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# RI ARA

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*“Fighting for the future of our members.”*  
*“NOW, more than ever!!!”*



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RI ARA

## February 27, 2017 E-Newsletter

### Tell Congress: Back Buy America and Create American Jobs

ALLIANCE FOR **american** manufacturing  
Buy America simply makes sense. It creates jobs, encourages economic growth and protects our national security.

Tell your Members of Congress and the Trump administration to support Buy America.

#### Support Buy America Preferences

Investing in our roads, tunnels, bridges, railways, ports, airports, water systems, electrical grid and more could create millions of jobs, boost our economy and make America more competitive on the

global stage. Every \$1 billion spent on repairing and upgrading our transportation infrastructure supports a strong manufacturing sector—and over 21,600 jobs here in America.

And we’ll create even more jobs and boost our economy even further if we invest wisely by spending our tax dollars on American-made products. By keeping this work Made in America, rather than offshoring it, we can create good jobs in transportation, construction and manufacturing.

I am counting on you to make sure that any infrastructure plan that the Congress

and the Trump administration puts together include strong Buy America requirements to ensure that my hard-earned tax dollars are invested right here in America.

#### Made in America

**WHEN YOU BUY AMERICAN-MADE, YOU SUPPORT AMERICAN MANUFACTURERS AND WORKERS. HERE’S HOW TO DO IT.**

#### Sign the Petition

**ADD YOUR NAME**

### Bernie Sanders Unveils Social Security Expansion Bill On The Day Millionaires Stop Paying

The legislation would expand the payroll tax on high earners to boost benefits for everyone.

Sen. Bernie Sanders (I-Vt.) and Rep. Peter DeFazio (D-Ore.) introduced a bill on Thursday to expand Social Security benefits by lifting the cap on earnings subject to payroll taxes.

The progressive lawmakers presented their proposal on the day that Americans

with wages of \$1 million or more stop paying into Social Security for the year.

Workers now contribute to Social Security based on the first \$127,200 they earn every year. The new legislation would apply the 6.2-percent payroll tax to ordinary earnings of \$250,000 or more, as well as to unearned income, like capital gains and dividends, above that threshold.

Rather than increase benefits for those high-earning workers based on their additional contributions, the bill would use the revenue to extend Social Security’s solvency until 2078, and to boost benefits across the board with a disproportionate impact on low earners... [Read More](#)



### A Not-So-Fun Recess: Hostile Crowds Confront GOP Lawmakers Over Repeal Plans

“With all due respect, sir, you’re the man that talked about the death panels. We’re going to create one great big death panel in this country,” the vice chairman of the Iowa Democratic Party’s Rural Caucus said at Sen. Chuck Grassley’s town hall meeting. Across

- [The New York Times: At Town Halls, Doses Of Fury And A Bottle Of Tums](#)
- [The Associated Press: GOP Members Of Congress Meet With Protests At Town Halls](#)
- [The Associated Press: US Senate Leader: Winners Make Policy, Losers Go Home](#)
- [Politico: This Time, Grassley Hears Pro-Obamacare Voices](#)
- [Politico: GOP Lessons From The Latest Round Of Brutal Town Halls](#)
- [CNN: Brat Faces Raucous Crowd At Town Hall](#)

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## 83% Of Older Voters Want Medicare To Negotiate Drug Prices



An overwhelming majority of older voters want Congress to take action to slow sharply rising prescription drug costs, according to a recent survey by **The Senior Citizens League (TSCLE)**. Some 83 percent think Medicare should negotiate prescription drug prices for the Part D program. Another 69 percent think the government should prohibit deals that keep generic drugs off the market. “The public thinks Medicare should negotiate drug prices just like the agency does for all other medical goods and services,” says TSCLE’s Medicare and Social Security policy analyst, Mary Johnson.

A complete repeal of the Affordable Care Act, known as Obamacare, instead threatens more than 43 million Medicare

beneficiaries with sharply spiking drug costs. The 2010 health law includes benefits for Medicare Part D that cover prescription drugs, filling a costly coverage gap commonly referred to as the doughnut hole. “Reopening the doughnut hole would most negatively impact the household budgets of the sickest Medicare patients,” Johnson notes. “For people with limited savings the risk is not having enough to cover basic needs,” she adds.

Under Medicare drug plans, beneficiaries ordinarily pay fixed co-pays or co-insurance for generic and brand – name drugs. In 2017 the standard Medicare drug plan covers a total of \$3,700 in retail costs (those paid by both patient and the plan). Once that level of spending is reached, people enter the doughnut hole coverage gap. Under

Obamacare, manufacturer prices for brand – name drugs purchased are discounted by 50 percent with drug plan enrollees responsible for a 40 percent co-insurance. Enrollees also pay a 51 percent co-insurance for generics.

“Medicare beneficiaries could lose that coverage in the doughnut hole under an Obamacare repeal,” Johnson explains. In 2017 most Part D plans offer no alternative for gap coverage. “People who fall into the doughnut hole must spend more than \$4,950 before they will be protected by Catastrophic Coverage when the cost of the medications are greatly reduced, but still can be substantial. “The average Social Security retiree receives about \$1,300 a month,” she notes. ... [Read More](#)

## GOP leaders unveil new health law outline, divisions remain

Top House Republicans unveiled a rough sketch of a massive health care overhaul to rank-and-file lawmakers Thursday, but a lack of detail, cost estimates and GOP unity left unresolved the problem that's plagued them for years: What's the party's plan and can Congress pass it?

At a closed-door meeting in the Capitol basement, House Speaker Paul Ryan, R-Wis., and other party leaders described a broad vision for voiding much of President Barack Obama's 2010 statute and replacing it with conservative policies. It features a revamped Medicaid program for

the poor, tax breaks to help people pay doctors' bills and federally subsidized state pools to assist those with costly medical conditions in buying insurance.

Lawmakers called the ideas options, and many were controversial. One being pushed by Ryan and other leaders would replace the tax increases in Obama's law with new levies on the value of some employer-provided health plans — a political no-fly zone for Republicans averse to tax boosts.

"You have to legislate with a sense of political reality," said Rep. Tom Cole, R-Okla., who said backing that proposal

"would set up an ad against you from multiple directions" during upcoming elections.

The scant health care progress mirrors a lack of movement on other issues in a capital run by the GOP. No proposals have surfaced to pursue President Donald Trump's campaign promises to build a border wall with Mexico or buttress the nation's infrastructure, and Republicans have yet to coalesce around another priority, revamping the nation's tax code. ... [Read More](#)



## Health Law's 10 Essential Benefits: A Look At What's At Risk In GOP Overhaul



As Republicans look at ways to replace or repair the health law, many suggest shrinking the list of services insurers are required to offer in individual and small group plans would reduce costs and increase flexibility. That option came to the forefront last week when Seema Verma, who is slated to run the Centers for Medicare & Medicaid Services in the Trump administration, noted at her confirmation hearing that coverage for maternity services should be optional in those health plans.

Maternity coverage is a popular target

and one often mentioned by health law critics, but other items also could be watered down or eliminated.

There are some big hurdles, however. The health law requires that insurers who sell policies for individuals and small businesses cover at a minimum 10 “**essential health benefits**,” including hospitalization, prescription drugs and emergency care, in addition to maternity services. The **law also requires** that the scope of the services offered be equal to those typically provided in employer coverage.

“It has to look like a typical employer

plan, and those are still pretty generous,” said Timothy Jost, an emeritus professor at Washington and Lee University Law School in Virginia who is an expert on the health law.

Since the 10 required benefits are spelled out in the Affordable Care Act, it would require a change in the law to eliminate entire categories or to water them down to such an extent that they're less generous than typical employer coverage. And since Republicans likely cannot garner 60 votes in the Senate, they will be limited in changes that they can make to the ACA. ... [Read More](#)

## Pick to head Medicare, Medicaid gives few policy views



WASHINGTON – Seema Verma, the Indiana health care consultant tapped by President Donald Trump to oversee the Medicare and Medicaid programs, **told senators Thursday** she doesn't support turning Medicare into a voucher program.

But Verma resisted efforts by Democrats, and some Republicans, to take positions on other potential changes including:

- ◆ Raising Medicare's eligibility age and requiring the government to negotiate with drug companies for lower prices.
- ◆ Changing the minimum benefits health plans must cover.

◆ Capping the amount of money states receive for their Medicaid programs. "Ultimately, what direction we go into is up to Congress," Verma said at her confirmation hearing to head the Centers for Medicare and Medicaid Services... **Read More**

## Scheme Tied to UnitedHealth Overbilled Medicare for Years, Suit Says

**UnitedHealth Group**, one of the nation's largest health insurers, is accused in a scheme that allowed its subsidiaries and other insurers to improperly overcharge **Medicare** by "hundreds of millions — and likely billions — of dollars," according to a lawsuit made public on Thursday at the Justice Department's request.

The accusations center on Medicare Advantage, a program through which people 65 or older agree to join private health maintenance organizations, or H.M.O.s, whose costs the government

reimburses.

The program was created in 2003 after UnitedHealth and other insurers said that managed care could help contain the overall cost of Medicare, which has strained the **federal budget** by rising faster than the rate of inflation.

Instead of slowing Medicare costs, UnitedHealth may have improperly added excess costs in the billions of dollars over more than a decade, according to the lawsuit, which was unsealed in Federal District Court in Los Angeles.

A spokesman for UnitedHealth disputed

that assertion, saying it was based on faulty interpretations of Medicare rules.



"We reject these more than five-year-old claims and will contest them vigorously," said the spokesman, Matthew A. Burns. He said the company served millions of Medicare Advantage members and was "proud of the access to quality health care we provided, and confident we complied with the program rules."... **Read More**

## Balance Billing Would Allow Doctors to Bill Whatever They Choose



As policymakers continue to debate the future of our country's health care system, some policymakers

endorse proposals to give Medicare providers the right to charge seniors and people with disabilities more for their care through balance billing or private contracting. Under these plans, Medicare providers could require patients to negotiate a contract for the cost of their care, and people with Medicare would

have additional payments on top of their premiums, copayments, and coinsurance. Unless they successfully negotiate otherwise, patients would also be responsible for filing the Medicare claim.

Today, people with Medicare are protected from overcharging. This was not the case in the 1980s and earlier, when many people with Medicare were unable to afford the prices that some health care providers were charging—amounts over and above the Medicare-approved amount—leading some to go without

needed care. In response, Congress imposed limitations on providers who accept Medicare that prohibits them from charging beneficiaries more than the Medicare-allowed cost sharing.

According to one **study**, out-of-pocket spending declined by 9% among older households because of these protections. Further, patient access to doctor's visits and specialty care was unaffected.... **Read More**

## Infographic: How to Spot Medicare Fraud

Medicare fraud is when doctors or other providers deceive Medicare into paying when it should not or paying more than it should. This is against the law and should be reported.

Some types of fraud include

- ◆ Billing Medicare for services you never received;
- ◆ Billing Medicare for services that are different than the ones you received (usually more expensive);
- ◆ Continuing to bill Medicare for rented

medical equipment after you have returned it;

- ◆ Offering or performing services that you do not need in order to charge Medicare for more services;
- ◆ Telling you that Medicare will pay for something when it won't;
- ◆ Using another person's Medicare number or card.

To report fraud you should either contact 1-800-MEDICARE (800-633-4227) or the Inspector General's fraud

hotline at 1-800-HHS-TIPS (800-447-8477). When it investigates the potential fraud, Medicare will not use your name if you do not want it to.



**What is Medicare FRAUD?**

- It's all about money
- ◆ Kinds of billing fraud
- ◆ Other types of fraud

**Read More about this subject there**



## 'Tsunami' Of Alzheimer's Cases Among Latinos Raises Concerns Over Costs, Caregiving



SACRAMENTO, Calif. — Florence Marquez liked to describe herself

as a cannery worker, even though she was best known in her heavily Latino East San Jose neighborhood as a community activist.

She strode alongside Cesar Chavez in the farmworker movement during the 1960s and 70s. She helped build affordable housing for poor families near her local church.

But eight years ago, Florence, now 86, couldn't find her way to the house she had lived in for 50 years. "That's when we knew she needed 24-hour care," said her oldest daughter, Barbara Marquez, 61.

Florence was diagnosed with Alzheimer's disease, which robbed her of

her memory and her fierce independence. Across the United States, stories like hers are becoming more common, particularly among Latinos — the fastest growing minority in the country.

With no cure in sight, the number of U.S. Latinos with Alzheimer's is expected rise by more than eight times by 2060, to 3.5 million, according to a report by the USC Edward R. Roybal Institute on Aging and the Latinos Against Alzheimer's network.

Advanced age is the leading risk factor for Alzheimer's disease and the likelihood of developing Alzheimer's doubles about every five years after age 65. As a group, Latinos are at least 50 percent more likely than whites to have Alzheimer's, in part because they tend to live longer, the report notes.

"This is an incoming tsunami," said Dr.

William Vega, one of the report's authors and the Roybal Institute's executive director. "If we don't find breakthrough medication, we are going to be facing a terrible financial crisis."

That tidal wave of Alzheimer's cases is prompting some tough conversations in Latino families, who often pride themselves on caring for elders at home, rather than placing them in nursing homes.

Those talks come with a lot of guilt, Barbara said. Until recently, Barbara was her mother's primary caregiver. Her sister and brother helped out.

"But it was more than I could have anticipated," Barbara said, recalling sleepless nights as she tried to make sure Florence didn't get up and wander off. "It impacts your health, it impacts your marriage. So we looked for help."...[Read](#)

[More](#)

## Veteran Teaches Therapists How To Talk About Gun Safety When Suicide's A Risk

Jay Zimmerman got his first BB gun when he was 7, and his first shotgun when he was 10.

"Growing up in Appalachia, you look forward to getting your first firearm," he said, "probably more so than your first car."

His grandfather taught him to hunt squirrels and quail. Zimmerman, who lives in Elizabethton, Tenn., said pretty much everyone he knows has a gun. It's just part of the culture.

"When I went into the military, that culture was reinforced," he said. "Your weapon is almost another appendage. It's part of who you are."

Zimmerman served as a medic in the Army in the late 1990s and early 2000s, with stints in Bosnia, Africa and the Middle East. Since he came home, he's struggled with PTSD and depression. It reached a crisis point a few years ago, when his best friend — the guy who had saved his life in a combat zone — killed himself. Zimmerman decided his time was up, too.

"I decided that I would have one more birthday with my daughter, one more Christmas with my daughter," he said. "I had devised my own exit strategy for 16 February 2013."

But then he bumped into a woman who

used to ride the same school bus when they were kids. His exit date came and went. They're married now.

Zimmerman still gets depressed, but now he's a peer counselor at the [Mountain Home VA Medical Center](#) in Johnson City, Tenn. He also travels to conferences all over the country, sharing his story with therapists and with other vets, encouraging them to ask for help when they need it....[Read More](#)



## Multiple Ailments Geriatricians Can Help Aging Patients Navigate



For months, Teresa Christensen's 87-year-old mother, Genevieve, complained of pain from a nasty sore on

her right foot. She stopped going to church. She couldn't sleep at night. Eventually, she stopped walking except when absolutely necessary.

Her primary care doctor prescribed three antibiotics, one after another. None worked.

"Doctor, can't we do some further tests?" Teresa Christensen remembered asking. "I felt that he was looking through my mother instead of looking at her."

Referred to a wound clinic, Genevieve was diagnosed with a venous ulcer,

resulting from poor circulation in her legs. A few weeks ago, she had a successful procedure to correct the problem and returned home to the house where she's lived for more than 50 years in Cottage Grove, Minn., a suburb of St.

Paul....[Read More](#)

## Kidney Failure and Medicare: What you should know



In 1972, Medicare benefits were extended to cover the high cost of medical care for most individuals suffering

from permanent kidney failure also known as end-stage renal disease (ESRD). People whose kidneys have failed need dialysis or a kidney transplant to live. To this day, kidney failure is one of only two medical conditions that gives people the option to enroll in Medicare without a **two-year waiting period**, regardless of age. Because Medicare for people with ESRD was established separately and later, there are some specific rules around eligibility and coverage of Medicare for dialysis and transplant patients.

The following applies to people who receive Medicare ONLY because they have kidney failure. For those who are also eligible for Medicare based on age (over 65), or who have received Social Security Disability for 24 months, the following does not apply... **Read More**

To help kidney patients learn about their insurance options the **National Kidney Foundation has developed a wealth of resources and tools**.

For more answers to your questions on **Medicare and ESRD**, visit **Medicare Interactive** – powered by the **Medicare Rights Center**, the nation's largest and most reliable independent source of Medicare information and assistance in the United States:

◆ **Enrolling in Medicare for people**

**with End-Stage Renal Disease (ESRD)**

- ◆ **Medicare due to End-Stage Renal Disease costs and coverage**
- ◆ **End-Stage Renal Disease Medicare and Medicare Advantage Plans**
- ◆ **End-Stage Renal Disease (ESRD) Medicare and work history**
- ◆ **The 30-month coordination period**
- ◆ **Enrolling in Medicare if you have employer based coverage**
- ◆ **Medicare due to End-Stage Renal Disease and Medicare due to age/disability. Who pays first?**
- ◆ **Coverage of immunosuppressant drugs and vitamins**
- ◆ **Ending Medicare for people with End-Stage Renal Disease Children and End-Stage Renal Disease Medicare**

## ER Visits Linked To Falls Spike Among California Seniors

The number of California seniors who land in emergency rooms after falling has risen sharply in recent years, as their population grows and they live longer with more chronic illnesses often requiring an array of medications.

The number of visits to California emergency rooms by people over 65 who fell surged 38 percent from 167,785 in 2010 to 232,146 in 2015, according to **data from the state's Office of Statewide Health Planning and Development**.

Some of the rise appears to be explained by the estimated 21 percent growth in the state's senior population, from about 4.28 million in 2010 to 5.19 million in 2015, according to the California **Department of Finance**.

The ranks of people 85 and older, who account for one-third of all fall-related ER visits, are also swelling: That population grew by 19 percent in the same five-year period, according to the department's data.

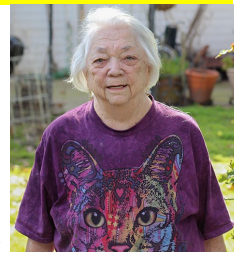
In addition to their growing numbers, older adults nationwide have multiple **chronic diseases** and are taking **numerous medications**, both of which can contribute to falling, according to the CDC. And elderly adults may have cognitive decline, poor balance, physical weakness, and deteriorated vision.

"These kinds of things really affect the oldest of the old," said Jon Pynoos, professor of gerontology, policy and planning at the USC Leonard Davis School of Gerontology. "They are more

prone to have complicated medical conditions."

Nationwide, about 2.8 million older adults are treated in emergency departments each year for injuries caused by falling, and more than 800,000 are hospitalized because of them, according to the U.S. Centers for Disease Control and Prevention.

Medical costs associated with falls are more than \$31 billion each year, with hospital care accounting for about two-thirds of those expenses, according to the CDC. About one-fifth of falls cause serious injuries.... **Read More**



## Heavy drinking may raise cardiovascular risk by aging the arteries



The adverse health effects of excessive alcohol consumption are well-known. New research shows heavy

drinking may also increase the risk of heart disease.

***New research suggests heavy drinking may cause arterial stiffness in men.***

Cardiovascular disease (CVD) is the **leading cause** of death worldwide,

with over a third of global deaths being attributed to a cardiovascular event.

In the United States, CVD accounts for **1 in every 4** deaths, killing around 610,000 people every year. More than half of these deaths occur in men, according to the Centers for Disease Control and Prevention (CDC).

Some **studies** have shown that drinking alcohol in moderation may have a positive effect on cardiovascular health.

However, these studies have been observational, and the exact causative mechanisms behind this association are unknown. Furthermore, the impact of drinking levels over time has not been fully understood.

New research examines the link between arterial stiffness - a significant indicator of cardiovascular health - and alcohol consumption over time.