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Publication 2017/ Issue 15
Published in house by the
RI ARA

April 23, 2017 E-Newsletter

Medicare Part C For All -- A Proposed Hatch-Warren Bill



Whatever the Freedom Caucus thinks, there is a national consensus that everyone

deserves a uniform, basic health insurance policy. Uniform means that everyone's kidneys are covered for the same problems regardless of whether their kidneys in great or terrible shape.

Unlike the market for wheat, where private markets work extremely well, insurance markets, particularly health insurance markets, break down because of differences in information of buyers and sellers. Buyers of health insurance know if they are sick. Sellers don't. To make a profit, sellers try to cherry pick the healthy and turn away the sick. Or they set premiums under the assumption that all their insureds will be sick. This makes health insurance too expensive for the healthy who opt to stay uninsured.

The solution to this well known *adverse selection problem* is to pool the sick and the healthy together. This is why we have ended with the population in one of four types of pools. These are the pools for workers in large firms (employer-provided healthcare), the pool for the disabled and elderly (Medicare), the pool for the indigent (Medicaid), and the pool for everyone else (Obamacare).

Unfortunately, each of these systems has failed or is failing. Insurers are deserting Obamacare. Medicaid traps participants into poverty by defining its pool based on income. Earn a dollar too much and "It's gone!" Medicare, at least traditional Medicare (Parts A, B, and D), has, over the years, exploded in costs. The same is true for Medicaid. The result has been price controls, which are leading more and more does to turn away traditional Medicare and Medicaid participants. And employer-based healthcare is increasingly turning into

catastrophic coverage, leaving participants with unaffordable out-of-pocket payments.

The answer is not replacing Obamacare with a far less generous Trumpcare system that sanctifies cherry picking. It's not handing Medicaid over to the states and looking the other way. It's not maintaining price controls for traditional Medicare. And it's not letting employers move to health insurance in name only.

Nor is the answer some other set of patchworks. It's time to fix the healthcare system from the ground up. Remarkably, the path to such fundamental reform is staring us in the face. *It's Medicare Part C For All.*

Medicare Part C is the Republican part of a program established by Democrats. Hence, both parties can claim ownership of Medicare Part C For All. That's critical because no meaningful and lasting healthcare reform can arise without bipartisan support....**Read More**

Conservatives' Goal To Relax Mandatory Health Benefits Unlikely To Tame Premiums

As House Republicans try to find common cause on a bill to repeal and replace the Affordable Care Act, they may be ready to let states make the ultimate decision about whether to keep a key consumer provision in the federal health law that conservatives say is raising insurance costs.

Those conservatives, known as the House Freedom Caucus, and members of a more moderate group of House Republicans, the Tuesday Group, **are hammering out changes** to the GOP bill that was **pulled unceremoniously** by party leaders last month when they couldn't get enough votes to pass it. At the heart of those changes reportedly is the law's requirement for most insurance

plans to offer 10 specific categories of "**essential health benefits**." Those include hospital care, doctor and outpatient visits and prescription drug coverage, along with things like maternity care, mental health and preventive care services. The Freedom Caucus had been pushing for those benefits to be removed, arguing that coverage guarantees were driving up premium prices.

"We ultimately will be judged by only one factor: if insurance premiums come down," Freedom Caucus Chairman Rep. Mark Meadows (R-N.C.) told The Heritage Foundation's **Daily Signal**. But moderates, bolstered by complaints from patients groups and consumer activists, fought back. And **a brief**

synopsis leaked from the intraparty negotiations suggests that the compromise could be letting states decide whether to seek a federal waiver to change the essential health benefits.

"The insurance mandates are a primary driver of [premium] spikes," wrote Meadows and Sen. Ted Cruz (R-Texas) **in an op-ed** in March.

But do those benefits drive increases in premiums? And would eliminating the requirement really bring premiums down? Health analysts and economists say probably not — at least not in the way conservatives are hoping. ...**Read More**



State-Specific Fact Sheets Show How the American Health Care Act Harms Older Adults



The American Health Care Act would leave many older New Yorkers without health care

With renewed interest by the White House and some members of Congress to bring the American Health Care Act back for a vote, advocates are working to inform people nationwide about the harmful effects of the proposed legislation.

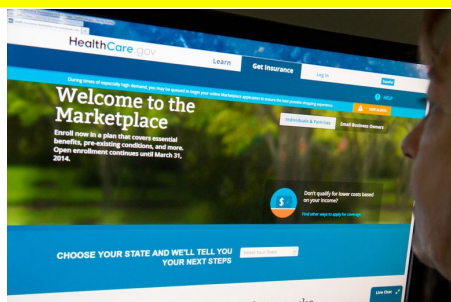
The American Health Care Act would leave many older adults without health coverage, making it harder for them to afford the care they need. The Medicare Rights Center, along with Community Catalyst, AFSCME, and seven other organizations, compiled **fact sheets** to be used in states across the country. The fact sheets include useful information about what passage of the American Health Care Act would mean for family members, friends, and neighbors in local

communities.

Visit www.medicarerights.org/protect to view the fact sheets. Share them with friends and family. You can also print them out and bring them to local town hall meetings hosted by your elected representatives.

To find out if your member of congress is holding any town halls or open meetings during the recess, visit townhallproject.com.

Repeal, Replace ... Revise: Your Guide To How A Trump Proposal Might Change ACA Insurance



Repeal and replace is on-again, off-again, but that doesn't mean the rules affecting your insurance will remain unchanged.

The Trump administration late Thursday **issued a final rule** aimed at stabilizing the health law's insurance marketplace that could have rapid, dramatic effects on people who do not get insurance through work and buy it on the Affordable Care Act's exchanges.

The final rule upholds much of what was proposed by the administration in February, including a shorter enrollment window, tighter vetting of people who sign up outside of those open periods and efforts to require some consumers to show proof of prior insurance coverage.

The controversial proposal by the

Health and Human Services Department drew letters from nearly 4,000 organizations and individuals during an unusually short, 20-day public comment period that ended in early March. In their comments, consumer groups hated it, saying it would wreak havoc by making it harder to get coverage, while insurers were generally supportive.

But such experts as Christopher Condeluci of CC Law & Policy in Washington, D.C., saw the initial proposal released in February by HHS as helpful for insurers, though he also thinks more adjustments are necessary.

"Does it meet all the carriers' 'asks' when it comes to what changes are needed? No, I don't think it goes far enough," said Condeluci, a former staffer to the Senate Finance Committee who specialized in insurance issues.

Sabrina Corlette, who studies the individual marketplace for the Center on Health Insurance Reforms at Georgetown University, said the directive could result in fewer healthy enrollees — which insurers also would not like — and don't address some of the biggest concerns for

the industry, such as the fate of federal subsidies that help low-income consumers pay deductibles and other out-of-pocket costs. "This is nibbling away at the margins," she said. She could not be reached late Thursday for comment on the final version.

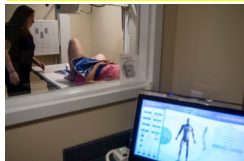
Here are four ways the stabilization rule might change the individual health insurance market:

If You Owe, You Pay First

The final rule, to be published in the Federal Register next week, says, consumers would have to repay past-due premiums from the previous 12 months before being granted new coverage if they sign up with the same insurer. Because the law allows a three-month grace period before people who haven't paid premiums are kicked out of coverage, a consumer's overdue premiums could tally hundreds of dollars — even more than \$1,000.

The move aims to discourage people from gaming the system. Insurers say a person with a bad knee, for example, might enroll and pay just long enough to get an expensive knee replacement, then stop paying premiums... [Read More](#)

G.O.P. Bill Would Make Medical Malpractice Suits Harder to Win



Low-income people and older Americans would find it more difficult to win lawsuits for injuries

caused by medical malpractice or defective drugs or medical devices under a bill drafted by House Republicans as part of their plan to replace the Affordable Care Act.

The bill would impose new limits on lawsuits involving care covered by **Medicare**, **Medicaid** or private health insurance subsidized by the Affordable Care Act. The limits would apply to some product liability claims, as well as to

medical malpractice lawsuits involving doctors, hospitals and nursing homes.

Sean Spicer, the White House press secretary, said the bill would limit “frivolous lawsuits that unnecessarily drive up health care costs.”

But Democrats and plaintiffs’ lawyers said it would take rights away from people served by federal health programs, including those harmed by horrific medical mistakes.

In renewing their effort to devise a replacement for the Affordable Care Act, Republicans say one chief aim is to slow the growth of health spending.

Representative Robert W. Goodlatte,

Republican of Virginia and the chairman of the House Judiciary Committee, said the malpractice limits would reduce health costs, increase access to care and save taxpayers billions of dollars.

The nonpartisan Congressional Budget Office estimates that the bill would reduce **federal budget** deficits by almost \$50 billion over 10 years. Under the bill, the budget office said, doctors would slightly decrease the use of diagnostic tests and other services that they perform to reduce their exposure to lawsuits. Doctors have long said such “defensive medicine” adds to the cost of care.

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Republicans can't find a way to repeal Obamacare because too many of them secretly love it

Republicans haven't been able to replace Obamacare, because they think the problem with it, metaphorically speaking, is that the food is terrible and the portions are too small.

That, of course, is what Woody Allen had to say about life in “Annie Hall.” But the same kind of contradiction — you hate something, and want more of it — is why Republicans haven't been able to agree on anything other than that they want to be able to *say* that they repealed Obamacare. That might work on for campaigning, but, as we've seen, it's a flop in office. President Trump on Tuesday — in what's become something of a weekly tradition — again promised his party would strike a deal. But even if Republicans keep trying to come to terms

on a compromise, they're going to keep tripping over the same problem. That's because no matter how much dealmaking prowess you might have, you can't make one if people want fundamentally different things.

Now, when it comes to Obamacare, there are generally two types of Republicans: ones who despise everything about it, and ones who understand nothing about it. The first group are libertarians who want to get rid of the law root-and-branch. They don't think the federal government should play any part in helping people get coverage, or telling insurers what that has to be. Instead, they'd like to go back to a world where the sick are mostly on their own, and insurance companies are mostly free to discriminate against them.

This, together with higher deductibles, is what they believe is the best way to keep costs and premiums down for everybody else. The idea, you see, is that people will spend less overall if they have to spend more out-of-pocket, and if that's too much for them, they can always be put in a slightly subsidized high-risk pool. (Emphasis on the word “slightly.” The Kaiser Family Foundation's **Larry Levitt** says that “the technical term” for the funding in the GOP's latest proposal is “chump change.”)

In other words, they want to make insurance more affordable for the young and healthy by making it unaffordable for the old and sick, and worse for everyone.



Nonprofit Linked To PhRMA Rolls Out Campaign To Block Drug Imports



A nonprofit organization that has orchestrated a wide-reaching campaign against foreign drug

imports has deep ties to the Pharmaceutical Research and Manufacturers of America, or PhRMA, the powerhouse lobbying group that **includes** Eli Lilly, Pfizer and Bayer.

A PhRMA **senior vice president**, Scott LaGanga, for 10 years led the Partnership

for Safe Medicines, a **nonprofit** that has recently emerged as a leading voice against Senate bills that would allow drug importation from Canada. LaGanga was responsible for PhRMA alliances with patient advocacy groups and served until recently as the nonprofit's principal officer, according to the partnership's tax forms.

In February, LaGanga moved to a senior role at PhRMA and stepped down as executive director of the Partnership

for Safe Medicines — just as the group's campaign to stop import legislation was revving up.

Both PhRMA and the partnership have gone to great lengths to show that drugmakers are not driving what they describe as a “grass-roots” effort to fight imports — including an expensive advertising blitz and an event last week that featured high-profile former FBI officers and a former Food and Drug Administration commissioner. [Read More](#)

Can We Tax Away The Opioid Crisis?



California lawmakers this month will consider legislation that would impose a

tax on prescription opioids such as OxyContin and Norco to raise money for addiction treatment and prevention programs.

The proposal, introduced by California Assemblyman Kevin McCarty (D-Sacramento), would not levy the tax directly on consumers but rather on opioid manufacturers and wholesalers, who would pay 1 cent per milligram at the drug's first point of sale.

Legislative analysts have not yet conducted a fiscal review of the measure, which would require a two-thirds majority vote to pass.

A similar **federal opioid tax measure** is

being considered by Congress. It, too, is intended to create a fund to treat and prevent addiction. In addition, the **Alaska State Legislature** is considering a 1-cent-per-milligram opioid tax.

Nationally, the sale of prescription opioids, and overdoses from them, have nearly quadrupled since 1999, according to the U.S. **Centers for Disease Control and Prevention** (CDC). Almost 2 million people misused or were addicted to the painkiller medications as of 2014, the CDC reports.

California health officials say that the number of deaths from opioids has leveled off in the state, but that emergency departments are seeing a steady increase of overdoses. And some counties still have overdose-related deaths that are two to three times the national average, according to the California Department of Public Health.

Proponents of California's opioid tax measure say the funding is necessary because the majority of people who abuse these drugs lack access to the care they need.

"We must do more to help these individuals find hope and sobriety," said McCarty. "This plan will provide counties with critical resources needed to curb the deadly cycle of opioid and heroin addiction in California."

The Pharmaceutical Research and Manufacturers of America (PhRMA), a national trade association for drugmakers, opposes the California bill, saying that the industry is overtaxed and that the U.S. Drug Enforcement Agency already regulates opioids. Such a multifaceted social problem requires a comprehensive solution, PhRMA said, "rather than a narrow focus on one sector or aspect."
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A New Worry For Smokers' Families: 'Thirdhand Smoke'

Michael Miller, 44, does what most smokers do to protect his sons and daughter from the fumes of his Marlboro Ultra Lights. He takes it outside.

After his 7 a.m. coffee, he walks out of his home in Cincinnati to smoke his first cigarette of the day. Then, as a branch manager of a road safety construction company, he smokes dozens more on street curbs.

The tobacco never appears when Miller is coaching on the baseball or football

field, or when he's in the car with his children. But when he's alone on the road, he sometimes rolls the windows down and lights up.

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How to Help Alzheimer's Patients Enjoy Life, Not Just 'Fade Away'



Alzheimer's disease has an unusual distinction: It's **the illness that Americans fear most** — more than

cancer, stroke or heart disease.

The rhetoric surrounding Alzheimer's reflects this. People "fade away" and are tragically "robbed of their identities" as this incurable condition progresses, we're told time and again.

Yet, a sizable body of research suggests

this Alzheimer's narrative is mistaken. It finds that people with Alzheimer's and other types of dementia retain a sense of self and have a positive quality of life, overall, until the illness's final stages.

They appreciate relationships. They're energized by meaningful activities and value opportunities to express themselves. And they enjoy feeling at home in their surroundings.

"Do our abilities change? Yes. But inside we're the same people," said John

Sandblom, 57, of Ankeny, Iowa, who was diagnosed with Alzheimer's seven years ago.

Dr. Peter Rabins, a psychiatrist and co-author of "**The 36-Hour Day, a guide for Alzheimer patients' families**," summarized research findings this way: "Overall, about one-quarter of people with dementia report a negative quality of life, although that number is higher in people with severe disease."...**Read More**



Dear Marci,

Is it ever permissible to delay enrolling in Medicare altogether? I'm still a year off from turning 65, I'm working and covered by my workplace health plan, and I'd like to weigh all options open to me.

Answer:

Dear Amanda,

Anyone covered by current employee insurance thinking about delaying Medicare enrollment should consider which part of Medicare they want to delay: Medicare Part A (hospital insurance), Part B (medical insurance), or Part D (prescription drug coverage).

Before delaying **Part A** enrollment, consider the following questions:

- ◆ **Am I eligible for premium-free Part A?** If you are eligible for premium-free Part A because you or your spouse worked more than 10 years in the United States, you can sign up for Part A at any time and will not have a late enrollment penalty for delaying enrollment. Many people are eligible for premium-free Part A. Many also choose to enroll when they first become eligible, even if their employee coverage pays primary, because they do not have to pay a premium.
- ◆ **I am not eligible for premium-free Part A. Will I have a Special Enrollment Period (SEP) to sign up for Medicare later?** If you are not eligible for premium-free Part A, you should think carefully before delaying Part A enrollment because you will need a

Special Enrollment Period to sign up for the first time without penalty. If you are covered by insurance based on current work, you can use this SEP to sign up for premium Part A without penalty. If you do not qualify for an SEP, you will likely have a late enrollment penalty for delaying premium Part A enrollment. In addition, you will have to wait for the General Enrollment Period to enroll in premium Part A.

- ◆ **Before delaying Part B enrollment, consider the following questions:**
- ◆ **Will I have a Part B SEP to sign up for Medicare later?** If you are entitled to a Part B SEP, you will be able to enroll in Part B outside of your Initial Enrollment Period (three months before, the month of, and three months after your 65th birthday month) or the General Enrollment Period (from January 1 through March 31 each year, with coverage becoming effective on July 1). If you have a Part B SEP, you will not have a late enrollment penalty for delaying Part B enrollment.
- ◆ **Will my other coverage pay primary or secondary to Medicare?** If your employee health coverage will pay secondary to Medicare once you are eligible, it is usually not advisable to delay Medicare enrollment. Secondary insurance may take back any payments that it has made, or refuse to make future payments on health care costs until you enroll in Medicare.
- ◆ **Before delaying Part D enrollment, consider the following questions:**
- ◆ **Is my current drug coverage creditable?** Creditable drug

coverage is coverage whose value is at least the same as the value of Medicare Part D. If your current drug coverage is creditable, you can delay Part D enrollment without penalty. You should receive a notice around September of each year informing you if your prescription drug coverage is creditable. If you have not received this notice, you should contact your human resources department. You should keep this notice for your records for each year that you have creditable drug coverage because you may need this paperwork to sign up for Part D later.

- ◆ **Will I have a Part D SEP to sign up for Medicare later?** If you lose employer-based coverage (regardless of whether your employee drug coverage is creditable). You are also eligible for an SEP if you lose creditable drug coverage through no fault of your own. Both of these SEPs last for up to two months after the month that you lose your drug coverage. If your coverage was creditable, you will not have a Part D late enrollment penalty.

Amanda, to fully review your Medicare enrollment options, reach out to your State Health Insurance Assistance Program (SHIP). To find your SHIP contact information, you can go to www.shiptacenter.org or call 1-877-839-2675 for assistance. A SHIP counselor can help you understand your situation and discuss your specific health insurance needs.

.....Marci

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!!!!**