



© RI ARA 2015
All Rights Reserved

RI ARA

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



Publication 2015 / Issue 06
Published in house by the
RI ARA

February 9, 2015 E-Newsletter

Retirees Concerned that President Obama's Budget Includes Medicare Cuts

For Immediate Release, February 2, 2015

Social Security Disability Trust Fund Reallocation is a Plus

The following statement was issued today by Richard Fiesta, Executive Director of the Alliance for Retired Americans regarding President Obama's Fiscal Year 2016 budget proposal.



Richard Fiesta

"Over all, President Obama's 2016 budget proposal is a mixed bag for retirees.

"We are concerned that the budget would hurt many seniors who are already stretching their health care dollars as far as they can go. It would make seniors pay higher deductibles, while adding new home health co-pays; increase means testing; and create a Medigap surcharge for those who sign up with plans which provide first- or near-first-dollar coverage.

"On a positive note, the budget calls for Medicare rebates for prescription drugs. It would save at least \$116 billion in Medicare payments to drug companies for medications prescribed for low-income patients. The budget also closes the doughnut hole coverage gap for brand name prescription drugs in 2017 – even faster than the year 2020 that was in the Affordable Care Act.

"On another positive note, the Alliance applauds the President for his plan to reallocate payroll tax revenue from Social Security's old-age and survivors trust fund to the disability trust fund. It also moves us away from the mindless sequestration cuts that have been harmful to retirees.

"The Alliance stands behind the efforts of those on Capitol Hill who will continue the fight to stop the federal government from shifting additional health care costs to retirees through changes to Medicare."

What Pension Funds May Face Cuts Under New Law?

The Center for Retirement Research at Boston College has compiled a list of 100 plans that may be permitted to cut benefits as a result of the new pension law enacted in December 2014.

The Central States Pension Fund is not the only Teamster pension plan where retirees may be threatened with benefit cuts because of the new pension law pushed through Congress in December.

The Center for Retirement Research at Boston College has compiled a list of 100 plans that may be permitted to cut benefits as a result of the new pension law. [Click here to view the list.](#)



Medicare okays lung cancer screening with Low Dose Computed Tomography immediately

This is the first time that Medicare has covered lung cancer screening

On February 5, 2015 the Centers for Medicare & Medicaid Services (CMS) issued a final national coverage determination that provides for Medicare coverage of Screening for Lung Cancer with Low Dose Computed Tomography (LDCT). The coverage - the first ever for lung cancer screening - is effective immediately.

"This is the first time that Medicare has covered lung cancer screening. This is an important new Medicare preventive benefit since lung cancer is the third most common cancer and the leading cause of cancer deaths in the United States," said Dr. Patrick Conway, chief medical officer and deputy administrator for innovation and quality for CMS...[Read More](#)

For more detail go to the [Lung Cancer Decision Memo](#) by CMS

Medicare & You

2015



Seniors can replace Social Security 1099s Online with Personal Account

Agency expands online services and promotes use of my Social Security Accounts



Seniors who lose their SSA-1099 form from Social Security before they need it for their income tax filing can now “quickly and easily” obtain a replacement from the agency’s website using their my Social Security account, according to a news release issued today.

Carolyn W. Colvin, Acting Commissioner of Social Security announced the agency is expanding the online services available at www.socialsecurity.gov.

"I am proud of our continued efforts to make it even easier for people to do business with us in a way that's convenient for them, from the comfort of their home, office, or a library," Colvin said.

"Beginning this tax season, any my Social Security account holder who misplaces their original SSA-1099 will be able to request an instant replacement from our menu of online services."

Social Security sends SSA-1099s each January to everyone who receives Social Security benefits. It shows the total amount of benefits paid in the previous year and is used for tax purposes.

Previously, people who lost their SSA-1099 had to call or visit a Social Security office to get a replacement or request one be mailed to them. With this new online service, people now only need to create a my Social Security account, or log into their existing one. Once there, they can view and print their SSA-1099 or request to have a new one mailed to them—all online.

The agency promotes my Social Security is a secure, online account people use beginning in their working years and continuing throughout the time they receive Social Security benefits. Once the account is created, it is used by people who are working to keep track of their earnings and to get estimates of future benefits. People already receiving benefits manage them with their account - changing their address, starting or changing direct deposit, getting a benefit verification letter, and more.

In addition to those existing services, beneficiaries will now be able to immediately get their SSA-1099 replaced without needing to call or visit an office and often wait for a replacement form in the mail.

"Setting up a my Social Security account is quick, easy, and secure; plus it's a great way to do business with Social Security," says Colvin.

"That's why more than 16 million people have already taken advantage of our award-winning online services and experienced the new features available with their own accounts."

A new my Social Security account is created every six seconds.

► For more information, please go to www.socialsecurity.gov/myaccount.

Seniors with these medical conditions at high risk of falling into Medicare 'donut hole'

Researchers recommend counseling to manage drug regimens to avoid high drug cost

Among seniors, women and patients with diabetes and dementia are the most likely to fall into the Medicare Part D prescription drug plan "donut hole" - the gap occurring after beneficiaries reach their annual coverage limit and before catastrophic coverage kicks.

Because this gap leaves them exposed to unsubsidized medication costs, these clinically vulnerable groups should be counseled on how to best manage costs through either drug substitution or discontinuation of specific non-essential medications, according to Susan Ettner, lead author of the new research published online in the *Journal of General Internal Medicine*.

"This is important so that more essential medication is not discontinued, with adverse effects on patients' health due to cost reasons only," said Ettner, professor of medicine in the division of general internal medicine and health services research at the David Geffen School of Medicine at UCLA.

"These patients need to continue adhering to their medication regimen."

As an example, an average 67-year-old woman with diabetes and a typical set of "co-morbidities" - hypertension, hyperlipidemia, coronary artery disease and depression - would have a 54-percent chance of falling into the coverage gap and being exposed to the full cost of her medication. If she fell into the gap, she would have an 11-percent chance of exiting again, but in the meantime, she would have incurred more than \$3,600 in total out-of-pocket drug expenses.

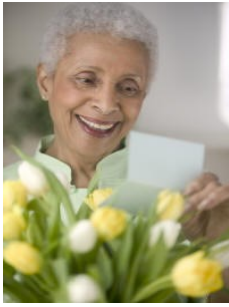
[Read More](#)

Medicare
Donut Hole



Being senior citizen does not add complications to breast reconstruction

But problems with blood clots may be more common in older women, study suggests



Older women don't have an increased overall risk of complications from breast reconstruction after mastectomy, reports the February issue of *Plastic and Reconstructive Surgery*, official journal of the American Society of Plastic Surgeons.

"Older patients should be counseled that their age does not confer an increased risk of complications after implant-based post-mastectomy breast reconstruction," concludes the study by ASPS member surgeon Mark Sisco, MD, of North Shore University Health System and University of Chicago and colleagues.

However, the results do suggest that women aged 65 or older are at increased risk of blood clot-related complications after tissue-based breast reconstruction.

No Difference in Overall Complications by Age...

Using a national surgery database, the researchers identified nearly 41,100 women who had unilateral mastectomy (removal of one breast) between 2005 and 2012. Of these, about 11,800 patients underwent breast reconstruction.

Women aged 65 or older were less likely to have breast reconstruction: 10.8 percent, compared to 39.5 percent for younger women.

Compared to mastectomy only, women undergoing breast reconstruction had more complications, including increased hospital days and repeat surgeries.

The complication rate after breast reconstruction was 6.8 percent for older women and 5.2 percent for younger women.

The overall risk of complications did not differ significantly between age groups, after adjustment for other factors. The risk remained the same for older and younger women undergoing breast reconstruction using implants.

But Higher VTE Risk in Older Women after Autologous Reconstruction

However, after autologous reconstruction--creation of a new breast using the patient's own tissues--the risk of blood clot-related complications called venous thromboembolism (VTE) was significantly higher for older women. VTE is a common and serious condition in which blood clots form in the leg or other veins (deep vein thrombosis) or lung (pulmonary embolism).

On adjusted analysis, VTE risk was nearly four times higher in women aged 65 or older, and more than six times higher for those aged 70 to 75. The overall rate of VTE after autologous reconstruction was just under one percent. Other types of complications were similar between age groups.

Breast reconstruction "is an important option for women undergoing mastectomy and may improve patient self-esteem, body image, and quality of life," the researchers write. Older women are much less likely to undergo breast reconstruction--partly because of a perceived increase in surgical risk.

While older women may have reasons for not undergoing breast reconstruction, there's little evidence on how age affects complication risk. "As such, it is impossible for older women to make informed decisions about the risks and benefits of post-mastectomy breast reconstruction that take into account their age," according to Dr. Sisco and colleagues.

The new study shows a similar overall complication rate for older versus younger women undergoing breast reconstruction. "Older women considering implant-based reconstruction should be assured that their age is not a factor in determining the risk of complications," the researchers write.

"However, they should be counseled that their age may confer an increased risk of VTE," Dr. Sisco and coauthors add. They suggest that older women may need special attention to preventing VTE after autologous breast reconstruction--possibly including longer use of blood-thinning medications.

- ◆ [Plastic and Reconstructive Surgery \(Journal\)](#)
- ◆ [American Society of Plastic Surgeons \(ASPS\)](#)

Elderly delirium patients improve without drugs, complicated programs

Improvement in cognitive function, less falls for older hospital patients result from practical interventions



Prescription drugs and programs with multiple components are not necessary to reduce delirium and prevent falls in hospitalized older patients, according to an article published online by *JAMA Internal Medicine*.

Delirium is a confused state that is marked by inattention and global cognitive dysfunction (impaired memory and thought).

Delirium is common among hospitalized older patients and the condition increases the risk of falls, functional decline, dementia, prolonged hospital stays and institutionalization...[Read More](#)

Suffering at end of life getting worse, not better for older Americans

Family member asked whether the dying person - age 50 plus - suffered pain, depression or periodic confusion

By Jenny Gold, Kaiser Health News

It's been more than 15 years since the Institute of Medicine released its [seminal 1997 report](#) detailing the suffering many Americans experience at the end of life and offering sweeping recommendations on how to improve care. So has dying in America gotten any less painful?

Despite [efforts to build hospice and palliative care programs](#) across the country, the answer seems to be a resounding no. The number of Americans experiencing pain in the last year of life actually increased by nearly 12 percent between 1998 and 2010, according to a [study](#) released Monday in the *Annals of Internal Medicine*. In addition, depression in the last year of life increased by more than 26 percent...[Read More](#)



Is surgery a viable option for patients age 80 plus with acute spinal conditions?

Study found no difference in complications, mortality when compared to younger patients



As the number of Americans age 80 and older continues to rise, so does the percentage of patients with acute spinal conditions. A new study found significant benefit from surgical treatment for lumbar spinal stenosis with and without degenerative spondylolisthesis - debilitating spinal conditions causing leg and back pain, numbness and weakness - and no higher overall complication rate and no higher mortality for patients age 80 and older when compared to patients younger than age 80.

Between 2000 and 2010 the U.S. population age 80 and older increased 22 percent to 11.2 million, and approximately 47 percent of Americans age 60 and older have spinal stenosis, a narrowing of the spinal canal due to the wear and tear associated with aging.

In this study, researchers reviewed Spine Patient Outcomes Research Trial (SPORT) data for 105 patients, age 80 and older, and 1,130 patients younger than age 80 with lumbar stenosis alone or combined with degenerative spondylolisthesis...[Read More](#)

The New England ARA state affiliates are actively pursuing these Petitions.

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

ADD
YOUR
NAME

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

Petition Subject: House Concurrent Resolution 67 and Senate Concurrent Resolution 26 to get power doors installed in Post Offices and other federal buildings.

ADD
YOUR
NAME

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

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

ADD
YOUR
NAME

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