

Why is AARP cozying up to the right-wing group ALEC while big corporations flee?



The right-wing legislative lobbying group ALEC has been losing corporate members at a remarkable pace since 2012, due in part to its support of measures attacking clean energy, workers rights and voting rights.

That makes the appearance of AARP on the list of sponsors of ALEC's 2016 annual meeting last month all the more curious. As the Center for Media and Democracy, a long-term ALEC nemesis, revealed last week, "**AARP isn't exactly hiding** its new financial relationship with ALEC."

The retirees lobbying and service organization was listed in the annual meeting program as a "trustee's level" sponsor. CMD reports that an AARP-branded portable cellphone charger was handed out to attendees as they registered for the event, held July 27-29 in Indianapolis.

The Koch-affiliated ALEC — the name stands for the American Legislative Exchange Council — operates by offering model legislative packages to its members, who typically are conservative Republican state legislators. They

introduce the bills at home, allowing their legislative concepts to metastasize into statehouses across the country.

A prime example is "**stand-your-ground**" laws. The original measure was enacted by Florida in 2005 with the support of the National Rifle Assn. It provided a defense to anyone using "deadly force ... if he or she reasonably believes it is necessary to do so to prevent death or great bodily harm to himself or herself or another." The law was a key to the successful defense of George Zimmerman against a murder charge in the 2012 shooting of teenager Trayvon Martin in Sanford, Fla. After Florida enacted its measure, it was translated into an ALEC model and passed in 16 more states.

Among the policies that have been promoted by ALEC are several that arguably undermine the interests of seniors and retirees, AARP's core constituency. ALEC has pushed for the repeal of the Affordable Care Act, which has saved Medicare enrollees millions of dollars by closing the Medicare drug benefit "donut hole." It has opposed Medicaid expansion under Obamacare. It has targeted public pensions, pushing to cap benefits and shift workers toward

defined contribution plans, which layer more market risk on individual workers' shoulders.

Backlash against ALEC began in 2011, just as its influence among state legislators was reaching its peak. At the time, ALEC model bills and resolutions were being offered nationwide to repeal Obamacare, tighten voter ID laws, loosen environmental regulations, scale back public pensions and sap the organizing ability of unions. But its very prominence became a bane.

"ALEC has become part of the broad litany of complaints among those castigating corporations for gaming democratic institutions in their favor," wrote *Governing*, a nonpartisanly wonkish publication for state and local policymakers, in 2011. An exodus of big corporations soon followed.

AARP initially responded to the CMD disclosures by asserting that its participation in the annual meeting was part of its general political outreach, and didn't reflect any alignment with ALEC policies. "Our participation ... is not an endorsement of any particular perspective, but, rather, is evidence of our commitment to discussing these issues with people on all sides." ... **Read More**

Statement by Richard Fiesta, executive director of the Alliance for Retired Americans

Statement by Richard Fiesta, executive director of the Alliance for Retired Americans regarding AARP's sponsorship of the American Legislative Exchange Council (ALEC):

"We're deeply disappointed to learn that AARP is sponsoring ALEC, an organization that has supported state efforts that hurt seniors and working Americans.

"ALEC is a major force behind the rise of state Voter ID laws, which disproportionately hurt seniors and take away their ability to cast their votes, and have opposed efforts to rein in prescription drug prices.

"Other companies, including Ford and Google, have withdrawn their support for ALEC. If AARP truly represents the interests of seniors, then it should do the same."



Rich Fiesta

Democrats are losing to Republicans at the state level, and badly. Here's why.



Faced with a loose-cannon 2016 GOP presidential nominee who disagrees with them on key issues, Charles and David Koch — the two billionaire "Koch brothers" — are **directing** the vast resources of their political network toward down-ballot races. This should alarm liberals greatly.

The Koch resources are likely to be more effective in state and congressional contests than they would be in the presidential race. What's more, the Koch network and other ultra-free market networks at the state level already enjoy formidable clout — certainly far more power than the equivalent left-progressive

organizations.

Whatever happens in the 2016 presidential contest, the persistent imbalance between right and left in state-level organizational prowess will continue to shape politics and policy outcomes in ways that may surprise and disappoint majorities of citizens.

The presidential contest takes up most of the air in the media, but it is at the local and state level that political movements are built, as conservatives in recent years have recognized better than liberals.

A powerful "troika" of right-wing networks

Koch network-backed groups, above all the huge advocacy federation called **Americans for Prosperity**, have scored major victories over the past decade —

working closely with already established cross-state political networks like the **American Legislative Exchange Council** (ALEC) and the **State Policy Network** (SPN).

These conservative cross-state networks have blocked the implementation of the Affordable Care Act, challenged efforts by the Obama administration to deal with climate change, derailed proposals to increase the minimum wage and enact paid sick leave, and weakened union and voting rights. Unless liberals and progressives find ways to counter conservatives across most US states, both Obama's legacies and future liberal gains are likely to remain limited... **Read More**

With you through life's journey... Securing today and tomorrow

Starting in August 2016, Social Security is adding a new step to protect your privacy as a *my* Social Security user. This new requirement is the result of an executive order for federal agencies to provide more secure authentication for their online services. Any agency that provides online access to a customer's personal information must use multifactor authentication.

When you sign in at ssa.gov/myaccount with your username and password, we will ask you to add your text-enabled cell phone number. The purpose of providing your cell phone number is that, each time you log in to

your account with your username and password, we will send you a one-time security code you must also enter to log in successfully to your account.

Each time you sign into your account, you will complete two steps:

◆ Step 1: Enter your username and password.

◆ Step 2: Enter the security code we text to your cell phone (cell phone provider's text message and data rates may apply).

The process of using a one-time security code in addition to a username and password is one form of "multifactor

authentication," which means we are using more than one method to make sure you are the actual owner of your account.

If you do not have a text-enabled cell phone or you do not wish to provide your cell phone number, you will not be able to access your *my* Social Security account.

If you are unable or choose not to use *my* Social Security, there are other ways you can contact us. To learn more, please review the Frequently Asked Questions found [here](#).



CVS cuts coverage on dozens of drugs in exclusion expansion



CVS Health Corp. will add 35 products to its lists of excluded drugs in 2017 and no longer cover some

treatments for cancer and diabetes, in an aggressive move to favor lower-priced treatments and target what the company called "hyperinflation" of some other products.

The drug benefit manager will remove coverage for Novartis AG's leukemia treatment Tasigna, Medivation Inc.'s

prostate cancer drug Xtandi, and Sanofi's insulin Lantus, expanding the company's strategy of excluding expensive products when alternatives are available. The total number of excluded drugs for 2017 will be 131, spokeswoman Carolyn Castel said Tuesday.

It's the first time that brand-name cancer drugs have been taken off CVS's standard formulary, Castel said in an e-mail.

The excluded drugs list also includes 10 that have had "hyperinflationary" price increases, the company said in a

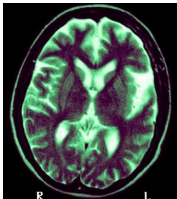
statement. For example, it will exclude coverage of Alcantin A gel, sold by closely held Novum Pharma LLC. CVS said that Alcantin's price has increased by about 30-fold in the last three years.

Hyperinflation Strategy

"More and more small drug companies are basically putting a hyperinflation strategy in place, hoping no one will notice it," said Troyen Brennan, CVS's chief medical officer, in a telephone interview. "Our feeling was we needed to address those relatively specifically."

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Promising Alzheimer's treatment flops in new trial, crushing hopes



A closely watched treatment for **Alzheimer's disease** came up short in a late-stage trial, marking the latest setback in a field wracked by years of failure.

The drug, from biotech company TauRx, did no better than a sugar pill at improving patients' scores on tests of cognitive and physical function, according to data presented early Wednesday at the Alzheimer's Association International Conference in Toronto. The study looked at roughly 900 patients with mild to moderate forms of Alzheimer's.

"I must say I'm disappointed by the results," said Dr. David Knopman, a Mayo Clinic neurologist not involved with the study.

TauRx's drug, LMTX, is meant to block the activity of a bodily protein that many neuroscientists believe contributes to the brain-destroying effects of Alzheimer's. The treatment is still being tested in a

second study, involving about 700 people, with final data expected later this year.

The results are yet another blow to Alzheimer's research. Academics, startups, and pharmaceutical giants have poured decades of work, and billions of dollars, into finding treatments. **One therapy after another** has looked promising in the lab — only to crumble when tested in large patient populations.

Indeed, **99.6 percent** of Alzheimer's treatments tested in the decade between 2002 and 2012 failed in clinical trials, according to an analysis by the Cleveland Clinic.

The disease, irreversibly fatal, affects about 5 million Americans, and that number that **will more than triple** by 2050, according to AAIC. Analysts peg the market for an effective treatment at more than \$10 billion a year.

The Alzheimer's conference in Toronto did showcase **one promising result**: Researchers showed that when healthy

older adults played a specific computer brain-training game, they cut their risk for **dementia**.

But treatments that arrest the disease's progression have been elusive. One issue: Scientists can't even settle how the disease works.

Here's what everyone agrees on: The brains of Alzheimer's patients are ridden with tangles and plaques. The tangles are made up of a protein called tau, and the plaques are made up of another called amyloid beta.

But just which is most to blame for the memory-robbing progression of Alzheimer's has been the subject of **academic debate for decades**.

TauRx, as its name suggests, has a partisan bent. And Dr. Claude Wischik, its founder and CEO, is a frequent evangelist for the importance of tau. But the amyloid contingent has for years held sway in academia and industry.... **Read More**

Seniors Who Live Alone Likeliest To Rate Their Health Highly, Study Says

People over 65 who live alone were more likely to describe their health as excellent or very good than were seniors who live with others, according to a study exploring connections between older Americans' health status and their living arrangements.

Conversely, older people living with others — whether related or unrelated to them — were significantly less likely to call their health as excellent or very good, researchers **reported recently** in the *Journal of Applied Gerontology*.

That may be because when seniors encounter serious health problems and mounting physical difficulties, they often stop living by themselves and choose to live with others for support, they speculated.

But the researchers said they drew no conclusions about whether keeping a solitary household in old age leads to a longer life.

In fact, living alone wasn't superior in every way for people over 65, according

to the study. Those who share a home with a spouse or partner were less likely to report serious psychological distress than were older people without companions, a finding that meshes with prior research.

"Their physical health was better living alone rather than with a spouse or partner, but the mental health from living alone was worse," said Judith D. Weissman, the study's lead author. She is an epidemiologist and research manager in the Department of Medicine at the New York University School of Medicine.

Mental health affects physical health and that's why older adults' psychological wellbeing deserves more attention, she said.

"From a policy standpoint, it indicates we may have to provide either emotional or mental support for seniors living alone," Weissman said.

Researchers also discovered the relationship between living arrangements and health differed for men and women.

For instance, older men living alone were less likely to report having two or more chronic health conditions — such as cancer or diabetes — than counterparts in households with spouses or partners. They were also less likely to report their health as fair or poor.

The opposite was true for women on both counts: Those on their own were more likely to report multiple health conditions than the ones with spouses or partners. Yet, they were also more likely to describe their health as excellent or very good.

"This apparent paradox may be difficult to untangle due to the varied life experiences that lead women to live alone," researchers said.

For example, they said, older women are more likely to be widowed and after becoming widows, they tend to live alone.... **Read More**



5 Steps to Intervene When an Elderly Relative Needs Help



If you have an older relative who is slowing down, here's how to help them age with compassion and

dignity.

Joan Lunden may be best known for her 17-year stint as co-host on ABC's Good Morning America, but the journalist says her most important role may be that of helping her elderly mom.

"The biggest responsibility every American will have is taking care of their aging parents for the 10, 15 or 20 years before they die," says Lunden, official spokeswoman for the caregiving website A Place for Mom.

Unfortunately, it's not always easy to offer senior parents or other elderly relatives assistance. For those grappling with the best way to approach the subject, here are five steps to follow.

- ◆ **Step 1: Recognize when help is needed.**
 - ◆ **Step 2: Get the entire family on the same page.**
 - ◆ **Step 3: Start by offering easy changes.**
 - ◆ **Step 4: Get paperwork in order.**
 - ◆ **Step 5: Enlist the help of doctors and other professionals.**
- [Click here to read the complete meaning of each step.](#)

Long-Term Care Is An Immediate Problem — For The Government

Donna Nickerson spent her last working years as the activity and social services director at a Turlock, Calif., nursing home.

But when she developed Alzheimer's disease and needed that kind of care herself, she and her husband couldn't afford it: A bed at a nearby home cost several thousand dollars a month.

"I'm not a wealthy man," said Nickerson's husband Mel, a retired California State University-Stanislaus professor. "There's no way I could pay for that."

Experts estimate that about half of all people turning 65 today will need daily help as they age, either at home or in nursing homes. Such long-term care will cost an average of about \$91,000 for men and double that for women, because they live longer.

In California and across the U.S., many residents can't afford that, so they turn to Medicaid, the nation's public health insurance program for low-income people. As a result, Medicaid has become the safety net for millions of people who find themselves unable to pay for nursing home beds or in-home caregivers. This includes middle-class Americans, who often must spend down or transfer their assets to qualify for Medicaid coverage.

Medicaid, known as Medi-Cal in California, was never intended to cover long-term care for everyone. Now it pays for nearly 40 percent of the nation's long-term care expenses, and the share is growing. As Baby Boomers age, federal Medicaid spending on long-term care is widely expected to rise significantly — by nearly 50 percent by 2026.

The pressure will only intensify as

people age, so both state and federal officials are scrambling to control spending.

"Medicaid bears an incredible financial challenge if substantial changes aren't made," said Bruce Chernof, president and CEO of the SCAN Foundation. (KHN's coverage of aging and long-term care issues is supported in part by a grant from The SCAN Foundation.)

State Medicaid directors are closely watching as long-term care spending takes up larger shares of their budgets and squeezes out other programs, said Matt Salo, executive director of the National Association of Medicaid Directors....[Read More](#)



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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