



FRIDAY ALERT



Alliance for Retired Americans

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December 2, 2022

White House Calls Tying Social Security and Medicare Cuts to Debt Ceiling Vote a “Non-Starter”

A White House spokesperson strongly criticized the Senate’s number two Republican, **John Thune** (SD), for saying his party wants to use an upcoming debate over the U.S. debt limit to force changes to Social Security and Medicare.

Noting that the results of the midterm elections showed that the public “overwhelmingly rejected efforts to gut Medicare and Social Security,” White House Spokesman **Andrew Bates** called the idea a “stone-cold non-starter.”



Photo: “John Thune,” Gage Skidmore, Flickr

Thune is the latest in a string of Republicans to signal a willingness to force the country to default and set off a global economic crisis, unless Senate Democrats and President Biden accept changes to earned benefit programs.

He told a group of *Bloomberg* reporters and editors this week that the debt ceiling vote could be used to “overhaul retirement programs” or “at least create a commission” to consider so-called entitlement reforms. House Republican leaders have made similar threats.

“We know that President Biden has our back but we can’t be complacent,” said Alliance Executive Director **Richard Fiesta**. “We must be ready to mobilize and prevent an attack on our earned retirement and health benefits, no matter what form it takes.”

SSA Warns That it Needs More Funding

In a new Social Security Administration blog post, Social Security Deputy Commissioner for Communications **Jeff Nesbit** [warned](#) that the agency needs more funding for next year in order to continue the same level of service for beneficiaries.

Congress recently allocated \$400 million for the Social Security Administration in a continuing resolution passed in September. But that is half the amount that the Biden administration requested. Underfunding and understaffing have [plagued the agency](#) for decades, and beneficiaries have faced call wait times as long as 30 minutes, long lines during in-person visits, system crashes, and other issues as a result.

According to **Nesbit**, current funding is only enough to cover SSA's costs through December. He says that the amount requested in President Biden's 2023 fiscal budget – \$14.8 billion – would be extremely helpful in both addressing and improving technical and staffing issues. The American Federation of Government Employees (AFGE) is encouraging Congress to allocate even more for SSA in 2023: \$16.5 billion.

“The Social Security Administration delivers more than \$1 trillion to beneficiaries each year. Seniors shouldn't have to worry about facing unnecessary obstacles when trying to get their hard earned benefits,” said Alliance President **Robert Roach, Jr.** “The SSA is highly efficient and Congress needs to take this warning about potential declines in service seriously.”

Older Americans Constitute Majority of COVID-19 Deaths

Analyses [show that](#) despite a decline in overall COVID-19 deaths, Americans aged 65 years and older are dying at disproportionately higher rates than the general population, accounting for nearly nine out of ten COVID related deaths.

Most viruses present an increased risk for both very old and very young patients, but evidence suggests that coronavirus has a distinct impact on older patients. COVID-19 infection is especially dangerous for seniors who have multiple chronic health conditions. Several experts foresee this trend continuing, but there are things that seniors can do to protect themselves.

Vaccines and booster shots sharply decrease mortality risk, but booster shot rates have slowed dramatically for older Americans. Only 22 percent of patients between the ages of 65 and 74 and 25 percent of patients 75 years and older have received the latest COVID booster shot.

“We encourage seniors to take care and make sure that they have protective vaccines and booster shots as we get further into the winter season,” said Executive Director **Fiesta**. “Health officials are encouraging older patients to contact their doctor if they experience cold or flu-like symptoms for accurate recommendations on how to proceed.”

Medicare Open Enrollment Ends Next Week

Seniors have until December 7 to review their Medicare coverage and enroll in new plans if needed. Though [many beneficiaries](#) choose not to take advantage of this period, experts [recommend](#) that they at least take the time to review their coverage even if they don't anticipate making changes.



Beneficiaries with traditional Medicare have the option to compare and switch Medicare Supplemental and Part D drug plans. They can also choose to join a new Medicare Advantage plan. Those who are part of a Medicare Advantage plan can switch between Advantage plans or opt to switch to traditional Medicare that has either a stand-alone drug plan, Medigap plan, or neither.

Lawmakers were able to cap insulin copays for Medicare beneficiaries at \$35 a month as part of the

Inflation Reduction Act, but this [happened too late](#) for it to be reflected in plans listed in the Medicare plan finder. Consequently, those who use insulin will have the option to switch plans during a special enrollment period next year if they need to.

“It can be intimidating, but it’s important for Medicare beneficiaries to make sure that they have the coverage that will best suit their needs,” said Alliance Secretary-Treasurer **Joseph Peters, Jr.** “We urge seniors to contact their local [State Health Insurance Assistance Program](#) (SHIP) office to get help and accurate, unbiased information.”

Kaiser Health News: Should Older Seniors Risk Major Surgery? New Research Offers Guidance

By Judith Graham

Nearly 1 in 7 older adults die within a year of undergoing major surgery, according to an important [new study](#) that sheds much-needed light on the risks seniors face when having invasive procedures.

Especially vulnerable are older patients with probable dementia (33% die within a year) and frailty (28%), as well as those having emergency surgeries (22%). Advanced age also amplifies risk: Patients who were 90 or older were six times as likely to die than those ages 65 to 69.

The study in *JAMA Surgery*, published by researchers at Yale School of Medicine, addresses a notable gap in research: Though patients 65 and older undergo [nearly 40%](#) of all surgeries in the U.S., detailed national data about the outcomes of these procedures has been largely missing.

“As a field, we’ve been really remiss in not understanding long-term surgical outcomes for older adults,” said [Dr. Zara Cooper](#), a professor of surgery at Harvard Medical School and the director of the Center for Geriatric Surgery at Brigham and Women’s Hospital in Boston.

Read more [here](#).

The Alliance for Retired Americans is a national organization that advocates for the rights and well-being of over 4.4 million retirees and their families.