



## December 19, 2016 E-Newsletter

### The GOP unveils a 'permanent save' for Social Security -- with massive benefit cuts



Amid all the hand-wringing over Republican plans to eviscerate Medicare and Medicaid and

repeal the Affordable Care Act, it shouldn't be overlooked that the GOP has the knives out for Social Security too.

The latest reminder comes from Rep. Sam Johnson, R-Tex., chairman of the Ways and Means Social Security subcommittee. Johnson on Thursday uncorked what he termed a "plan to permanently save Social Security."

Followers of GOP habits won't be surprised to learn that it achieves this goal entirely through benefit cuts, without a dime of new revenues such as higher payroll taxes on the wealthy. In fact, Johnson's plan reduces the resources coming into the program by eliminating a key tax -another way that he absolves

richer Americans of paying their fair share, while increasing the burdens of retirement for almost everyone else.

Predictably, this plan has already been hailed by the Committee for a Responsible Federal Budget, a billionaire's front group that likes to portray itself as a neutral budget watchdog. (The foundation of hedge fund billionaire Peter G. Peterson, whose hostility to Social Security is well-documented, provided \$3.3 million in funding for the committee in 2015; that's the equivalent of about half the group's revenue of \$7.1 million in 2014)

The group calls Johnson's proposal "a thoughtful plan" and the product of "true leadership." But it also says that "revenue and benefit changes both need to be on the table." Johnson's plan doesn't meet that standard at all.

Typically, Social Security "reform"

proposals at least pay lip service to the fact that the payroll tax has been giving the wealthy a larger and larger pass, by covering an ever-shrinking percentage of their wages and exempting the capital gains and dividends that make up a larger share of high-end income.

Johnson's plan doesn't mention that at all. It does, however, give higher-income beneficiaries a tax cut by eliminating income tax on benefits starting in 2045. The tax affects about 30% of retirees by treating at least half of the benefits of those earning more than \$32,000 as taxable income.

By law, the tax must be credited to the Social Security system. It's scheduled to bring in as much as \$78 billion in 2025. Johnson's rationale here is murky. If Social Security is in such bad shape that he sees the need to slash benefits, why cut its revenue, too? ...[Read More](#)

### Ways Republicans Plan to Cut Social Security

This past week, Rep. Sam Johnson (R-TX), the GOP's thought leader on Social Security, quietly introduced a new proposal to "reform" the program. While the GOP will claim that Johnson's bill is a plan to *modernize* Social Security, let there be no doubt: Johnson's bill would lower benefits for virtually all beneficiaries, forcing even more hardship on seniors and working families struggling to make ends meet. What's worse, at the same time it cuts benefits for working and middle class Americans, it gives rich Americans' incomes a boost by lowering their taxes.

On the campaign trail, President-elect Trump stressed that he was a different kind of Republican, and promised to protect Social Security. That's no surprise, because Social Security has long been considered close to sacred in

American politics. In fact, most Americans would rather see the program expanded, rather than cut, and they'd even be willing to pay more to do it.

Johnson's proposal is a direct contradiction of Trump's campaign promises. But as Trump stocks his cabinet and his White House with wealthy, trickle-down conservatives who have ambitious plans for dismantling the social safety net, it wouldn't be a surprise to see President Trump embrace the Johnson plan, too.

Here are five ways the GOP plan for Social Security will hurt seniors and other beneficiaries:

1. ***Raises the retirement age another two years to 69***
2. ***Reduces or eliminates benefit increases that ensure Social Security keeps pace with rising costs.***
3. ***Reduces benefits for spouses, students, and children.***
4. ***Changes how benefits are calculated so they are reduced.***
5. ***Cuts benefits to cut taxes for the wealthy.***

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4. ***Changes how benefits are calculated so they are reduced.***

5. ***Cuts benefits to cut taxes for the wealthy.***

[Click here to read more information on what the five above ways Social Security can be changed.](#)

Social Security's modest benefits are vital to the economic security and well-being of millions of older Americans, those with disabilities, and children and in the face of America's retirement crisis these proposed cuts are shameful. They will further burden people already facing significant economic hardship, and they demonstrate once again who the GOP is really fighting for.

# Five Quick Ways A New HHS Secretary Could Change The Course Of Health Policy



Tom Price

Prospective Health and Human Services Secretary Tom Price, currently the chairman of the House Budget Committee, brings a distinctive to-do list to the agency. And, if

confirmed by the Senate, he will have tremendous independent power to get things done.

While he will report to the president, heads of major agencies like HHS — with a budget of **more than \$1 trillion** for the current fiscal year — can interpret laws in different ways than their predecessors, and rewrite regulations and guidance, which is how many important policies are actually carried out.

“Virtually everything people do every day is impacted by the way the

Department of Health and Human Services is run,” said Matt Myers, president of the Campaign for Tobacco-Free Kids. HHS responsibilities include food and drug safety, biomedical research, disease prevention and control, as well as oversight over everything from medical laboratories to nursing homes.

Price, a Georgia physician **who opposes** the Affordable Care Act, abortion and funding for Planned Parenthood, among other things, could have a rapid impact without even a presidential order or an act of Congress

Some advocates are excited by that possibility. “With Dr. Price taking the helm of American health policy, doctors and patients alike have sound reasons to hope for a welcome and long-overdue change,” said Robert Moffit, a senior

fellow at the conservative Heritage Foundation, in a statement.

Others are less enthusiastic. Asked about what policies Price might enact, Topher Spiro of the liberal Center for American Progress said: “I don’t know if I want to brainstorm bad ideas for him to do.”

**Here are five actions the new HHS secretary might take, according to advocates on both sides, that would disrupt health policies currently in force:**

- ◆ Birth control coverage
  - ◆ Medicare payment changes
  - ◆ Planned Parenthood funding
  - ◆ Tobacco regulation
  - ◆ Conscience protections
- [Read More on each subject](#)

## Price Poised To Protect Doctors’ Interests At HHS

In picking Tom Price to be secretary of Health and Human Services, Donald Trump has chosen an orthopedic surgeon who in his congressional career, has loyally promoted the interests of the medical profession — its freedom and importantly, its financial interests.

A conservative representing Georgia’s 6th District, Price sponsored a 2015 bill that would restrict efforts to reduce doctor payments for medical services. He cosponsored another 2011 bill that would have limited reports used by hospitals and

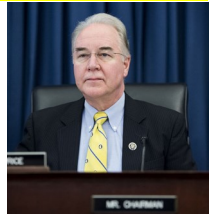
regulators to perform background checks used to screen doctors before hiring them.

A fierce critic of Obamacare, Price has tried to block efforts by Medicare to scale back payments for expensive chemotherapy and to limit large payments for hip and knee replacements. He also has taken the lead in trying to impose federal controls on medical malpractice suits.

Most of Price’s proposals stalled in Congress, but he now stands a better chance of implementing his ideas with a

powerful cabinet position and a Republican-controlled White House and Congress.

“Instead of having a secretary for the people, you have a secretary for the medical profession,” said Max Mehlman, a law professor at Case Western University, who specializes in medical malpractice and reviewed Price’s proposal... [Read More](#)



## Union retirees rally outside Kline's office over pension issue



More than 100 retired union workers descended upon the Burnsville office of U.S.

Rep. John Kline on Saturday to protest a pension reform bill he’s sponsoring that they fear will further slash union benefits.

Kline, the Minnesota Republican who chairs the House Education and Workforce Committee, wants multi-employer pension plans to transition from guaranteeing monthly payments to paying flexible benefits based on investment results. The program would be somewhat

similar to a 401(k) plan except that trustees, not employees, would make investment decisions for contributions.

The new “composite” bill was omitted from the congressional budget resolution last week following significant pushback from Democratic lawmakers and thousands of rank-and-file workers, who insisted that the legislation not be rushed through without “regular order or debate.”

“We demand respect and we demand a place at the table,” union leader Bob McNattin said at Saturday’s rally, noting that Kline will retire with a “generous” federal pension. “The battle will

continue.”

Pickets marched back and forth in front Kline’s Second Congressional District office with signs reading, “Honestly earned, honestly ours” and “Stop the war on workers.” In light of the news that the composite bill had been temporarily halted, retirees were jubilant but said the fight to keep pensions fully funded never seems to end.

“It’s a small victory,” said Paul Slattery, political director for Teamsters Local 120. “But we must remain vigilant.”... [Read More](#)

## Medicare Outpatient Observation Notice



Enacted August 6, 2015, the Notice of

Observation Treatment and Implication for Care Eligibility Act (NOTICE Act) requires hospitals and Critical Access Hospitals (CAH) to provide notification to individuals receiving observation services as outpatients for more than 24 hours explaining the status of the individual as an outpatient, not an inpatient, and the implications of such status.

- ◆ Hospitals and CAHs are required to furnish a new CMS-developed standardized notice, the Medicare Outpatient Observation Notice (MOON), to a Medicare beneficiary who has been receiving observation services as an outpatient. Under CMS' final NOTICE Act regulation, published August 2, 2016, hospitals and CAHs may deliver the MOON to individuals receiving observation

services as an outpatient before such individuals have received more than 24 hours of observation services. The notice must be provided no later than 36 hours after observation services are initiated or, if sooner, upon release;

- ◆ The MOON will inform more than one million beneficiaries annually of the reason(s) they are an outpatient receiving observation services and the implications of such status with regard to Medicare cost sharing and coverage for post-hospitalization skilled nursing facility (SNF) services; and
- ◆ An oral explanation of the MOON must be provided, ideally in conjunction with the delivery of the notice, and a signature must be obtained from the individual, or a person acting on such individual's behalf, to acknowledge receipt. In cases where such individual or person refuses to sign the MOON, the staff member of the hospital or CAH

providing the notice must sign the notice to certify that notification was presented.

- ◆ The standardized notice, the MOON, has gone through the Paperwork Reduction Act process, thus affording the public an opportunity to comment on the MOON.
- ◆ The finalized, OMB-approved Medicare Outpatient Observation Notice (MOON) / CMS-10611, and form instructions are now available. They can be found at <https://www.cms.gov/Medicare/Medicare-General-Information/BNI/index.html?redirect=/bni>
- ◆ Hospitals and CAHs must begin using the MOON no later than March 8, 2017. Manual instructions will be made available in the coming weeks.

## Older women treated for breast cancer find more cosmetic satisfaction with less radiation

Older women were more satisfied with the physical appearance of their breasts long-term when their breast cancer was treated with less radiation. Although the study found reduced radiation was associated with a slightly increased risk of disease recurrence.

This came from the first study evaluating patient-reported cosmetic outcomes in a population-based cohort of older women by The University of Texas MD Anderson Cancer Center

The findings, presented at the 2016 San Antonio Breast Cancer Symposium in a poster session by Cameron W. Swanick, M.D., should serve as an important discussion point between older patients and their physicians when making treatment decisions.

Like younger patients, older women with early stage breast cancer often have several treatment options, including:

- ◆ **lumpectomy and whole breast irradiation (Lump + WBI);**

- ◆ **lumpectomy plus brachytherapy (Lump + Brachy);**
- ◆ **lumpectomy alone (Lump alone);**
- ◆ **mastectomy without radiation (Mast alone); and**
- ◆ **mastectomy plus radiation (Mast +RT).1**

However, cosmetic and other quality of life outcomes associated with these treatment options have not been compared in this age population.

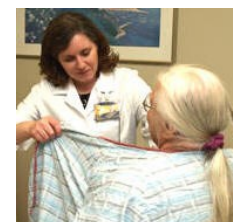
"There's very little in the literature regarding older patient-reported outcomes - either they were not included in previous studies, or were not asked about their cosmetic satisfaction. With our study, we wanted to survey women to better understand their long-term cosmetic satisfaction, and compare satisfaction across local therapy strategies," says Swanick, resident, Radiation Oncology...

The study builds on research published in 2012 by Benjamin D. Smith, M.D.,

which found that accelerated partial breast irradiation (APBI) brachytherapy is associated with higher rate of later mastectomy, increased radiation-related toxicities and post-operative complications, compared to traditional WBI.

"Despite the findings, brachytherapy advocates felt strongly that patients were happy with their outcomes. It was important for us to take a different methodology to learn from the patient experience and determine their preferences," says Smith, associate professor, Radiation Oncology.

Swanick and Smith used Medicare claims to prospectively identify women 67 or older and diagnosed with non-metastatic breast cancer in 2009. [Read More](#)



## You're Not Just 'Growing Old' If This Happens To You



When Dr. Christopher Callahan examines older patients, he often hears a similar refrain.

"I'm tired, doctor. It's hard to get up and about. I've been feeling kind of down, but I know I'm getting old and I just have to live with it."

This fatalistic stance relies on widely-held but mistaken assumptions about what constitutes "normal aging."

In fact, fatigue, weakness and depression, among several other common concerns, aren't to-be-expected consequences of growing older, said

Callahan, director of the Center for Aging Research at Indiana University's School of Medicine.

Instead, they're a signal that something is wrong and a medical evaluation is in order.

"People have a perception, promulgated by our culture, that aging equals decline," said Dr. Jeanne Wei, a geriatrician who directs the Donald W. Reynolds Institute on Aging at the University of Arkansas for Medical Sciences.

"That's just wrong," Wei said. Many older adults remain in good health for a long time and "we're lucky to live in an age when many remedies are available."

Of course, peoples' bodies do change as they get on in years. But this is a gradual process. If you suddenly find your thinking is cloudy and your memory unreliable, if you're overcome by dizziness and your balance is out of whack, if you find yourself tossing and turning at night and running urgently to the bathroom, don't chalk it up to normal aging.

Go see your physician. The earlier you identify and deal with these problems, the better. Here are four common concerns that should spark attention — only a partial list of issues that can arise:

[Read More](#)

## Test Predicting Alzheimer's Would Be Welcome, Survey Finds

**3 out of 4 seniors said they'd want to know.**

If a test could tell them they were going to develop Alzheimer's disease, most American seniors would take it, a new study finds.

Stanford University researchers asked 875 people aged 65 and older if they would take a free, accurate test to predict their future risk of the progressive brain disorder. Three-quarters said they would take such a test.

When asked what they would do if they knew they would develop Alzheimer's, 87 percent of the participants said they would discuss health plans with loved ones. Eight out of 10 said they would make plans for their future care and/or make a

living will. Only 15 percent said they had already done so, according to the study.

Alzheimer's disease is the most common form of dementia.

The results were published Dec. 12 in the journal *Alzheimer's Research and Therapy*.

"We found that interest in a predictive test for Alzheimer's disease was similar amongst the participants regardless of whether or not they perceived themselves as being at high or low risk of developing Alzheimer's disease," said lead author Dr. Meera Sheffrin, of Stanford's School of Medicine in Palo Alto, Calif.

"Unexpectedly, interest did not vary between individuals who were healthy

and those suffering from many medical conditions, or by sex, race, functional status or perceived memory," Sheffrin added in a journal news release.



This high level of interest could be because Alzheimer's is often in the media and perceived as a particularly devastating disease, Sheffrin said.

As these predictive tests become available, she added, researchers and doctors should be aware of this potential high demand "so recourses are available to help counsel patients and prepare for the future." ...[Read More](#)

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

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