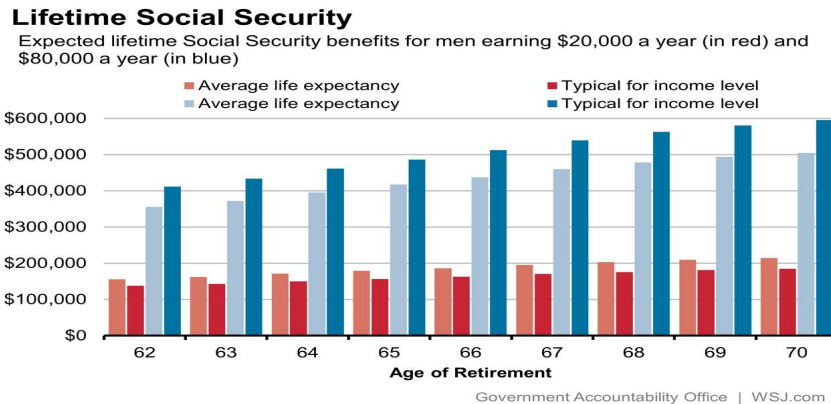


### Growing Income Inequality Affecting Social Security Benefits

The gap in life expectancy for the top 1% and bottom 1% of the income distribution has reached 15 years for men and ten years for women, according to research published this week by a Stanford University economist.

At the same time a new Government Accountability Office study details the dramatic effect this difference in life expectancy is having on men's lifetime Social Security benefits, as illustrated below.



While Social Security has always paid more benefits to those who earn more over the course of their lifetime, the gap is growing due to both the differences in life expectancy and the historically flat wages for those in the middle to lower-income ranges. And, as the **Wall Street Journal** reported, "a growing share of the benefits are going to men with high incomes and a shrinking share to those with lower incomes."

"The American economy is not working for middle and lower-income people the way it used to," said **Robert Roach**, President of the Alliance. "To have a secure retirement, including earned Social Security benefits, we need to fight for jobs that pay a decent wage and have retirement benefits, like a pension."



Robert Roach, Jr.

### Time is running out for this Social Security strategy

by Katie Lobosco @KatieLobosco

There's a new Social Security rule going into effect at the end of the month, and it could change when you decide to start claiming your benefits.

It's your last chance to use a strategy known as "file and suspend," which can give your spouse an extra four years of monthly **Social Security** checks without reducing your own benefit.

The strategy has been available since 2000, but was criticized by the Obama Administration as an "unintended loophole." **The Congressional budget act passed in November closed it up.**

But you can still file and suspend your benefits up until April 29, as long as you've already turned 66 years old.

This is how it works: Lou, who is 66 or older, files for his benefits before the end of the month and immediately suspends them. What that does is allow his wife, Joanne, to start receiving spousal benefits, as soon as she turns 62. Meanwhile, Lou can hold off on receiving his benefits. By doing so, his future monthly check amount will grow by as much as 8% each year until he decides to claim it (or until he turns 70).

But after April 29, new retirees won't be able to claim their benefits this way. Joanne won't be able to claim spousal benefits unless Lou starts receiving his Social Security checks, too....**Read More**



## Panel Would Make Insurers Help Contain Rising Drug Costs

By ROBERT PEAR



WASHINGTON — An influential federal advisory panel is calling for Congress to force private insurers to rein in rapid increases in prescription drug costs — by cutting some **Medicare** payments to insurance companies while shielding older Americans from higher out-of-pocket expenses.

The recommendations by the nonpartisan **Medicare Payment Advisory Commission** would squeeze private insurers and drug makers alike, creating strong new incentives for insurance companies to manage the use of prescription medicines by beneficiaries and negotiate larger price discounts with pharmaceutical manufacturers. The Obama administration agrees with the reasoning.

Since its start a decade ago, the **Medicare** drug program, known as Part D of Medicare, has been hailed as a success: a benefit delivered entirely by private insurance companies and subsidized by the government at a cost far below expectations.

But with drug prices increasing, Medicare beneficiaries now find that they may have thousands of dollars in out-of-pocket costs, even with prescription coverage, and the government is subsidizing more of the benefit than originally intended.

Federal spending on prescription drugs under Part D rose 16.6 percent last year, to \$75 billion, in part because of new drugs to treat **hepatitis** C. The Congressional Budget Office expects similar growth this year.

Beneficiaries are feeling the pinch. Barbara N. DalPonte, 67, who lives in a suburb of Salem, Ore., takes six drugs, including one for chronic lung problems and another, Nexium, for excess stomach acid. She was in a Humana plan last year, but when she learned that the costs to her would total \$7,400 this year, she switched to one offered by another company — EnvisionRx, a unit of Rite Aid — with out-of-pocket costs of \$3,400.

“The costs are distressing,” she said, “but the drugs are effective, they work for me, and I don’t know what I would do if I did not have coverage for them.”...**Read More**

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## New CMS initiative may change the way senior citizens receive health care

**New initiative, designed to improve quality and cost,  
gives doctors and patients more control over health care delivery**

In a move that may drastically change the way senior citizens receive medical care from physicians, the Centers for Medicare & Medicaid Services (CMS) yesterday announced the the Comprehensive Primary Care Plus (CPC+) model. It is "designed to provide doctors the freedom to care for their patients the way they think will deliver the best outcomes and to pay them for achieving results and improving care," says the CMS news release.

"Its largest-ever initiative to transform and improve how primary care is delivered and paid for in America," according to CMS..

The effort, CPC+, will be implemented in up to 20 regions and can accommodate up to 5,000 practices, which would encompass more than 20,000 doctors and clinicians and the 25 million people they serve.

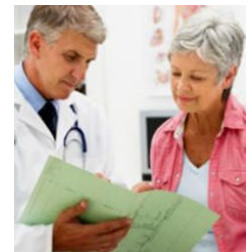
“Strengthening primary care is critical to an effective health care system,” said Dr. Patrick Conway, CMS deputy administrator and chief medical officer.

“By supporting primary care doctors and clinicians to spend time with patients, serve patients’ needs outside of the office visit, and better coordinate care with specialists we can continue to build a health care system that results in healthier people and smarter spending of our health care dollars. The Comprehensive Primary Care Plus model represents the future of health care that we’re striving towards.”

Building on the **Comprehensive Primary Care initiative** launched in late 2012, the five-year CPC+ model will benefit patients by helping primary care practices:

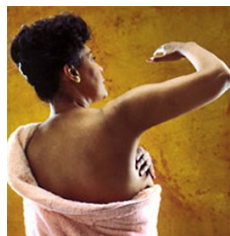
- ◆ Support patients with serious or chronic diseases to achieve their health goals.
- ◆ Give patients 24-hour access to care and health information.
- ◆ Deliver preventive care.
- ◆ Engage patients and their families in their own care.
- ◆ Work together with hospitals and other clinicians, including specialists, to provide better coordinated care.

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## Low fat diet helps senior women avoid deadly breast cancers

**Researchers also found lower cardiovascular disease mortality in the dietary group as well as better breast cancer survival rates**



Older women who stayed on a low fat diet for approximately eight years reduced their risk of death from invasive breast cancers and improved their survival rates when compared with women who had not followed the dietary regimen, according to a new study.

An association between dietary fat intake and breast cancer outcomes was suggested nearly a half-century ago but observational findings have been inconclusive.

In order to determine the effects of a low fat dietary pattern on breast cancer, Rowan Chlebowski MD, PhD, of the Los Angeles Biomedical Research Institute and colleagues from the Women's Health Initiative conducted additional analyses of a randomized clinical trial that had followed 48,835 postmenopausal women.

The women were age 50-79, had no prior breast cancer, had normal mammograms and normal dietary fat intake. Of those, 19,541 women were put on a low fat diet with nutritionist-led group sessions that sought to reduce fat intake reduction to 20% of energy and increase the consumption of fruits, vegetables and grain.

The other 29,294 women in the trial followed their usual dietary patterns.

After approximately eight years of remaining on the low fat diet, 1,767 of the women were diagnosed with breast cancer.

Researchers found the breast cancer overall survival from diagnosis was higher in the dietary group: 82% versus 78%. The researchers said this reduction is due, in part, to better survival following breast cancer diagnosis...[More](#)

## Women live longer in homes with lots of green plants around

**Vegetation may be important to health in a broad range of ways, study finds**

A lot of green vegetation around a home helps women live longer, says new research that also looked at why this happens.

Women with the highest levels of vegetation, or greenness, near their homes had a 12 percent lower death rate compared to women with the lowest levels of vegetation near their homes. The results were published Apr. 14, 2016 in the journal *Environmental Health Perspectives*.

The researchers found the biggest differences in death rates from kidney disease, respiratory disease, and cancer.

The researchers also explored how an environment with trees, shrubs, and plants might lower mortality rates. They showed that improved mental health and social engagement are the strongest factors, while increased physical activity and reduced air pollution also contribute.

"It is important to know that trees and plants provide health benefits in our communities, as well as beauty," said NIEHS director Linda Birnbaum, Ph.D.

"The finding of reduced mortality suggests that vegetation may be important to health in a broad range of ways."

The study, conducted by scientists at Harvard T.H. Chan School of Public Health and Brigham and Women's Hospital in Boston, examined greenness around the homes of 108,630 women in the long-term Nurses' Health Study.

The researchers mapped home locations and used high resolution satellite imagery to determine the level of vegetation within 250 meters and 1,250 meters of homes. They then followed the women from 2000 to 2008, tracking changes in vegetation and participant deaths. During the study, 8,604 deaths occurred.

The scientists consistently found lower mortality rates in women as levels of trees and plants increased around their homes. This trend was seen for separate causes of death, as well as when all causes were combined.

When researchers compared women in the areas with highest greenness to women in the lowest, they found a 41 percent lower death rate for kidney disease, 34 percent lower death rate for respiratory disease, and 13 percent lower death rate for cancer in the greenest areas.

"The ability to examine vegetation in relatively fine detail around so many homes, while also considering the characteristics of the individual participants, is a major strength of this study," said Bonnie Joubert, Ph.D., NIEHS scientific program director overseeing the study...[Read More](#)





## **Stereotactic Body Radiation Therapy is the magic cure say researchers at UT Southwestern**



The first trial to publish five-year results from Stereotactic Body Radiation Therapy (SBRT) treatment for prostate cancer found a 98.6 percent cure rate with SBRT, a noninvasive form of radiation treatment that involves high-dose radiation beams entering the body through various angles and intersecting at the desired target.

This cure rate - higher than more traditional approaches – was called “striking” by the lead author of the study by researchers at UT Southwestern Medical Center Harold C. Simmons Comprehensive Cancer Center.

SBRT is a state-of-the-art technology that allows for a concentrated dose to reach the tumor while limiting the radiation dose to surrounding healthy tissue.

"The high cure rate is striking when compared to the reported five-year cure rates from other approaches like surgery or conventional radiation, which range between 80 to 90 percent, while the side effects of this treatment are comparable to other types of treatment," said Dr. Raquibul Hannan, Assistant Professor of Radiation Oncology and lead author for the study.

"What we now have is a more potent and effective form of completely noninvasive treatment for prostate cancer, conveniently completed in five treatments."

Conventional treatment options for early stage prostate cancer include:

Prostatectomy, the surgical removal of the prostate gland, which can be done with minimally invasive techniques and robotic assistance;

Brachytherapy, in which doctors implant numerous small radioactive seeds about the size of a grain of rice into the prostate gland using multiple large needles inserted through the skin in the operating room. Once implanted, the seeds release their radioactivity directly into the prostate gland; and

External beam radiation, which involves 42 to 45 treatments administered over two or more months, five days a week....[Read More](#)

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## **Disparities found in how ethnic groups are served by Medicare Advantage**

**CMS releases first Medicare Advantage quality care data for racial and ethnic minorities**

Hispanics and African Americans African typically received care under Medicare Advantage plans that is similar to or worse than the care received by Whites, says a report released by the Office of Minority Health in the Centers for Medicare & Medicaid Services (CMS).

The quality of care provided by Medicare Advantage to people of racial or ethnic groups is detailed in the report released yesterday.

African Americans and Hispanics also reported their health care experiences as being similar to or worse than the experiences reported by Whites....[Read More](#)



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

**Petition Subject: Observation Status: “Current Hospital Issues in the Medicare Program”**

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**Petition Subject: House Concurrent Resolution 37 and Senate Concurrent Resolution 12 to get power doors installed in Post Offices and other federal buildings.**

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**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**

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