FRIDAY ALERT

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Supreme Court Affirms Protections for Older Americans and All Mail Voters

The U.S. Supreme Court issued a 5-4 ruling in *Watson v. RNC* on Monday that protects the rights of millions of Americans to have their legally cast mail ballots counted. The decision upheld a Mississippi state law that allows ballots mailed on or before Election Day and received at least five days after Election Day to be counted. The Mississippi Alliance joined the Vet Voice Foundation to defend the law as an intervenor in the case.

"For generations, states have adopted practical election rules that reflect the realities of mail delivery, protect the right to vote, and meet the needs of their citizens. The Court's decision means that voters in the 14 states that provide a grace period for regular mail ballots, and the 29 states which allow additional time for at least some mail voters, including military and overseas voters, can breathe a little easier," said **Richard Fiesta**, Executive Director of the Alliance. "By upholding these long-standing protections, the Court has preserved certainty for voters and election officials, respected the ability of states to administer their own elections, and protected election laws that millions of mail voters across the country rely upon."

In response, President **Donald Trump** urged Republicans to swiftly pass the SAVE America Act, which calls for creating stringent voter ID and proof-of-citizenship requirements and would eliminate most forms of vote by mail. This is not the first time President Trump has led the charge for policies to weaken or limit mail-in voting. He wrote an executive order earlier this year requiring the U.S. Postal Service to compile lists of eligible voters in each state and only send mail-in ballots to individuals on that list.

Marc Elias, partner at Elias Law Group – which represented the Mississippi Alliance in the case – pointed out that the fight to protect voting rights and vote by mail will continue: "Regardless of the ruling, Trump is not likely to give up his attack on free and fair elections. We won the battle, but the

war over mail-in voting will continue. The GOP's goal is to require nearly everyone to vote in person on Election Day — banning no-excuse mail-in voting, all forms of early voting, and so-called "cure periods" that allow voters to fix technical errors in their mail-in ballots. Those fights will likely take on new urgency in the wake of this decision."

Click here to urge your Senators to vote NO on the SAVE Act if it comes to the floor for a vote.

Medicare Launches Temporary Program to Cover Weight Loss Drugs

A Medicare pilot program to allow Medicare beneficiaries to treat obesity with GLP-1 prescription drugs for a copay of $50 a month launched on July 1 and will run for 18 months. The copays will not, however, count toward Medicare Part D deductibles. Previously, Medicare did not cover any obesity treatments and only covered GLP-1s that were used to treat certain conditions including diabetes, obstructive sleep apnea or cardiovascular disease.

Congress would need to pass a law to make use of these drugs permanent and providers will have to submit prior authorization requests verifying that patients meet eligibility requirements. Pharmaceutical executives estimate that between 15 and 20 million Medicare patients will be eligible. Physicians worry that the prior authorizations and an increase in demand will cause administrative bottlenecks and drain supplies from pharmacies and clinics.

The pilot program also has the potential to dramatically increase Medicare's spending on drugs with some researchers estimating that weight-loss coverage will add an additional $4 billion to $5 billion a year in spending. Eli Lilly and Novo Nordisk – the official corporate suppliers for the program – will sell the drugs to the government for $245 a month.

"Allowing people to get drugs to improve their health and longevity is a good thing," said **Robert Roach, Jr.**, President of the Alliance. "But Congress should take more action to rein in prescription drug costs, starting by requiring Medicare to negotiate lower prices for more drugs."

Check Fraud Scams Affecting Seniors Are on the Rise

Sending checks in the mail is becoming an increasingly risky move, with approximately 1 in 5 adults having either been subject to check fraud or know someone who has been affected, according to banking and consumer fraud experts.

Increasingly, mail check fraud involves scammers going through mailboxes and finding checks that haven't yet been cashed. In a process known as washing, the scammer will chemically alter the check to erase existing details such as the name of the person or organization the check was made out to. The scammer changes these details and may also increase the amount of the actual check before finally depositing it. Criminals may also sell large batches of checks on the internet.

Experts recommend that people stop or reduce the number of checks they send by mail, and whenever they must mail a check, take it to a post office rather than leaving it in a mailbox or public drop box.

“The rise of mail check fraud is particularly concerning for seniors, who are more likely to rely on paper checks than electronic payments,” said **Joseph Peters, Jr.**, Secretary-Treasurer of the Alliance. “We urge retirees to educate themselves about the risks, and encourage policymakers and financial institutions to take immediate action to better protect consumers.”

KFF Health News: **Medicare Advantage Company Pays $342M to Government in Midst of Billing Probe**
By Fred Schulte

A major Medicare Advantage company has paid the government more than $342 million to help settle allegations that it overcharged the federal healthcare program for years.

Elevance Health, which covers about 2 million people on Medicare, sent the money to the Centers for Medicare & Medicaid Services via wire transfer on May 27, court records show. Government lawyers disclosed the payment in a June 22 court filing.

In an email to CMS staff, Elevance described the money as a “remittance of the total overpayment amount” estimated by government audits, court records show. Company spokesperson Leslie Porras told KFF Health News in a statement that Elevance Health “continues to engage in constructive dialogue” with CMS. “We remain optimistic that a resolution can be reached and value our longstanding relationship with CMS,” she said.

The payment was made in response to a CMS enforcement action in February, in which the agency threatened to halt enrollments in Elevance Medicare Advantage plans unless the company corrected what CMS called “substantial and persistent noncompliance” with federal regulations that require health plans to submit accurate billing data and return any overpayments when they are discovered.

It appears to be the first time CMS has successfully pressured a Medicare Advantage health plan to pay back tens of millions of dollars in alleged overpayments — even though agency officials have known for years that many health plans have overbilled the program, according to audits by government staff.

Read more here.

The Alliance wishes you a safe and happy July 4th weekend!