

### Medicare Turns 51, what's at Stake for Medicare and Medicaid?



The 2016 Medicare Trustees Report showed that Medicare will be solvent until 2028. This is 11 years longer than was projected in 2009, prior to passage of the Affordable Care Act.

In 2014, the Centers for Medicare and Medicaid Services reported that overall national health expenditures grew at an annual rate of 3.7 percent in 2012, marking the fourth consecutive year of low growth. Despite a large uptick in Medicare enrollment, Medicare spending growth slowed slightly in 2012.

Medicare's Chief Actuary admits that the slowdown in spending has lasted longer than expected. This is attributed to not only the economy, but also structural changes in the Affordable Care Act.

Still, there are some in Congress who continue to call for benefit cuts for retirees and disabled Americans. We

have been successful in fighting back against the chained CPI cut to Social Security benefits, which was not included in the President's budget this year and is currently on the back burner in Congress. However, there continue to be calls to cut Medicare benefits by raising the age of eligibility, and limiting Medigap coverage. These proposals are included in the House Republican agenda. The House Republican agenda also proposes to slash Medicaid funding and turns Medicare into a voucher program, under which seniors would receive a limited stipend to purchase insurance in the private marketplace or remain on Medicare. The Medicare cuts would do nothing to reduce the cost of health care, but instead, shift costs on to beneficiaries. Cutting Medicaid funding will jeopardize nursing home care.

There is a better alternative -- one that will not harm beneficiaries. Congress should pass the Medicare Drug Savings

Act introduced by Senator Bill Nelson (D-FL) and Congresswoman Kathy Castor (D-FL), S. 1083 and H.R. 2005. This legislation will require drug companies to provide the government discounts for low-income Medicare beneficiaries, saving the government and taxpayers \$121 billion over 10 years and all but eliminating the need to cut benefits or shift costs on to beneficiaries.

Putting insurance companies in charge of Medicare is wrong. Slashing Medicaid funding or health care benefits for American families is wrong.

***We are here to stand up to politicians in Washington who are determined to raise the retirement age.***

***We are telling politicians in Washington that we don't want our Medicare turned over to big insurance companies.***

***We are here to demand that Congress support better alternatives that will not harm beneficiaries.***

### Let's debunk this Social Security myth

Given the recent release of the Social Security trustees' **2016 report** on the status of the national retirement system, now seems like a good time to address a misconception that political candidates and ordinary citizens alike often repeat: Congress raids the Social Security trust fund and spends it on favorite pork-barrel projects.

This story evokes images of politicians striking deals behind the closed doors as they fritter away Americans' hard-earned Social Security taxes, sure to leave us destitute in our retirement years.

But that's just not accurate. The reality is that from 1983 to 2010, Social Security **collected more FICA taxes** from workers than the amount of actual

benefits paid to retirees. This excess helped build a trust fund of \$2.8 trillion by the end of 2015, a fund that will help pay for the benefits of baby boomers when they ultimately retire.

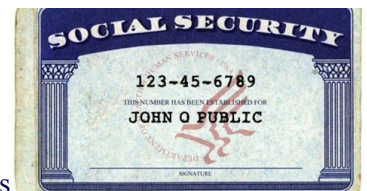
This surplus has been invested in special U.S. government bonds that are legally obligated to pay the stated, market rate of interest, and then repay the principal when they mature.

These special bonds are just part of the federal government's overall funding. The assets in the Social Security trust fund represent **about 15 percent** of total government debt in 2016.

Investors, retirement plans and institutions around the world buy U.S. government bonds as investments. The

government mingles the proceeds from these publicly traded bonds with all its other revenue, including the special bonds in the Social Security trust fund.

You don't hear anybody complaining about Congress "raiding" T-bills, TIPS or the mutual or money market funds that invest in government bonds. If the Social Security trust fund didn't invest in these special bonds, the U.S. Treasury Department would need to sell more bonds to the public at large to finance the federal government... **Read More**



## Social Security: What to know before claiming benefits



The **National Academy of Social Insurance** has a new toolkit on Social Security. If you're thinking

about when to claim Social Security benefits, it explains what to know and ask.

When to claim Social Security benefits is an important decision. If you need the benefits in order to meet your daily needs, you should claim them as soon as possible. But, if you can wait to claim them, you will receive higher Social Security income. As it is, on average Social Security **replaces only 40 percent of a person's pre-retirement income.**

If you were born between 1943 and 1954, your full retirement age (FRA) is

66, though you may claim benefits any time between age 62 and 70. If you claim them at 62, you get 25 percent a month less each month for your lifetime than you would if you waited to claim until you are 66. To learn about how **claiming benefits early disproportionately hurts people with low incomes, click here.**

If your full retirement age (FRA) is 66 and you wait until 70, you get 32 percent more in monthly benefits for your lifetime than you would if you claim benefits at 66. You get 8 percent more for each year you delay claiming benefits after age 66 up to age 70.

Of course many factors go into when you should claim benefits. If you're in good health and can wait, you will ensure a higher monthly income throughout your life. Moreover, if you're married and

earn more than your spouse, delaying your receipt of benefits, will ensure increased Social Security income for your spouse after you pass. On the other hand, if you're in poor health, it might be wise to claim benefits early so you are able to get back as much as possible from Social Security.

It's wise to confirm that Social Security has correct information about your income. You can check online by creating a "my Social Security account" at <https://www.ssa.gov/myaccount/>. Once you do that, you will get a Social Security Statement that shows the income information Social Security has on file. Let Social Security know right away if you find a mistake... **Read More**

## Panel: VA Should Sharply Expand Private Health Care for Vets

WASHINGTON — The Department of Veterans Affairs needs "fundamental, dramatic change" to improve the health care it provides to more than 9 million veterans a year, a congressional commission says in a report.

Two years after a scandal over long wait times for veterans seeking care, the report issued Wednesday recommended significantly expanding a program intended to make it easier for veterans to get government-paid private care.

Congress created the 15-member commission in 2014 after approving a landmark law overhauling the VA in the wake of the scandal, which also revealed that VA employees were covering up chronic delays with false paperwork and secret waiting lists. As many as 40 veterans died while awaiting care at the Phoenix VA hospital, according to an investigation by the VA's inspector general.

The commission recommendation raises questions about the balance between government services and private care with taxpayers footing the bill.

Those affected include nearly 1 million veterans who suffer from some form of post-traumatic stress disorder, the panel said in its 292-page report.

The panel's report — delivered to Congress and the president — provides "bold recommendations that set a foundation for ensuring our nation's veterans receive the care they need and deserve, both now and in the future," said Nancy Schlichting, CEO of the Henry Ford Health System and chairwoman of the Commission on Care.

Chief among the panel's recommendations is a plan to replace the 2-year-old "Choice Program" authorized by Congress with a nationwide series of community-based delivery networks intended to provide veterans with greater access to health care, as well as improve quality and cost-effectiveness.

The current program is limited to those who have waited at least 30 days for a VA appointment or live at least 40 miles away from a VA health site. The commission proposes a new community care network that would be open to all veterans, regardless of how long they have waited for care or where they live. Veterans with service-connected conditions would be granted preferred access to care.

Sen. John McCain, R-Ariz., said the report recommends many reforms he has been seeking for years, especially the plan to expand the Choice Program and remove the 30-day, 40-mile restrictions

on veterans. The Obama administration and congressional Democrats

pushed for the restrictions in the 2014 law as a way to control costs and prevent what some Democrats and veterans groups feared would become a gradual "privatization" of VA health care.

The system recommended by the Commission on Care would include Defense Department medical facilities and other federal health providers, as well as private doctors and hospitals credentialed by the Veterans Health Administration.

"America's veterans deserve a better organized, high-performing health care system," the report said.

President Barack Obama said in a statement that he will review the commission's report closely in the coming weeks.

VA Secretary Bob McDonald said many of the panel's recommendations are in line with ongoing efforts to transform the VA into what McDonald calls a "veteran-centric organization."



## Undiagnosed dementia may be putting older adults' safety at risk



Older adults with undiagnosed dementia are more likely to engage in potentially unsafe activities - such as driving - than those who have received a formal diagnosis.

Many older Americans may be at increased risk of engaging in potentially unsafe activities due to lack of dementia diagnosis. This is the

conclusion of a new study by researchers from Johns Hopkins University School of Medicine in Baltimore, MD.

The study found that older adults who had symptoms of **dementia** but who had

not been formally diagnosed were almost twice as likely to drive, cook, manage medication, or undertake other activities that might put them in harm's way, compared with adults who had received a dementia diagnosis.

Lead author Dr. Halima Amjad, of the Division of Geriatric Medicine and Gerontology at Johns Hopkins, and colleagues recently published their findings in the *Journal of the American Geriatrics Society*.

Dementia is a term used to describe a number of diseases characterized by a decline in memory and thinking skills. **Alzheimer's disease** is the most common form of dementia, accounting

for around **60-80 percent** of all cases.

Symptoms of dementia may vary from person to person, though problems with short-term memory - such as remembering to pay bills, keeping track of a wallet or keys, or remembering appointments - reduced concentration, and poor reasoning and judgment are common signs.

At present, there is no single test to diagnose dementia; Alzheimer's and other forms of dementia are diagnosed based on the individual's medical history, a physical examination, and changes in memory and everyday functioning and behavior... **Read More**

## Memory loss in early Alzheimer's reversed with personalized treatment plan

Researchers have successfully reversed memory loss in a small number of people with early-stage Alzheimer's disease using a comprehensive treatment program, which involves a combination of lifestyle changes, brain stimulation, and medication.

Memory improvements as a result of the treatment program have so far been sustained for 2 years, the researchers report, and some patients have even been able to return to work as a result.

Study co-author Dr. Dale Bredesen, of the Buck Institute on Research and Aging in Novato, CA, and colleagues recently published their findings in the journal *Aging*.

While the study only involved 10 patients, the researchers believe their findings may open the door to an effective therapy for cognitive decline.

**"The magnitude of improvement in these 10 patients is unprecedented, providing additional objective evidence that this programmatic approach to cognitive decline is highly effective," says Dr. Bredesen.**

There are currently around **5.4 million people** in the United States living with **Alzheimer's disease**.

It is estimated that by 2050, around 13.8 million Americans will have the condition

- a dramatic increase that highlights the need for prevention and treatment strategies.

Unfortunately, identifying such strategies has proven challenging for researchers; while certain treatments have demonstrated effectiveness against **cognitive decline in animal models**, few show efficacy in humans.

In this latest study, Dr. Bredesen and colleagues suggest that a more personalized, combined treatment approach to cognitive decline may be the way forward.

### **The MEND program**

The team - including researchers from the University of California-Los Angeles - assessed the effects of a treatment program called metabolic enhancement for neurodegeneration (MEND) on 10 patients.

The program - which is adapted to each individual patient - is described as a "36-point system" that involves changes in diet, exercise, sleep optimization, the use of specific medications and vitamins, and brain stimulation.

"Imagine having a roof with 36 holes in it, and your drug patched one hole very well - the drug may have worked, a single 'hole' may have been fixed, but you still have 35 other leaks, and so the underlying

process may not be affected much," explains Dr. Bredesen.

"We think addressing multiple targets within the molecular network may be additive, or even synergistic, and that such a combinatorial approach may enhance drug candidate performance, as well."

All patients included in the study were experiencing memory loss as a result of mild cognitive impairment (MCI), subjective cognitive impairment (SCI), or early-stage Alzheimer's disease.

The team notes that nine of the patients possessed the ApoE4 gene, putting them at increased risk for Alzheimer's disease; five of the patients had two copies of this gene, meaning they were 10 to 12 times more likely to develop the condition.

The patients underwent cognitive testing before and after being treated with the MEND protocol... **Read More**



Researchers suggest the MEND program is highly effective for reversing memory loss.

## Study characterizes older adults who may need help managing medications



As they get older, some seniors find it gets more difficult to keep track of their medications. However, despite this, not many studies have examined the characteristics of patients likely to experience such problems, nor how widespread it might be. Now, a new study seeks to address this gap in the research.

There are so many things to remember and get right when managing medication. These range from ensuring the correct drug is taken at the right dose at the right time, to making sure medication is stored properly, has not expired, and that prescriptions are refilled.

In the new study, published in

the *Journal of the American Geriatrics Society*, researchers from Duke University in Durham, NC, analyze data from the 10-year Duke Established Populations for Epidemiologic Studies of the Elderly (EPESE).

First author Brenda D. Jamerson, adjunct assistant professor in psychiatry and behavioral sciences, says:

"Health conditions may worsen or not improve if older adults skip or don't take their medications properly. Serious side effects may also occur from taking medications at the wrong time or in the wrong dose."

The data she and her colleagues analyzed covered 4,106 black and white older residents of five counties in North Carolina and included responses to the

question: "Are you able to take your medicine without help (in the right doses at the right time)?"

Responses to this question and other information were sought by researchers in participants' homes using structured questionnaires. They also **collected information** on sociodemographic characteristics, health conditions, cognitive status, and ability to do daily tasks.

Information on health conditions included: ever having been diagnosed with **stroke**, **diabetes**, **high blood pressure** (hypertension), **heart attack**, or **cancer** (but not **skin cancer**). It also included having poor hearing or poor vision.... [Read More](#)

## Medicaid, Private Insurers Begin To Lift Curbs On Pricy Hepatitis C Drugs

After legal battles and lobbying efforts, tens of thousands of people with hepatitis C are gaining earlier access to expensive drugs that can cure this condition.

States that limited access to the medications out of concern over sky-high prices have begun to lift those restrictions — many, under the threat of legal action. And commercial insurers such as Anthem Inc. and United HealthCare are doing the same.

**Massachusetts is the latest state** to decide that anyone with hepatitis C covered by its Medicaid program will

qualify for the newest generation of anti-viral drugs. Previously, managed care plans serving Medicaid members often limited the drugs, with a list price of up to \$1,000 a pill or more, to people with advanced liver disease only.

The expansion follows a threatened lawsuit against drugmakers by Massachusetts' attorney general, which induced companies to offer the state bigger rebates on the medications, making them more affordable.

Over the past few months, Florida, New York and Delaware have also expanded

access in their Medicaid programs. And in April, a federal judge ruled that Washington state couldn't withhold treatments from Medicaid members with hepatitis C who hadn't yet developed serious medical complications.

"I think the writing is on the wall for restrictive policies, and plaintiffs are likely to prevail in these lawsuits," said Nicholas Bagley, a professor of law at the University of Michigan.... [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 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 & S.1651**

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