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July 2, 2017 E-Newsletter

Publication 2017/ Issue 25
Published in house by the
RI ARA

CBO Deals Blow To Senate Health Bill With Estimate Of 22 Million More Uninsured

Senate Republicans' legislation to overhaul the Affordable Care Act would leave an additional 22 million people without health care coverage over the next decade and cut the federal deficit by $321 billion, according to a Congressional Budget Office **analysis** released late Monday.

By 2026, an estimated 49 million people would be uninsured, compared with about 28 million who would lack coverage under current law.

The Senate's bill — **the Better Health Care Act**, which GOP leaders hope to put to a vote later this week — comes nearly two months after the House passed its plan to overhaul the Affordable Care Act. That measure **would cut about $834 billion from Medicaid** and leave an additional 23 million people without coverage in 2026, according to CBO. It would reduce the federal **deficit by $119 billion.**

Earlier in the day, before the nonpartisan budget office's score was released, Senate Majority Leader Mitch McConnell (R-Ky.) described the GOP plan as preserving "access to care for patients with preexisting conditions." He also said it would "strengthen Medicaid," give "Americans more power to control and reduce their medical costs and out-of-pocket expenses" and give "states significant new tools to drive down premiums."

Yet it was unclear if Republicans, who have a razor-thin Senate majority, could garner the 50 votes necessary for the measure to pass. The budget office's findings added to this uncertainly.

Sen. Susan Collins (R-Maine), a moderate who has been on the fence about the bill, tweeted late this afternoon that she could not support the current bill based on the CBO score. "I want to work with my GOP and Democratic colleagues to fix the flaws in ACA. CBO analysis shows Senate bill won't do it. I will vote no" on bringing the bill to the Senate floor, she announced.

Senate Democrats were also swift to react. "The CBO report should be the end of the road for Trumpcare," tweeted Senate Minority Leader Chuck Schumer (D-N.Y.). And, in a statement, Sen. Ron Wyden (R-Ore.) said it was "abundantly clear [Republicans] are going in the wrong direction."

Sen. Bernie Sanders (I-Vt.) pointed to the analysis and said the GOP plan was "a cynical and immoral proposal."...**Read More**

Analysis: Mitch McConnell Plans To Hide Trumpcare's Pain Until After Midterms

Senate Majority Leader Mitch McConnell is well aware of the political peril of taking health benefits away from millions of voters. He also knows the danger of reneging on the pledge that helped make him the majority leader: to repeal Obamacare.

Caught between those competing realities, McConnell's bill offers a solution: go ahead and repeal Obamacare, but hide the pain for as long as possible. Some of the messaging on the bill seems nonsensical (see: **the contention** that $772 billion squeezed out of Medicaid isn't a cut). But McConnell's timetable makes perfect sense — if you are looking at the electoral calendar.

Here are a few key dates in McConnell's "**Better Care Reconciliation Act**" (BCRA) that seem aimed more at providing cover for lawmakers than coverage for Americans:

2019: First major changes and cuts to the Affordable Care Act exchanges happen after the 2018 midterm cycle, allowing congressional Republicans to campaign on a "fixed" health system, even though Obamacare is still largely in place next year.

2019: States share $2 billion in grants to apply for waivers under a much looser process through this fiscal year. These waivers could allow insurers to sell skimpy plans that have low price tags but don't take adequate care of people with preexisting conditions. None of those waivers has to go into effect, however, until after 26 Republican governors face re-election in 2018.

2020: Stabilization cash that makes the markets more predictable and fair for insurers flows through the congressional midterm cycle and the 2020 presidential cycle. Then it disappears. Medicaid expansion funds hold steady through this crucial political window, too.

2024: States enjoy their last few sips of Medicaid expansion cash at the end of 2023 — just as, perhaps, a second Republican presidential term is ending.

2025: The bill changes the formula for the entire Medicaid budget (not just the Obamacare expansion), dramatically reducing federal funding over time. That starts eight years and two presidential election cycles from now. ...**Read More**

It's Now or Never! 3 Things You Can Do to Protect Our Care.

We feared this day would come, and now it's right around the corner. The U.S. Senate is poised to vote next week on a bill that's scarily similar to the **American Health Care Act** (AHCA). Without any hearings or public input, the U.S. House of Representatives narrowly passed the AHCA last month. The House's partisan bill would end Medicaid as we know it, undermine the Medicare guarantee, and impose an unaffordable "age tax" on seniors—all to pay for tax breaks for wealthy Americans and corporations.

Now Senate leaders are following the House's perilous lead. Thirteen Senators met behind closed doors to draft a **health care bill** that includes the same harmful policies in the AHCA. **We need your voice now more than ever before.** Here are 3 things you can do to stop this bill and protect our care:

1. Make your voice heard—especially in key states. The deciding votes on this dangerous bill will likely come down to these key states:

Alaska
Arizona
Colorado
Maine
Nevada
Ohio
West Virginia

Spread the word about how the AHCA's policies would affect older adults—especially in these states—**with our new fact sheets.** The best way to make your voice heard is to personally engage with your members of Congress. Share these fact sheets at town hall meetings and community events, send them to your friends and family living in key states, and bring them to local meetings with your members of Congress and their staff.

2. Call Congress. If you can't meet with your members of Congress and their staff, a phone call is one of the most powerful ways to communicate with your representatives. Call **866-426-2631** and enter your zip code to be connected to your representatives.

You can also write to your Senators. Send your Senators an email and **tell them to abandon the American Health Care Act and its harmful policies once and for all.** You can use our email template or adapt the email with your own message.

3. Write a letter to the editor. When your local paper writes a story or publishes an op-ed about the Senate health bill send in a short letter expressing your story and your views, both about the bill itself and the secret process leading up to the vote. Need inspiration? Read other letters in the paper. Need facts and figures? **Use our fact sheets**!

Make sure your letter follows the requested guidelines, and remember that the letters most likely to be published are short and focused. This is another great way to reach your members of Congress, many of whom read the local news every day.

We expect this process will move very quickly over the next several days. Stay informed and engaged through social media, follow us on **Facebook** and **Twitter** at **@medicare rights**, and keep up with the latest by using and following the hashtag **#ProtectOurCare**.

We know how hard you've been fighting to save our care and we know you're tired (we're tired too). But we can't stress enough that there's no more important time to make your voice heard. Follow these 3 simple steps to make sure the Senate hears from you, loud and clear.

'Coverage Gap' For Poor May End, But Many Will Still Have Trouble Affording Plans

Having long decried the failings of the Affordable Care Act, Senate Republicans are purporting to fix one of its loopholes with their newly unveiled **health plan**. The so-called **coverage gap** left more than 2.5 million people living below the poverty line of $11,880 for an individual ineligible for Medicaid or financial assistance to buy insurance — even as higher earners got subsidy checks to buy theirs.

But experts say the fix, which looks fine on paper, is a mirage.

In fairness, the loophole was essentially created by Republicans and others when a Supreme Court decision meant that states were no longer required to expand Medicaid.

The Affordable Care Act offered help paying premiums to people earning between 100 to 400 percent of the poverty line, under the assumption that those under the poverty line would be covered by Medicaid.

So when 19 states decided not to expand Medicaid, millions of Americans were left in the coverage gap because they didn't qualify for Medicaid and couldn't afford private insurance.

As a remedy, the Senate bill would offer federal tax credits to help pay for insurance premiums for anyone earning between 0 and 350 percent of the poverty level (up to about $42,000 for an individual) starting in 2020. (Note that the upper ceiling is somewhat lower than that stipulated by the ACA.)

But health law experts caution that this coverage gap fix for these very low earners would likely be largely undercut by two other changes in the bill.

First, the Senate's plan would shift the calculation for subsidies. The ACA required that premium subsidies be linked to the price of a category of health insurance that was a kind of minimum standard for Obamacare and covered 70 percent of health costs on average — called a silver plan under Obamacare nomenclature. The Senate would instead tie the subsidy to the more bare-bones bronze plans, which cover on average only 60 percent of health costs….**Read More**

How the GOP would cut billions more from Medicaid with a single letter

With a small tweak to a relatively obscure part of the Republican health-care bill, GOP senators would make deep, permanent cuts to a low-income insurance program that covers tens of millions of Americans.

The Republican health-care bill wouldn't just unravel the Affordable Care Act, also known as Obamacare. Republicans are also planning to restructure Medicaid, a program established by President Lyndon B. Johnson in 1965 that provides health insurance to poor households, pregnant women and elderly patients.

Already, the version of the bill the House passed last month included drastic reductions in Medicaid outlays of about $834 billion over 10 years. GOP senators' own version of the bill, which they made public Thursday, could go even further over the long term.

Both the House and Senate bills aim to set a per-person cap on Medicaid spending in each state. That cap would adjust annually to take into account inflation. Through 2025, both bills would adjust the cap based on a measure of how rapidly medical costs are expanding — a measure known as the CPI-M.

Starting in 2025, however, the Senate bill would change the formula, instead funding Medicaid based on a measure of how rapidly all costs are rising (technically, the Consumer Price Index for urban consumers, or just CPI-U).

General costs, however, typically rise more slowly than medical costs. After 2025, the increases to Medicaid would no longer be able to keep pace, with the gap growing each year. After a decade or two, that discrepancy would add up to of hundreds of billions of dollars.

"It's a very small issue in 2026 but, potentially, a very huge issue by 2040," said Marc Goldwein, policy director at the Committee for a Responsible Federal Budget, an organization that advocates reducing the federal deficit.

In **a brief analysis** published online Wednesday, before the Senate's bill became public, the nonpartisan Urban Institute found that the differences between the two measures of inflation could add up to about $467 billion over 10 years, other things being equal.

The GOP bill would also make a number of other changes to the health-care system. Coming up with an exact number for the effect of changing the measure of inflation is complicated. And while the Congressional Budget Office has said it will publish forecasts for the Republican bill next week, its report might not reflect the effects of using the overall price index instead of just the medical component….**Read More**

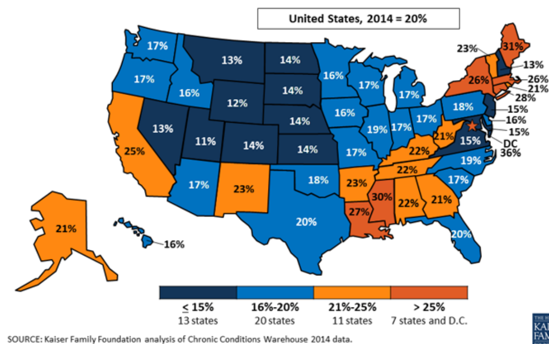
Issue Brief Outlines Medicare Risks of Medicaid Caps

The National Coalition on Health Care (NCHC) recently released an **issue brief** exploring how recent proposals to change Medicaid financing would affect Medicare. Eleven million people with Medicare—nearly 20%—also rely on Medicaid. Changes to one program can cause a ripple effect to the other. NCHC explains the significant pressure proposed Medicaid per-capita caps would place on Medicare, including the implications for future reform efforts.

The NCHC brief details some significant differences between the average Medicare beneficiary and those who are dually eligible for both Medicare and Medicaid. Dually eligible beneficiaries are older, poorer, and less likely to be in good health than those who only have Medicare. They are also more likely to have impairments that require another person's help with daily activities of living, such as dressing or bathing.

Dually eligible beneficiaries can receive two kinds of help from Medicaid: 1. help paying for Medicare services, or 2. Medicaid services that Medicare does not offer. For example, while Medicare covers limited nursing home care, that care—one of the program's biggest expenditures—is also a guaranteed benefit of the Medicaid program. Medicaid kicks in when Medicare's coverage is exhausted or otherwise not available.

Importantly, Medicaid also helps millions of people pay for home and community-based services (HCBS), those that allow people who would otherwise be in nursing facilities to remain at home. Unlike the mandatory nursing home coverage, HCBS is an optional benefit states are permitted to offer. Many states have made great strides in what is called "rebalancing," an attempt to shift people away from nursing facilities and into home or community placement.



According to the NCHC brief, a per-capita cap in Medicaid could end these rebalancing efforts, forcing more dually eligible beneficiaries into nursing facilities. Per-capita caps could also cripple efforts to integrate the care and services provided by both Medicare and Medicaid. Lack of coordination between the programs leads to increased spending and poorer outcomes for the dually eligible, and states have worked with the federal government to better integrate the programs.

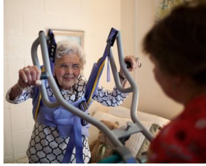
Combined, these issues would increase budget pressure in the state and lead to worse outcomes as people lack the care and community-based services they want and need. This would combine with innovation-stifling effects to increase cost pressures on both Medicaid and Medicare going forward.

Read The Brief

RI ARA HealthLink Wellness News

HealthLink Wellness "Taking Control"

In The End, Even The Middle Class Would Feel GOP Cuts To Nursing Home Care



Alice Jacobs, 90, once owned a factory and horses. She raised four children and buried two husbands.

But years in an assisted living facility drained her savings, and now she relies on Medicaid to pay for her care at Dogwood Village, a nonprofit, county-owned nursing home here.

"You think you've got enough money to last all your life, and here I am," Jacobs said.

Medicaid pays for about two-thirds of the 1.4 million elderly people in nursing homes, like Jacobs. It covers 20 percent of all Americans, and 40 percent of poor adults.

On Thursday, Senate Republicans joined their House colleagues in **proposing steep cuts to Medicaid,** part of the effort to repeal the Affordable Care Act. Conservatives hope to roll back what they see as an expanding and costly health care entitlement. But little has been said about what would happen to older Americans in nursing homes if these cuts took effect.

Under federal law, state Medicaid programs are required to cover nursing home care. But state officials decide how much to pay facilities, and states under budgetary pressure could decrease the amount they are willing to pay or restrict eligibility for coverage.

"The states are going to make it harder to qualify medically for needing nursing home care," predicted Toby Edelman, a senior policy attorney at the Center for Medicare Advocacy. "They'd have to be more disabled before they qualify for Medicaid assistance."

States might allow nursing homes to require residents' families to pay for a portion of their care, she added. Officials could also limit the types of services and days of nursing home care they pay for, as Medicare already does. ...**Read More**

'No One Wants To Be Old': How To Put The 'Non-Age' in Nonagenerian

Wilhelmina Delco learned to swim at 80. Harold Berman is in his 67th year practicing law. Mildred Walston spent 76 years on the job at a candy company. And brothers Joe and Warren Barger are finding new spots in their respective homes for the gold medals they've just earned in track-and-field events at the National Senior Games.

These octogenarians and nonagenarians may not be widely known outside their local communities, but just as their more famous peers — think Carl Reiner, Betty White, Dr. Ruth (Westheimer) or Tony Bennett — the thread that binds them is not the year on their birth certificate but the way they live.

"Age shouldn't be a reason to slow down," said Joe Barger, 91, of Austin, Texas.

It never hurts to have longevity in your genes and few chronic health problems, but mindset plays a role in how people age, experts say. Some older adults have been termed "superagers" for mental acuity despite their years because the typical age-related decline in brain volume is much slower.

However, for most active elders who aren't among these elite agers, staying vital when others around you aren't may be about more than physical or mental agility. Researchers find that society's focus on youth culture and negative stereotypes about aging prompts older adults' memory loss and stress. These days, older adults who want to dispel notions of growing feeble now have growing ranks to emulate.

Joe Barger and brother Warren, 95, of Chattanooga, Tenn., just wrapped up two weeks of competition in Birmingham, Ala., where Warren earned five gold medals and set a new national high-jump record in his 95-99 age bracket. In badminton, where Warren played singles, doubles and mixed doubles, he had to compete in the younger 85- to 89-year-old bracket because there weren't competitors in his age group….**Read More**

Take Our Quiz To Test Your Wits On Aging

As we get older, it helps to tickle the noggin' with trivia. Here's a pop quiz to see what you have learned as a regular reader of Kaiser Health News.

One in a series of pop quizzes touching on stories reported by Kaiser Health News and supported by The John A. Hartford Foundation

How Sharp Are You About Aging?

Seniors Miss Out On Clinical Trials

More than 60 percent of cancer patients are older adults — and that will rise to 70 percent by 2040. Yet seniors continue to be underrepresented in clinical trials, making it difficult to assess how treatments are likely to help or harm them.

The newest evidence of the problem comes from a Food and Drug Administration analysis, which found that only 25 percent of patients participating in cancer clinical trials were 65 and older. The analysis, which has not yet been published, was presented at the American Society of Clinical Oncology's annual meeting in June.

Clinical trials investigate the safety and effectiveness of new drugs and therapies, as well as ways to prevent illness and detect conditions early. Their discoveries help guide medical practice.

Yet, older adults are often not included in research studies to any significant extent. This is especially true for cancer patients in their 70s and 80s, according to the FDA's data:

- While 19 percent of breast cancer patients are 75 or older, only 4 percent of breast cancer clinical trial participants are of this age.
- Although 33 percent of colon cancer patients are in the 75-and-up group, a mere 8 percent of patients studied by researchers fell in that age group.
- While 37 percent of lung cancer patients are 75 or older, only 9 percent of people of that age are represented in lung cancer clinical trials.

The sobering conclusion: "It's difficult to practice evidence-based medicine in an older population because the data isn't there," said Dr. Stuart Lichtman, professor of medicine at Weill Cornell Medical College in New York City and president of the International Society of Geriatric .

And it's not just cancer. Across medical conditions that disproportionately affect seniors, people 65 and older have a poor showing in clinical trials.

"There's often an assumption that drugs only need to be tested in younger people and results can be extrapolated," said Dr. Consuelo Wilkins, an associate professor of medicine at Vanderbilt University Medical Center who, with colleagues, is overseeing a major grant to help bring more seniors, blacks, Hispanics and other groups into clinical trials. "But we know that how older adults respond to medications and interventions and their risk for adverse events is different based on their physiology." ...**Read More**

Patients With Mental Disorders Get Half Of All Opioid Prescriptions

Adults with a mental illness receive more than 50 percent of the 115 million opioid prescriptions in the United States annually, according to a **study released Monday**. The results prompted researchers to suggest that improving pain management for people with mental health problems "is critical to reduce national dependency on opioids."

People with mental health disorders represent 16 percent of the U.S. population.

The findings are worrisome, the researchers reported. They had expected that physicians were more conservative in prescribing these painkillers to people with mental illness.

"We are prescribing way too much opioids," said Dr. Brian Sites, an anesthesiologist at Dartmouth-Hitchcock Medical Center in New Hampshire and one of the study's researchers. "And that prescription behavior is resulting in significant morbidity in the country."

"Because patients with mental health disorders are a vulnerable population, [they're] probably more likely to develop addiction and abuse," he added. Sites suggested that physicians consider using different criteria when prescribing opioids for people with mental illness.

"The opioids are prescribed primarily for pain," but patients with mental illness find that the drugs alleviate their mental issues too, said Dr. Edwin Salsitz, an attending physician in the Division of Chemical Dependency of Mount Sinai Beth Israel Medical Center in New York who was not involved in the study. And this, he said, is what can lead to long-term use.

The study, published in the Journal of the American Board of Family Medicine, found that nearly 19 percent of Americans with a mental health illness use prescription opioids, while the same is true for only 5 percent of those without a mental health condition…

According to the federal Centers for Disease Control and Prevention, the **number of opioid sales in the U.S. quadrupled** from 1999 to 2015, yet the amount of pain adults experience remained the same. In addition to that, more than 183,000 people died from overdoses related to prescription opioid use during this time.

With no objective scale for measuring pain, doctors are hampered in treating patients with chronic discomfort.

"Since [pain is] a subjective phenomenon, it's very difficult to measure those things and to treat because some patients [report] 10-out-of-10 pain forever," Sites said

Dr. Andrew Saxon, director of the Addiction Psychiatry Residency Program at the University of Washington, said that "most people with chronic pain who end up on opioids do have a co-occurring psychiatric disorder." Yet too often the drugs don't provide lasting relief, he said.

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Petition Subject: Elimination of the Unfair GPO and WEP Provisions of the Social

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