

Merry Christmas, Happy Hanukkah, Happy Holidays, Joyous Kwanzaa

*It's Christmas and I just wanted
to say "Thank you" and that...
It's been a pleasure working
with you this past year...
From our RI ARA members
to you and your family,
Merry Christmas*



Obamacare Repeal Seen as Tax Cut for Top 1%, Raise for Others



Repealing Obamacare would amount to a tax cut for the wealthiest Americans and a modest tax hike for some of the lowest earners, a new **study** found.

If the law were eliminated, as President-elect Donald Trump and members of Congress have pledged to do, the top 1 percent of earners would see an average tax cut of \$33,000, while the top 0.1 percent would enjoy an average tax break of \$197,000, the Tax Policy Center found. The non-partisan group is a joint venture of the Urban Institute and the Brookings Institution.

Meanwhile, the lowest-income households, which make less than \$25,000, would see their tax bills increase

on average by \$90 under a full repeal. But that average masks a wide variation -- most low-income households would see no change, researchers found, and 7 percent of them would get an average tax cut of about \$1,200. But 4 percent would see a tax increase averaging almost \$3,900.

The Tax Policy Center's Howard Gleckman concluded that "in general, repealing the health reform law would, on average, cut taxes for the rich and raise them for low-income households." The projected tax hike for some people is due to the fact that repealing the law would undo its subsidies to buy insurance coverage, which are delivered in part through tax credits.

The findings complicate Trump's promises to focus on middle-class tax

relief. His adviser and choice for Treasury Secretary, Steven Mnuchin, said two weeks ago he wants "no absolute tax cut for the upper class." The tax plan that Trump proposed in the campaign cuts taxes across the board, but especially for high earners, according to independent analyses.

Trump's transition team didn't immediately respond to an e-mailed request for comment.

The 2010 Affordable Care Act imposed a Medicare surtax and a net investment tax on wealthier households, as well as a tax on costly so-called "Cadillac" health plans. The purpose was to finance an expensive expansion of subsidized health insurance, under which about 22 million people gained coverage, without raising the deficit.

Why the GOP Wants to Gut Social Security



A group of Republican lawmakers has a proposal that would slash Social Security benefits for virtually everyone.

The plan, headed by House Ways and Means Social Security Subcommittee Chairman Sam Johnson and **introduced on December 8**, would destroy the basic structure of Social Security.

Social Security, a federal insurance system that offers financial assistance to people who are retired or unable to work, currently faces a challenging future. Funds are projected to start running out **over the next 20 years**, which means citizens could face across-the-board taxes to cover the costs if no other reforms are agreed upon in Congress.

The GOP Plan To Annihilate Social Security

Johnson's **Social Security Reform Act of 2016** proposes to eliminate the funding gap by implementing huge benefit reductions while at the same **time giving tax cuts to affluent retirees**. The **Social Security Office of the Actuary** estimates that this plan **would cut \$2 trillion from the fund**, without asking for any taxes to help bolster the program.

With fewer dollars available, the plan would reduce the amount paid out in cost of living expenses and raise the retirement age to 69, thus decreasing payouts by \$13.9 trillion.

For retirees with average lifetime earnings of \$28,000 to 49,000, benefits would decrease by **28 percent**.

Since the program is already not keeping up with rising prices, seniors have been asking Congress to approve higher cost of living increases; Johnson's plan goes in the

opposite direction, reducing cost of living benefits even further.

To put this in perspective: Currently, the system's 39 million retired workers draw average benefits of less than \$16,000 per year, hardly enough for a dignified retirement. But under the GOP plan, even that would be cut by about a third.

"They've changed it from a social insurance program which returns 99 cents on every dollar in the form of benefits, into this very weird regressive tax structure that hits the middle class the hardest and does not return the money in the form of benefits," **explains Social Security Works' Alex Lawson to ThinkProgress**. "It's a symphonically destructive thing."

Another Approach to Social Security

How exactly is Social Security funded? **Currently**, employers and employees each pay 6.2 percent of wages, and the self-employed pay 12.4 percent, up to a maximum of \$118,500 (for 2016).

Under this approach, hundreds of thousands of Americans stop paying into Social Security after the first month of the year when they reach the maximum taxable amount. As **ThinkProgress** points out:

By the time Donald Trump is sworn in as president, tens of thousands of Americans will already have stopped paying into Social Security for the entire year.

Those lucky few earn at least \$2.1 million a year—a level roughly 100,000 tax filers reached in 2014, according to the IRS. They owe their yearlong retirement tax holiday to a rule capping the amount of annual income that is subject to payroll taxes. With wealth inequality's explosion over the last four decades, a huge portion of the money generated by workers' sweat is now escaping the retirement system.

Many progressives would prefer to fix the funding gap by raising or eliminating this cap, requiring wealthier Americans to assume a much larger share of the program's cost. Eliminating the cap would make Social Security fiscally secure for about another 75 years, according to **one analysis**.

The GOP Lie: "Saving Social Security"

As if the GOP plan were not bad enough, **in an official press release**, Johnson has the nerve to outright lie.

"Sam Johnson Unveils Plan to Permanently Save Social Security" reads the headline.

"Today, Ways and Means Social Security Subcommittee Chairman Sam Johnson (TX-03) introduced legislation that will permanently save Social Security, ensuring this vital program continues to work for today's workers and beneficiaries and future generations."

According to Johnson, his plan will keep Social Security solvent for 75 years. Whether the middle-class and the poor could survive that long with the proposed cuts would remain to be seen.

Trump's Pledge Not To Cut Social Security Benefits

Trump explicitly said that he would not cut Social Security benefits if elected. **"I'm not going to cut it**, and I'm not going to raise ages, and I'm not going to do all of the things that they want to do. But they want to really cut it, and they want to cut it very substantially, the Republicans, and I'm not going to do that," he told a Wisconsin radio station during the primary.

The \$2 trillion question: Will he keep his word and stand up to his fellow Republican lawmakers?

Iron Workers retirees get bad news on pension cuts

WASHINGTON, D.C. -- The Treasury Department late Friday said an Iron Workers union retirement fund in Cleveland can cut retiree pensions deeply for the sake of keeping the fund solvent. This gives the green light for the Iron Workers Local 17 fund to reduce pensions -- for men and women who erected the iron and steel that frames Cleveland's modern skyline -- by nearly 50 percent for some.

"I'm disheartened," said Pat Overstreet, the wife of Walter Oversteet, an iron

worker who framed the Standard Oil of Ohio headquarters, later called BP Tower, in the early 1980s. He also worked on what is now Progressive Field and on a control tower at Cleveland Hopkins Airport, making about \$50,000 in good years.

"I don't know what to say," Pat, who has tried to organize opposition to the cuts, said when told the news. "It's so unfair."

This is the first federal approval since Congress passed a controversial law in 2014 that let multi-employer pension plans

reduce retirees' pension incomes.

Treasury in May turned down a proposal from a better-known and bigger pension plan, the Teamsters' Central States Fund, saying it was not persuaded that deep cuts would save the struggling fund.... **Read More**



After-Hours ER Care May Come With A Doctor's Surcharge



If an emergency department is open 24 hours a day, why would patients be charged extra for coming in “after hours”?

Good question, say experts who help patients decipher and dispute their medical bills. “After-hours surcharges,” as they’re sometimes called, should be included in the regular fees charged by emergency physicians for an emergency department visit, they argue. But instead patients sometimes find an additional charge, generally between \$30 and \$200, tacked onto their bill for visiting overnight.

Although not commonplace, the use of such surcharges may be on the rise. “We’ve definitely been seeing these surcharges a lot more this year than in the past,” said Candice Butcher, vice president of Medical Billing Advocates of America in Roanoke, Va., which provides medical billing resolution services to individuals

and companies.

She pointed to a recent example last September in which an uninsured man visited a hospital overnight in Texas to have an abscess on his finger drained. The emergency physician’s bill totaled \$1,697: \$910 for evaluation and management services, \$749 for draining the abscess and \$38 for receiving services between 10 p.m. and 8 a.m.

In this case, as in others, the after-hours surcharge was a tiny fraction of the total bill. But it rankles people.

“People ask, ‘Why are they charging me this extra fee for a facility that’s open 24 hours a day?’” said Butcher.

Insurers may refuse to pay the extra charge, and if they do rule the charge ineligible for payment, typically patients don’t have to pick it up.

“Aetna does not reimburse for an ‘after-hours charge’ if it is associated with an emergency room visit code or in an urgent care center as these facilities are usually

open after routine office hours,” said Ethan Slavin, a spokesman for Aetna.

The rationale for an after-hours surcharge is to cover the extra costs associated with operating and staffing a facility outside normal working hours, including generally higher salaries for overnight work, said Richard Gundling, a senior vice president at the Healthcare Financial Management Association, an industry group for executives. It’s used to varying degrees by emergency physicians, he said.

It’s legitimate to charge patients extra for visiting the emergency department during overnight hours, said Dr. Rebecca Parker, president of the [American College of Emergency Physicians](#). “You’re paying people to be on staff during nighttime hours, and there are potentially extra costs there,” she said. Still, she said, emergency physicians rarely use it.

Senior Citizens, Even 80-Year-Olds, Can Be Organ Donors

Diana Teller never thought she was too old for anything, not scuba diving or traveling the world or taking Italian lessons late in life, her family recalled.

So when the vivacious San Diego woman **died last year** at age 76 after a sudden brain hemorrhage, no one questioned whether she was too old to be an organ donor.

“I guess I never really thought of her as her age,” said daughter Lori Teller, 57. “This was something she wanted to do.”

Despite such convictions, donations from senior citizens like Teller — whose corneas, kidneys, liver and tissue were used — rarely happen. Of the 9,079 deceased organ donors in the U.S. in 2015, only 618 were aged 65 or older, according to the [Organ Procurement and Transplantation Network](#), or OPTN.

That’s due in part to U.S. policies and practices that often impose age cut-offs and strict federal regulations that penalize

centers for poor outcomes, potentially reducing the organ pool in a nation where nearly 120,000 people await transplants, experts say.

But a new study by researchers at the University of Torino in northwest Italy suggests that age alone should not exclude older organs — in this case kidneys — from consideration.

A review of nearly 650 kidneys transplanted from deceased donors aged 50 to older than 80 from 2003 through 2013 found that patient survival and organ function was high, even among the oldest donors.

“According to these findings, organs from extremely aged donors represent a resource that should be accurately evaluated,” wrote Dr. Luigi Biancone, a nephrologist and lead author of the study published Thursday in the [Clinical Journal of the American Society of Nephrology](#).

The study echoes previous research and bolsters a growing view in the U.S. that older organs should be

considered for some patients, said Dr. David Klassen, chief medical officer of the [United Network for Organ Sharing](#), or UNOS, the nonprofit group that oversees the nation’s transplant system. He was also medical director of the kidney and pancreas transplant programs at the University of Maryland Hospital for nearly 30 years.

“The conversation in this country has been recognizing that there’s potential in transplanting organs from older donors,” he said. “The take-home message is that age by itself should not be a deal-breaker.”

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Poor sleeping, no energy, low libido: Is it aging?



Lost sleep, low energy, lagging libido. Those are among the health problems that we often consider a given as we get older. But new research shows they don't always have to be part and parcel of aging.

Consumer Reports debunks some common myths about the health problems that may affect you as you age:

You'll sleep poorly

Sleep patterns do change as we age. "It takes longer to fall asleep, and you tend to have more-frequent awakenings than younger individuals," says Raj Dasgupta, a sleep specialist at the University of Southern California. You also get less delta — or slow-wave — sleep. That deeper stage helps you consolidate memory. And without enough sleep, you feel more tired, irritable and forgetful

during the day.

But many sleep problems common among older people stem from other causes, notably medication used to treat unrelated health conditions. For example, diuretics taken to lower blood pressure or treat heart failure can cause you to wake up frequently during the night to go to the bathroom.

What you should do: First, ask yourself whether you're bothered by your changing sleep pattern. If you're unhappy with it, ask your doctor whether any drug you take or underlying health problem could be affecting your sleep. If those possibilities are ruled out, consider cognitive behavioral therapy.

Watch out for: Sleeping pills, which can pose such risks as next-day grogginess, confusion and memory problems.

You'll become frail and prone to falling

About one-third of people older than 65 fall every year, according to the Centers for Disease Control and Prevention. That's due in part to a natural decrease in blood flow to the cerebellum — the brain's balancing center — as well as inner-ear and vision changes that make it more difficult to orient yourself, says Mary Tinetti, chief of geriatrics at the Yale School of Medicine.

What you should do: Check your balance and strength. "I stress to all my patients that even at age 75 they should be able to get up from a chair without using the arms, walk across the room, turn quickly and sit down without any unsteadiness," Tinetti says. If you can't, see your doctor, who can check for underlying conditions that can affect balance (a vitamin B12 deficiency, a slow heart rate or cataracts, for example).

Aging baby boomers increasingly embrace marijuana, heavy alcohol use

By Christopher Ingraham

I wrote earlier this week on how **fewer teens are using drugs or alcohol** than at any point in the past few decades.

Indeed, while anti-drug PSAs **still encourage parents to talk to their teens** about drugs before someone else does, two recent studies suggest there's another high-risk population we should be worried about: our kids' grandparents.

The first study found that, since 2006, marijuana use has increased significantly among adults age 50 and up. A decade

ago, roughly 4.5 percent of people ages 50 to 64, and 0.4 percent of seniors age 65 and up, had used marijuana in the past year. By 2013, those numbers had increased to 7.1 percent and 1.4 percent, respectively.

In percentage terms, marijuana use among 50- to 64-year-olds increased by 57.8 percent, while among seniors ages 65 and up, it ballooned by a whopping 250 percent.

The study, based on over 45,000 responses to the **National Survey on**

Drug Use and Health, isn't the first to note that **marijuana use is increasing rapidly** among

older adults. But it digs more deeply into the demographics of older Americans' marijuana use, uncovering some interesting findings....**Read More**



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