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# RI ARA

*Affiliated with the Rhode Island AFL-CIO*  
*“Fighting for the future of our members,*  
*NOW, more than ever!!!!”*



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## February 16, 2015 E-Newsletter

### Social Security Fairness – Repeal the GPO/WEP

The House of Representatives and the Senate are starting on the two-year “114th Congress,” and new bills are being proposed. There are calls from all quarters saying that this is the year that something must be done for the solvency of Social Security. Some calls are suggesting cuts to benefits, others are demanding that benefits be increased.

There are new members of Congress, new aides, and new websites.

- ◆ Go to [house.gov](http://house.gov) and find your representative in Congress.
- ◆ Bookmark their website.
- ◆ Call Washington and complain.
- ◆ Call their local office and complain, at least once a month.
- ◆ Find the person in their D.C. office who is in charge of legislation.
- ◆ Send them postcards (which get through security more easily) and email them.
- ◆ Make an appointment with their district office and talk to your Congressperson or the person in charge of their office. Do the same for your Senators.



[Click here to visit](#)

This is a vital issue. Laws prevented you from earning Social Security benefits while you were working as a public servant, and when you retired, other laws prevented you from collecting the benefits you had paid for in other work or had earned as a dependent. This is SO wrong. Tell them your story. As they look at Social Security this year, the offsets must be repealed.

Last week Kevin Brady (R-Tex) introduced this bill which would reportedly lessen the effects of the WEP, but not eliminate them, H.R. 711. Future retirees would benefit more from this bill than current retirees. Congressman Brady has submitted modified WEP formulas in previous years to make it what he calls “more fair.” The text of the bill has not yet been published, and we will wait until we see it to begin to study it in detail. (You will be able to find it at [congress.gov](http://congress.gov))

This bill is complex. As we decide whether or not to support it and how, we need to get more information from you. In a week or so, we will send you a SURVEY that will give us more information on the real effects of the offsets. Please be ready to tell us, as closely as you can, the amount of your government pension, per month, and the amounts you lose to the GPO or WEP. Also, if relevant to you, the years you paid into Social Security and the number of years you were a dependent spouse (not working or working part time). How many years have you been retired? What changes to your retirement plan have you had to make because of the offsets? It will be totally anonymous, of course!

The California Retired Teachers Association will be in Washington D.C. talking to all the representatives from that state on April 15. There will be group discussions and training around this issue. Members of Social Security Fairness from CA and other states are invited to join in the effort. If you are interested, please let us know at [ssfairness@gmail.com](mailto:ssfairness@gmail.com).

Our Facebook page is booming: [Social Security Fairness – Repeal the GPO/WEP](#)

Our website, [ssfairness.com](http://ssfairness.com), is getting many hits.

Our email list of activists is more than 3,000. Thank you!

The post Alert #66 – [New Congress, New Bill, Time for Action!](#) appeared first on Social Security Fairness.

**See the Message from Dr. Boffa on this issue on the next page**

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## Get The Message Out: SIGN THE PETITION!!!!

## From Dr. Joseph Boffa on the GOP/WEP...continued from page one

What is missing from the alert is that the bill sponsored by Congressman Brady was initiated in Massachusetts by the Retired State County and Municipal Employees of Massachusetts. The bill was also sponsored by Congressman Neal of Massachusetts. Mass Retirees is a very effective advocate for protecting the interests of public employee retirees. It represents a wide array of public employee retirees but a significant segment of its membership are AFSCME and AFT retirees. Members of Mass ARA are also members of Mass Retirees.

After over thirty year of trying for an outright repeal of WEP/GPO they decided, I think quite correctly, it was better to start with WEP and get a crack in the WEP/GPO wall which so far has been Impenetrable. They decided that the time was right to get a bipartisan bill through a Congress which is right now in firm control of the Republicans. Politics is the art of the possible. What makes this bill possible is that it has been scored by the Congressional Budget as deficit neutral.

We in Massachusetts have a very important decision to make. Is the bill ideal?, no, but the "Equal Treatment of Public Servants Act of 2015" is a push in the right direction. A partnership with Mass Retirees Association is in the best interest of the Massachusetts ARA. There are other state related issues that we would have a better chance of coming to successful completion if we can coordinate with them.

*Dr. Joseph Boffa*

### CMS Finalizes Key Beneficiary Protections in Medicare Advantage and Part D



Late last week, the Centers for Medicare & Medicaid Services (CMS) finalized Medicare Advantage (MA) and Part D regulations. Under the new provisions, which were first proposed in January 2014, MA and Part D prescription drug plans are affected in a number of ways. Some parts of the January 2014 proposed rule were finalized in May, 2014.

Some of most recently finalized rules include the following:

- Medicare Advantage Prescription Drug (MAPD) private health plans, which offer managed hospital (under Medicare Part A), medical (under Part B), and prescription drug benefits (under Part D) to their enrollees, must establish a process to ensure that prescription drugs which may be covered under either Medicare Part A or Part B, or under Part D, are properly processed and approved for coverage by the plan. The Medicare Rights Center regularly receives calls to its national helpline from beneficiaries enrolled in MAPD plans whose plans deny coverage for a medication under Part D because it was coverable under another part, and whose plans did not then authorize or provide a process to authorize coverage for that same medication under the MAPD plan's Part A or Part B benefit. Under the new rules, MAPD plans are directed to resolve these issues with little or no beneficiary involvement.
- Changes to CMS' ability to require MA and Part D plans to hire an independent auditor to verify certain data MA and Part D plans submit to CMS in response to required corrective actions.

Prevention of inappropriate practices by private health insurance companies that submit applications (known as bids) to CMS to offer Part D prescription coverage to Medicare beneficiaries where they later withdraw their bid after learning that CMS will not automatically enroll potentially more profitable Medicare beneficiaries into their plan. Plans that withdraw will not be allowed to bid to offer Part D coverage for two years.

After CMS's release of the proposed rule in January 2014, Medicare Rights Center President Joe Baker testified about it to the House Energy and Commerce Committee. Mr. Baker encouraged regulatory policy makers at CMS to adopt parts of the proposed regulation that strengthened beneficiary protections in MA and Part D plans.. At the same time, Mr. Baker warned against finalizing some of the proposed changes—including a proposal to relax protections that help ensure access to certain medications for Medicare beneficiaries with serious health conditions. That proposal was not finalized in May or in this most recently released final rule. [Click here to read the CMS press release.](#)

### Consumer Advocates Comment on CMS Proposed Rule to Improve Accountable Care Organizations



Last week, the Campaign for Better Care (CBC), a group of consumer organizations led by the National Partnership for Women & Families and including the Medicare Rights Center, submitted comments to the Centers for Medicare & Medicaid Services (CMS) on a proposed rule to advance the Medicare Shared Savings Program—a program established to aid in coordination among health care providers to improve quality of care for people with traditional Medicare.

Providers, hospitals and suppliers eligible to participate in the Medicare Shared Savings Program do so by forming or joining in an Accountable Care Organization (ACO). In a letter to CMS, CBC provided comments on specific provisions of the rule. [Click here to read the comments.](#)

## Seniors surviving heart failure have 20 percent risk of death for a year

Yale study looked at 3 million Medicare patients who survived hospitalization for heart failure and pneumonia

By Karen N. Peart



Senior citizens – age 65 and older – who survive hospitalization for heart failure have a 20 percent chance of going back into the hospital or death in the month after being discharged. New research, however, has found these risks remain high for up to a year, although they can be addressed with targeted care.

The study looked at 3 million Medicare senior patients aged 65 or older who survived hospitalization for heart failure, acute myocardial infarction, and pneumonia from 2008 to 2010.

The Yale School of Medicine research has been published in the February 6 issue of the *British Medical Journal*... [Read More](#)

## Mental patients have higher death risk but seldom die from this condition

Approximately 8 million deaths each year, are attributable to mental disorders

This is one of those cases where a massive study of a large number of research reports raises more questions than it answers. It does conclude that people with mental health disorders or two times more likely to die than those without such disorders. This link between mental problems and mortality is complicated by the reality that most people with those disorders do not die of their condition.

Quantifying and understanding mortality among people with mental health disorders can inform approaches to address the issue, according to the researchers in explaining why they pursued the study published online by [JAMA Psychiatry](#).

Elizabeth Reisinger Walker, Ph.D., M.P.H., M.A.T., of Emory University, Atlanta, and coauthors reviewed medical literature to examine mortality among people with mental health disorders. Their meta-analysis included 203 articles from 29 countries.

Analysis by the authors indicates that the relative risk of mortality among those with mental health disorders (from 148 studies) was 2.22 times higher than the comparison population... [Read More](#)



## Love is in the air and here is proof you are never too old to fall in love

Residents at retirement communities around the country find love in their golden years



As Valentine's Day approaches, seniors across the country who have lost their sweethearts are finding love again - but this time, it is with fellow residents in senior living communities, according to Holiday Retirement, that operates homes for senior citizens.

When introduced into a community of similarly aged seniors – many of whom have already raised families or had long-lasting marriages – these individuals are falling in love. Many are even getting married well into their 80s and 90s. Their heartwarming senior romance stories are an emerging trend and will give you one more reason to believe in love this February.

“After moving into Lakeview Park within just a few weeks of one another, I kept seeing Phil at many of the activities the community offers,” explains Nina, 85, Lakeview Park resident and now a blushing bride-to-be.

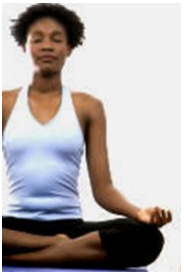
“We would chat afterwards and started hanging out on our own, and our friendship just grew from there into love. We are quite excited for our wedding in May!”

Seniors today are not sitting idly by; they are engaging with friends, enjoying their favorite hobbies, staying active in their communities, and even finding love. Here are just a few stories of senior romances that have recently bloomed between [Holiday Retirement residents](#):



## **Meditation may give us more years with healthy brain as we age**

**Incidence of cognitive decline and dementia has increased substantially as elderly population has grown**



People are living longer and most of us take that as good news. But in the world of reality, the news is not so good, if those extra years of living are plagued with mental torment. New research of adults up to age 77, however, has found that the practice of meditation may give us more years in older age with less of the brain damage associated with aging.

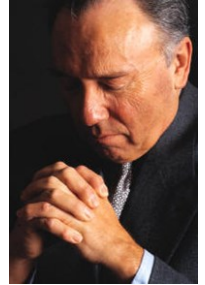
Since 1970, life expectancy around the world has risen dramatically, with people living more than 10 years longer. But starting when people are in their mid-to-late-20s, the brain begins to wither — its volume and weight begin to decrease. As this occurs, the brain can begin to lose some of its functional abilities....[Read More](#)

## **Eight signs of impending death of cancer patients identified to help caretakers**

**May aid caretakers, physicians to prepare, help patients, families make difficult personal decisions**

Death is an unpleasant subject but its inevitability has become well recognized by the time we reach our senior years. It is something most senior citizens have had to deal with up close and personal. A new study in the journal *Cancer* that identifies the eight highly specific physical and cognitive signs associated with imminent death in cancer patients. Their goal is to help clinicians and caretakers who are often responsible for communicating with the families of the dying and helping make key decisions.

The findings by researchers at The University of Texas MD Anderson Cancer Center - published in the journal *Cancer* - could offer clinicians the ability to better communicate with patients and families. They may also guide both the medical team and caregivers on complex decision making, such as discontinuation of tests and therapy, plans for hospital discharge and hospice referral...[Read More](#)



## **U.S. FDA approves Pfizer's high profile breast cancer drug**

*By Ransdell Pierson, Reuters*



The U.S. Food and Drug Administration on Tuesday, February 5, 2015, approved Pfizer Inc's Ibrance, a potential new standard of care for advanced breast cancer, in a regulatory decision that came more than two months earlier than expected.

Wall Street has considered the drug, whose chemical name is palbociclib, to be one of the most promising medicines in Pfizer's development pipeline. It was approved for previously untreated postmenopausal women whose cancer cells have receptors to the female hormone estrogen and who do not have mutations in the HER2 gene that can contribute to uncontrolled growth of breast cells.

Such patients represent the largest proportion of breast cancer cases and are typically treated with the chemotherapy tamoxifen or letrozole, a drug used to prevent production of estrogen...[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 67 and Senate Concurrent Resolution 26 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 3118 & S 896**

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