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HealthLink Wellness

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Senior Advocates No Happier with Ryan’s New GOP Budget Than Last Year’s

Old Medicare ideas attract most attention – voucher system, later eligibility, and higher cost for middle class



Virtually all organizations that advocate for senior citizens, Medicare or Social Security that issued statements on the Republican FY2015 House Budget Committee Chairman Paul Ryan’s were critical of the provisions impacting seniors. Most news reports acknowledge his ideas were about the same as in his last budget push, including a voucher system for Medicare, high age for joining Medicare, higher cost for middle class seniors in Medicare.

The budget proposal by Rep. Ryan, a possible Republican contender for the White House in 2016, would repeal the health law – Obamacare - but maintain its savings and taxes. Beginning with those who turn 65 in 2024, it would offer seniors a fixed amount to purchase a private plan or traditional fee for service Medicare.

“The budget released today by Congressman Ryan repeats on an old and tired theme - ending the Medicare program as we know it. The Ryan budget would replace Medicare’s guaranteed health benefits with a voucher (or premium support) that seniors and people with disabilities would use to purchase health coverage through private health care plans, according to a statement by Joe Baker, President of the Medicare Rights Center, issued yesterday.

A leading advocate for seniors in Medicare and Social Security, Max Richtman, President of the National Committee for Social Security and Medicare, said, “The GOP/Ryan budget is nothing short of an all-out declaration of war against millions of American families still struggling in our recovering economy. This is a budget that doubles-down on an ideological quest to turn Medicare into “coupon care”, making it harder for seniors to choose their own doctors and ultimately killing traditional Medicare.

“If the GOP/Ryan budget becomes law, seniors will immediately lose billions in prescription drug savings, free wellness visits and preventative services provided in the ACA, and the Part D donut hole returns. This budget also slashes the nation’s anti-poverty programs, including Medicaid, targeting them with more cuts and block granting.”

Richtman added, “...we predict the GOP will have no better luck selling their flawed and misguided approach this year than they did during previous failed attempts.”..[Read More](#)

Ryan Budget Must be Stopped Before it Passes the Senate

Seniors Would Pay Dearly if Brakes are Not Applied Now

**The following statement was issued by Richard Fiesta,
Executive Director of the Alliance for Retired Americans:**



“The U.S. House passed Budget Committee Chairman Paul Ryan's fiscal 2015 budget today. It would slash Medicare and Medicaid by hundreds of billions of dollars.

“The Congressional Budget Office (CBO) determined that under the 2011 Ryan plan, an earlier budget similar to the latest version, seniors’ out-of-pocket health care expenses would skyrocket, leaving a typical retiree with far less of his or her monthly Social Security check to meet other living expenses. For a senior living on the average monthly benefit, the amount left for nonmedical needs would be slashed from about \$900 a month to less than \$600.

“Not satisfied with just destroying Medicare, Chairman Ryan is also attacking Social Security, saying that the Social Security Trust Fund is not a real savings account.

“The budget passed by the House today is widely viewed as a measure of the priorities and values of the majority that voted for it. It tells seniors that they don’t matter nearly as much as the wealthy people and corporations who would simultaneously receive sweetheart tax breaks.

“Seniors hope that today’s vote is enough to show the public what would happen if the Ryan budget were to be passed by the U.S. Senate: seniors would pay dearly.”

First Look at Medicare Data in 35 Years

USA Today By: Meghan Hoyer and Kelly Kennedy



Following a court order, the Center for Medicare Services released data on Medicare physician reimbursements for the first time in decades. The data may help consumers better understand pricing while allowing providers to improve care and pursue fraud investigations.

Reimbursements to doctors who provide Medicare services in 2012 ranged from nearly \$21 million to a single Florida ophthalmologist to the \$27,000 for the average anesthesiologist, according to the first look at government payment data in 35 years.

The data were released this week by the Center for Medicare Services after a court order lifted an injunction sought by the American Medical Association had been in place since 1979.

The three specialties with the highest rates of reimbursement were public health welfare agencies at 94%, mass immunization specialists at 92% and slide preparation facilities at 91%. Anesthesiologists and anesthesiology assistants ranked at the bottom of the reimbursement pile with rates of 15% and 13%, respectively.

The data show in 2012 there were more than 880,000 providers, \$252.4 billion in charges and \$77.4 billion in payments. The statistics reveal that seven doctors received more than \$10 million in payments, and that three Florida ophthalmologists each tried to bill at least \$22 million...[Read More](#)

Decoding the High-Stakes Debate Over Medicare Advantage Cuts

Final 2015 Medicare Advantage rates are expected to be released Monday

By Jay Hancock, KHN Staff Writer

This KHN story was produced in collaboration with the [Miami Herald](#)

Health insurers often try to influence Washington through quiet persuasion in plush offices. To fight potential government cuts for private Medicare plans, however, they've hit the streets. The Obama administration has proposed reducing what insurers collect for Medicare Advantage plans - HMOs and PPOs, mainly - that cover about 15 million seniors. (Regular Medicare, which still covers most seniors, pays doctors and hospitals directly.)

The rate change, part of the Affordable Care Act, is the next step in winding down a subsidy that pays Medicare Advantage plans substantially more than what traditional Medicare costs. Proponents say the move will end what they call an industry windfall and pressure insurers, hospitals and doctors to deliver care more efficiently...[Read More](#)



Anticipated Cut in Medicare Advantage Plan Payments Becomes Marginal Increase by CMS

Health insurance lobby had fought hard to avoid the cut, wanted payments to remain the same



The highly anticipated change for 2015 to the rate paid to private Medicare Advantage Plans was announced today and it has to be viewed as a win for the health insurance lobby. The proposed rate reduction of 1.9 percent proposed in February by the Centers for Medicare and Medicaid Services became a marginal increase of .04 percent for next year.

The health insurance companies ran a multi-million dollar campaign to stop the Obama Administration from making cuts in the amount the private companies get for their private Medicare health plans.

“The announcement sets a stable path for Medicare Advantage and implements a number of policies that ensure beneficiaries will continue to have access to a wide array of high quality, high value, and low cost options while making certain that plans are providing value to Medicare and taxpayers,” according to the news release by CMS last week.

Since the Affordable Care Act was passed in 2010, Medicare Advantage premiums have fallen by 10 percent and enrollment has increased by 38 percent to an all-time high of more than 15 million beneficiaries, CMS reports.

..[Read More](#)

HealthLink Wellness

Seniors See Colorectal Cancer Surgery Decline, Mortality Rates Increase; Still Do Worse in Surgery

The good news is colon cancer surgery rates down and survival rates up, even for elderly; researchers concerned with lack of senior citizens in clinical trials



Senior citizens age 65 and older are the most likely to undergo colorectal cancer surgery and the experience the worse outcomes than do younger patients. The good news is the total number of colon cancer operations has decreased in the last decade and mortality rates have improved.

"Despite the overall improved mortality seen during the past 10 years, the risk-adjusted mortality and morbidity of the elderly continue to be substantially higher than that for the younger population," the study says.

Gastrointestinal cancers are common in the elderly occur most often in the sixth and seventh decades of life. One of these, colorectal cancer (CRC) is a leading cause of death and surgery remains the effective treatment, explained according to background on the study by author Mehraneh D. Jafari, M.D., and colleagues from the University of California, Irvine School of Medicine, Orange.

The researchers examined the trends and outcomes of colorectal cancer surgery in the elderly in a nationwide sample of inpatients from 2001 through 2010. Patients were divided into age groups: 45 to 64, 65 to 69, 70 to 74, 75 to 79, 80 to 84, and 85 years and older...[Read More](#)

Senior Citizens See Risk of Stroke Linked to Insomnia Diminish with Age

The risk was highest - up to eight times - among insomniacs 18-34 years old

These is almost never good news about health for senior citizens that relates to getting older. It is an accepted truth that the older you get the higher your risk of health problems. But there really is good news for seniors, especially those who have problems sleeping, for a new study that finds the risk of having a stroke is much higher in people with insomnia but this risk shrinks as we get older.

The risk also seems to be far greater when insomnia occurs as a young adult compared to those who are older, said researchers who reviewed the randomly-selected health records of more than 21,000 people with insomnia and 64,000 non-insomniacs in Taiwan.

The report on the new research appears in the American Heart Association journal *Stroke*.

The researchers report:

- Insomnia raised the likelihood of subsequent hospitalization for stroke by 54 percent over four years.
- The incidence of stroke was eight times higher among those diagnosed with insomnia between 18-34 years old. Beyond age 35, the risk continually decreased.
- Diabetes also appeared to increase the risk of stroke in insomniacs.

"We feel strongly that individuals with chronic insomnia, particularly younger persons, see their physician to have stroke risk factors assessed and, when indicated, treated appropriately," said Ya-Wen Hsu, Ph.D., study author and an assistant professor at Chia Nan University of Pharmacy and Science and the Department of Medical Research at Chi-Mei Medical Center in Taiwan.

"Our findings also highlight the clinical importance of screening for insomnia at younger ages. Treating insomnia is also very important, whether by medication or cognitive therapy."

Researchers divided participants - none of whom had a previous diagnosis of stroke or sleep apnea - into different types of insomnia.

In general, insomnia included -

- difficulty initiating or maintaining sleep;
- chronic or persistent insomnia lasting one to six months;
- relapse insomnia with a return of insomnia after being diagnosed free of disease for more than six months at any assessment point during the four-year study; and
- remission with a change from a diagnosis of insomnia to non-insomnia at the subsequent time point...[Read More](#)



Record Number of Senior Citizens Completing Living Wills, Little Impact on Deaths

Study suggests elderly Americans are completing living wills and appointing health care surrogates more than ever before

A record number of elderly people are completing living wills to guide end-of-life medical treatments – up from 47 percent in 2000 to 72 percent in 2010 – according to new research from the University of Michigan and the Veterans Affairs Ann Arbor Healthcare System.

However, even with nearly double the number of people completing advance directives – which may specify preferences for surrogate decision makers and life-support treatment – there was little difference in hospitalization rates or deaths in the hospital, says the study that appears in the *Journal of the American Geriatrics Society*.

“Given the aging population, there’s been a great push to encourage more people to complete advance directives with the idea that this may increase hospice care and reduce hospitalization for patients during the last six months of life,” says lead author and palliative care specialist Maria Silveira, M.D., M.A., M.P.H, researcher with the VA Ann Arbor Healthcare System and assistant professor in the Department of Internal Medicine at the U-M Medical School.

“We found that while there’s an upward trend in creating these documents, it didn’t have much bearing at all on hospitalization rates over the decade. Indeed, hospitalization rates increased during the decade, rather than go down. These are really devices that ensure people’s preferences get respected, not devices that can control whether a person chooses to be hospitalized before death.”...[Read More](#)



Senior Citizens Boost Mental Abilities with Exercise Even in Old Age, Two Studies Say

**Women over 70 increased size of learning area of brain,
second finds window to successfully fight dementia with exercise lasts into old age**

It’s a good day for senior citizens worried about dementia and diminishing mental abilities. Two studies out today offer real hope. One says that regular exercise can help senior women boost the size of the brain area used for memory and learning. The other found that exercise after middle age seems to slow dementia in old age and is most effective for those who are overweight. The key point being it may never be too late to boost your mental ability by exercising.

The study of older women involved women between the age of 70 and 80 that were living independently at home...[Read More](#)



Spanish Friday Alert now Available

The *Friday Alert* will now be available each week in Spanish! To see last week’s *Alerta Semanal*, go to <http://tinyurl.com/mq7gpry>. For the Alliance’s Spanish language page, which includes fact sheets and other translated documents from the main site, go to <http://tinyurl.com/nllcz6n>. More outreach from the Alliance to the Hispanic elder community will be coming in the next few months.

The New England ARA state affiliates are actively pursuing these Petitions.

House Concurrent Resolution 67 and Senate Concurrent Resolution 26 to get power doors installed in Post Offices and other federal buildings.

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

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 3118 & S 896

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

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