



RI ARA 2017©  
All Rights Reserved

# RI ARA

*Affiliated with the Rhode Island AFL-CIO*  
*"Fighting for the future of our members."*  
*"NOW, more than ever!!!"*



Publication 2017/ Issue 13  
Published in house by the  
RI ARA

## April 10, 2017 E-Newsletter

### Trump Administration Floats Compromise on Health Care



Hours after President Donald Trump told NBC News that he was serious about reaching a deal on health care with members of his party, Vice President Mike Pence headed to Capitol Hill Monday night armed with a compromise proposal for the House conservatives who had helped doom the Republican health care bill a little more than a week ago.

Details of the proposal emerged after Pence met with moderate Republican members at the White House earlier in the evening on Monday. The administration is trying to hash out a compromise on insurance regulations, a component of the American Health Care Act (AHCA), the failed GOP health care bill to partially repeal and replace the Affordable Care Act, or Obamacare, that caused one of the biggest splits between moderate and conservative Republicans.

Members of the conservative caucus

objected when the AHCA did not repeal the Affordable Care Act's requirement that all health insurance policies taking part in the marketplaces must cover specific procedures, known as **essential health benefits**. Moderates had their own concerns, including cuts the AHCA made to Medicaid.

Rep. Mark Meadows, R-N.C. and head of the conservative Freedom Caucus, called the administration's new measure for compromise "a solid idea."

"We remain open minded and willing to look at details for the plan, so we're hopeful," Meadows said after emerging from his group's meeting with Pence Monday night. "We are encouraged by at least the idea — intrigued by the idea — but would certainly need a whole lot more information before we take action in support or opposition."

The compromise Pence and the moderate members of the House discussed — and that Pence has taken to the conservative members on the Hill —

would give states the opportunity to issue a waiver so they don't have to impose those requirements on the condition that states show that getting rid of the insurance regulations, such as **essential health benefits**, will lower the cost of premiums, according to a Republican aide.

The compromise would not allow states to waive those requirements for dependents under 26 or allow an opt-out for pre-existing conditions or impose lifetime spending caps.

The administration is pushing the proposal, but Trump allies thought it was a good sign that Rep. Greg Walden, chair of the Energy and Commerce Committee and a close ally of House Speaker Paul Ryan, was involved in the White House meeting.

Other participants in the meeting included Reps. Chris Collins of New York, Tom MacArthur of New Jersey, Adam Kinzinger of Illinois and five other lawmakers... [Read More](#)

### Trump's Effort To Lure Consumers To Exchanges Could Bring Skimpier Plans

Will opening the door to cheaper, skimpier marketplace plans with higher deductibles and copays attract consumers and insurers to the exchanges next year? That's what the Trump administration is betting on.

In February, the administration proposed a rule that would take a bit of the shine off of bronze, silver, gold and platinum exchange plans by allowing them to provide less generous coverage while keeping the same metal-level designation.

But consumer advocates and insurance experts say the proposal fails on two fronts. It doesn't address key concerns among insurers about plan design, and it

might push consumers away from the exchanges because it could increase their out-of-pocket costs and reduce the amount they receive in premium tax credits.

The proposal is one of several rule changes the administration put forward to help stabilize the insurance marketplaces while Republicans work to repeal and replace the Affordable Care Act. Repeal is at least temporarily off the table following the failure of the Republicans' replacement bill, the American Health Care Act. But insurers remain skittish about participating in the marketplaces given the continuing uncertainty and mixed signals from the administration and Congress about how they will go forward

overseeing the ACA.

The proposed rule would let insurers offer plans with higher consumer out-of-pocket costs than now allowed by lowering the minimum coverage requirements, called a plan's "actuarial value." Currently, for example, if you buy a silver plan, the most popular choice, the plan must be designed to pay 70 percent of covered medical costs for an average consumer, while you pay the other 30 percent through your deductible, copays and coinsurance... [Read More](#)



## Senators Introduce Landmark Bill to Address Skyrocketing Drug Prices



RI Senator Reed

After the defeat of the AHCA last week, several lawmakers quickly focused on improving



RI Senator Whitehouse

transparency and accountability, boosting access and affordability of key drugs, spurring innovation, and increasing choice and competition. The legislation has been co-sponsored by Senators Sanders, **Sheldon Whitehouse (D-R.I.)**, Sherrod Brown (D-OH), Amy Klobuchar (D-Minn.), Elizabeth Warren (D-Mass.), Tammy Baldwin (D-Wis.), **Jack Reed (D-R.I.)**, Kirsten Gillibrand (D-N.Y.), Maggie Hassan (D-N.H.), Dick Durbin (D-Ill.), Chris Van Hollen (D-Md.), Jeff Merkley (Ore.), Tom Udall (D-N. Mex.), Richard Blumenthal (D-Conn.), and Cory Booker (D-N.J.).

With prescription drug prices in the United States among the most expensive

in the world, an overwhelming majority of Americans support lowering them. Key provisions include allowing Medicare to negotiate lower drug prices; increasing competition by preserving access to affordable generics; requiring drug manufacturers to provide drug rebates for drugs dispensed to low-income individuals; and legalizing the importation of affordable prescription drugs from Canada.

Importation from 34 other Organization for Economic Co-operation and Development (OECD) countries that meet standards comparable to those in the United States would be allowed after two years.

Obamacare by bringing down drug prices. Led by Senator Al Franken (D-Minn.), 16 senators have introduced the Improving Access to Affordable Prescription Drug Act.

Sen. Franken questioned Supreme Court nominee Neil Gorsuch last week about workers' rights.

The landmark proposal would tackle prescription drug costs by increasing

## Ryan says key ObamaCare payments will continue during House lawsuit

Speaker Paul Ryan (R-Wis.) said Thursday that the administration will continue to fund key ObamaCare payments to insurers while a House lawsuit runs its course.

"While the lawsuit is being litigated, then the administration funds these benefits. That's how they've been doing it and I don't see any change in that," Ryan told reporters.

House Republicans sued the Obama administration over these "cost-sharing reductions," or CSRs, which reimburse insurers for giving discounted deductibles

to low-income ObamaCare enrollees. The GOP argued the payments were being made unconstitutionally, without a congressional appropriation.

Insurers are worried the payments could be discontinued, which could throw the market into chaos and cause insurers to pull out of the marketplaces.

Ryan indicated that the administration will continue funding the payments while the lawsuit runs its course.

However, Kristine Grow, a spokeswoman for America's Health Insurance Plans (AHIP), said Thursday

that it is not enough for the payments to simply continue during the lawsuit. She said insurers need certainty that the payments will be there throughout 2018, or else they might need to raise premiums for next year to factor in the uncertainty.

She said AHIP would like to see Congress appropriate the money for 2018 or provide some other guarantee that the money will be there throughout next year. ...[Read More](#)



## Workers Who Give Care To The Homebound Often Can't Afford To Get Their Own



For more than two decades, Celeste Thompson, 57, a home care worker in Missoula, Mont., had not had regular contact with a doctor

— no annual physicals and limited sick visits. She also needed new glasses.

Like many others who work in the lower rungs of the health care system, she has worked hard to keep her clients healthy by feeding them, dressing them and helping them navigate chronic conditions.

But because of the low wages and the hourly structure of this industry — which analysts estimate is worth nearly \$100

billion annually and projected to grow rapidly — workers like Thompson often don't have health insurance. Many home health agencies, **80 percent** of which are for-profit, don't offer coverage, or their employees don't consistently clock enough hours to be eligible. They generally earn too much to qualify for public aid but too little to afford the cost of premiums.

"It's a social justice issue. We have a workforce that is the backbone of long-term [care] services, and they themselves don't have coverage," said Caitlin Connolly, who runs a campaign to increase home care wages at the National Employment Law Project, an advocacy

organization...

In 2015, Montana opted in to the 2010 health law's expansion of Medicaid, the state-federal low-income health insurance program. Thompson, who was making about \$10 an hour, immediately signed up.

Her vision care was among the first things she focused on. She had not visited an eye doctor in nine years — a problem because her job includes keeping track of patients' pill bottles and making sure they take the right medications. "I had to use a magnifying glass to see small print," said Thompson, who now wears bifocals. Her doctor has since warned her she may need a stronger correction soon. [Read More](#)

## The President's Budget Would Dramatically Cut Funding for Medicare Counseling

This week, the President sent a more detailed **supplement** to his 2017 budget to Congressional appropriators that proposes dramatic cuts to the State Health Insurance Assistance Programs (SHIPs). SHIPs provide one-on-one, in-person counseling to help people with Medicare understand their rights and navigate their coverage options. The President's proposal would almost completely eliminate federal funding for this essential program.

SHIPs provide unbiased, free, and personalized local assistance to older adults, people with disabilities, and families facing complicated Medicare decisions. In 2015, SHIPs helped about 7 million people with Medicare sift through more than 20 prescription drug plans, 19 different choices of Medicare Advantage

plans, and various Medigap supplemental insurance policies, all of which come with different premiums, provider networks, rules around coverage, and out-of-pocket costs. Additionally, SHIPs help beneficiaries resolve fraud and abuse issues, billing problems, appeals, and enrollment in low-income health assistance programs.

The President's **budget**, released earlier this month, included a \$12.6 billion cut to the Department of Health and Human Services, but it did not include specifics about how to achieve those and other savings. The recently released supplement fills in some of those gaps and eliminates funding for SHIP grants for local assistance, and recommends that older adults and people with disabilities instead "leverage

alternative sources for Medicare beneficiaries to obtain access to reliable information to better understand and manage benefits (e.g., 1-800-Medicare)."

Unfortunately, contractor-administered services like 1-800-MEDICARE cannot replace the essential, localized one-on-one assistance provided by SHIPs. SHIPs are extremely efficient and volunteer driven, and SHIP grants are vital to ensure comprehensive counseling is available to people with Medicare and their families. Medicare Rights continues to oppose shortsighted cuts to SHIPs, like those included in the President's budget supplement.



## Mylan hit with racketeering suit over big price hikes of EpiPen



Big drugmaker Mylan (MYL) was slapped Monday with a class-action racketeering lawsuit

that claims the company engaged in an illegal scheme to dramatically increase the list price of its EpiPen anti-allergy device over the past decade.

The suit alleges that the "skyrocketing" list price of EpiPen for consumers was the result of Mylan's payments of rebates to pharmacy benefit managers — including CVS Caremark (CVS), Express Scripts (ESRX) and Optum Rx — which handle prescription drug benefit programs for insurance plans.

The suit claims violations of consumer

protection laws of all U.S. states, as well as a violation of the Racketeer Influenced and Corrupt Organization Act. If granted class-action status, the suit would cover all consumers.

The suit says Mylan only disclosed that its price increases for EpiPen were due to the rebate payments to the PBMs last summer, after outrage exploded over the fact the a two-pack of the auto-injector devices were selling for more than \$600.

A decade earlier, it cost consumers paying list price about \$90 for EpiPen, which is used to treat a potentially fatal allergic reaction known as anaphylaxis. Since then Mylan had increased the list price of the device 17 times, the suit said.

The suit, filed in U.S. District Court in

Seattle, noted that when EpiPen prices were increasing most dramatically, some other companies tried to introduce competing devices.

But those companies but never succeeded in displacing the market dominance of EpiPen because they did not pay the same level of rebates that Mylan was paying the pharmacy benefit managers, the suit said.

"Mylan has tried every trick in the book to avoid taking accountability to the millions of people who are living without the EpiPen they need to prevent a life-threatening allergic reaction," said Steve Berman, managing partner of Hagens Berman, which represents the three named plaintiffs in the suit...[Read More](#)

## Gallup: ObamaCare has majority support for first time

More than half of Americans approve of the Affordable Care Act (ACA), according to a Gallup poll out Tuesday, marking the first time the law has gained majority support since Gallup began tracking public opinion on it in 2012.

Fifty-five percent of Americans say that former President **Barack Obama's** signature healthcare reform law should remain in place, though 40 percent say it needs significant changes. Still, the new rate is up significantly from November, when only 42 percent said they approved

of the law.

ObamaCare seems have grown on independents the most in recent months. In November, right after the 2016 election, only 40 percent of independents said they approved of the law. But in **Gallup's most recent poll**, that number has jumped to 57 percent — a 17-point increase in five months.

The apparent wave of approval for ObamaCare comes less than two weeks after the failure of the American Health Care Act (AHCA), the GOP's plan to

repeal and replace the ACA. The measure was backed by House Speaker **Paul**

**Ryan** (R-Wis.) and the White House early on, but was ultimately withdrawn amid weak Republican support.

After the AHCA's defeat last month, Ryan and Trump signaled that they would move away from healthcare reform and focus instead on other ...[Read More](#)





## In Pain? Many Doctors Say Opioids Are Not The Answer



Those of you who have experienced pain, especially gnawing, chronic pain, know that it affects your

happiness, outlook and ability to function.

In the past couple of years, the treatment of chronic pain has undergone an earthshaking **transformation** as opioid addiction continues to claim — and ruin — lives.

Many primary care doctors no longer liberally prescribe opioid painkillers such as oxycodone, fentanyl and hydrocodone for back pain, migraines and other chronic conditions. Instead, they are increasingly turning to alternative medications and non-drug options such as acupuncture and physical therapy.

“Most primary care doctors are afraid to

do pain management because of the opioid backlash,” says Michael McClelland, a health care attorney in Rocklin, Calif., and former chief of enforcement for the state Department of Managed Health Care. “Either they don’t prescribe anything, and the patient remains in pain, or they turn them over to pain management specialists so someone else is writing that prescription.”

As a result, McClelland says, “people in genuine pain are going to find it more difficult to get medicine they may well need.”

Anita A., who asked that her full name not be used to protect her family’s privacy, says that happened to her father, Fred, when they moved from Maryland to the Sacramento area in November.

Her father, 78, suffers from back pain that two surgeries did not alleviate. For more than a decade, he took opioid medications under the supervision of pain specialists in Maryland. He has tried “every other medicine,” in addition to acupuncture, nerve block injections and more, but the opioids worked best to control his pain, she says.

“He doesn’t take more than he needs and he’s not seeking to take more,” Anita says.

But in California, two pain specialists declined to see her father, saying his case was too complex. Finally, a primary care physician referred him to a different pain specialist, who saw him in January, three months after starting the quest.

“It’s frustrating,” Anita says. “You get the sense that they’re looking at everyone as a potential addict.”...[Read More](#)

## To Help Ward Off Alzheimer’s, Think Before You Eat

Diets designed to boost brain health, targeted largely at older adults, are a new, noteworthy development in the field of nutrition.

The latest version is the **Canadian Brain Health Food Guide**, created by scientists in Toronto. Another, **the MIND diet**, comes from experts at Rush University Medical Center in Chicago and Harvard T.H. Chan School of Public Health.

Both diets draw from a growing body of research suggesting that certain nutrients — mostly found in plant-based foods, whole grains, beans, nuts, vegetable oils and fish — help protect cells in the brain

while fighting harmful inflammation and oxidation.

Both have yielded preliminary, promising results in observational studies. The Canadian version — similar to the Mediterranean diet but adapted to Western eating habits — is associated with a **36 percent reduction** in the risk of developing Alzheimer’s disease. The MIND diet — a hybrid of the Mediterranean diet and the DASH diet (Dietary Approaches to Stop Hypertension) — **lowered the risk of Alzheimer’s by 53 percent**.

Researchers responsible for both regimens will study them further in

rigorous clinical trials being launched this year.

Still, the diets differ in several respects, reflecting varying interpretations of research regarding nutrition’s impact on the aging brain.

A few examples: The MIND diet recommends two servings of vegetables every day; the Canadian diet recommends five. The Canadian diet suggests that fish or seafood be eaten three times a week; the MIND diet says once is enough...[Read More](#)



## Five of the best Alzheimer's blogs



Alzheimer's disease is the most common form of dementia and affects more than 5 million people in the United States. After a diagnosis, many people with Alzheimer's and their families turn to the Internet for information on what to expect in the upcoming years. We have searched the web for the most helpful blogs for people affected by Alzheimer's.

According to the Alzheimer's Association, someone in the U.S. develops **Alzheimer's disease every 66 seconds**. Due to the rising population in the U.S. of people aged 65 and older, the number of new cases of Alzheimer's and other **dementias** is set to soar.

Alzheimer's is a progressive and irreversible brain disorder. The disease slowly destroys memory and thinking capacity, and it eventually prevents the

ability to complete even the simplest of tasks.

Alzheimer's disease is currently ranked as the **sixth leading cause of death** in the U.S., although **recent reports** state that Alzheimer's-related deaths may have been underreported and may, in fact, rank third, just behind **heart disease** and **cancer** as a leading cause of death for people aged 75 and older....[Read More](#)

## How Do I Know If I Have Depression?

The types and symptoms of depression vary, so here's what to look for.



Everyone feels sad sometimes. We all go through periods of doubt, despair and emotional pain. That's part of a normal and healthy life, and these feelings typically fade over time. But when they linger, or begin to interfere with your everyday life, they could signal depression.

Depression is more than just "feeling the blues." According to the Centers for Disease Control and Prevention, it's "a serious medical illness and an important public health issue." Depression is a

leading cause of disease, disability and injury for both men and women. It not only causes pain and suffering for those with depression, it can burden their families, friends and co-workers. The CDC estimates the economic costs of depression, including workplace costs, direct costs and suicide-related costs, to be more than \$200 billion.

Because depression is a medical condition, it can be diagnosed, treated and, in the vast majority of cases, managed successfully – even cured. Too many people, however, still don't understand that basic fact. "There is still a

lot of stigma around psychiatric issues, including depression, that makes people think that [the] way they are feeling is somehow their fault or their parent's fault," says Dr. James Potash, chair of the psychiatry department at University of Iowa Hospitals and Clinics. "The truth is that depression is a treatable medical illness. Although it can be hard to recognize and has some invisible qualities, it is a disease process of the brain, and as a disease, it is nobody's fault, just as it is no one's fault they get cancer or asthma." ...[Read More](#)

## When Is a Muscle Twitch Cause for Concern?

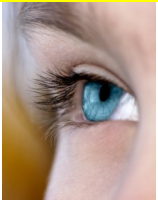
Here's what to do if you're worried this common annoyance is more than that. Tweaked by a muscle twitch?

From an uncontrollable fluttering eyelid to a pulsing calf muscle, these small, rapid involuntary muscle contractions may happen at any time – and can be annoying. A common cause is overexertion, says Dr. Justin Kwan, an assistant professor of neurology at the University of Maryland School of Medicine in Baltimore. He experienced as much following a recent 22-mile run he

completed as part of his training for an upcoming marathon – his calf and thigh muscles twitched briefly immediately afterward.

"Another common cause would be stress or anxiety – some people do notice fluttering of their eyelids very asymmetrically," Kwan says. "Again, speaking from personal experience, right before I prepare for major examinations or even sometimes give a talk – when I get very nervous, or anxious or stressed – I do notice that."

Clinicians say almost everyone experiences muscle twitching, also called fasciculation, at one time or another – and it usually goes away on its own. In cases where twitching persists, addressing everyday factors that frequently contribute, including too much caffeine, dehydration and a lack of sleep, can limit the annoyance...[Read More](#)



## Boomerang Seniors: Aging Adults Move To Be Near Mom Or Dad



Like many peers in their 70s, Lois and Richard Jones of Media, Pa., sold their home and downsized, opting for an

apartment in a nearby senior living community they had come to know well. For 13 years, they have visited Lois' mother, Madge Wertzberger, there.

Wertzberger, 95, is in assisted living at Granite Farms Estates. Lois, 73, and Richard, 76, who have been married 56 years, moved into an adjoining building in October.

"It wouldn't take me more than three minutes to walk to where she is," said Lois. "I don't have to drive anywhere to help her or to meet with her [medical] team. I'm right here."

The Joneses are great-grandparents. Yet they're among a growing group of seniors with a living parent, which means these 21st-century post-retirement years might well include parental caretaking. Expectations are altered amid the new reality of longer life expectancy and growing numbers of aged Americans.

"I pop in when I need to take something to her or discuss things. We see each

other minimally once a week, and it can be more," Jones said. "My youngest sister normally takes her to the doctor, but I do some sharing on that. Just because I'm here doesn't mean I have to take her to her doctor's appointments."

Caregiving for an older family member is not what it was when first studied and coined as the "sandwich generation," those people squeezed between aging parents and young children, said Amy Horowitz, a professor of social work at Fordham University in New York City....[Read More](#)

**Petition Subject: Elimination of the Unfair GPO and WEP Provisions of the Social Security Act to make sure the Congress of the United States enacts legislation, HR.973 & S.1651**

ADD  
YOUR  
NAME

**Get The Message Out:  
SIGN THE PETITION!!!!**

Rhode Island Alliance for Retired Americans, Inc. • 94 Cleveland Street • North Providence, RI • 02904-3525 • 401-722-2770  
[www.ri-ara.org](http://www.ri-ara.org) • [riarajap@hotmail.com](mailto:riarajap@hotmail.com) • <http://www.facebook.com/groups/354516807278/>