



January 16, 2017 E-Newsletter

Sanders calls out Trump: He's a liar if he cuts Medicare, Social Security



Sen. **Bernie Sanders** (I-Vt.) Wednesday called on President-elect **Donald Trump** to announce he would veto any legislation to cut Medicaid, Medicare and Social Security, or admit that he "lied" to the American people.

"Let me quote somebody who I suspect I will not often be quoting," Sanders said while speaking on planned GOP changes to ObamaCare alongside other lawmakers. "On May 7, 2015, Donald Trump tweeted, 'I was the first & only potential GOP candidate to state there will be no cuts to Social Security, Medicare & Medicaid.' Now the point is Trump didn't just say this in passing; this was a cornerstone of his campaign. He said it over and over

and over again."

"Therefore, one of two things are true," Sanders continued. "Either Donald Trump simply lied to the elderly and the working people of this country and just made campaign promises that he had no intention of keeping, or right now, before Congress wastes an enormous amount of time, Donald Trump has got to come forward — maybe through one of his tweets — and say clearly that Donald Trump will veto any legislation that cuts Medicare, that cuts Medicaid, or that cuts Social Security."

Sanders's call for Trump to veto such legislation follows a visit from President Obama to Capitol Hill on preserving ObamaCare and a concurrent announcement from the Trump team that

the president-elect would start working to get rid of it on the first day of his administration.

Last month, top Democrats in the House and Senate penned a letter asking Congress to oppose the Republican budget plan and fight the Trump administration on such cuts.

"Millions of Americans voted for Donald Trump after he promised not to cut Social Security, Medicare and Medicaid. He must be held to his promises and should veto any legislation which cuts these vital and necessary health programs," House Minority Leader Nancy Pelosi (Calif.), Sanders and new Senate Minority Leader **Charles Schumer** (N.Y.) wrote in the December letter....[Read More](#)

The GOP unveils a 'permanent save' for Social Security—with massive benefit cuts.

Aid 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?

No one voted for massive cuts to Social Security, nor to end the program as we know it.— Social Security advocate Nancy Altman

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Medicare Failed To Recover Up To \$125 Million In Overpayments, Records Show



Six years ago, federal health officials

were confident they could save taxpayers hundreds of millions of dollars annually by auditing private Medicare Advantage insurance plans that allegedly overcharged the government for medical services.

An initial round of audits found that Medicare had potentially overpaid five of the health plans \$128 million in 2007 alone, according to confidential government documents released recently in response to a public records request and lawsuit.

But officials never recovered most of that money. Under intense pressure from the health insurance industry, the Centers

for Medicare and Medicaid Services quietly backed off their repayment demands and settled the audits in 2012 for just under \$3.4 million — shortchanging taxpayers by up to \$125 million in possible overcharges just for 2007.

Medicare Advantage is a popular alternative to traditional Medicare. The privately run health plans have enrolled more than 17 million elderly and disabled people — about a third of those eligible for Medicare — at a cost to taxpayers of more than \$150 billion a year. And while the plans generally enjoy strong **support** in Congress, there are critics.

“It’s unclear why the Obama Administration allowed CMS to overpromise and under-deliver so badly

on collecting these overpayments,” Sen. Chuck Grassley, R-Iowa, told Kaiser Health News in an email response to the findings.

He said CMS “should account for why this process seems to be so broken and why it can’t seem to fix it, despite recommendations to do so. The taxpayers depend on getting this process right.”

The failure to collect also alarmed Steve Ellis, vice president of the budget watchdog group Taxpayers for Common Sense in Washington.

“They need to put up a bigger and stronger fight to make sure these programs are operated on the straight and narrow,” Ellis said....[Read More](#)

With the new year comes new changes in Social Security, Medicare & Medicaid

With the new year comes new changes. Monthly Social Security and Supplemental Security Income (SSI) benefits will see a slight increase in 2017.

Some other adjustments that take effect in January of each year are based on the increase in average wages. Based on that increase, the maximum amount of earnings subject to the Social Security tax (taxable maximum) will increase to \$127,200 from \$118,500. Of the estimated 173 million workers who will pay Social Security taxes in 2017, about 12 million will pay more because of the increase in the taxable maximum.

Thresholds for benefits will change slightly next year including the Substantial Gainful Activity (SGA), SSI Federal Payment Standard, and SSI Student Exclusion. Information about Medicare changes for 2017 are available

at www.Medicare.gov. For some beneficiaries, their Social Security increase may be partially or completely offset by increases in Medicare premiums.

The Social Security Act provides for how the Cost of Living Adjustment is calculated. To read more, please visit www.socialsecurity.gov/cola. Learn more about the resulting changes at our factsheet on the subject: www.socialsecurity.gov/n.../press/factsheets/colafacts2017.pdf.

Social Security is Always Evolving Social Security is always evolving to meet the needs of the American public. We’re optimistic about the future and the limitless possibilities for progress. Much of the progress we’ve made together, as a nation, is through the shared responsibility of paying Federal Insurance Contributions Act (FICA) tax. This federal payroll tax funds Social

Security— programs that provide benefits for retirees, the disabled, and children of deceased workers. You help us keep millions of hard working Americans out of poverty. Without your contribution, wounded warriors wouldn’t receive the benefits they deserve. Children who have lost parents would have no social safety net. Millions of elderly people would be destitute. In the same way that we take great pride in helping people who need it, you should take pride in making this country stronger. You can see the many ways our retirement benefits help your loved ones and neighbors at www.socialsecurity.gov/retire



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LABOR HISTORY VIDEO SERIES ANNOUNCED



The Wisconsin Labor

History Society is pleased to announce the availability of a six-part video series, **"An Historical Overview of Labor Unions in the United States."** Each segment is heavily illustrated and takes us through the struggle to organize from

centuries past to the present day.

Local unions, labor councils, school classes and other groups will find the segments, each nine to eighteen minutes in length, ideal for showing as part of a meeting. The series was produced by James Brown, of Waukesha, a veteran videographer. Narration by Jim Cavanaugh, retired president of the South

Central Federation of Labor. Written by Waylon Hedegaard, Jim Cavanaugh and James Brown. Script consultants, Michael

Gordon and Dexter Arnold. Partial support was provided by the Wisconsin Labor History Society. A study guide is available in a PDF format. Click [HERE](#) Click [HERE](#) for more information and links to all six videos.

Rhode Island College Foundation Receives \$121K Grant to Support Age-Friendly Communities in Rhode Island



In only 13 years, there will be 100,000 more residents age 65 in Rhode Island, but

are there enough aging services and supports to meet the demand?

Recently the Rhode Island College Foundation was awarded a \$121,000 grant from the Tufts Health Plan Foundation to support the 2017 Building an Age-Friendly Rhode Island project. Leaders of the project are RIC faculty members Marianne Raimondo, assistant professor of management and principal investigator; Constance Milbourne, associate professor of marketing and co-principal investigator; and Rachel Filinson, professor of gerontology.

Grant funds will go to support implementation of the project's 2016

Strategic Plan. The plan was informed by the Aging in Community Subcommittee's report on age-friendliness in Rhode Island, which involved RIC faculty participants and financial support from the Tufts Health Plan Foundation.

The plan addresses nine key areas lacking in adequate services and supports for the aged: communication and information, community and social engagement, economic security, food security and nutrition assistance, health care coverage, housing, supports to remain at home, transportation and walkability in public areas.

Strategic goals include advocating for age-friendly policies and legislative reforms; enlisting municipal officials in piloting age-friendly initiatives in cities and towns; recruiting business leaders to adopt age-friendly business practices;

integrating behavioral health care into senior housing; and designing interconnected senior hubs in select neighborhoods in Providence.

Grant funds will also cover faculty stipends, communications, meetings and events, and contracts with external partners. Partners are The Providence Center, which will integrate behavioral health into senior centers; the Senior Center Directors' Association, which will work on strategies to rethink the role of senior centers and help design expanded, innovative models of service delivery for older adults; and Partnership for a Greater Future Providence, which will design, with local stakeholders, a new age-friendly system of interconnected community hubs in three Providence neighborhoods...[Read More](#)

Grandma has a student loan? Why more older Americans are taking on debt



Yet another study finds that many student loan borrowers are struggling to make their payments.

This study, however, isn't focused on young college grads, who have decades of earning years ahead of them. Instead, it looks at a more surprising cohort: 60-somethings who are at or near

retirement.

The [report from the Consumer Financial Protection Bureau](#) says the number of borrowers over age 60 has quadrupled in the past decade, and the amount that they owe has doubled to nearly \$24,000. Four in 10 borrowers over age 65 were in default.

"Many of these older Americans are

helping finance their children's or grandchildren's education while living on a fixed income," CFPB Director Richard Cordray said in a statement. "We are concerned that student loans are contributing to financial insecurity for many older Americans and that student loan servicing problems are contributing to their distress..."[Read More](#)

One In Three Women With Breast Cancer Treated Unnecessarily, Study Concludes

One in three women with breast cancer detected by a mammogram is treated unnecessarily, because screening tests found tumors that are so slow-growing that they're essentially harmless, according to a [Danish study](#) published Monday in *Annals of Internal Medicine*, which has renewed debate over the value of early detection.

The study raises the uncomfortable possibility that some women who believe their lives were saved by mammograms were actually harmed by cancer screenings that led to surgery, radiation and even chemotherapy that they didn't need, said Dr. Otis Brawley, chief medical officer of

the American Cancer Society, who wrote an [accompanying editorial](#) but was not involved in the study.

Researchers increasingly recognize that not all breast cancers pose the same risk, even if they look the same under a microscope, Brawley said. While some early tumors turn into deadly monsters, others stop growing or even shrink. But assuming that all small breast lesions have the potential to turn deadly is akin to "racial profiling," Brawley wrote in his editorial.

"By treating all the cancers that we see, we are clearly saving some lives," Brawley said in an interview. "But we're

also 'curing' some women who don't need to be cured."

Although experts such as Brawley have long discussed the risks posed by "[overdiagnosis](#)," relatively few women who undergo cancer screenings are even aware of the debate.

"The amount of overdiagnosis really is small," said Dr. Debra Monticciolo, chair of the American College of Radiology's Commission on Breast Imaging. "Articles like this aren't very helpful," she said, because they leave women confused about how to be screened for breast cancer...[Read More](#)



New Nursing Home Rules Offer Residents More Control Of Their Care



About 1.4 million residents of nursing homes across the country now can be more involved in their care under the most wide-ranging revision of federal rules for such facilities in 25 years.

The changes reflect a shift toward more “person-centered care,”

including requirements for speedy care plans, more flexibility and variety in meals and snacks, greater review of a person’s drug regimen, better security, improved grievance procedures and scrutiny of involuntary discharges.

“With proper implementation and

enforcement, this could really transform a resident’s experience of a nursing home,” said Robyn Grant, director of public policy and advocacy for the Consumer Voice, a national group that advocates for residents’ rights.

The federal Medicare and Medicaid programs pay for most of the nation’s nursing home care — roughly \$75 billion in 2014 — and in return, facilities must comply with government rules. The new regulations, proposed late last year by Health and Human Services Secretary Sylvia Mathews Burwell, take effect in three phases. The first kicked in in November.

They allow residents and their families

“to be much more engaged in the design of their care plan and the design of their discharge plans,” said David Gifford, a senior vice president at the American Health Care Association, which represents nearly 12,000 long-term-care facilities.

Grant goes even farther, saying the new approach puts “the consumer in the driver’s seat.” Until now, she noted, a person’s care has too often been decided only by the nursing home staff. “And if the resident is lucky, he or she is informed about what that care will entail, what will specifically be done and who will do it.”...[Read More](#)

Signs your aging parents need help managing their finances

It's inevitable. As we age, our bodies and our brains change, and not always like fine wine. Cognitive skills decline as part of the normal aging process and in turn, so do some of our financial management skills.

Research shows that financial decision-making peaks around age 53, and by age 60 our ability to process new information starts to slow. The shift happens at a different pace for everyone, and it can be accelerated by medical conditions such as Alzheimer's and dementia. While some people are capable of managing their own finances throughout their lifetime, others may find their skills suffering.

The impact could be as benign as paying a utility bill twice, or something

worse, like falling prey to a scam.

Experts say there are signs that children or spouses can watch out for that will help them know when it's time to step in and help an older relative with their finances.

"This will probably happen to someone you love or to you," said Bill Hensley, director of education at the National Endowment for Financial Education. "The way to deal with it is to plan ahead. Plan ahead, prepare for the worst, put those safeguards in place."

A new study from the University of Alabama, with support from the NEFE, has identified five signs that aging may be impacting someone's financial decision making.

The study looked at up to seven years of

financial skill performance among cognitively normal older adults. The warning signs of financial decline it found are:

- ◆ Taking longer to complete everyday financial tasks;
- ◆ Missing key details in financial documents;
- ◆ Having difficulty with everyday math;
- ◆ Showing decreased understanding of common financial concepts;
- ◆ Having difficulty identifying risks in an investment opportunity.

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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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