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Trump’s War on Health Care Has Made Pandemic Even More Threatening for Seniors

A new report from Protect Our Care and the Alliance for Retired Americans reveals that President Trump’s ongoing sabotage of seniors’ health care is especially dangerous amid the coronavirus pandemic, exacerbating the crisis. Eighty percent of the more than 100,000 Americans who have died from the virus have been over the age of 65.

On Thursday, Senator Bob Casey (PA), Alliance Executive Director Richard Fiesta, Wisconsin Alliance President Gary Mitchell, and Protect Our Care Chair Leslie Dach discussed with the media how Trump’s war on health care is especially harmful to seniors facing the COVID-19 outbreak.

Senator Casey and other speakers on the call noted Trump’s handling of the Affordable Care Act (ACA) before and during the pandemic as a factor in the magnitude of the crisis. The ACA’s critical protections for people with pre-existing conditions are especially important now, given how quickly unemployment is rising and an increasing number of Americans without health insurance. At least 40 percent of adults ages 50-64, or about 25 million people, have one or more pre-existing conditions.

Also, Trump’s lawsuit to overturn the ACA puts annual wellness exams and preventive screenings, prescription drug discounts, and the closing of the prescription drug doughnut hole in jeopardy.

President Mitchell said, “Since President Trump was elected, the price of prescription drugs has continued to skyrocket and the drug corporations have become more powerful and profitable. He promised that he would lower them, but one in four Americans still report not taking a medicine their doctor prescribed due to the cost.”
Mitchell added that the administration “won’t even take the basic step of avoiding pandemic profiteering by requiring drug corporations to make any coronavirus drug or treatment developed with OUR taxpayer dollars affordable and available to all who need it.”

Executive Director Fiesta said on the call that the president should have allowed the Department of Labor’s Occupational Safety and Health Administration (OSHA) to complete its important work earlier on federal regulations requiring every hospital and nursing home to prepare for an airborne infectious disease pandemic like COVID-19. Had OSHA done so, these facilities and their workers would now have the respirators and personal protective equipment (PPE) needed to save lives and help prevent the spread of the disease to health care workers.

"In just the last three months, COVID-19 has killed tens of thousands of older Americans. The President's botched response shows a callous indifference toward the lives of seniors," said Fiesta. "Rather than rallying the nation and marshaling the full resources of the federal government to fight this national emergency, he's even used the pandemic as a pretense to gut Social Security by eliminating its dedicated funding. What have America's seniors done to deserve this?"

**Florida, Ohio Alliance Chapters Call Out Trump’s Broken Promises to Nursing Home Residents**

Florida Alliance Recording Secretary Barbara DeVane spoke on a press call Thursday with Rep. Donna Shalala, Florida Democratic Party Chair Terrie Rizzo about the Trump Administration’s failure to protect patients and workers in Florida’s 633 nursing homes. Ms. DeVane discussed the lack of universal COVID-19 testing of residents and staff and PPE for all nursing home staff during the pandemic.

"There are more than 73,000 nursing home residents in our state, and more than 95,000 health care workers who take care of them. And today they are all still at high risk of contracting COVID-19," said Secretary DeVane. “We must do better by these Americans who have given so much to our country.”

Ohio Alliance President Norm Wernet spoke at a virtual roundtable discussion Wednesday with state Rep. Stephanie Howse, Council on Aging of Southwestern Ohio Board of Trustees Member Cathy Crain and Ohio Democratic Party Chairman David Pepper. They discussed the devastating impact of the coronavirus crisis on Ohio seniors.

**Pandemic Is No Time For Big Pharma’s “Business As Usual”**

Ahead of pharmaceutical giant Merck’s shareholder meeting on Tuesday, the Lower Drug Prices Now coalition, which includes the Alliance, joined Oxfam and the Oregon State Treasurer in issuing statements challenging the drug company’s record of price gouging and tax avoidance. Since the pharmaceutical industry routinely uses its monopoly power to raise drug prices, a practice that is even more egregious as drug corporations develop COVID-19 vaccines and treatments with billions in taxpayer dollars.
Merck received a $1.2 billion tax break under the 2017 Republican-passed tax cuts, but has not invested those savings into increased research and development for promising drugs. Merck gave its CEO a 32% pay increase last year.

Another drug corporation, Gilead, used at least $70 million in taxpayer dollars to fund the development of Remdesivir, a promising coronavirus treatment. Despite using government funding to pay for the research, there are no limits to what Gilead can charge a patient for the drug.

“We should never allow pharmaceutical corporation profiteering, but it’s especially galling during the COVID-19 pandemic,” said Alliance President Robert Roach, Jr. “Congress must take strong action now to rein in this industry and make sure that Americans have access to the affordable drugs and vaccines they need.”

New Plan to Lower Insulin Prices Is Too Little, Too Late

On Tuesday, President Trump announced a new plan that would allow some Medicare recipients to pay less for insulin starting next year. However, the lower insulin costs will not be available to retirees who have an employer-sponsored health plan, or anyone who does not qualify for Medicare.

The proposal will allow Medicare beneficiaries to choose a Part D drug plan or Medicare Advantage plan offering the insulin benefit for the 2021 plan year. People with those plans will pay a maximum of $35 a month for insulin, an estimated savings of $446 a year.

Medicare beneficiaries who are interested must make sure to pick a plan that provides this benefit during open enrollment season, which starts October 15. However, these “enhanced” Part D plans are expected to have higher monthly premiums. Analysts noted that the price of insulin will not be lower, rather the amount paid by the beneficiary and the insurer will shift.

“The price of insulin, a long-existing drug, should never have increased so much in the first place,” said Joseph Peters, Jr., Secretary-Treasurer of the Alliance. “We need to negotiate better prices for all drugs -- like House-passed H.R. 3 does. With over 40 million people across the country in need of affordable insulin, this proposal only helps some Medicare beneficiaries.”