

August 7, 2022 E-Newsletter

Message from the Alliance *for* Retired Americans Leaders



Robert Roach, Jr. and Joseph Peters, Jr. were Re-elected as Alliance Leaders at National Meeting
 The Alliance's 2022 National Membership Meeting took place online Wednesday and Thursday, July 27-28.



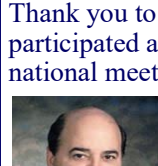
Robert Roach, Jr.
 President, ARA

On the first day, **Robert Roach, Jr.**, who has been President of the Alliance since September of 2015, was re-elected to a four-year term.

"I am so proud to lead the Alliance, and even more proud of



the work members have done over the last several years," said President Roach. "Our collective advocacy has ensured that more than ten million Americans will get the pension benefits they earned, and that Social Security and Medicare remain strong. Thank you to everyone who participated and helped make our national meeting a success."



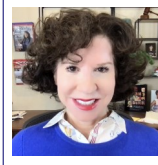
Joseph Peters, Jr.
 Secretary
 Treasurer ARA

Joseph Peters, Jr., who has been Secretary-Treasurer of the Alliance since September of 2015, was also re-elected to serve



four more years. "It has been an absolute honor to serve as your Secretary-Treasurer over the past seven years," said Secretary-Treasurer Peters. President Roach at the National Alliance Meeting this week 81"

I have enjoyed this opportunity thoroughly, and it's been a privilege to work together to advance the interests of retirees across the country."



Julie Horwin

Julie Horwin of Arizona, who was elected Executive Vice President, told participants, "I am honored that you elected me as



one of the executive vice presidents...I promise you that working with you, my brothers and sisters, I will do whatever it takes to help continue the work of the Alliance." She succeeds Jo Etta Brown, who was honored in a special Alliance resolution for her many years of advocacy, service and support to the Alliance.

The Oath of office was administered by RI ARA President John A. Pernorio, the longest tenured Alliance Chapter President

National Meeting Includes VIP Remarks, Greetings



Rep. John Larson (CT) spoke at the National Meeting about the latest developments to his bill to expand Social Security, H.R. 5723, Social Security 2100: A Sacred Trust, and thanked the Alliance for its support of Social

Security expansion. **AFL-CIO President Liz Shuler** sent a personalized video to participants. "Retirees have borne some of the greatest burdens throughout this pandemic," said President Schuler. "But even in the face of



so many challenges, [The Alliance] has been on the front lines...fighting for fairness for our members, communities, and retirees nationwide. Thank you!" **Fred Redmond, Secretary-Treasurer** of the AFL-CIO and also Executive Vice President of the Alliance, praised Alliance



members for their work to protect pensions, Social Security, Medicare, and lower the price of prescription drugs. American Federation of Government Employees (AFGE) President Everett Kelley also sent a video greeting.

"The Inflation Reduction Act of 2022" Renews Hope for Action to Lower Drug Prices

A surprise announcement on Wednesday from Sens. Chuck Schumer (NY) and Joe Manchin (WV) revived hopes for Democrats to pass significant legislation on a range of issues, including prescription drug prices, climate, energy, and health policy.

Central to the deal dubbed "The Inflation Reduction Act of 2022" is the prescription drug pricing reform that includes allowing Medicare to negotiate drug prices, as well as a \$2,000

annual out-of-pocket cap on drug costs for beneficiaries under Medicare Part D. Senate Democrats are looking to add insulin measures to the deal.

Additionally, the agreement includes three years of additional subsidies for Affordable Care Act premiums, a boost from the two years that Sen. Manchin previously approved.

The deal also includes provisions that Democrats



Robert Roach, Jr.
 President, ARA

previously thought they had lost that address climate change and tax policy. In addition to imposing a corporate minimum tax of 15 percent, the agreement calls for nearly \$400 billion in domestic energy and manufacturing investments that will curb carbon emissions.

Overall, the bill is expected to reduce the national deficit by \$300 billion and help address inflation. Democrats will likely look to push this bill forward as

quickly as possible. Democrats still need the support of Sen. Kyrsten Sinema (AZ), who has previously voiced opposition to tax increases. "The deal is very promising. We hope to make the 57th Medicare anniversary summer a historic occasion," said President Roach. "We've been waiting for a deal that includes Medicare drug price negotiation for decades."

ADD YOUR NAME

Get The Message Out: SIGN THE GPO/WEP PETITION!!!!

Congressional Bill May Soon End Windfall Elimination

The windfall elimination provision and government pension offset both can reduce the Social Security payments a public employee collects. But there's a bill in Congress, which has strong backing, that could eliminate both the windfall elimination provision and the government pension offset. Here's what you need to know about both and how it might affect your Social Security payments. Consider working with a financial advisor as you create or update a retirement plan.

Windfall Elimination Provision (WEP)

The **wind fall elimination provision** (WEP) reduces the amount of **Social Security** benefits people can collect if they receive a government retirement plan in addition to Social Security. It applies only to workers who did not pay Social Security taxes, and so did not earn credits toward Social Security income during their working years.

According to the Congressional Research Service, roughly 6% of workers don't receive Social Security credits in a given year. Most are local, state and federal employees who don't pay Social Security taxes because they qualify for government pensions instead. For example, these are federal civilian employees who receive their retirement through the **Civil Service Retirement System**. The rest are workers covered by alternative retirement schemes, such as Railroad Retirement, or poverty-level

workers who earn too little to qualify.

For each year that a worker pays Social Security taxes, they receive what the government calls a "year of coverage." These are the credits that accrue toward the system, and each year of coverage increases a worker's ultimate benefits once in retirement up to a maximum of 30. Government workers who receive alternative pensions, such as teachers, police officers and civil servants, often don't earn years of coverage because they don't pay Social Security taxes. This is highly state-specific and does not apply to all state or local workers.

Windfall elimination does not apply to someone who spends more than 20 years paying Social Security taxes, regardless of pension status. Also, it only applies to workers who receive some form of government pension.

Government Pension Offset (GPO)

The GPO cuts the benefits issued to retirees who receive both their own Social Security payments and a spouse's government pension payments. The GPO aims to prevent double earning by someone who begins collecting their **spouse's retirement benefits**. In the case of the GPO, it reduces a recipient's Social Security payments by two-thirds of the pension payments that they receive. For example, say that a government worker received a monthly pension of \$750. After



their death, their spouse is eligible to continue collecting that pension. The pension offset, however, would reduce the surviving spouse's Social Security payments by \$500 per month.

The GPO only applies when someone directly collects their spouse's pension benefits in addition to their own Social Security benefits, such as when that spouse dies. It does not apply to a household where both people are alive and collecting their own retirement benefits. It also only applies when the government worker did not pay Social Security taxes during their working years.

Why Public Employees Oppose WEP and GPO

Public employees have long called for Congress to repeal both windfall elimination and the pension offset. In particular, they say, it unfairly targets people who paid Social Security taxes during their working lives. For example, if a teacher also has a summer job in the private sector, they would earn Social Security credits through this work. **Windfall elimination** could reduce the Social Security payments that they receive even though they paid into the system through that second job.

Other civil servants who work in states where they do pay Social Security taxes may find themselves caught up in a confusing system of overlaps, with their government pension set against their years of paying into the system. This can create

confusion and lead to errors that reduce someone's lifetime benefits in retirement.

Almost 340 members of Congress agree that it's time to eliminate the windfall elimination, and retired public workers could benefit by more than \$6,000 per year. In 2021 Rep. Rodney Davis, R-Ill., introduced the Social Security Fairness Act. This bill would repeal the Windfall Elimination Provision (WEP) and the Government Pension Offset (GPO) from Social Security payments. If it passes public employees could see a significant bump in their retirement incomes, and it may pass soon.

At time of writing the Social Security Fairness Act had 294 sponsors in the House of Representatives. Its companion bill in the Senate had 41 sponsors. The measure has been placed on a legislative fast-track. By removing the Windfall Elimination Provision and the **Government Pension Offset**, this law targets two issues that public unions have long criticized.

The Bottom Line

Government workers have long opposed the WEP and GPO, two policies that have the effect of reducing the Social Security benefits of public employees. The House of Representatives is fast tracking a bill, which has an unusually high number of sponsors, to eliminate both. The Senate version also has a high number of sponsors.

What's the Lowest Your Social Security Increase Will Likely Be?

You might have heard a lot recently about the huge Social Security cost-of-living adjustment (COLA) that's on the way. Some are predicting the increase could be nearly 11%.

However, it's usually a good idea to hope for the best while preparing for the worst. There are some reasons you **shouldn't count on a COLA of close to 11%**. But what's the lowest your Social Security increase will likely be?

How the COLA is calculated To answer the question, it's important to first understand how the COLA is calculated. Since

1975, these annual increases have been based on the Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI-W). The CPI-W is one of several metrics used by the Department of Labor's Bureau of Labor Statistics (BLS) to track **inflation**.

In June, the BLS reported that the CPI-W increased 9.8% over the previous 12 months. So does this mean that the Social Security COLA for 2023 will at least be at that level? Nope.

Social Security only uses the CPI-W figures from the third



quarter of the current and previous years. The increase

between the two numbers determines the COLA for the following year. If there's no increase, there's no COLA.

For example, in the third quarter of 2021, the CPI-W averaged 268.421. In Q3 2020, the average was 253.412. The difference between the numbers was 5.9%. And that increase was used to set the COLA for 2022.

Best guesses

Related video: Social security benefits could increase as inflation goes up

Since the third quarter of 2022 hasn't ended yet, there's no way to know for sure what the CPI-W average for the quarter and the COLA for 2023 will be. But some experts have made educated guesses.

Mary Johnson, Social Security and Medicare policy analyst with The Senior Citizens League, predicts that the COLA for next year will be at least 9.8% even if inflation declines somewhat from the June level. Johnson thinks that the COLA could be as high as 11.4%....**Read More**

Senate may Vote this Week to Lower Prescription Drug Prices

The drama over reducing prescription drug prices grabbed the headlines last week when Sen. Joe Manchin (D-W.Va.) and Senate Majority Leader Chuck Schumer (D-N.Y.) announced they had reached agreement on legislation that Manchin can support, perhaps giving the Democrats enough votes to pass the bill. However, it is still no sure thing it will pass.

We'll explain more below but first, here's what the bill would do.

The deal allows Medicare to negotiate drug prices for the first time and would prevent future administrations from refusing to do so. The government would start by negotiating the price of 10 drugs and gradually scale up to 20 by 2029.

But it is not clear how many Americans with Medicare coverage would see lower out-of-pocket costs — or how much money they could save. That depends on which drugs wind up being negotiated and how much prices drop, according to an analysis by the Kaiser Family Foundation.

The bill also includes other policies aimed at curbing the sky-high cost of drugs. For instance, it caps seniors' drug costs under Medicare to \$2,000 per year, forces drug companies to pay a rebate if they increase prices faster than the rate of inflation and provides free vaccines for seniors. Because it would lower drug prices congressional scorekeepers estimate it would reduce the federal deficit by nearly \$288 billion over a decade.

However, here are the hurdles it still faces in the Senate if it is to pass by the end of this week, which is the goal of the Democrats.

Because all Republicans are opposed to the bill Democrats will likely need all 50 of their Senate members to be present on the Senate floor, and Vice President Kamala Harris available to break ties, not only on final passage but during voting on a series of

amendments.

Covid has been striking Senators from both parties but unless there are new exposures this week among the Democrats, they will apparently have everyone present for a vote.

Then, because of the complicated rules in the Senate, the Senate parliamentarian must complete her review of the legislative text to ensure it meets statutory limits on what can be included in the special procedure the Democrats want to use to pass the bill.

Sixty senators would likely be needed to overturn any determinations altering the contents of the legislation, likely killing it.

While most Senate Democrats support the agreement, it could still be changed.

Majority Leader Schumer already promised to add provisions addressing insulin costs, without specifying which version. Sen. Raphael Warnock (D-Ga.) is pushing to return a cap on monthly out-of-pocket insulin costs at \$35, but the provision costs billions of dollars and could face a challenge by Republicans on whether it meets the rules of the procedures the Democrats want to use.

In addition, Sen. Kyrsten Sinema (D-Ariz.) previously opposed some provisions that don't pertain to prescription drugs but are nonetheless in the larger bill. She has yet to say if she will support the bill.

Also, in previous negotiations some Democrats from high-tax states New York, New Jersey, and California insisted that any bill include lifting the limit on deductions for state and local taxes that are currently in the tax law.

Finally, Sen. Bernie Sanders (I-Vt.), who caucuses with Democrats, said the bill's provision granting Medicare the ability to negotiate drug prices with pharmaceutical companies doesn't go far enough because it limits drug negotiations to only a set number of medicines already on the market for years.

The House of Representatives is already in its August recess



this week and the Senate is schedule to begin its recess next week. However, it is possible Majority Leader Schumer will keep the Senate in session longer if he thinks it is necessary to pass the legislation.

If the Senate can manage to pass the bill it will then go to the House of Representatives for a vote, where the slim Democratic majority is expected to pass it. However, there are Democrats from some districts that have concerns about the bill.

And all of that is just on the Democratic side.

In addition to total Republican opposition to the bill, *Politico*, a Washington, D.C., political newspaper, reports that "Drugmakers are waking up to the reality that Democrats' revived budget reconciliation bill has a shot at enactment and are waging an intense lobbying campaign on Capitol Hill and over the airwaves in a last-minute attempt to bring it down."

It then adds, "Despite the industry's legendary clout, momentum appears to be building for a deal, punctuated Wednesday evening with the announcement of an agreement between Senate Majority Leader Chuck Schumer and the Senate Democrat most skeptical of the reconciliation bill, Joe Manchin of West Virginia, which includes once-scrapped tax and climate measures."

The article reports that, "The drug industry spent millions of dollars over the last two years to oppose iterations of the drug pricing plan and now will use 'every tool [it] has to push back' on the reconciliation bill, Brian Newell, a spokesperson for PhRMA [the big drug companies' lobbying arm], said in an emailed statement.

And then adds this: "PhRMA and the National Association of Manufacturers, which counts drug companies among its members, are rolling out television and digital ads that amplify a longstanding argument: the measure would slow innovation and the development of new cures."

TSCL will review the bill if the Senate can pass it and then

determine if we will support it. At this point, we do not expect it to contain everything TSCL's supporters would like but part of a loaf would be better than nothing at all.

* * * *

Bill Introduced to Give Better Social Security COLA

A bill has been introduced in the Senate by Senator Mazie Hirono (D-Hawaii) that would, among other things, change the formula that Social Security would use to determine the annual COLA. The formula would use a formula that more accurately reflects the costs that seniors experience during a given year.

To determine consumers' day-to-day living expenses and thus measure the rate of inflation consumers face in the marketplace, the government collects data on a "market basket" of goods and services. This includes food and beverage, housing, apparel, recreation, education, transportation, and medical care.

Research has shown that spending patterns differ between the elderly and the general population, especially in the health care category. Seniors 65 and older spend more than twice as much on health care, and those 75 and older spend nearly three times more on health care than younger consumers.

Not only do health care expenditures steadily increase with age but health care costs have also consistently risen much faster than other market basket categories. The current price index (CPI-W) does not take these critical differences in the elderly population into consideration.

The new bill, called the *Protecting and Preserving Social Security Act*, would have to be passed by the full Congress before the end of this year to become law so, in our analysis, it is unlikely to do so.

However, we are pleased that the bill has been introduced and if it does not pass this year, we hope it will be introduced again early next year in the new Congress.

Hospices Have Become Big Business for Private Equity Firms, Raising Concerns About End-of-Life Care

Hospice care, once provided primarily by nonprofit agencies, has seen a remarkable shift over the past decade, with more than two-thirds of hospices nationwide now operating as for-profit entities. The ability to turn a quick profit in caring for people in their last days of life is attracting a new breed of hospice owners: private equity firms.

That rapid growth has many hospice veterans worried that the original hospice vision may be fading, as those capital investment companies' demand for return on investment and the debt load they force hospices to bear are hurting patients and their families.

"Many of these transactions are driven by the motive of a quick profit," said Dr. **Joan Teno**, an adjunct professor at Brown University School of Public Health, whose work has focused on end-of-life care. "I'm very concerned that you're harming not only the dying patient, but the family whose memory will be of a loved one suffering because they didn't get adequate care."

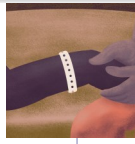
According to a **2021 analysis**, the number of hospice agencies owned by private equity firms

soared from 106 of a total of 3,162 hospices in 2011 to 409 of the 5,615 hospices operating in 2019. Over that time, 72% of hospices acquired by private equity were nonprofits. And those trends have only accelerated into 2022.

Hospice is an easy business to start, with most care provided at home and using lower-cost health workers. That allowed the entry of smaller hospices, many launched with the intent of selling within a few years. Private equity firms, backed by deep-pocketed investors, could then snatch up handfuls of smaller hospices, cobble together a chain, and profit from economies of scale in administrative and supply costs, before selling to an even larger chain or another private equity firm.

Private equity-owned hospice companies counter that their model supports growth through investment, which benefits the people in their care.

"Private equity sees a huge opportunity to take smaller businesses that lack sophistication, lack the ability to



grow, lack the capital investment, and private equity says, 'We can come in there, cobble these things together, get

standardization, get visibility and be able to create a better footprint, better access, and more opportunities,'" said **Steve Larkin, CEO of Charter Healthcare**, a hospice chain owned by the private equity firm Pharos Capital Group.

But he acknowledged that not all of those entering the hospice market have the best intentions.

"It is a little scary," he said. "There are people that have no business being in health care" looking to invest in hospice **A Boom Industry**

With the U.S. population rapidly aging, hospice has become a boom industry. Medicare — the federal insurance program for people 65 and older, which pays for the vast majority of end-of-life care — **spent \$22.4 billion** on hospice in 2020, according to a Medicare Payment Advisory Commission report to Congress. That's up from \$12.9 billion just a decade earlier. The number of hospices billing Medicare over that time

grew from less than 3,500 to more than 5,000, according to the report. Many hospice nurses and social workers are booked for 30-minute appointment slots throughout the day, unable to spend more time with patients if needed. For-profit hospices **hire more** licensed practical nurses than registered nurses, who are more skilled, and rely more on nurse's aides to further cut costs. **One study** found patients in for-profit hospices see doctors or nurse practitioners one-third as often as those in nonprofit hospices. The U.S. **Government Accountability Office found** in an analysis of federal data from 2014 to 2017 that patients in for-profit hospices were less likely than patients in nonprofit hospices to have received any hospice visits in the last three days of life

"The main way of making the bottom line look good is decreasing visits," Teno said.

According to the **Medicare Payment Advisory Commission**, for-profit hospices had Medicare profit margins of 19% in 2019, compared with 6% for nonprofit hospices... **Read More**

Does Medicare cover long-term care?

Dear Marci,

As my spouse and I grow older, it has been more difficult for me to help take care of him. It would be really helpful to have an aide come to our home and help with his personal care. Does Medicare cover long-term care?
-Remi (Point Marion, PA) Dear Marci,

Dear Remi,

Unfortunately, Medicare usually does not cover long-term care (LTC) services.

LTC refers to a range of services and supports that help you perform everyday activities. LTC can be provided in your home, a nursing home, an assisted living facility, or other setting, and may include medical care, therapy, 24-hour care, personal care, and custodial care (homemaker services).

Just because something is not covered by Medicare, though, doesn't mean it isn't needed.

There are other ways you can receive this help.

Let's discuss a few:

- ◆ **Medicaid** is a state and federal program that provides health coverage if you have a limited income. Medicaid is the country's largest payer of LTC services and will pay for nursing home care. Medicaid benefits also coordinate with Medicare. While Medicaid can vary from state to state, all states should have a Medicaid program that covers **long-term care for those who need care at home** and those who need **long-term care in a nursing home**. Call your local Medicaid office to learn if meet the eligibility criteria in your state.
- ◆ An **Area Agency on Aging (AAA)** may be able to provide counseling and



Dear Marci

connect you with low-cost services in your area.

- ◆ **Local senior centers** may have programs that can deliver meals, provide transportation and shopping assistance, and offer case management. To find senior centers in your area, call your local AAA or use the **Eldercare Locator tool**.
- ◆ **Faith-based organizations and charities** may offer services, financial assistance, and/or referrals to other organizations in your area.
- ◆ **Geriatric care managers** are health and human services professionals who work privately with you and your family to create a plan of care that meets your needs. While Medicare does not cover long-term care, it does cover **home health care**. Under

the home health benefit, Medicare pays in full for an **aide** if you require skilled care (skilled nursing or therapy services). A home health aide provides personal care services, including help with bathing, toileting, and dressing. However, Medicare will not pay for an aide if you only require personal care and do not need skilled care.

In other words, if your spouse needs skilled nursing care or therapy services in addition to personal care, Medicare may cover the cost of an aide. If you are unsure what kind of care your spouse needs, start by speaking with his health care provider.

I hope this helps with your and your spouse's situation. You can also contact your **State Health Insurance Assistance Program (SHIP)** for more counseling.

-Marci

New banking scam: Warning for Bank of America, Citi and Wells Fargo customers

Cybercriminals often scour a website's code, figuring out how to infiltrate the data. When they discover vulnerabilities or security weaknesses, they launch attacks with devastating consequences. Tap or click here to see how the personal details of 5.4M Twitter users leaked.

Other times, hackers take a back seat to the action. Instead, they sell their tools to other criminals who use them to commit cybercrimes. Taking a page from legitimate companies, hackers promote their wares as Malware as a Service (MaaS). But a new twist that includes phishing is now here.

Read on for the latest cybercrimes against banks using PhaaS and what you can do about it.

Here's the backstory

Software as a service (SaaS) is a legit business model. Popular SaaS products include productivity tools such as Trello and Slack. In addition, Microsoft's Office 365, Adobe Creative Cloud

and Google Workspace are all seen as software as a service.

Regarding cybercrime, a relatively new tool is Phishing as a Service (PhaaS), where hackers sell their phishing software to criminals for a monthly fee. Unfortunately, one of these PhaaS attacks is rampant in the U.S., targeting Citibank, Bank of America, Capital One, and Wells Fargo customers.

According to the cybersecurity company IronNet, "**Robin Banks** is a ready-made phishing kit aiming to gain access to the financial information of individuals residing in the U.S., as well as the U.K., Canada, and Australia."

A phishing scam is when criminals send text messages or emails to potential victims hoping to trick them into handing over their banking information. The emails are often designed to mimic authentic banking communications but contain malicious links or attachments.



Once clicked, it takes you to a spoofed website where you must enter your banking credentials. But once you do so, the website captures your information and drains your account.

Hackers can even tweak Robin Banks to steal Google, Microsoft, or other online account information. However, the most worrying aspect of the software is not what it can do but that it's relatively affordable.

According to IronNet, "single pages, which include any future updates and 24/7 support, run for \$50 per month. Full access, which provides access to all pages, costs \$200/month."

What you can do about phishing scams

Phishing attacks have severe consequences. But you can take steps to protect yourself. Here are a few security tips:

- ◆ Never click on links you receive in unsolicited emails or text messages. They could be malicious and infect your

device with malware.

- ◆ Don't open Word or Excel files attached to unsolicited emails. If you open one of these documents and it says that you need to enable macros, close the file and delete it immediately.
- ◆ Keep your computer and mobile devices updated to the latest version. Operating system and application updates safeguard you against the latest threats, and it's your first line of defense against malware.
- ◆ Use two-factor authentication and password managers for better security. **Tap or click here for details on 2FA.**
- ◆ Always have a trusted antivirus program updated and running on all your devices. We recommend our sponsor, **TotalAV**. Get an annual plan with TotalAV for only \$19 at **ProtectWithKim.com**. That's over 85% off the regular price!

Sen. Johnson suggests ending Medicare, Social Security as mandatory spending programs

Sen. Ron Johnson (R-Wis.) has suggested that Social Security and Medicare be eliminated as federal entitlement programs, and that they should instead become programs approved by Congress on an annual basis as discretionary spending.

Those who work in the United States pay Social Security and Medicare taxes that go into federal trust funds. Upon retirement, based on a person's lifetime earnings and other

factors, a retiree is eligible to receive monthly Social Security payments. Similarly, Medicare is the federal health insurance program that kicks in for people 65 and older, or for others who have disabilities.

In an interview that aired Tuesday on "**The Regular Joe Show**" podcast, Johnson, who is seeking a third term in the Senate, lamented that the Social Security and Medicare programs



automatically grant benefits to those who meet the qualifications — that is, to those who had been paying into the system over their working life.

"If you qualify for the entitlement, you just get it no matter what the cost," Johnson said. "And our problem in this country is that more than 70 percent of our federal budget, of our federal spending, is all mandatory spending. It's on

automatic pilot. It never — you just don't do proper oversight. You don't get in there and fix the programs going bankrupt. It's just on automatic pilot."

Johnson suggested that Social Security and Medicare be transformed into programs whose budgets are appropriated by Congress on an annual basis. He pointed out that budgets for the Defense and Veterans Affairs departments are approved as discretionary spending....**Read More**

Establishing Principles for Parity in Medicare Coverage

This week, Medicare Rights joined the **Legal Action Center** and the **Center for Medicare Advocacy** to release "**Parity Principles to Optimize Medicare Coverage of Mental Health and Substance Use Disorder Care.**" This one-page document explains the need for and outlines necessary steps toward ensuring that older adults and people with disabilities have access to the full range of care and services they need.

Currently, Medicare has gaps in coverage when it comes to behavioral health and substance

use disorder treatments, including **missing treatment options and provider types**, that force beneficiaries to go without care, seek other coverage, or pay out of pocket. This is partly due to Medicare not being subject to the **Mental Health Parity and Addiction Equity Act of 1996 (Parity Act)**. The Parity Act requires health insurers to treat mental health and substance use disorder care benefits like medical and surgical benefits, without higher costs, caps, or other restrictions. While this has



not eliminated discrepancies in coverage, it has reduced them.

Applying the Parity Act to Medicare is an important step in improving coverage.

The Parity Principles document lays out how Congress could bring all aspects of Original Medicare, Medicare Advantage, and Part D prescription drug coverage into alignment with the Parity Act and explains how doing so would help fill in coverage gaps and expand access to care. The Parity Principles avoid piecemeal approaches that

could leave some people with Medicare without options for the specific care they need.

These reforms are more critical than ever. **Mental health concerns** and **overdose deaths** have been exacerbated by the COVID-19 pandemic, highlighting the urgent need for better treatment coverage and access. At Medicare Rights, we urge Congress to take swift, comprehensive action to fill these gaps and keep people with Medicare from falling through the cracks in the system.

Texas Court Case Could Threaten Americans' Health Care Nationwide

A federal lawsuit out of Texas could end access to free lifesaving preventive health care services for nearly 168 million people in the United States with private insurance, a new report suggests.

Kelley v. Becerra seeks to overturn the **Affordable Care Act** (ACA) requirement that health plans cover preventive health services at no cost.

The popular ACA provision has improved screening rates for cancer, high blood pressure and high cholesterol, while also increasing vaccination rates, according to an **analysis** released by the Urban Institute and funded by the Robert Wood Johnson Foundation.

"We know that preventive care improves health and saves lives, and we also know that cost-

sharing reduces the use of these valuable services," said Katherine Hempstead, senior policy adviser at the Robert Wood Johnson Foundation. "Ending the requirement that preventive services be free to patients will have negative health and financial consequences for millions."

Since its inception, the provision has also increased access to birth control and other contraceptives. For example, women saved \$255 on oral contraception and \$248 on intrauterine devices (IUDs), on average, following the ACA's implementation, while unintended pregnancies declined.

"Without access to free preventive services, many people may skip this care altogether if



cost-sharing becomes a requirement, limiting the important health benefits of these services for millions of Americans," Jessica Banthin, a senior fellow at the Urban Institute, said in an institute news release.

"Overturning the requirement for free preventive services could have dire consequences for many, especially those least able to afford them."

The American Medical Association, in concert with 61 other medical groups, said the consequences of overturning the ACA provision would be drastic and damaging.

"With an adverse ruling, patients would lose access to vital preventive health care services, such as screening for breast cancer, colorectal cancer, cervical

cancer, heart disease, diabetes, preeclampsia and hearing, as well as access to immunizations critical to maintaining a healthy population," the organizations wrote in a **statement**.

"Our patients cannot afford to lose this critical access to preventive health care services. Rolling back this access would reverse important progress and make it harder for physicians to diagnose and treat diseases and medical conditions that, if caught early, are significantly more manageable," the groups said.

The case is still pending in the Northern District of Texas. A **hearing** was held Tuesday, with the judge hearing arguments in the case.

More Updates from the Senior Citizens League

Good News: Part D Premiums Projected Slightly Lower Next Year

Last Friday the Centers for Medicare & Medicaid Services (CMS) announced that the average basic monthly premium for standard Medicare Part D coverage is projected to be approximately \$31.50 in 2023. This expected amount is a decrease of 1.8% from \$32.08 in 2022.

Open enrollment for 2023

coverage runs from Oct. 15 to Dec. 7, 2022.

The CMS will likely release the final 2023 premiums for private Medicare Advantage and Part D plans in September 2022.

More than 49 million Medicare beneficiaries are enrolled in prescription drug coverage, which helps pay for brand-name and generic prescription drugs.

WEP/GPO Repeal Update
On Friday, July 29, 2022 The



Senior Citizens League participated in a Press Conference with Representatives Abigail

Spanberger and Rodney Davis to show support for H.R. 82 The Social Security Fairness Act.

This bipartisan legislation would eliminate two provisions of the Social Security Act — the Windfall Elimination Provision (WEP) and the Government Pension Offset (GPO) — that unfairly reduce or eliminate

Social Security benefits for millions of Americans who have devoted much of their careers to public service. Under House rules, the bill must be brought forward for consideration now that it has surpassed 290 cosponsors. We are pushing for a vote on the floor of the U.S. House.

You can watch the Press conference **here**.

Nursing Home Requirements: Who's Eligible?

Learn from these experts about what's needed for admissions into nursing homes.

This article is based on reporting that features **expert sources**.

Nursing Home Requirements While assisted living facilities can help family members maintain a certain level of independence, it sometimes may not be enough support. Declining health or a major crisis like a debilitating stroke or **serious fall** may require rehabilitation or around-the-clock care from trained staff at nursing homes.

"Preserving older adults' ability to remain independent should be a fundamental goal, but when they need help there are many high-quality facilities that can provide comprehensive care,"

says Deborah Franklin, senior director of quality affairs at the Florida Health Care Association in Tallahassee, Florida.

An estimated 1.5 million older adults live in **nursing homes**, which is about 4.5% of the total older adult population. Nearly 94% of older Americans, or 33.4 million, live at a home or with a family member outside of any facilities, according to the **National Institutes of Health**.

What Do Nursing Homes Offer?

Nursing homes, also known as skilled nursing facilities or long-term care facilities, offer medical services for residents who need comprehensive care. Most nursing homes have nursing aides



and skilled nurses on hand 24 hours a day. The key **difference from assisted living facilities** is

that nursing homes provide around-the-clock medical care and assistance with everyday activities, while assisted living facilities encourage residents to remain as independent as possible and offer help when needed.

"Assisted living is also largely paid for through personal resources, while many nursing home residents are covered by Medicare or Medicaid, due to the way those government programs currently cover long-term care," says Beth Martino, senior vice president of public affairs at the American Health Care Association based in Washington, D.C.

Nursing home facilities provide a wide range of services including:

- ◆ Dietary services.
- ◆ Health care, including physician and nurse care.
- ◆ Laundry services.
- ◆ Meals, offered three times a day.
- ◆ Medication management.
- ◆ Personal care needs, such as bathing, dressing and toileting.
- ◆ Rehabilitation services, including short- and **long-term care**.
- ◆ **Social activities**, such as entertainment, music, crafts and trips.
- ◆ Therapy, including occupational, physical or speech....**Read More**

Current Monkeypox Outbreak Is Showing Different Symptoms

The **monkeypox** illness now spreading around the globe is showing some symptoms that are very different from those seen in previous outbreaks, a new study shows.

These unique symptoms include rectal pain, penile swelling, solitary lesions and swollen tonsils, researchers report in the July 28 issue of the **BMJ**.

"Understanding these findings will have major implications for contact tracing, public health advice, and ongoing infection control and isolation measures,"

the researchers explained in a journal news release.

For the study, researchers evaluated 197 confirmed monkeypox cases at an infectious disease center in London between May and July 2022.

All patients presented with monkeypox lesions, most commonly on their genitals or near their anus. All cases were men, and all but one were men who have sex with other men.

Most patients (86%) reported systemic symptoms like fever



(62%), **swollen lymph nodes** (58%) and muscle aches and pain (32%).

In contrast with previous reports suggesting that such symptoms precede skin lesions, the British researchers found that 38% of patients developed lesions prior to systemic illness and 14% only developed lesions.

A total of 71 patients reported rectal pain, 33 had a sore throat, and 31 had a swollen penis, while 27 had oral lesions, 22 had a solitary lesion and nine had swollen tonsils.

Solitary lesions and swollen tonsils were not previously known to be typical symptoms of monkeypox, the researchers noted.

Overall, 10% of the study's patients were admitted to the hospital for management of symptoms, most commonly rectal pain and swelling of the penis, the researchers said.

More than one-third (36%) of participants also had **HIV**, while 32% of those screened for sexually transmitted diseases had one, the investigators found.

Telehealth, Phone Visits a Lifesaver for Veterans Addicted to Opioids

There are many obstacles to opioid addiction treatment, but a new study shows one that one outgrowth of the COVID pandemic -- telehealth -- is enabling more U.S. veterans to get help.

Researchers examined care given to vets before and after a transition to telehealth visits in early 2020 for treatment of their opioid use disorder. Telehealth for patients receiving the prescription drug **buprenorphine** to treat opioid dependence was relatively new in the Veterans Affairs health system before the pandemic, said lead author Dr. Allison Lin.

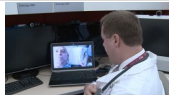
"The rapid switch to virtual visits for most patients kept people from dropping out of care, and telephone visits [also] played a key role," said Lin, an

addiction psychiatrist at the Ann Arbor VA in Michigan and investigator at the VA Center for Clinical Management Research.

In 2020, phone appointments significantly outnumbered video and in-person visits, the study found. Even in early 2021, phone visits made up 50% of monthly visits for vets using buprenorphine; video visits, 32%; and in-person care, 17%.

Compared to March 2019, on a monthly basis there was a 14% increase in number of vets receiving buprenorphine treatment in February of last year. Over that same period, 6% fewer vets overall received any kind of addiction treatment.

Lin and her colleagues at the VA Ann Arbor Healthcare System and the University of Michigan published their



findings July 28 in the *American Journal of Psychiatry*.

They said this new data on phone, video and in-person treatment could provide important policy insights at a crucial time.

Federal, state and VA policymakers are all debating decisions about the future of **telehealth rules** adopted during COVID era. Before the pandemic, audio-only visits were typically not allowed and video visits to patients at home were often not reimbursed.

Lin hopes policymakers will weigh the evidence carefully before making final rules.

Having phone access might be particularly crucial for those with opioid use disorders, many of whom lack stable housing, access to a computer or high-speed

internet.

"Phone visits may provide flexibility to make it easier to keep people engaged in care over time," Lin said in a university news release. "These are also often some of the sickest patients we care for, who have some of the highest risk for overdose. Keeping these patients in care is a major priority."

Policies that make it as simple as possible for people to continue receiving addiction treatment may have a significant impact on their general outcomes, she said.

More study is needed to understand the preferences and experiences of patients and clinicians, and to assess the effectiveness of care delivered via telehealth, Lin said.

Everything You Need to Know About Paxlovid — Especially, Should You Take It?

When President Joe Biden tested positive for covid-19 on July 21, his physician recommended he take the antiviral drug Paxlovid. The drug significantly reduces the likelihood of hospitalization or death for someone at high risk of developing severe covid. Biden started the five-day course that day, according to the White House, and within six days he **tested negative** for the virus and was cleared to leave

Biden's chief medical adviser, Dr. Anthony Fauci, also took

Paxlovid when he contracted covid in June yet soon tested positive for the disease again. So he took a second round of the drug even though it isn't approved for that.

Since Paxlovid became available seven months ago, it has eclipsed other available therapies created to forestall life-threatening covid symptoms in high-risk patients. Some doctors are quick to prescribe it, but as with so much about the covid pandemic, there is controversy.



Some patients are concerned about a possible rebound of the disease, while others have difficulty convincing their doctors they are good candidates for the drug.

"Paxlovid is still the go-to drug" even though it may not be appropriate for everyone, said **Dr. Priya Nori**, an infectious disease physician who directs the covid outpatient treatment program for the Montefiore Health System.

In a clinical trial, people who

had mild-to-moderate covid and were at high risk for becoming seriously ill lowered their risk of being hospitalized with or dying of the disease **by 88% if they took Paxlovid within five days** of developing symptoms.

But even as specialists in infectious diseases praise the treatment's effectiveness, many doctors say they have questions about prescribing the drug and want better data.

Here are answers to some common questions about Paxlovid....[Read More](#)

Reformulated Booster Shots Ready by September, White House Says

Americans could be getting updated COVID **booster shots** that can battle the newest Omicron variants as soon as mid-September.

People close to deliberations say that the Biden administration plans to offer a booster campaign with new formulations because the makers of the primary vaccines used in the United States -- Pfizer and Moderna -- have said they can deliver the new doses by then, the *New York Times* reported.

This could mean that younger Americans not yet eligible for a second booster of the original vaccines will have to wait until the fall for shots.

Some in the administration have said that use of the original boosters should be expanded now, as highly contagious Omicron variants spread, while others say the better option is to strengthen everyone's immunity in the fall with a booster that can tackle the **BA.5 variant** before a potential winter surge.

Dr. Anthony Fauci, Biden's chief medical adviser, and Dr.

Ashish Jha, the White House pandemic response coordinator, both advocated for expanding second boosters for more Americans now, the *Times* reported.

"I think there should be flexibility and permissiveness in at least allowing" a second booster of the original vaccine for younger Americans, Fauci said in an interview this month.

But officials at the U.S. Food and Drug Administration and the U.S. Centers for Disease Control and Prevention wanted to focus on a fall campaign with reformulated booster shots, the *Times* reported.

Pfizer and Moderna have said they can deliver millions of doses by mid-September, earlier than they had previously estimated, the *Times* reported. Still, the data on the new shots' effectiveness against BA.5 is preliminary at this point.

Despite the debate, the federal government plans to continue recommending that people who are eligible for a second booster



get it now and not wait for the fall shot.

Some are concerned that people do not get their booster doses too close together, in part because the second may not work as well in close succession to the first.

"You can't get a vaccine shot Aug. 1 and get another vaccine shot Sept. 15 and expect the second shot to do anything," Shane Crotty, a virologist at the La Jolla Institute for Immunology, told the *Times*. "You've got so much antibody around, if you get another dose, it won't do anything."

"The antibodies stop that next dose from working" if the next dose is given too early, he explained — a pattern that applies to other vaccines, such as tetanus or flu shots.

Another concern was that two shots too close together might increase the risk of myocarditis, a rare heart-related side effect in young men.

There is also worry that the public may grow weary of multiple shots, as evidenced by

the fact that there is less uptake of shots with each dose. Nearly half of eligible people got a first booster, but only 30% have received their second booster, CDC **data** shows.

The Biden Administration is working on contracts for the reformulated booster doses, with the U.S. Department of Health and Human Services making a \$3.2 billion advance purchase of 105 million doses made by Pfizer, the *Times* reported. A similar agreement is expected with Moderna.

All adults, and possibly children, could be eligible for the new boosters.

Meanwhile, BA.5 continues to spread, causing more deaths and hospitalizations, especially among the elderly. It now accounts for nearly 82% of all new cases, according to the **CDC**. New cases now number about 130,000 a day, but those numbers may be much higher because people taking home tests may not report their cases, the *Times* said.

Red Meat Raises Your Heart Risk, and Scientists May Know Why

A daily hamburger might raise the risk of developing heart disease, but not necessarily for the reasons people often think, new research suggests.

The study of nearly 4,000 older Americans found what many have before: People who ate a lot of red meat had a heightened risk of heart disease and stroke.

But there was no evidence that the link was due to a traditional culprit: elevated blood levels of

"bad" **cholesterol**.

Instead, researchers traced the risk, in part, to particular substances produced by the gut microbiome — the trillions of bacteria that reside in the digestive tract. When those bacteria digest red meat, they produce a chemical called TMAO, which can spur inflammation and blood clotting.

For the average person, experts said, the finding leads back to a familiar message: Limit your **red**



meat consumption.

"Last week we said eat less red meat, and this week we'll be saying eat less red meat," said Christopher Gardner, a professor at Stanford University who was not involved in the study.

"This does reinforce what we've thought about eating too much meat, and a lack of fiber in the diet," Gardner said, noting that the two often go hand-in-hand.

Gardner, who is also chairman of the American Heart Association's Nutrition Committee, stressed one point.

"These findings do not mean that blood cholesterol doesn't matter," he said. They simply failed to show that blood cholesterol explained the link between red meat and heart disease....**Read More**

Myths, Ignorance Persist Around Lung Cancer: Poll

Lung cancer is the leading cause of cancer deaths in the United States, but doctors have had access to a screening tool for nearly a decade that can catch it for early treatment.

Unfortunately, neither of those facts has sunk in for many Americans, according to a new survey from the American Lung Association (ALA).

Only 29% of Americans know that **lung cancer** is the No. 1

cancer killer, and nearly 70% weren't aware that low-dose CT scan screening is available for early detection of the disease, the survey found.

These two observations are very tightly related, said Dr. Albert Rizzo, chief medical officer for the ALA.

"The reason it is the No. 1 killer by far and away is the fact that it's diagnosed usually when it's more advanced rather than



early stages, because lung cancer unfortunately doesn't cause symptoms in the early stage," he said. "If you don't get screened, you're not opening up for possibility of finding cancer at an early stage where it can be resected and potentially cured."

Today is **World Lung Cancer Day**, and the lung association released the poll to help spread word that not only is **lung cancer**

screening available, but it's free of charge for millions of people who are at high risk, Rizzo said.

Back in 2013, the U.S. Preventive Services Task Force recommended low-dose CT scans for lung cancer screening. Under the Affordable Care Act (Obamacare), insurers must cover screenings recommended by the task force. And last year, it expanded the screening eligibility guidelines....**Read More**

Fresh or Frozen, Wild or Cultivated? What to Know About Blueberries and Health

Let's not beat around the bush: Blueberries are good for you.

This will come as no surprise to many Americans, who have found their thrill with blueberries in ever-rising numbers. It's easy to understand why. Not only do they taste great, but studies keep suggesting more reasons to embrace them.

"They're the kind of things we should be eating," said Eric Decker, professor of food science at the University of Massachusetts Amherst. "But sometimes these things get overpromised."

Vaguely defined terms such as "superfood" get used a lot with blueberries, whose popularity has been fueled by careful marketing.

"Anytime you start talking about 'superfoods' and 'super fruits,' it's probably a little overexaggerated," Decker said.

But there's no need to start singing the blues.

If you're going to sing anything, try "Born in the U.S.A." Wild blueberries – the tiny ones, sometimes called lowbush blueberries – are native to North America. Cultivated, or highbush, blueberries trace their roots to New Jersey, where a farmer named Elizabeth White and a government botanist named Frederick Coville turned them into a commercial crop in 1916.

Consumption has soared in the



past two decades.

According to the U.S. Department of Agriculture, Americans ate more than 2 pounds of fresh blueberries per person in 2019, up from half a pound in 2003.

Blueberries are a good source of vitamin C. One cup of fresh blueberries provides 16% of a day's recommended supply for men, 19% for women. Blueberries also have abundant vitamin K and the mineral manganese.

That all comes with a mere 84 calories and a healthy 3.6 grams of fiber per cup.

Fiber, Decker said, is great for the friendly microbes living in your digestive tract. Among

other things, a healthy gut microbiome can help reduce chronic inflammation, which has been linked to cancer, arthritis, diabetes and heart disease.

Fiber is not unique to blueberries. But blueberries, especially the wild variety, are unique in their levels of polyphenols, Decker said.

Polyphenols, found in plants, are micronutrients that have healthy antioxidant and anti-inflammatory properties. Other foods, such as tea or cranberries, also have high levels, Decker said. But polyphenols can taste astringent or bitter. Blueberries offer a sweeter taste but with much less natural sugar than, say, red grapes...[Read More](#)

Alternative Medicine Popular Among Seniors, But Most Don't Tell Their Doctors About It

Lots of older folks are turning to **alternative medicine** to help them with the pains of aging – but they don't necessarily think that's any of their doctor's business.

About 40% of older adults use at least one alternative medicine practice to help with body aches or mental strains, be it chiropractic care, massage therapy, meditation, yoga or another non-conventional option, according to the University of Michigan National Poll on Healthy Aging.

But only 18% of those who've tried an alternative medicine practice have actually talked about it with their health care

provider.

The results suggest that primary care docs should bring up the topic during checkups, said Dr. Rachael

Maciasz, a general internal medicine physician at Michigan Medicine who worked with the polling team on the **report**.

"As research continues to show the importance of the mind-body connection in health, and as more rigorous studies are done to determine what effects integrative strategies can have on various conditions, it's important for patients and providers to keep the lines of communication open," Maciasz said in a **news**



release on the report.

Just about everyone surveyed said they believe that the mind impacts health, with 82% saying it has a

major impact and 14% saying it has a minor impact.

The people surveyed said they had tried alternative medicine to treat or prevent pain, insomnia, digestive issues, to relax or manage stress, to address a physical injury, or to help with depression or anxiety.

About 38% of people 50 and older found alternative medicine very beneficial, while another 54% said it was somewhat beneficial.

Those who pursue such practices tend to pay for it out of pocket, the findings showed.

Only 15% said their health insurance covers them, 19% said they have no coverage, and two-thirds were unsure about their coverage.

About 84% said they'd be likely to try alternative medicine if health insurance covered it. Of those who've stopped using such a practice, more than one-quarter cited cost as one of the reasons.

More information

The U.S. National Center for Complementary and Integrative Health has more about **integrative health**

Male Breast Cancer

Anne Hofstadler is a breast cancer survivor. Her sister and mother have also had breast cancer. So Anne worries that her daughter may eventually be diagnosed with the disease -- especially since her daughter's paternal grandmother also suffered from it.

But it never occurred to her to fret about her adult son. "I guess I knew men could get breast cancer, but it seemed more like a theoretical kind of risk," she said. "I suppose I should pester him as well as my daughter about checking for lumps and making sure everything's okay."

Hofstadler's son doesn't have breast cancer. But with a family

history like this, he is definitely at risk for developing the life-threatening disease, according to several studies, including a report on male breast cancer by the University of Iowa Hospitals and Clinics. Although in many cases, male and female breast cancer follows a similar course, so few men are aware that the disease exists that it frequently goes undiagnosed in males until more advanced stages.

How common is breast cancer in men?

Male breast cancer remains rare. According to the National Cancer Institute (NCI), it



accounts for less than 1 percent of all breast cancer cases. NCI data show that about 2,470 men are diagnosed each year, and the disease will

kill about 460 of them. That's compared to about 252,710 new diagnoses a year in women and more than 40,000 deaths.

Breast cancer tends to strike men over 60, but those who are decades younger can get it as well. In addition to family history and age, risk factors include elevated body weight; exposure to radiation; taking estrogen as part of a sex change; and having a disease related to high levels of estrogen, such as

cirrhosis (liver disease) or Klinefelter Syndrome (a genetic disorder that causes hormonal imbalances and infertility in men).

What should I look for?

Men's breasts are similar in structure to the breasts of preadolescent girls. Both have ducts under the nipple and areola (the ring of dark flesh surrounding the nipple) and a bit of additional tissue. In girls' breasts during puberty, milk glands, or lobules, grow at the ends of the ducts. Male breasts don't have lobules, so the only kind of breast cancer in men is ductal cancer...[Read More](#)