



If the Affordable Care Act is Repealed, What Happens to Medicare and Seniors?

End to Free Annual Wellness Exams

Prior to the Affordable Care Act (ACA), Medicare allowed for a one-time free check-up when seniors first joined the Medicare program. The ACA has provided free annual wellness exams for seniors since 2011.

End to Free Preventive Screenings

Thanks to the ACA, Medicare beneficiaries have not been required to pay for any portion of Medicare-covered preventive services recommended by the U.S. Preventive Services Task Force and rated A or B. The ACA also waived the Medicare deductible for colorectal cancer screening tests.

End of Prescription Drug Discounts

Prior to the ACA, when beneficiaries fell into doughnut hole, they had to pay 100% of the costs of their prescription medications. The ACA provides drug discounts and subsidies to help fill in the doughnut hole. In 2017, the doughnut hole will be between \$3700 and \$4950. Under the ACA, seniors and disabled beneficiaries who fall in the Part D drug doughnut hole will receive a 60% discount on the price of their brand name drugs and a 49% subsidy toward the purchase of generic drugs. By 2020, the doughnut hole gap will be closed. However, if the ACA is repealed seniors will lose these discounts and subsidies.

No Protections against Discrimination for Pre-existing Conditions

The ACA prohibits insurance companies from discriminating against people with pre-existing conditions.

No Protections against Rising Insurance Prices

Prior to the ACA, insurers often charged seniors five times more than they charged a young person for their health care. The ACA limited what insurers could charge to no more than three times what they charge a young individual for comparable coverage.

Congress should keep its hands off our Medicare!

Do Not Raise the Medicare Eligibility Age.

- ◆ Raising the age from 65 to 67 would deny 5 million seniors insurance starting in 2020. By 65, most people have health conditions that will make buying private insurance prohibitively expensive and difficult to get. These people will be forced to remain in or find a job that provides coverage at a time when it's difficult to find employment; pay for coverage themselves; or become impoverished to eligible for Medicaid, provided their state makes it available.

Do Not Replace Guaranteed Medicare Benefits with a Voucher.

- ◆ Ryan and Price want to replace your Medicare card with a limited voucher to purchase traditional Medicare or insurance in the private marketplace. There is no guarantee that the value of these vouchers will increase with inflation increasing the amount of money seniors have to spend on health care.

No Changes to Medigap or Supplemental Insurance.

- ◆ Eliminating first-dollar deductible coverage or limiting the amount of health care costs that Medigap can cover will not bring down health care costs. It will shift costs from insurance corporations to beneficiaries.
- ◆ Limiting Medigap coverage will penalize those who can least afford it -- the oldest, sickest and chronically ill.

Reject Schemes to Shift Medicare costs to Seniors.

- ◆ Combining Medicare Part A and B deductibles will increase the yearly deductible for beneficiaries who don't go to the hospital by as much as \$400*. *Estimate based on Speaker Ryan's Republican Budget for Fiscal Year 2015.
- ◆ A single deductible will increase hospital copays from 10% to 20%.

Click on this picture to view the **HANDS OFF MEDICARE** press conference. 



Grab Bag Of Goodies In 21st Century Cures Act



A sprawling health bill expected to pass the Senate and become law before the end of the year is a grab bag for industries that spent plenty of money

lobbying to make sure it happened that way.

Here are some of the winners and losers in the 21st Century Cures Act:

Winners

Pharmaceutical and Medical Device Companies. The bill will likely save drug and device companies billions of dollars bringing products to market by giving the Food and Drug Administration new authority and tools to demand fewer studies from those companies and speed up approvals.

The changes represent a massive lobbying effort by 58 pharmaceutical companies, 24 device companies and 26 "biotech products and research" companies, according to a Kaiser Health News analysis of lobbying data compiled by the Center for Responsive Politics. The groups reported more than \$192 million in lobbying expenses on the Cures Act and other legislative priorities, the analysis shows.

Medical schools, hospitals and physicians. The bill provides \$4.8 billion over 10 years in additional funding to National Institutes of Health, the federal government's main biomedical research organization. (The funds are not guaranteed, however, and will be subject to annual appropriations.)

The money could help researchers at universities and medical centers get hundreds of millions more dollars in

research grants, most of it toward research on cancer, neurobiology and genetic medicine.

The bill attracted lobbying activity from more than 60 schools, 36 hospitals and several dozen groups representing physician organizations. They reported spending more than \$120 million in disclosures that included Cures Act lobbying.

Mental health and substance abuse advocates. The bill provides \$1 billion in state grants over two years to address opioid abuse and addiction. While most of that money goes to treatment facilities, some will fund research.

The bill also boosts funding for mental health research and treatment, with hundreds of millions of dollars authorized for dozens of existing and new programs.

Mental health, psychology and psychiatry groups spent \$1.8 million on lobbying disclosures that included the Cures bill as an issue.

Patient groups. Specialty disease and patient advocacy groups supported the legislation and lobbied vigorously. Many of these groups get a portion of their funding from drug and device companies. The bill includes more patient input in the drug development and approval process, and the bill is a boost to the clout of such groups.

More than two dozen patient groups lobbied the bill, and reported spending \$6.4 million in disclosures that named the bill as one of their issues.

Health information technology and software companies. The bill pushes federal agencies and health providers nationwide to use electronic health records systems and to collect data to

enhance research and treatment. Although it doesn't specifically fund the effort, IT and data management companies could gain millions of dollars in new business.

More than a dozen computer, software and telecom companies reported Cures Act lobbying. The groups' total lobbying spending was \$35 million on Cures as well as other legislation.

Losers

Preventive medicine. The bill cuts \$3.5 billion — about 30 percent — from the Prevention and Public Health Fund established under Obamacare to promote prevention of Alzheimer's disease, hospital acquired infections, chronic illnesses and other ailments.

Consumer and patient safety groups. Groups like Public Citizen and the National Center for Health Research either fought the law outright or sought substantial changes. Although they won on some points, these groups still say Cures opens the door for unsafe drug and device approvals and doesn't address rising drug costs.

Hair growth patients. The bill says federal Medicaid will no longer help pay for drugs that help patients restore hair. The National Alopecia Areata Foundation spent \$40,000 on lobbying disclosures this cycle that included Cures.

The FDA. The bill gives the FDA an additional \$500 million through 2026 and more hiring power, but critics say it isn't enough to cover the additional workload under the bill. The agency also got something it opposed: renewal of a controversial voucher program that awards companies that approve drugs for rare pediatric diseases.

Senate GOP Shies From Fight Over Medicare

Congressional Democrats are warning that Speaker Paul Ryan and President-elect Donald Trump are gunning for Medicare — and they are rubbing their hands in glee at the prospect of an epic political battle over the government's flagship health program that covers 57 million Americans.

It turns out that Republicans, especially in the Senate, are not spoiling for a fight.

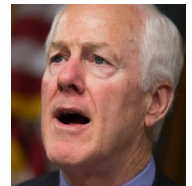
"We are not inclined to lead with our

chin," said No. 2 Senate Republican John Cornyn of Texas. "And right now, we've got a lot on our plate."

Ryan, R-Wis., is the most powerful advocate in Washington for a premium-support approach that would, over time, remake Medicare into a voucher-like program that could force some seniors entering the program to buy health insurance on the open market instead of getting coverage through the traditional

open-ended process. Critics say such coverage would take away a Medicare guarantee and give seniors subsidies whose value won't keep up with inflation.

Medicare covers 48 million seniors and nine million disabled people... [Read More](#)



Tx. Senator John Cornyn

Slowing Down Hospital Discharge Requires Fast Action



The old man slept quietly as his daughter sat by his hospital bed. Suddenly, an aide walked in and

announced that a move was imminent.

“Your time here is up,” Bonnie Miller Rubin remembers the aide explaining.

“He’s going to a nursing home.”

It was 9 p.m., and Rubin’s 91-year-old father had been asleep for several hours. “I said, ‘Are you kidding me?’” Rubin recalled.

“I felt powerless,” she said, remembering her alarm on that cold night three years ago. “What rights did I have?”

In fact, Rubin could have filed a **“fast appeal”** of her father’s pending discharge with a Medicare Quality Improvement Organization. If she’d made a telephone call on the spot, her father

would have stayed in the hospital until an independent physician reviewed his circumstances.

Every older adult admitted to a hospital as an inpatient has the right to challenge a discharge if he or she feels unprepared to leave. But few people understand the process that’s involved.

Frequently, seniors and their families are caught by surprise when a transfer from the hospital is at hand.

“People don’t understand how fast-tracked things get,” said Trish Colucci, a principle care manager with Peace Aging Care Experts in Flanders, N.J. “There’s enormous pressure on discharge teams to get patients out.”

After a lawsuit charging that Medicare was not giving beneficiaries adequate notice of the right to appeal pending discharges, the government issued new

regulations on the process a decade ago. Here’s how so-called “fast appeals” are supposed to work:

Know your rights. Every older adult admitted to the hospital should get a written notice of their rights — including the right to appeal planned discharges — within two days. If you remain in the hospital for at least five days, you should receive a second notice before being discharged.

This **“Important Message from Medicare”** will give you the name and a phone number for your Medicare Quality Improvement Organization (QIO) — an entity charged with handling fast appeals as well as other matters, such as complaints about the quality of care... **Read More**

Legislation To Improve Mental Health Care For Millions Sails Through House Vote

Efforts to strengthen the country’s tattered mental health system, and help millions of Americans suffering from mental illness, got a big boost Wednesday thanks to a massive health care package approved by the House of Representatives.

The 21st Century Cures Act, which provides funding for biomedical research and aims to speed up drug development, was approved by a vote of 392-26. Republican leaders added a number of other health-related items to the act, including the text of a mental health bill that was approved by the House last summer but which never got a vote in the Senate.

The Senate is expected to vote next week.

The legislation aims to make mental

health a national priority and coordinate how mental health care is delivered, said Rep. Tim Murphy, R-Pa., a psychologist who treats patients with PTSD and traumatic brain injuries at the Walter Reed National Military Medical Center in Bethesda, Md. Murphy, the mental health bill’s author, said it places a strong emphasis on science, pushing federal agencies to fund only programs that are backed by solid research and to collect data on whether patients are actually helped. The bill strengthens laws mandating parity for mental and physical health care. It also pushes states to provide early intervention for psychosis, a treatment program that has been hailed as one of the most promising mental health developments in decades.

Murphy began researching how to improve the mental health system after the Newtown shootings in 2012, which raised awareness about the problem of untreated mental illness. He introduced his bill the following year. “That horror is etched on our collective memories,” Murphy said Tuesday at a meeting of the House Rules Committee.

Although the health care package has strong support, its passage is not assured. Sen. Elizabeth Warren, D-Mass., has said the bill favors the pharmaceutical industry at the expense of patient safety. Heritage Action for America, a conservative group, also opposes the bill because it would increase federal spending... **Read More**



Aging Is a Disease and It's Time to Cure It



Emma Morano turned 117 on Tuesday. The Italian woman is, as far as we know, the **oldest person in the world** and the only living person who was born in the 1800s. The secret for her longevity? Eating three raw eggs a day

and being single since 1938. The person known to have lived the longest ever was Jeanne Calment, who died in 1997 at 122 years of age.

In October, *Nature* published an article, “Evidence for a limit to human lifespan,” by three researchers associated with the

Albert Einstein College of Medicine in the Bronx. Noting that the longest known lifespan has not increased since the 1990s, they argue that there is a fundamental limit to human longevity. The occasional outlier aside, they think that limit is about 115 years... **Read More**

Cognitive aging not a barrier to working longer



The Center for Retirement Research just released its second brief on

cognitive aging. This one does a deeper dive into cognitive aging and ability to work. Working longer is an effective way to boost individuals' retirement security. Thus, understanding who can work longer and who may struggle is a key issue for researchers and policymakers.

At first glance, one might think that a decline in "fluid" intelligence – the capacity to process new information – and an apparent relationship between fluid intelligence and job achievement could pose a barrier to working longer. However, "crystallized" intelligence – accumulated knowledge – increases with age, and cognitive reserves can offer spare capacity against declining fluid intelligence. As a result, studies comparing the productivity of young and old workers find that age is a crude and unreliable predictor of performance.

The results of studies on age and productivity are robust. While individual studies – which typically examine a subset of workers in specific occupations – can show relatively strong correlations (both positive and negative) between age and productivity, meta-studies that aggregate data across the individual studies and apply results to the whole population find practically no correlation. That is, productivity does not generally decline with age. The questions are: how do aging workers maintain productivity and is anyone left behind?...[Read More](#)

Seniors Increasingly Getting High, Study Shows

Baby boomers are getting high in increasing numbers, reflecting growing acceptance of the drug as treatment for various medical conditions, according to a study published Monday in the journal *Addiction*.

The findings reveal overall use among the 50-and-older study group increased "significantly" from 2006 to 2013. Marijuana users peaked between ages 50 to 64, then declined among the 65-and-over crowd.

Men used marijuana more frequently than women, the study showed, but marital status and educational levels were not major factors in determining users.

The study by researchers at New York University School of Medicine suggests more data is needed about the long-term health impact of marijuana use among seniors. Study participants said they did

not perceive the drug as dangerous, a sign of changing attitudes.

The study was based on 47,140 responses collected from the National Survey on Drug Use and Health.

Joseph Palamar, a professor at the NYU medical school and a co-author of the study, said the findings reinforce the need for research and a call for providers to screen the elderly for drug use.

"They shouldn't just assume that someone is not a drug user because they're older," Palamar said.

Growing use of the drug among the 50-and-older crowd reflects the national trend toward pushing cannabis into mainstream culture. Over 22 million people used the drug in 2015, according to the [Substance Abuse and Mental Health Services Administration](#). Seven states have legalized the drug for medicinal use and

collect taxes from sales, according to Marijuana Policy Project, a non-profit advocacy group dedicated to enacting non-punitive marijuana policies across the United States. The drug has also proved to be a financial boon for state economies, generating over \$19 million in September in Colorado.

Researchers also uncovered an increasing diversity in marijuana users. Past-year use doubled among married couples and those earning less than \$20,000 per year....[Read More](#)



Petition Subject: Observation Status: "Current Hospital Issues in the Medicare Program"

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SIGN THE PETITION!!!!**

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

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