

Help us to help you protect Medicare & Medicaid. Write "Letter to the Editor"

Sample: Medicare Letter to the Editor #1 Prescription Costs and the TPP

(Date)

Dear Editor:

As Medicare celebrates its 51st year, it's the perfect time to reflect upon its success. Medicare has vastly improved the quality of life for millions of older Americans and allowed retirees to spend their later years in comfort and security. It has kept countless seniors from being thrown into poverty by the high cost of medical bills and prescription drugs.

However, the proposed TPP trade agreement, which is pending before Congress, threatens to cripple Medicare. The TPP would lock in patent protections and make it more difficult for the U.S. government to reduce prescription costs in public programs like Medicare.

Americans already pay the highest prices for prescription drugs in the world, and TPP would shift ever-higher health care costs to Medicare and American seniors. These changes would be a disaster for our nation's current and future retirees who already face steep drug costs and rely on Medicare for health care coverage. We owe it to future generations to keep the Medicare program strong and healthy and to stop the TPP.

Sincerely Yours,

(Name, (Address))

Sample: Medicare Letter to the Editor #2 On Speaker Ryan's "A Better Way" Plan

(Date)

Dear Editor:

As Medicare celebrates its 51st birthday, there is a continuing push by Republican politicians like House Speaker Paul Ryan to dismantle the program. In Ryan's latest proposal, "A Better Way," he calls for raising the Medicare eligibility age to 67 and ending guaranteed benefits. Instead of Americans collecting the hard-earned benefits they have paid into throughout their lives at 65, they will be given a meager substitute, "premium support."

Ryan's "premium support" would shift health care costs onto seniors. Furthermore, insurance companies will try to save money by cherry picking the healthiest seniors for their own plans, and Medicare rolls will be filled by the sickest seniors with the highest health costs. As a result, the cost of any Medicare option will skyrocket. These costs will further push healthy seniors into private plans, and the sickest seniors will be saddled with higher bills.

Sadly, Ryan's plan hopes to model the "premium support" system after Medicare Part D, which has not controlled skyrocketing prescription costs and has giveaways for insurance companies. Heading into this elections season, voters should not be deceived. Our nation's seniors simply cannot afford Paul Ryan's plan to weaken Medicare.

Sincerely yours,

(Your Name, (Your Address))

Below are some of the actions that are needed to strengthen these programs

Medicare

Congress should reject proposals that would cut Medicare funding by turning it into a voucher program.

Congress should reject proposals that further means tests Medicare benefits.

Congress should reject proposals that shift Medicare costs to seniors.

Congress should reject proposals that raise the eligibility age for Medicare beneficiaries.

Congress should enact the Medicare drug rebate program.

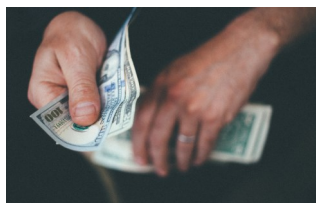
Medicaid

Congress should not balance the budget on the backs of Medicaid beneficiaries.

Congress should not shift Medicaid costs on to states.

States should participate in the Medicaid expansion under the Affordable Care Act.

Women more likely than men to face poverty during retirement



During their working years, women tend to earn less than men, and when they retire,

they're more likely to live in poverty.

These are women who raised children and cared for sick and elderly family members, often taking what savings and income they do have and spending it on things besides their own retirement security.

The National Institute on Retirement Security, a nonprofit research center, reports that women are 80 percent more likely than men to be impoverished at age 65 and older. Women age 75 to 79 are three times more likely.

While experts cite a pay gap as a major cause for retirement insecurity, other

factors play a role, from single parenthood and divorce to the fact that women typically live longer than men.

For Marsha Hall, 60, the process of trying to save for retirement has been nearly impossible.

"I've had jobs that included a 401(k) and I was able to put some money aside, every month," she says. "But then I would get laid off and have to cash out the 401(k) to have money to live on."

Born and raised in Detroit, Hall is divorced and doesn't have any children. She works part time as a file clerk. She and her siblings pitch in to care for their 75-year old mother. Hall says she tries not to think about what her situation will be like at that age.

"My bills are current, I have food," she says, "but I'm still living paycheck to paycheck, if it wasn't for Section 8 (a

housing subsidy), I don't know where I'd be living."

Joan Entmacher, vice president for family economic security at the National Women's Law Center, says "the solution to the retirement (funding) crisis starts with the earnings and wage gap."

That gap narrowed between the 1970s and 1990s, but stopped shrinking in 2001. Women earn about 76 cents to 79 cents on the dollar, compared with men.

Women are more likely to report that Social Security is the biggest source of income — 50 percent to 38 percent for men, according to a recent poll by The Associated Press-NORC Center for Public Affairs Research. Women are 14 percentage points less likely to say they will receive a pension... [Read More](#)

WEP Reform Receives Major Setback in Committee Hearing, Fight for Equal Treatment Continues

The Equal Treatment of Public Servants Act (H.R. 711) received a major setback in its hearing under the U.S. House Ways and Means Committee today. The bill, which seeks to reform the harmful Windfall Elimination Provision (WEP), was scheduled to receive a vote, but was

postponed indefinitely due to push back from various public worker organizations. Rep. Kevin Brady (R – The Woodlands) expressed his disappointment for the bill's exemption from the committee meeting. He stated that an agreement could not be formed among advocacy organizations,

and that this disagreement is the cause of the bill's postponement.

"We need the community to come together," said Brady. "We will postpone consideration of H.R. 711 until agreement is found."... [Read More](#)

Why your 2017 Social Security increase could still go away



Millions of Americans rely on Social Security for their livelihood in retirement, including many who get the lion's share of their income

from the program. Even though benefits have generally risen each year due to inflation, Social Security recipients had to put up with no cost-of-living increase in 2016, and many are aching for any boost to their retirement checks that they can get. So far, the news has been bad, with the Trustees of the Social Security Trust Fund [projecting just a 0.2% increase](#) for Social Security next year. Yet things could turn out even worse for retirees on Social Security, and it's entirely possible that any increase for 2017 could disappear as well.

How to calculate the 2017 Social

Security increase

To determine cost-of-living adjustments, or COLAs for short, the Social Security Administration takes a look at an inflation index to measure changes in prices. Those adjustments take effect every January for retirees and other recipients of Social Security benefits.

However, the numbers for calculating the annual COLA come out before any changes take effect. The SSA uses the Consumer Price Index for urban wage earners, also known as the CPI-W, and takes the average for the three months of July, August, and September. Typically, the average is higher than the corresponding average from the previous year, and when that's the case, the percentage difference becomes the COLA for the following year.

For any potential 2017 COLA boost,

there's one complication. Because there was no COLA in 2016, you need to compare this year's figures with the corresponding CPI figures *two* years ago. The reason is that prices have to catch up to compensate for any deflation that took place last year before it can lead to an upward adjustment in benefits.

Why a zero COLA is still a possibility
Inflation figures lag by about a month, so we won't have July, August, and September numbers until well into the fall. But based on the most recently available figures from May, the current CPI-W figure is 234.444. That figure is higher than the 2014 three-month average of 234.242 by just less than 0.1%. The Trustees Report projection clearly assumed that prices would continue to move higher into the summer months.

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House Panel Extends Funding For Medicare Program To Help Consumers

By Susan Jaffe



A House subcommittee voted on Thursday to continue \$52 million in funding for a program that helps

seniors understand the complexities of their Medicare coverage. Two weeks ago, a Senate **committee voted** to eliminate it.

The measure preserving the **State Health Insurance Assistance Program**, known as SHIP, is part of a massive spending bill for federal health, education and labor programs, approved by the Republican majority of the House appropriations subcommittee that oversees those departments. Democrats opposed the bill, which would cut money for the Affordable Care Act, Medicare and the Social Security Administration. It would also bar the Centers for Disease Control and Prevention from research into gun violence.

“If the House had cut SHIP, we would have been in trouble, but the fact that

funding levels are maintained gives us optimism,” said Howard Bedlin, vice president for public policy and advocacy at the National Council on Aging, a nonprofit service organization.

Earlier this week, 62 groups representing seniors’ and patient advocates, health care unions, elder law attorneys, social workers, visiting nurses and other organizations **sent a letter** to House leaders urging them to retain SHIP’s funding.

SHIP counselors in every state and the District of Columbia advised more than 7 million Medicare beneficiaries and their caregivers last year, answering questions about billing problems, drug plan options, appeals, subsidies and other issues. The California SHIP program, also known as the Health Insurance Counseling and Advocacy Program, received \$5 million in federal support in 2015 and helped more than a half-million beneficiaries save \$23.67 million, during the 12 months ending June 30, 2015. Ohio’s SHIP

received federal funding of \$1.84 million for the year ending March 31 and saved seniors \$20.8 million in 2015.

The provision on SHIP was not discussed in the subcommittee’s deliberations Thursday. The House appropriations committee is expected to approve the spending bill next week. Eventually, after the full House of Representatives and the full Senate vote on their bills, negotiations will begin to reconcile differences.

After talking to congressional sources, Bedlin said he is confident the Senate Democrats will support the House proposal to maintain SHIP’s current funding. Only three months ago, Bedlin and other seniors’ advocates were trying to convince congressional leaders to increase support.

“Given the political realities, we now support maintaining current funding levels in the final House-Senate agreement,” he said.

CMS proposes expanding diabetes-prevention model

By Virgil Dickson

In addition to a slew of changes to Medicare's physician payment policies, the CMS on Thursday proposed expanding a program aimed at helping people avoid diabetes.

The CMS suggests starting the program in 2018 and is seeking comment whether to launch the effort nationally or in additional select markets.

The program began in 2013 and enrolled beneficiaries in eight states: Arizona, Delaware, Florida, Indiana, Minnesota, New York, Ohio, and Texas. It is the first from the **CMS Innovation Center**, which was created by the Affordable Care Act, to be proven successful enough to be elevated from a demonstration and rolled out to the full Medicare program. The ACA allows the CMS to expand programs that prove effective without the approval of Congress.

As part of the effort, beneficiaries receive

coaching, lifestyle intervention, and moderate physical activity, all with the goal of preventing the onset of diabetes in individuals who are prediabetic.

People with higher than normal blood sugar levels were enrolled and attended weekly training sessions on nutrition, exercise and overall healthy living. Those who attended at least four sessions reduced their body weight by about 5%. Weight loss has been proven to reduce the risk of developing diabetes. Medicare estimated a savings of \$2,650 per participant, which is beyond the cost of the program.

Participating programs, which need to be recognized by the **Centers for Disease Control and Prevention**, would have to enroll in Medicare beginning Jan. 1, 2017.

In March, the CMS estimated expansion of the diabetes model would reduce net

Medicare spending. Providers would be paid

for the number of sessions attended by patients and their ability to achieve and maintain a minimum weight loss.

The agency is seeking comment on how exactly it should expand access to the program and how it should define an eligible prediabetic patient.

Another key proposal in the physician fee schedule rule would update the quality measures used in the the Medicare Shared Savings Program to protect beneficiaries when accountable care organizations waive the rule requiring patients to be hospitalized for at least three days before Medicare will reimburse care at a skilled nursing facility....**Read More**



The drug company that shocked the world with its prices dodged \$10 billion in taxes, report says



Over the last few years, Gilead Sciences has grown into one of the world's largest pharmaceutical companies, fueled by the sales of expensive specialty treatments for hepatitis C. The

company's revenue has tripled since 2012, to \$32.6 billion last year.

According to a report to be released Wednesday, Gilead has also developed another specialty: Avoiding billions in taxes.

The California-based pharmaceutical giant moved some of its assets to Ireland,

apparently allowing income from some U.S. drug sales to be shifted abroad and taxed at a lower rate, according to Americans for Tax Fairness, a liberal advocacy group. It has also avoided nearly \$10 billion in taxes by not bringing some of its foreign profits back to the United States, the group says.

Gilead declined to comment on the report.

The study strikes at a simmering battle between the Obama administration and the business community over whether U.S. corporations are inappropriately avoiding billions in taxes by taking advantage of a flawed tax code.

In 2013, Gilead launched the drug Sovaldi – a hepatitis C cure that carried an \$84,000 list price for a 12-week course of treatment. That drug was followed by another treatment, Harvoni, which carried a list price of \$94,500. Last month, Gilead received approval for a third treatment, Epclusa, which carries a list price of \$74,760.

Last year, a Senate Finance Committee **investigated the company's pricing of hepatitis C drug** and concluded the company had sought to maximize profits at the expense of making the remedies accessible to patients....**Read More**

Despite Opioid Concerns, Seniors Often Exit The Hospital With Prescription: Study

It's a common scenario: Someone checks into a hospital for surgery or an illness and leaves with a prescription for an opioid painkiller, opening the door to long-term use and dependence. A **recent study** examined this pattern and found the prescriptions are used and renewed more often than you might imagine.

Researchers analyzed the pharmacy claims of a random sample of more than 623,000 Medicare beneficiaries who were hospitalized in 2011. They only included people who did not have a prescription claim for opioids for at least 60 days before being hospitalized.

The results, first published online in

JAMA Internal Medicine in June, showed that 14.9 percent of the hospitalized beneficiaries filled a prescription for an opioid within a week after being discharged. Of those who filled the first prescription, 42.5 percent had another pharmacy claim for an opioid painkiller at least 90 days later.

Presumably they were prescribed it and continued on it because of some sort of chronic pain," said Dr. Anupam Jena, associate professor of health care policy at Harvard Medical School and the study's lead author. Still, there are many ways to treat pain, Jena noted, and hospitals are supposed to look at other approaches.

In 2013, nearly **44,000 people died from drug overdoses,**

including more than 16,000 from opioid painkillers such as hydrocodone and morphine, according to the Centers for Disease Control and Prevention. Drug overdoses involving opioids nearly quadrupled between 1999 and 2013.

pain management into hospital Medicare payment calculations. Some physicians have said they feel pressure to prescribe opioids in order to get good scores...**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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