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At Party Retreat, GOP Still Searching For Health Law Consensus

Republicans from the House, Senate and White House gathered in Philadelphia this week searching, among other things, for some agreement on how exactly to "repeal and replace" the federal health law. By the end of the second day of the three-day retreat, however, it was clear they were not yet singing from the same hymnbook.

House and Senate Republican leaders did seem to settle on a timing strategy for overhauling the Democrats' health care law that could take them through the summer, even if they were light on specifics.

"We don't want to set arbitrary deadlines on things," said House Speaker Paul Ryan, R-Wis. "We want to move quickly, but we want to get things right."

Rank-and-file Republicans said they are coalescing around a strategy that would not have a single replacement for the Affordable Care Act. Instead they foresee a combination of changes they can make to the law through a budget bill that only requires 51 votes in the Senate, regulatory action and executive orders by the Trump administration, and individual bills addressing smaller aspects of the health system that will follow later.

"If you're waiting for another 2,700-page bill to emerge, you're going to have to wait until the sun doesn't come up, because that's not how we're going to do it," Rep. Greg Walden, R-Ore., who is the chairman of the House Energy and Commerce Committee, told reporters, referring to the length of the Affordable Care Act. "There's no single fix. There's no single plan."...**Read More**

Harvard doctors just revealed how many people will die from repealing Obamacare

Two physicians with decades of experience studying death rates relating to changes in health coverage have concluded that repealing Obamacare is fatal.

Drs. David Himmelstein and Steffie Woolhandler, both professors of public health at the City University of New York's Hunter College and lecturers in medicine at Harvard Medical School, both agree that even under the most conservative estimates, getting rid of President Obama's signature healthcare reform law **will result in 43,956 deaths every year**.

Himmelstein and Woolhandler based their numbers on the New England Journal of Medicine's (NEJM) findings that for every 455 people across multiple states who received health insurance through Medicaid expansion, **at least one life was saved** due to finally being able to see a doctor. The NEJM's sample focused on Arizona, Maine, and New York –states that dramatically increased adult eligibility for Medicaid — and consisted of adults between the ages of 20 and 64, observed five years prior to and after expansion of Medicaid programs, from 1997 through 2007.

In an op-ed for the Washington Post, Himmelstein and Woolhandler expressed pessimism for President Trump, House Speaker Paul Ryan, and Health and Human Services nominee Rep. Tom Price (R-Georgia) for coming up with a replacement for Obamacare after repealing it. Indeed, both argued that the reforms proposed by the Trump administration to take the place of Obamacare could actually cause even more deaths than they initially predicted:

Abolishing minimum coverage standards for insurance policies would leave insurers and employers free to cut coverage for preventive and reproduction-related care. Allowing interstate insurance sales probably would cause a race to the bottom, with skimpy plans that emanate from lightly regulated states becoming the norm. Block granting Medicaid would leave poor patients at the mercy of state officials, many of whom have shown little concern for the health of the poor. A Medicare voucher program (with the value of the voucher tied to overall inflation rather than more rapid medical inflation) would worsen the coverage of millions of seniors, a problem that would be exacerbated by the proposed ban on full coverage under Medicare supplement policies.

Earlier this month, the Republican-led Senate passed a resolution calling for the repeal of six planks of Obamacare, including coverage for pre-existing conditions and young people remaining on their parents' health insurance plan until they're 26 years old. The Senate instructed the House to have a repeal bill ready by Friday, January 27.

Senior citizens with Medicare get many benefits from Obamacare

12 million saved $26 billion on drugs; 40 million got free preventive services last year.

There was such a barrage of Republican attacks on Obamacare before it ever got off the ground that it has prevented many – maybe most – from even knowing what it does. Senior citizens, for example, are probably unaware that it lowered their drug prices and established new free preventive services. It saved twelve million on Medicare $26 billion on drugs since 2010 and over 40 million used the free preventive services just last year.

The Department of Health and Human Services recently released new information that shows how the Affordable Care Act helps senior citizens.

It shows more than 11.8 million Medicare beneficiaries have received discounts over $26.8 billion on prescription drugs – an average of $2,272 per beneficiary – since the enactment of the Affordable Care Act.

In 2016 alone, over 4.9 million seniors and people with disabilities received discounts of over $5.6 billion, for an average of $1,149 per beneficiary. This is an increase in savings compared to the 2015 information released this time last year, when 5.2 million Medicare beneficiaries received discounts of $5.4 billion, for an average of $1,054 per beneficiary.

Medicare beneficiaries also continue to take advantage of certain recommended preventive services with no coinsurance:

An estimated 40.1 million people with Medicare (including those enrolled in Medicare Advantage) took advantage of at least one preventive service with no copays or deductibles in 2016, slightly more than in 2015.

More than 10.3 million Medicare beneficiaries (including those enrolled in Medicare Advantage) took advantage of an Annual Wellness Visit in 2016. Looking just at original Medicare, nearly one million more people utilized an Annual Wellness Visit in 2016 than 2015 (more than 6.6 million compared to nearly 5.8 million).

"While the Affordable Care Act has expanded coverage to 20 million Americans, the law is also a game changer for millions of older Americans," said Centers for Medicare & Medicaid Services (CMS) Acting Administrator Andy Slavitt.

"These benefits are providing seniors and people with disabilities with Medicare coverage increased financial security and the guarantee that they can get an important preventive screening without cost to them."

The Affordable Care Act provides tools – such as providing certain recommended preventive services at no cost sharing and closing the Medicare Part D "donut hole" – to make our health care system more affordable for patients and move it toward one that rewards doctors based on the quality, not the quantity of care they give patients.

In addition, Medicare exceeded – **earlier than predicted** – the Obama Administration's goal to tie more than 30 percent of fee-for-service payments by the end of 2016 through alternative payment models to quality and cost metrics. Medicare is on pace to reach 50 percent by the end of 2018.

Closing the prescription drug "donut hole"

The Affordable Care Act makes Medicare prescription drug coverage more affordable by gradually closing the gap in coverage during which beneficiaries had to pay the full cost of their prescriptions out of pocket, after hitting their initial coverage limit, and before catastrophic coverage for prescriptions took effect. The gap is known as the donut hole. Because of the Affordable Care Act, the donut hole has been narrowing each year, and will be closed by 2020.

Because of the health care law, in 2010, anyone with a Medicare prescription drug plan who reached the prescription drug donut hole received a $250 rebate. In 2011, beneficiaries in the donut hole began receiving discounts and savings on covered brand-name and generic drugs. People with Medicare Part D who are in the donut hole in 2017 will receive discounts and savings of 60 percent on the cost of brand name drugs and 49 percent on the cost of generic drugs.

For more information about Medicare prescription drug benefits, go to: **http://www.medicare.gov/part-d/.**

Medicare preventive services

The Affordable Care Act added coverage of an annual wellness visit and eliminated coinsurance and the Part B deductible for certain recommended preventive services covered by Medicare, including many cancer screenings and other important benefits. By making certain **preventive services** available with no cost sharing, the Affordable Care Act removes barriers to prevention, helping Americans take charge of their own health and helping individuals and their providers better prevent illness, detect problems early when treatment works best, and monitor health conditions.

For state-by-state information on utilization of an annual wellness visit and preventive services at no cost to Medicare beneficiaries, **please click here for more information.**

Lower drug prices: Trump may not have a cure-all

During President Donald Trump's meeting on Tuesday with leading drug company executives, he told the room: "We have to get drug prices down for a lot of reasons, we have no choice."

But can he do it? The answer is probably not anytime soon.

Drug spending in the U.S. increased 20 percent between 2013 and 2015, according to study published in JAMA by the American Medical Association.

In addition, the U.S. has seen some particularly egregious recent examples. Founder and former CEO of Turing Pharmaceuticals Martin Shkreli came under fire in 2015 for raising the price of the anti-parasitic drug Daraprim from $13.50 per pill to $750 per pill….**Read More**

New Study Highlights Impact of Raising the Medicare Eligibility Age

This week, the National Committee to Preserve Social Security and Medicare Foundation and Actuarial Research Corporation (ARC) released a new **study** on the impact of raising the eligibility age for Medicare from 65 to 67. The study compared two hypothetical situations:

- Raising the eligibility age while the provisions of the Affordable Care Act (ACA) are intact.
- Full repeal of the ACA or failure to secure its coverage expansions Under both scenarios, the study demonstrates a sharp increase in the number of 65-and 66-year-olds without health insurance coverage.

In 2015, 98.9% of adults aged 65 or over had health insurance coverage, mainly through Medicare. According to ARC projections, if Medicare eligibility is raised to age 67 and the ACA remains in effect, by 2019 the percent uninsured among those aged 65 and 66 will increase more than nine-fold, from less than 2% to 18.7% (1.9 million people). If the ACA is repealed the uninsured rate will increase to 37%, more than one-third of those 65 and 66, affecting 3.8 million seniors.Impact of Raising Eligibility Age for Medicare (January, 2017)

According to the report, raising the Medicare eligibility age would increase the uninsured rate and likely result in people ages 65 and 66 forgoing needed care. As a result, those who forgo care could experience worsening health outcomes and create higher expenses for the Medicare program when they are finally eligible. Past research on this proposal has also revealed its punitive impact on low-income people who are more likely to work in physically demanding jobs.

As this study shows, raising the Medicare eligibility age could have profound and long-term effects on the health and financial stability of near retirees.

Can I switch from my private insurance plan back to Original Medicare?

Dear Marci,
I'm not satisfied with my Medicare Advantage Plan, and I'd like to switch either to another plan or go back to Original Medicare. When is it permissible for me to make a change?
Winifred (Pearland, TX)

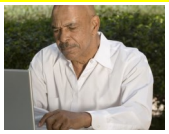
Dear Winifred,

There are several conditions and time periods under which you can change your Medicare Advantage Plan.

If you want to switch from one Medicare Advantage Plan to another, you can switch plans during Fall Open Enrollment, which runs from October 15 to December 7 each year, with your new coverage taking effect on January 1. Research shows that people with Part D or Medicare Advantage Plans could lower their costs by shopping among plans each year. For example, a plan in your area may cover the drugs you take with fewer restrictions and charge you less.

Each fall, your Medicare Advantage Plan should send you an Annual Notice of Change (ANOC) or Evidence of Coverage (EOC) notice explaining any plan changes for the coming year. Review this notice to understand your plan's costs, covered services, and rules. If you choose a new Medicare Advantage Plan, review the costs associated with that plan for the coming year.

You may want to check the availability of plans in your area by calling 1-800-MEDICARE or going to Medicare Plan Finder (www.medicare.gov/find-a-plan). You will be able to compare plans by their quality ratings stars and find other data about plans. Once you select a plan that meets your health care coverage needs, it is a good idea to reach out to the plan to verify that the costs and coverage data you researched is current.



If you find that you are not satisfied with your Medicare Advantage Plan (whether or not you enrolled in a new plan during Fall Open Enrollment), you can disenroll from that plan and switch to Original Medicare during the Medicare Advantage Disenrollment Period. This period runs from January 1 to February 14 each year. Changes made during this period are effective the first of the following month. For example, if you switched from a Medicare Advantage Plan to Original Medicare and a stand-alone Part D plan on February 10, your new coverage would begin March 1….**Read More**

Statement of Retiree Leader Richard Fiesta on Donald Trump Reneging on Prescription Drug Negotiation Promise

The following statement was issued by Richard Fiesta, Executive Director of the Alliance for Retired Americans, asDonald Trump reneged on his promise to let Medicare negotiate bulk discounts for the prices it pays for prescription drugs.

"During his campaign Donald Trump promised that if elected, Medicare would negotiate bulk discounts and reduce the prices Americans pay for prescription drugs.

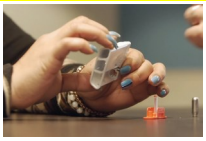
"Donald Trump is now accusing Medicare of 'price-fixing.' It took just one meeting with global pharmaceutical corporation executives and his promise to older Americans is out the window. Welcome to the chameleon presidency.

"Americans pay the highest prescription drug prices in the world. President Trump's reversal will drive those prices even higher. He has sided with drug corporations against older Americans who have to choose between putting food on their table and paying for life-saving medicines.

"On behalf of the 4.4 million members of the Alliance for Retired Americans, we are outraged but not surprised. We challenge him to meet with retirees who struggle daily to pay for medicine that too many times they can't afford – and not just listen to multi-millionaire drug corporation executives. The Trump Administration will not be able to use its 'alternative facts' to wiggle out of this betrayal."

RI ARA HealthLink Wellness News

Getting Patients Hooked On An Opioid Overdose Antidote, Then Raising The Price



First came Martin Shkreli, the brash young pharmaceutical entrepreneur who raised the price for an AIDS treatment by 5,000 percent. Then, Heather Bresch, the CEO of Mylan, who oversaw the price hike for its signature Epi-Pen to more than $600 for a twin-pack, though its active ingredient costs pennies by comparison.

Now a small Virginia company called Kaleo is joining their ranks. It makes an injector device that is suddenly in demand because of the nation's epidemic use of opioids, a class of drugs that includes heavy painkillers and heroin.

Called Evzio, it is used to deliver naloxone, a life-saving antidote to overdoses of opioids. More than 33,000 people are believed to have died from such overdoses in 2015. And as demand for Kaleo's product has grown, the privately held firm has raised its twin-pack price to $4,500, from $690 in 2014.

Founded by twin brothers Eric and Evan Edwards, 36, the company first sought to develop an Epi-Pen competitor, thanks to their own food allergies.

Now, they've taken that model and marketed it for a major public health crisis. It's another auto-injector that delivers an inexpensive medicine.

One difference, though, is that Evzio talks users through the process as they inject naloxone. The company says the talking device is worth the price because it can guide anyone to jab an overdose victim correctly, leave the needle in for the right amount of time and potentially save his or her life.

According to Food and Drug Administration estimates, the Kaleo product, which won federal approval in 2014, accounted for nearly 20 percent of the naloxone dispensed through retail outlets between 2015 and 2016, and for nearly half of all naloxone products prescribed to patients between ages 40 and 64 — the group that comprises the bulk of naloxone users.

And the cost of generic, injectable naloxone — which has been on the market since 1971 — has been climbing. A 10-mililiter vial sold by one of the dominant vendors costs close to $150, more than double its price from even a few years ago, and far beyond the production costs of the naloxone chemical, researchers say. The other common injectable, which comes in a smaller but more potent dose, costs closer to $40, still about double its 2009 cost...**Read More**.

Trying To Solve The Alzheimer's Puzzle

Despite a 99 percent failure rate and another major setback last month, Alzheimer's researchers are plowing ahead with hundreds of experiments — and a boost in federal money — to try to a crack a deadly disease that has flummoxed them for decades.

A law passed by Congress in December and signed by President Obama sets aside $3 billion over 10 years to fund research of brain diseases and precision medicine, a shot in the arm for Alzheimer's research. The law, called the 21st Century Cures Act, also includes prize money to encourage Alzheimer's experiments.

But billions of dollars have so far made little progress in decoding the memory-robbing disease, which affects 5 million Americans. Alzheimer's is currently the nation's sixth leading cause of death. Decades of research have not produced a single drug that alters the disease's course.

December began with another major setback: Eli Lilly shared disappointing results of a late-stage clinical trial of its experimental drug solanezumab, which failed to significantly slow Alzheimer's progression.

But scientists aren't giving up on the main hypothesis behind Eli Lilly's trial: that Alzheimer's can be defeated by using drugs to attack amyloid "plaques" that build up in the brain of Alzheimer's patients. Some scientists believe these cause the disease.

Many observers still hold out hope for another promising anti-amyloid drug, Biogen's aducanumab, which in an early trial improved cognitive decline in a small number of patients.

Other potentially groundbreaking research aims to intervene before patients even feel any symptoms. Using PET scans, scientists can now identify amyloid plaques building up in a patient's brain years before they develop Alzheimer's. The A4 study, for instance, is testing solanezumab in adults who are accumulating amyloid plaques, but showing no outward signs of Alzheimer's, such as memory loss or cognitive decline.

Other scientists are targeting what they believe is the true culprit, the protein tau, which creates "tangles" in the brain, the disease's other primary marker.

The experiments continue against a bleak backdrop: No new Alzheimer's therapies have won federal approval since 2003, and Alzheimer's clinical trials have had a 99 percent failure rate. Patients can access only four Food and Drug Administration-approved Alzheimer's drugs that alleviate symptoms but do not prevent, slow or reverse brain damage.

"The history of clinical trials results has been a history of disappointment," said Keith Fargo, director of scientific programs and outreach at the Alzheimer's Association.

Still, 77 Alzheimer's drugs are currently being investigated or developed, according to the trade group PhRMA. And other experiments seek to repurpose FDA-approved drugs for other conditions, such as diabetes or cancer, to see if they can help Alzheimer's patients — and cut several years from the drug development process….**Read More**

Medicare's Coverage Of Therapy Services Again Is In Center Of Court Dispute

Four years after Medicare officials agreed in a landmark court settlement that seniors cannot be denied coverage for physical therapy and other skilled care simply because their condition is not improving, patients are still being turned away.

So federal officials and Medicare advocates have renewed their court battle, acknowledging that they cannot agree on a way to fix the problem. Earlier this month, each submitted ideas to the judge, who will decide — possibly within the next few months — what measures should be taken.

Several organizations report that the government's initial education campaign following the settlement has failed. Many seniors have only been able to get coverage once their condition worsened. But once it improved, treatment would stop — until they got worse and were eligible again for coverage.

Every year thousands of Medicare patients receive physical therapy and other treatment to recover from a fall or medical procedure, as well as to help cope with disabilities or chronic conditions including multiple sclerosis, Alzheimer's or Parkinson's diseases, stroke, and spinal cord or brain injuries. Although it removes the necessity to show an improving health condition, the settlement does not affect other criteria and limitations on Medicare coverage.

"We still regularly get calls from people who are told they are being denied coverage," said Peter Schmidt at the National Parkinson Foundation, based in Miami. Denials sometimes occur because physical therapy providers use a billing code that still requires the patient to show improvement. Although Parkinson's is a degenerative brain disease, Schmidt said physical therapy and exercise can help slow its progress…. **Read More**

Medicare patient deaths shortly after leaving the ER raise questions about rural hospitals

A new study on Medicare patients dying soon after emergency department discharges raises questions about staffing and treatment at rural hospitals and other providers who are under pressure to reduce health care costs.

More than 10,000 Medicare patients who do not have life-threatening illnesses die each year in the US within seven days of being released from emergency departments, according to the study, published in the BMJ. Those hospitals with the lowest inpatient admission rates, often hospitals in rural areas, had much higher rates of unexpected deaths.

The study's lead author said that while the data reflect a fraction of Medicare patient deaths, the finding raises questions about the adequacy of hospital resources in rural and underserved areas and whether the US government's quest to cut costs — and reduce inpatient admissions from ERs — is also cutting out essential care.

"There's no doubt there's a lot of unnecessary hospital admissions, but this study suggests there's also avoidable harm from sending people home that shouldn't go home," said Dr. Ziad Obermeyer, an emergency medicine physician and professor at Harvard Medical School.

Under the **Affordable Care Act,** hospitals are under financial pressure to deliver care more efficiently and reduce unnecessary admissions that drive up costs. That has encouraged hospitals to explore alternatives to admitting patients from the ER, such as monitoring them remotely or providing more care at home or in outpatient settings. **Read More**

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

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Get The Message Out: 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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