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Announcing NRLN Kodak Retirees Chapter

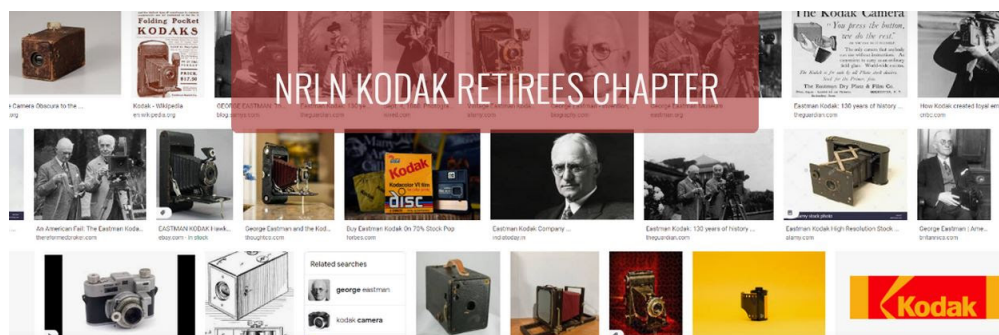
1 message

Ed Beltram <contact@nrln.org>

Tue, Oct 12, 2021 at 2:53 PM

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To: jas.e.patton@gmail.com



To: Kodak Retirees

From: Bill Kadereit, NRLN President

Subject: Announcing NRLN Kodak Retirees Chapter

Recently you received a message from EKRA's Board announcing the decision to dissolve the organization by November 1, 2021. The announcement noted EKRA's long affiliation with the National Retiree Legislative Network and the NRLN's interest in forming the NRLN Kodak Retirees Chapter.

Welcome to your new NRLN Kodak Retirees Chapter. The Chapter's webpage has been created at www.nrln.org (click on the Chapters tab and select NRLN Kodak Retirees Chapter) to provide relevant Chapter news, company news, contact information for Kodak retirement benefits and the Chapter will have email capability to communicate with its members.

Nearly 2,000 Kodak retirees have been receiving NRLN emails for years. If this is the first time you are receiving an NRLN email, there is a link at www.nrln.org to the NRLN FOCUS newsletter. Also, there is a link to the NRLN Review, a monthly summary of the NRLN's work. You will receive our Action Alerts on important matters to address with your U.S. Representative and Senators, and at times with the President. You will also receive other emails to keep you informed on retirement issues. You will not receive junk or nuisance emails.

EKRA's dissolution announcement stated that EKRA has a very small cash balance which will be used to help start the NRLN Kodak Retirees Chapter. Since EKRA has not collected membership dues in recent years its contribution for the formation of the Chapter will need to be supplemented by a future appeal to Chapter members to make a voluntary contribution in any amount they can afford to offset near term startup and operating expense.

The Chapter will operate under the same model and rules governing 12 other Chapters. Visit the NRLN website homepage at www.nlrn.org and click the Chapter tab on the taskbar to see a list of current Chapters and the Chapters model document.

If you are not already aware of the work of the NRLN, below are some examples of our efforts in Washington, D.C. to benefit retirees.

Pension Protection - The NRLN is lobbying for the passage of the **Retirement Security and Savings Act** which includes our proposals to limit retirees' exposure to pension recoupment. It clarifies that a pension plan fiduciary does not have to recoup overpayments, but if it does, it must be done within three years of the initial overpayment. (Now, recoupment is mandatory and there is no limit to back years.) The company may not recoup more than 10% of the amount of the overpayment per year. (Now, companies can demand full recoupment in less than a year) It may not recoup against a beneficiary of a participant (Now they do).

In addition, the bill would create a study on ways to improve the Annual Funding Notice (AFN) that pension plan sponsors are required to send to plan beneficiaries.

Also, a Senate bill includes the NRLN's proposal that would promote the funding of retirees' healthcare and life insurance benefits with surplus dollars when a pension plan is funded at 110% or more.

The NRLN has worked hard to advance its recoupment, AFN and pension surplus proposals and is optimistic that Congressional action will lead to passage of them.

Social Security - The NRLN is lobbying for the reintroduction and passage the **Social Security 2100 Act**. It would ensure funding the program for the next 75 years and change the Cost-of-Living Adjustment (COLA) from the current CPI-W pegged to urban wage earners' living expenses to CPI-E (Elderly) based on older Americans' spending patterns, including medical costs.

Medicare - The NRLN is lobbying to add a low out-of-pocket cap to original Medicare. Far too many seniors in original Medicare are forced to go without critical health care because they cannot afford the out-of-pocket costs. With this additional benefit, original Medicare would be on a more level playing field with Medicare Advantage plans which are required to have an out-of-pocket cap. The NRLN is also advocating that vision, hearing and dental benefits be added to Medicare.

Prescription Drugs - We are lobbying for **passage of the Elijah E. Cummings Lower Drug Costs Now Act** to empower Medicare to

negotiate prices of prescription drugs and cap senior's out-of-pocket cost for drugs at \$2,000 per year.

The NRLN supports passage of the Affordable and Safe Prescription Drug Importation Act, which would allow individuals to import prescription drugs manufactured at FDA-inspected facilities from licensed Canadian sellers. After two years, Americans could import drugs from other countries that meet FDA safety standards. We want the **Protecting Consumers Access to Generic Drugs Act**, passed to prohibit the practice of "pay-for-delay," in which brand name drug companies compensate generic drug makers to delay the entry of generic drugs into the market.

Congress has been more aggressive in wanting to introduce and pass legislation to reduce drug costs lately which is encouraging but the NRLN we will continue to relentlessly push them into action.

Immunizations for Seniors - The NRLN is supporting passage of the **Protecting Seniors Through Immunizations Act** that would provide Medicare beneficiaries access to all recommended vaccines at no additional cost. Some immunizations are covered under Medicare Part B without any out-of-pocket costs, while some vaccines covered under Medicare Part D require significant out-of-pocket costs.

Metastatic Breast Cancer - The NRLN is lobbying for the passage of the **Metastatic Breast Cancer Access to Care Act** which would provide immediate access to Social Security Disability Insurance (SSDI) and Medicare for individuals with metastatic breast cancer. Under current law, these individuals must wait five months for SSDI and 24 months for Medicare benefits.

Inpatient Rule - The NRLN is lobbying for passage of the **Improving Access to Medicare Coverage Act** which would fix an arbitrary Medicare rule that patients who receive hospital care on "observation status" do not qualify for the benefit of skilled nursing care, even if their hospital stay lasts longer than three days and even if their care team prescribes it. Under current Medicare policy, a beneficiary must have an "inpatient" hospital stay of at least three days for Medicare to cover skilled nursing care. Patients on "observation status" are either forced to return home without the treatment they have been prescribed, or, as often happens, they believed they were an "inpatient" and are unexpectedly billed astronomical amounts after their stays in a skilled nursing facility.

Telehealth - Telehealth has been a critical lifeline for millions of retirees who needed care during the COVID-19 pandemic. The NRLN and your Chapter are lobbying to make sure that telehealth coverage for Medicare beneficiaries is made permanent.

For more information of the work of the NRLN, go to www.nrln.org and click on the NRLN Review in the right column or the Legislative Agenda tab.

Bill Kadereit, President
National Retiree Legislative Network

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