Not only does this illness run on both sides of my family, but I was diagnosed with Type 2 diabetes this past spring. While a serious chronic illness, Type 2 diabetes is manageable and can be controlled through proper treatment, monitoring and, most importantly, self-care. Ongoing monitoring and help with self-care is where Ibis Health, the telehealth services program that we endorse, truly shines. Just ask Charlie Gagnon,” says CEO Shawn Duhamel.**

After retiring, Charlie Gagnon and his wife, a retired school teacher, remained active, walking each day, swimming and hiking. But like many, Gagnon struggled with his weight, and about 10-12 years ago, was diagnosed with type 2 diabetes. The couple are insured by the state GIC.

His doctor prescribed medications to help manage it, but his A1C — a simple blood test administered every three months to measure average blood sugar levels — continued to climb, topping 8 percent earlier this year. Gagnon’s doctor told him he might need to begin daily insulin shots if he couldn’t get his blood sugar levels under control. Ideally, diabetics need to maintain an A1C lower than 7 percent to avoid complications of the disease, including organ and tissue damage.

Gagnon knew something

needed to change. He turned to Ibis Health, a chronic care management program available to Gagnon through a partnership with UniCare, which provides Medicare supplemental insurance to many *Mass Retirees* members.

Combining round-the-clock AI-powered virtual monitoring with an on-call clinical team support to empower retirees to take control over their chronic health conditions in between doctor visits, Ibis Health is covered by Medicare Part B and all Medicare supplemental plans. Users track weight, diet, exercise and other health indicators through a continuously connected tablet, while member advocates work to personalize the program to their individual needs and goals.

The program is well-suited for the estimated 37.3 million Americans who have diabetes, many of whom need to monitor blood sugar levels daily to effectively manage their disease and prevent complications such as stroke or blindness, said Dr. Karthik Ravindran, an internist who also serves as Senscio Systems’ chief medical director. A pervasive disease that affects almost every part of the body, diabetes can often leave individuals feeling powerless, Ravindran said.

“You have this situation, sugars go up, sugars go down, sometimes you don’t know why and you have to call your doctor,” Ravindran said.

“With Ibis Health, you are empowering yourself to put out the fire.”

After joining Ibis Health, Gagnon, who is 71, began tracking his blood sugar levels twice a day, along with his weight and blood pressure. His Ibis Health advocate sent him articles to help him better understand his disease, including how his blood sugar levels might be affected by what he eats and when.

“No one ever told me how to eat,” Gagnon said, noting there are no nutritionists who specialize in diabetes in the area where he lives. Armed with information provided by his member advocate, Gagnon began to make modest, daily changes, limiting sweets and focusing on smaller meals.

“I used to have several sodas during the week; now I’ve cut back to treating myself once a week,” Gagnon said. “I’ve also gotten to the point where I don’t eat as much as I used to. I have one sandwich instead of two. I’ll have one burger instead of two.” Those changes are paying off. His blood sugar levels have stabilized, and his latest A1C dropped by a full point, to around 7. With continued work, he hopes to get it down into the 6s. Gagnon now feels like he has some control over diabetes.

“I’m on the right track, thanks to (Ibis Health’s) coaching and providing the articles,” he said. “I’m not

CONTINUED ON PAGE 18 ►

# Tax Relief

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Chairmen and the Revenue Chairs, Rep. Mark Cusack (D-Braintree) and Sen. Susan Moran (D-Falmouth), should be recognized for their

leadership on this issue.

“These and other reforms will help retirees and their families. Here’s an explanation of each.”

## Estate Tax ▼

The new law increases the threshold to \$2 million. This effectively eliminates the “cliff” effect, by creating a tax credit of up to \$99,600. This would impact the estates of decedents dying on or after 1/1/2023.

## Senior Circuit Breaker ▼

Currently if you are a taxpayer who is 65 years or older and occupies the property as their primary residence is allowed a credit that cannot exceed \$750. This credit limit is adjusted annually for inflation. Beginning 1/1/2023 the law increases the maximum senior circuit breaker tax credit to \$1,500. In addition, the change in the statute allows for a cost of living adjustment resulting in a tax break of \$2,400 for FY22 tax year.

## Child/Senior-Dependent Credits ▼

The credit is currently \$180 for one child or dependent (senior 65/over or handicapped) at \$360 for 2 or more children/dependents. The new law eliminates the cap on the number and would increase the amount to \$310 per child/dependent as of 1/1/2023 and then to \$440 per child/dependent as of 1/1/2024.

## Short-Term Capital Gains ▼

Capital gains on assets held for less than one year are now taxed at 12%. A reduction of the rate to 8.5% brings Massachusetts law more in line with many other states.

## Rental Deduction ▼

The rental deduction would increase from a cap of \$3,000 to \$4,000.

## Property Tax Reduction for Volunteer Services ▼

This provision increases this local option property tax credit for volunteer services of person(s) over 60 yrs. old from \$1,500 to \$2,000.

All of these provisions are effective as of **January 1, 2023**.

# WEP & GPO

CONTINUED FROM PAGE 4 ►

Senate that address the WEP and GPO laws. The level of attention being brought to these issues is at an all-time high, which is unsurprising given the number of retirees harmed by these two laws continues to grow as people retire. Unlike the Notch Baby law, which included a fixed number of retirees, the growth of the population impacted by WEP and GPO will only place more pressure on Congress to act,” comments *Mass Retirees* CEO Shawn Duhamel. “However, that does not mean that

the road ahead will get any easier or that Congress will act soon.

“We see the difficulty in getting Congress to act on items on which most Americans agree, like funding the military or passing the federal budget on time to avoid a shut-down. Those same forces and others from states not directly impacted by WEP and GPO will likely continue to oppose these bills, especially legislation fully repealing the laws.”

As members know, *Mass Retirees* has supported full repeal of both the WEP and GPO since the laws were created in 1983. With passage of full repeal unlikely to occur within the foreseeable future, the Association’s

focus has been on helping to broker a compromise between Republicans and Democrats that would bring some immediate relief to current retirees. We have extended that push to include reform of the GPO as well.

Duhamel continued, “If these issues were easy to resolve the problem would have been fixed decades ago. The truth is that these are tough policies to change, especially without widespread public support and a funding source to pay for the changes. That said, collectively we will continue to do all we can do to bring change to these two awful federal laws.”

# RETIREMENT BOARDS

## ELECTIONS & APPOINTMENTS

**Arlington** – Retired Police Lieutenant, **Kenneth Hughes\*** and retired Fire Chief **Robert Jefferson** were both reelected to the **Arlington Retirement Board** without opposition. Ken was elected to his sixth term and Robert was elected to his third term on the Board. The other Board members unanimously declaring the election were **Richard Keshian Esq., Ida Cody,** and **Alfred Fantini,** who also serves on the Cambridge School Committee. The retirement administrator is **Rich Greco.**

**Belmont** – The Belmont Board of Selectmen replaced Treasurer **Floyd Carman** as their representative on the **Belmont Retirement Board.** with North Colony Assets Management investment professional **Brian Antonellis.** The other members on the Board include, **Donna Tuccinardi,** Firefighter **Ross Vona,** retired Firefighter, **Walter Wellman** and **Tom Gibson, Esq\*.,** who also serves as the **Chairman of the Middlesex Retirement Board.** The recently appointed executive director is **Ryan Horan,** who served as a senior staffer on the State Retirement Board and was the assistant director at the Belmont Board prior to his appointment.

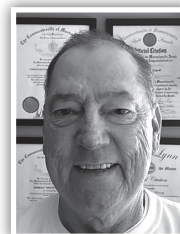
**Bristol County** – The **Bristol County Retirement Board** had only one candidate nominated for the second elected member. Incumbent **Stephen J. Rivard** was declared re-elected by the Board as he was the only candidate returning nomination papers certified by the **Bristol County Advisory Committee.**



**STEPHEN J. RIVARD**  
BRISTOL COUNTY

Stephen also serves as the **Mass Retirees Southeastern District Vice President.** The other Board members declaring the election were, County Treasurer, **Christopher Saunders\*,** County Commissioner **John Saunders,** retired Easton Fire Captain **William Downey** and **Seekonk Treasurer Christine DeFontes.** The Board's executive director is **Roxanne Donovan.**

**Lynn** - After the sudden death of elected Board member, retired Firefighter **Buzzy Barton,** who was also the Association's Northern District Vice President, the **Lynn Retirement Board** held a special election to fill the vacancy of the longtime member. The election drew a strong field of five retirees. The candidates and results were: retired Firefighter **Bob "Moona" Mullins,** with 28 years as a firefighter, Local 739 secretary/treasurer, a close colleague and friend of **Buzzy Barton,** topped the ticket with **487 votes;** Ed



**BOB MULLINS**  
LYNN

**"Ned" Shinnick,** 35 years with the Police Department and officer in the Lynn Police Association, received **270 votes;** **Harold Samuelson,** retired superintendent of the Lynn Water and Sewer Commission and union president, got 108 votes; **Stephen Tansy,** retired custodian in City Inspectional Services and AFSCME local treasurer, **96 votes,** and **James Randazza,** retired from Inspectional Services, **29 votes.** The other members on the Board include retired Firefighter **Richard Biagiotti, CFA, Michael Marks, Esq\*.,** Comptroller **Stephen Spencer** and **Mass Retirees President Frank Valeri.** The executive director of the Board is **Gary Brenner.**

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## STATE RETIREMENT BOARD

# KATHRYN KOUGIAS

## APPOINTED EXECUTIVE DIRECTOR

State Treasurer Deb Goldberg appointed Kathryn Kougias Executive Director of the Massachusetts State Retirement Board (MSRB), after being the Board's Interim Executive Director from January through March 2023. She started with the MSRB in 2018 as the Finance Director.

Prior to joining the MSRB, Kathi served for five years as Town Treasurer and Assistant Treasurer for a local municipality. For nearly 20 years, she served in various management roles with State Street Global Advisors, CitiStreet, and ING with a focus on retirement services that included Defined Contribution, Profits Sharing, and 401(k).

Kathi has experience in both the public and private sectors in the retirement market that includes managing institutional services and member services for plan participants. Early in her career she worked



**KATHRYN KOUGIAS**

CONTINUED ON PAGE 19 ►

# DRUG PRICE INCREASES GREATLY OUTPACING INFLATION

## *Confirmed in Study of Medicare's Top 25 Part D Drugs*

**L**eqembi and its potential impact on Medicare Part B is another stark example of prescription drugs, particularly specialty drugs, driving up healthcare costs. But, it doesn't stand alone in that regard as shown in a recent

Spotlight report by AARP (American Association of Retired Persons) that conducted an in-depth analysis of the prices for the top Medicare Part D drugs.

The Spotlight, prepared by AARP's Public Policy Institute,

analyzed the list prices for Medicare Part D's top 25 drugs. These drugs were responsible for \$80.9 billion in total Medicare Part D spending in 2021 and were used by a total of more than 10 million Part D enrollees.

### What the Institute found is somewhat alarming:

- List prices for these drugs have increased by an average of 226%—or more than tripled during their lifetime since first entering the market.
- As shown in the Graph, these “lifetime” price increases, ranging from 20% to a whopping 739%, greatly exceeded the corresponding rate of general inflation over the period that each product. Only one (Trelegy Ellipta) did not exceed its corresponding inflation rate.\*
- As the Graph also shows, lifetime list price changes increase dramatically the longer a product has been on the market. While the drugs have been on the market for an average of 14 years, the lifetimes range from 5 years to 23 years.
- While the Institute's current analysis reflects a relatively small subset of brand-name prescription drugs, research indicates that the pricing trends found in this analysis are widespread.

“These findings are sobering,” observes President Frank Valeri. “And, they explain why the IRA (Inflation Reduction Act) didn't stop with allowing Medicare to begin negotiating drug prices (see related article on p. 7). No, it went further.

### **MEDICARE'S RX DRUG INFLATION PROGRAM UNDERWAY**

Valeri continues, “I'm referring to another of the federal Inflation Reduction Act's (IRA) key features, namely inflation-based rebates, that were highlighted in our November Voice and began last October. As we

reported back then, these rebates require drug companies to pay back Medicare when they increase their prices faster than inflation.”

According to the AARP Institutes' Spotlight, the Congressional Budget Office has estimated that these inflation-based rebates will reduce enrollee and Medicare Part D program spending by billions of dollars and will lead to lower drug prices in the commercial insurance market.

According to recent reports from CMS (Centers for Medicare and Medicaid Services), the Medicare Prescription Drug Inflation Rebate

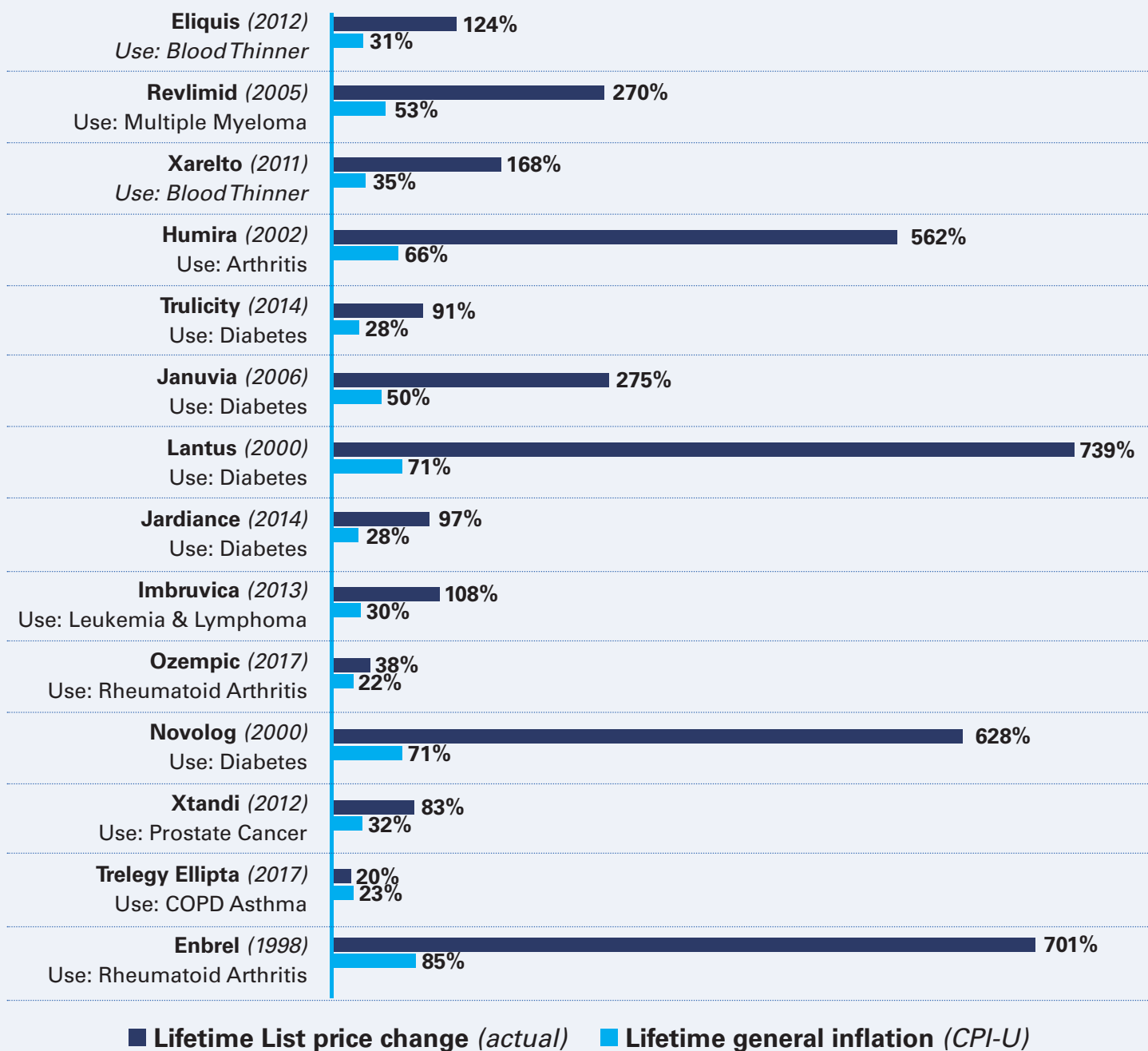
Program is well underway and beginning to produce positive results. So far, twenty-seven prescription drugs are subject to Medicare's inflation rebates. And, we expect that these rebates will offset future costs to be paid by Medicare and retirees.

“This is good news,” comments Valeri. “It's hoped that these inflation-based rebates will discourage drug companies in the future from engaging in the type of lifetime pricing increases that AARP has so clearly placed under the spotlight.”

**CONTINUED ON PAGE 17 ►**



# Medicare's Top 25 Rx Drugs Price Increases vs. General Inflation



CONTINUED ON PAGE 18 ►

**Sources:** AARP Public Policy Institute analysis of data from the Centers for Medicare & Medicaid Services' Medicare Part D Spending by Drug Dashboard and Medi-Span Price Rx Pro.

**Note:** The year in parentheses after each brand-name drug is the year the product entered the market. The general inflation rate is based on the CPI-U All Items.

# Ibis

CONTINUED FROM PAGE 13 ►

giving up and I'm not ready to be supporting the landscape above my head."

"Thank you Charlie for telling your story and we wish you well," Duhamel added, "Ibis Health not only provides peace of mind, but also serves as an early warning device if a downturn in health is detected. Again, diabetes is a manageable illness, but you have to stay on top of it."



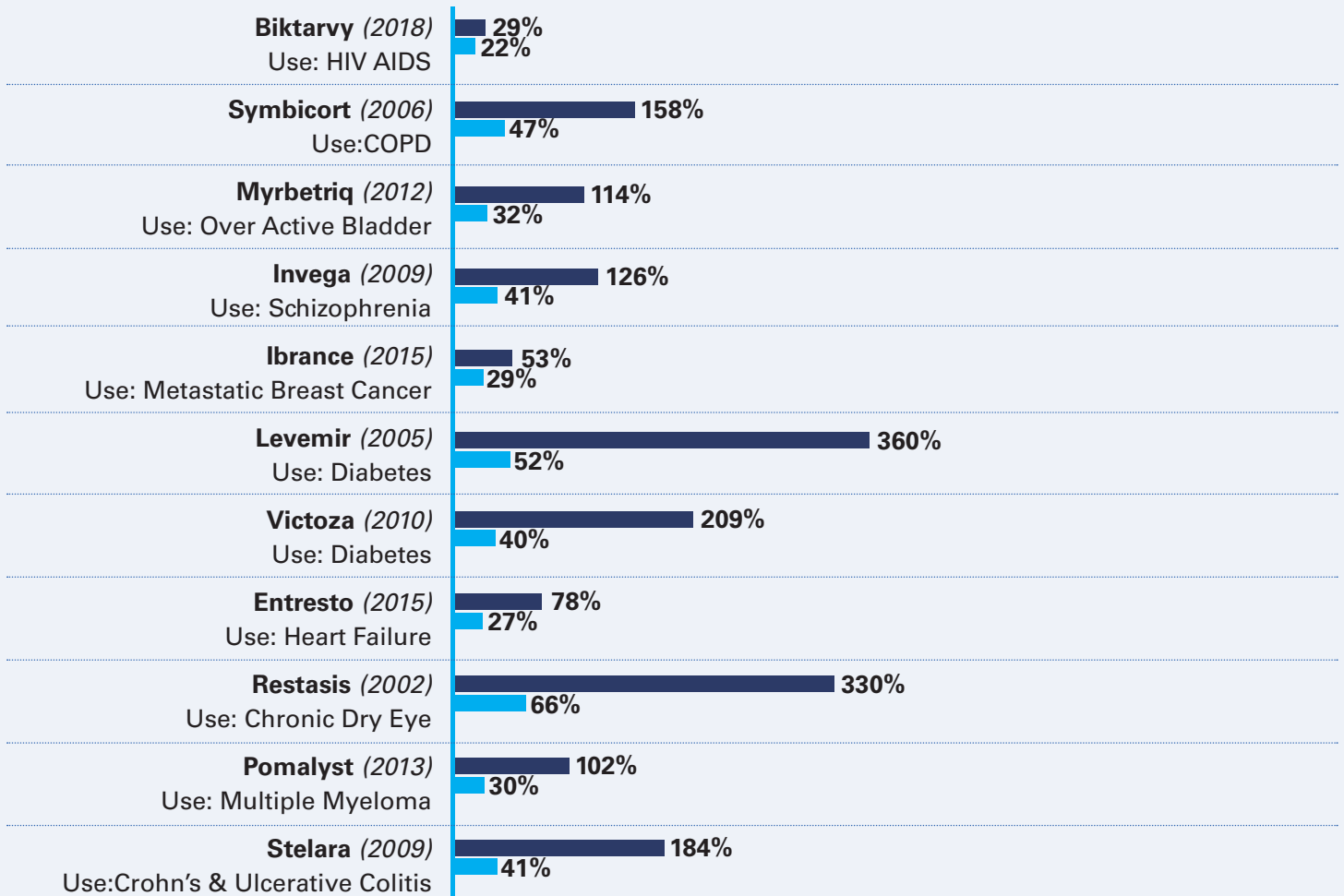
To learn more about the Ibis Health program and how it might be able to help you or someone you love,

please visit

[www.ibishealth.org](http://www.ibishealth.org)

# Rx Drugs

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■ Lifetime List price change (actual) ■ Lifetime general inflation (CPI-U)

# Elections

CONTINUED FROM PAGE 15 ►

**Marblehead – The Marblehead Retirement Board** declared Firefighter **Douglas Knowles** to be elected as he was the only candidate nominated for the election. He replaced **Paul Jalbert** who chose not to run for re-election. The other Board members declaring his election were **Robert Peck\* Jr., Esq.**, **Charles Gessner**, Fire Chief **Jason Gilliland**, and **Aleesha Nunley-Benjamin**. The Marblehead retirement administrator is **Linda Gifford**.

**Northbridge – The Northbridge Retirement Board** reappointed **Tom Frieswyk**, retired member of the US Forest Service, to his fourth term as their fifth member. The Board members making the appointment were,

Town Accountant **Sharon Emerick**, Assistant to Town Manager **Sharon Susienka**, retired School Director of Operations **George Murray** and retired Police Officer **John Meagher\***. The Board's administrator is **Scott McGrath**.

**Norwood – The Norwood Retirement Board** declared retired Police Officer **Thomas O'Toole** re-elected to his seventh term on the Board, as he was the only candidate nominated. The Board members making the election declaration were **Ted Mulvehill\***, **Eileen Hickey** and **Thomas Rorrie**. The Board's executive director is **Debra Wilkes**.

**Saugus – The Saugus Retirement Board** declared Fire Lieutenant **Mark Gannon** re-elected for his fifth term on the Board. Mr. Gannon, a lifetime resident and 25 year firefighter

of Saugus, also serves as the secretary to Local 1003 Firefighters Union. Members declaring the election were **Donna Matarazzo**, **Eugene Decareau**, **Doreen DiBari** and Fire Lieutenant **Bill Cross, III,\***. The Saugus Board administrator is **Ann Quinlan**.

**Taunton – The only candidate to file nomination papers for the Taunton Retirement Board** election was retired Police Officer **Dennis Smith\***. It will be Dennis' fourth term on the Board.

The Board members declaring the election were **Ian Fortes**, **Gill Enos**, retired Fire Lieutenant **Thomas Bernier** and **Barry Amaral** from the Bristol County Registry of Deeds. The Board's executive director is **Paul Silivinski**.

\*Denotes Chair

# Health Policy

CONTINUED FROM PAGE 12 ►

Association CEO **Shawn Duhamel** adds the following, "While HPC engages health care stakeholders and state government officials to address next steps, it is important for *Mass Retirees* to continue to engage new ideas aimed at helping to contain and even lower health costs over time. Innovative telehealth platforms such as Ibis Health (see page 12), wellness benefits offered by BCBS and UniCare, and other programs aimed at improving

the overall health of retirees are relatively easy steps to take that can help lower costs. Even more important is the fact that many of these steps can also help retirees to lead healthier and better-quality lives.

"It is also important to recognize and do our part to help improve the deficiencies of our current system." Employment challenges in filling open health care jobs only serve to further exacerbate rising costs. More health care workers are needed, while the state takes the needed steps to incentivize and stabilize community hospitals and providers.

Thankfully, Massachusetts took the important steps more than a decade ago to create HPC and lay the groundwork for health care cost containment – controls that do not involve reductions in health care quality or passing on costs to consumers.

"While these issues are highly complicated without easy solutions, government and private sector leaders continue to work together toward common goals," continues Duhamel. "Look to future weekly updates, as well as our bimonthly newsletter for information on our ongoing collaborations and retiree-focused programs."

# Kougias

CONTINUED FROM PAGE 15 ►

for the Office of the State Treasurer under Robert Q. Crane, where she acquired professional experience in

administration, cash management, and 457 deferred compensation plans.

"I'm pleased Kathi has been transitioning so well since her appointment and look forward to

working with someone who has such an extensive background in both public and private retirement environments," comments State Board elected member and *Mass Retirees* President Frank Valeri.

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

ALEXIS, ROBERT M. – Chicopee, MA  
(Westfield Teacher)  
ANSALDI, ANTHONY M. – Medford, MA  
(Dept. of Revenue)  
ARGENZIANO, ALBERT F. – Methuen, MA  
(Somerville Teacher)  
ASIAF, DAVID A. – Bridgewater, MA  
(Plymouth County Trial Court)

BARBER, ARLAN F. – Newport Center, VT  
(UMass Amherst)  
BENINATI, DOMINIC – Palm Harbor, FL  
(Saugus Teacher)  
BILOTAS, JOHN F. – Braintree, MA  
(Boston EMS)  
BLACKINGTON, NEIL P. – Columbia, MO  
(Boston Public Health Commission)

BURKE, RICHARD T. – Hingham, MA  
(UMass Dartmouth)  
BURRELL, JEFFREY A. – Ft. Myers, FL  
(Quincy Police Dept)  
CASTRIOTTA, RAYMOND J. – Barre, MA  
(Quabbin RSD Teacher)  
COOK, GEORGE H. – Abington, MA  
(Abington Police)



RETIRED STATE COUNTY AND MUNICIPAL EMPLOYEES  
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**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*  
**ANNE WASS**, *Executive Board*  
**JACQUELINE GORRIE**, *Executive Board*  
**CHERYL STILLMAN**, *Executive Board*  
**DANIEL TURCO**, *Executive Board*  
**WILLIAM G. REHREY**, *Legal Counsel*  
**NANCY MCGOVERN**, *Legislative Liaison*

VISIT OUR ASSOCIATION'S WEB SITE:  
[www.massretirees.com](http://www.massretirees.com)

**THE VOICE**  
November 2023



*We Support Our Troops.*

## DECEASED MEMBERS (continued)

- |  |   |   |
|--|---|---|
| COSTA, CAROL – Mashpee, MA<br>(Wareham Teacher)                          | JUDKINS, GUY M. – Southbridge, MA<br>(DMR - Monson)                           | PACHECO, ALBERT J. – Weeki Wachee, FL<br>(New Bedford Police Dept.) |
| CRONIN, JOSEPH J. – Peabody, MA<br>(Peabody Teacher)                     | KENDRICKEN, WILLIAM – Roslindale, MA<br>(Boston Police Dept.)                 | PEPE, ANTHONY M. – Wareham, MA<br>(Plymouth Teacher)                |
| CUSTER, HERBERT F. – Vineyard Haven, MA<br>(Martha's Vineyard Teacher)   | KIESSLING, ROBERT A. – Boston, MA<br>(Boston Retiree)                         | ROBERTS, CONSTANCE B. – S. Hadley, MA<br>(S. Hadley School Dept.)   |
| DESILVA, JUSTIN – Bartlett, NH<br>(Saugus Teacher)                       | LAPLANTE, ERNEST B. – Greenfield, MA<br>(Mohawk Trail RSD)                    | SIDILOU, JEAN A. – Manchester, NH<br>(Saugus Teacher)               |
| DONOVAN, ROBERT E. – Londonderry, NH<br>(Dept. Environmental Protection) | LAPLANTE, MAURICE J. – Pepperell, MA<br>(Nashoba Valley Tech. Teacher)        | SOFIS, MARY A. – Arlington, MA<br>(Quincy Teacher)                  |
| DUGAN, EDWARD – Taunton, MA<br>(Exec. Office of Community Development)   | LESHANE, PETER W. – Waltham, MA<br>(Waltham Housing Authority)                | SPIGNESE, ANTHONY F. – Peabody, MA<br>(Revere Teacher)              |
| DUNNE, BARBARA A. – Bradenton, FL<br>(Pittsfield Teacher)                | LETIZIA, CARMEN – Haverhill, MA<br>(Haverhill Teacher)                        | STAFFIERI, ALBERT A. – Stoneham, MA<br>(State Court)                |
| DYER, FRANK J. – Andover, MA<br>(State Auditor's Office)                 | LONG, ELINOR E. – N. Adams, MA<br>(N. Adams School Dept.)                     | STANWOOD, BARBARA J. – Canton, MA<br>(Milton Teacher)               |
| EHRlich, PATRICIA M. – Pembroke Pines, FL<br>(Quincy School Dept.)       | MARCOUX, MICHAEL L. – Andover, MA<br>(Andover Teacher)                        | STEWART, THERESE R. – Holliston, MA<br>(Holliston Teacher)          |
| GELENIAN, LORETTA A. – Waltham, MA<br>(Chelmsford Teacher)               | MAUS, ELIZABETH V. – Billings, MT<br>(Westwood School Dept.)                  | STRAIN, MARY L. – Melrose, MA<br>(Medford Teacher)                  |
| GENUALDO, CIRO A. – Sandown, NH<br>(Mass. Convention Center)             | McDEVITT, DANIEL J. – S. Boston, MA<br>(Boston Fire Dept.)                    | SULLIVAN, JOHN B. – N. Easton, MA<br>(State Trial Court)            |
| GORDON, FRANCES L. – Worcester, MA<br>(Worcester Teacher)                | MELLO, MARY C. – Salem, NH<br>(Surv - Tewksbury School Dept.)                 | TURNER, WAYNE E. – Beverly, MA<br>(Salem Teacher)                   |
| GRAY, JOHN W. – Prescott, AZ<br>(UMass Dartmouth)                        | MORIARTY, EDWARD J. – Beloit, WI<br>(Holyoke Fire Dept.)                      | VOGEL, ANN E. – N. Falmouth, MA<br>(Needham Teacher)                |
| HAYES, ANNA F. – E. Bridgewater, MA<br>(Dept. of Employment & Training)  | MURPHY, JAMES W. – Lakeville, MA<br>(Dartmouth Teacher)                       | WEBB, GORDON M. – Plymouth, MA<br>(UMass Boston)                    |
| HINGSTON, JAMES E. – Charlestown, MA<br>(Boston Property Management)     | NATHAN, ROSE MARIE – W. Springfield, MA<br>(Dept. of Public Health)           | WHALEN, RICHARD G. – Natick, MA<br>(Natick Teacher)                 |
| HOGAN, SUE ELLEN – Revere, MA<br>(Gloucester Teacher)                    | O'BRIEN, CORNELIUS L. – Kennebunkport, ME<br>(Medford School Dept.)           | WHEELER, HERBERT G. – Salem, NH<br>(Surv. MassPort Authority)       |
| HUGHES LACEY, ILLBERT E. – Mattapan, MA<br>(Boston Parks & Recreation)   | O'MEARA, DORIS E. – Medford, MA<br>(Somerville Teacher)                       | WOODS, SELINA J. – Winchester, MA<br>(Lynnfield Teacher)            |
| JONES, ROBERT C. – S. Easton, MA<br>(Brockton Teacher)                   | OLIVA, MARGUERITE – Norwood, MA<br>(Lexington Retirement Board Administrator) | YESU, NEIL A. – Ft. Myers, FL<br>(Springfield Teacher)              |