



## Lyndon B. Johnson signs the Medicare bill July 30, 1965



On Wednesday, July 30, 2014, Medicare & Medicaid celebrates its 49<sup>th</sup> Birthday. The Medicare & Medicaid programs, a health insurance program for elderly Americans, were signed into law on July 30, 1965 by President Lyndon B. Johnson.

At the bill-signing ceremony, which took place at the Truman Library in Independence, Missouri, former President Harry S. Truman was enrolled as Medicare's first beneficiary and received the first Medicare card. Johnson wanted to recognize Truman, who, in 1945, had become the first president to propose national health insurance, an initiative that was opposed at the time by Congress.

The Medicare program, providing hospital and medical insurance for Americans age 65 or older, was signed into law as an amendment to the Social Security Act of 1935.

Some 19 million people enrolled in Medicare when it went into effect in 1966. In 1972, eligibility for the program was extended to Americans under 65 with certain disabilities and people of all ages with permanent kidney disease requiring dialysis or transplant.

Medicaid, a state and federally funded program that offers health coverage to certain low-income people, was also signed into law by President Johnson on July 30, 1965, as an amendment to the Social Security Act.

The most recent Medicare Trustees Report showed that Medicare's finances actually improved, and Medicare will be solvent until 2026. This was nine years longer than projected in 2009, prior to passage of the Affordable Care Act.

This year, 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. The Congressional Budget Office (CBO) projects that the slowdown in the growth of Medicare spending will likely continue for the next 25 years. 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, means testing benefits, requiring home health co-pays and limiting Medigap coverage. These proposals were floated around as a way to pay for the “doc fix” and are also included in the House Republican budget. The House Republican budget also guts Medicaid 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 Rockefeller (D-WV) and Congressman Waxman (D-CA), S. 740 and H.R. 1588. This legislation will require drug companies to provide the government discounts for low-income Medicare beneficiaries, saving the government and taxpayers \$141 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, turn it over to big insurance companies and demand that Congress support better alternatives that will not harm beneficiaries.**

## Social Security Benefit Verification Available Online but Also in Local Offices

**‘We recognize that some members of the public may require in-person assistance and we will have a presence in local communities’**



Despite a hard push to encourage seniors and others who need benefit verification letters from the Social Security Administration to obtain them online, the agency today issued a news release confirming that local Social Security offices will continue to provide benefit verification letters.

The Benefit Verification Letter provides proof of receiving Social Security benefits, Supplemental Security Income (SSI), and/or Medicare. It can also show a person is not getting benefits. This letter is sometimes called a "budget letter," a "benefits letter," a "proof of income letter," or a "proof of award letter."

“Providing services when and where the public needs them remains central to Social Security’s efforts, while continuing to encourage federal, state, and local agencies to take advantage of Social Security’s data exchange programs that can serve customers more efficiently and effectively,” according to the news release.

“We appreciate the feedback from members of Congress, our community stakeholders and agency partners. We want to ensure that we meet the needs of our customers in a way that is convenient for them and also cost-effective and secure for all,” Acting Commissioner Carolyn W. Colvin stated. “I believe that government agencies can work closer together to assist our mutual customers.”

### Benefit Verification Letter

What is a benefit verification letter? It is an official letter from Social Security that you can use as proof of your:

- ◆ income when you apply for a loan or mortgage;
- ◆ income for assisted housing or other state or local benefits;
- ◆ current Medicare health insurance coverage;
- ◆ retirement status;
- ◆ disability; and/or
- ◆ age.

You can select the information you want included in, or left out of, your online benefit verification letter.

Note: If you applied for benefits but have not received an answer yet, you can request a benefit verification letter that shows your claim is still pending.

Colvin said earlier in commenting on her role in helping develop goals for the Customer Service Cross-Agency Priority (CAP) Goal, “Customer service is part of our DNA here at Social Security.”

Over the last few years, Social Security has invested in technology that allows most government agencies and many other organizations to verify their clients’ Social Security benefits electronically without requiring them to visit a local Social Security office.

“We recognize that some members of the public may require in-person assistance and we will have a presence in local communities,” said Colvin. “We also want to ensure that the public is aware that they can access many of our services without making a trip to a local field office.”

Members of the public with Internet access can obtain benefit verification information by creating a *my Social Security* account at [www.socialsecurity.gov/myaccount](http://www.socialsecurity.gov/myaccount).

**[Watch this Social Security video about obtaining benefit verification letters online.](#)**

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## HHS Funds to Enhance Ability of States to Improve Medicaid Reform

**HHS also announces \$11 Million to integrate HIV services in Community Health Centers**

A new collaboration with states to improve care for Medicaid beneficiaries by accelerating efforts in reforming their health care systems to improve health and care, while also reducing costs, was announced yesterday by Health and Human Services Secretary Sylvia M. Burwell, who called the program “innovative.”

The goals and activities of the Medicaid Innovation Accelerator Program build on many of the recent recommendations made by the National Governors Association’s (NGA) Health Care Sustainability Task Force...[Read More](#)



## Exciting Glimmer of Hope in Fight Against Alzheimer's in U.S. but World Epidemic Grows

**New data on fewer new cases in U.S. and other developed nations suggests possibility of prevention and risk reduction; reports from Alzheimer's Association International Conference**

Older Americans have become accustomed to assuming that Alzheimer's disease is becoming more common among senior citizens and is destined to increase rapidly due to the increased incidence rate and the explosion in longevity. New reports today at the Alzheimer's Association International Conference 2014 suggest the possibility of reducing risk and maybe even preventing the disease most feared by most seniors. Some of the best news was found in studies from the United States.

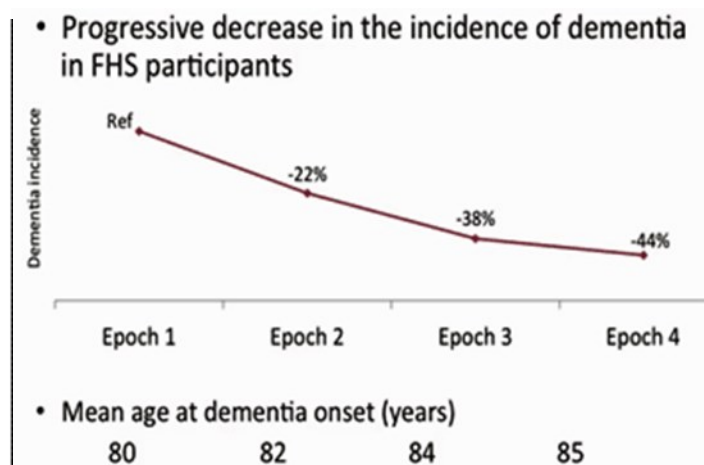
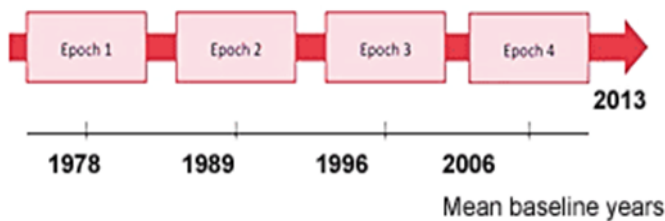
This was the message of hope that emerged in several research studies: while the global epidemic of Alzheimer's continues to grow, there is new data on lower incidence in the "youngest old" from developed countries in Europe and the U.S.

Scientists at the 2014 meeting in Copenhagen suggest higher education levels and more aggressive treatment of cardiovascular disease may be the key.

Certainly some of the most encouraging news – especially for U.S. seniors – came from a very old and well known study – the Framingham Heart Study....[Read More](#)

### Dementia Trends in the FHS

- >> Individuals 60 years or older
- >> Explored four 5-year time epochs over the last 30 years.



Claudia L. Satizabal, Ph.D., of the Boston University School of Medicine discusses new data from the **Framingham Heart Study** showing decline in new cases of dementia over four successive time periods. During the same time periods, the researchers saw improvements in education and better overall management of heart health risk. - [Click here to see video of her report](#)

## Study of Seniors Shows Niacin Too Dangerous for Routine Cholesterol Therapy

**Mainstay drug for many seniors now linked to death risk, dangerous side effects and no benefits in large study of older adults**

After 50 years of being a mainstay cholesterol therapy for many seniors, niacin should no longer be prescribed for most patients due to potential increased risk of death, dangerous side effects and no benefit in reducing heart attacks and strokes, writes Northwestern Medicine preventive cardiologist Donald Lloyd-Jones, M.D., in a *New England Journal of Medicine* editorial...[Read More](#)

### New Research

- ◆ Niacin does not reduce heart attacks or strokes
- ◆ Niacin linked to increase in death risk, excess bleeding and diabetes
- ◆ Statins remain best choice to reduce heart attack and stroke risk





## Diabetics with Heart Disease Can Live Longer by Taking Statins Says Researcher

Patients taking statins at beginning of study had a 50% increase of being alive as compared to those who didn't



Heart disease and stroke are the leading causes of death and disability among people with Type 2 diabetes. In fact, at least 65 percent of people with diabetes die from some form of heart disease or stroke, according to the American Heart Association. The good news is that it appears they may add years to their lives by taking statins.

A new study by researchers at Wake Forest Baptist Medical Center suggests that the use of cholesterol-lowering statins may help prolong the lives of people with diabetic cardiovascular disease.

The study is published in the current online edition of *Diabetes Care*.

"Although our study was not a clinical trial, it did show that people with diabetes and heart disease can still live quite a few years by taking statins," said Don Bowden, Ph.D., professor of biochemistry at Wake Forest Baptist and lead author of the study...[Read More](#)

## One Injection Stops Diabetes in Its Tracks Report Salk Scientists

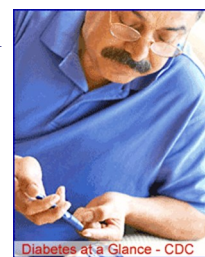
FGF1 treatment reverses symptoms of type 2 diabetes in mice without side effects

In mice with diet-induced diabetes - the equivalent of type 2 diabetes in humans - a single injection of the protein FGF1 is enough to restore blood sugar levels to a healthy range for more than two days. The discovery by Salk scientists, published today in the journal *Nature*, could lead to a new generation of safer, more effective diabetes drugs.

The team found that sustained treatment with the protein doesn't merely keep blood sugar under control, but also reverses insulin insensitivity, the underlying physiological cause of diabetes.

Equally exciting, the newly developed treatment doesn't result in side effects common to most current diabetes treatments.

"Controlling glucose is a dominant problem in our society," says Ronald M. Evans, director of Salk's Gene Expression Laboratory, La Jolla, California, and corresponding author of the paper. "And FGF1 offers a new method to control glucose in a powerful and unexpected way." ...[Read More](#)



## Spanish Friday Alert now Available

The *Friday Alert* will now be available each week in Spanish! To see last week's *Alerta Semanal*, go to <http://tinyurl.com/mq7gpry>. For the Alliance's Spanish language page, which includes fact sheets and other translated documents from the main site, go to <http://tinyurl.com/nllcz6n>. More outreach from the Alliance to the Hispanic elder community will be coming in the next few months.

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

**Petition Subject: Observation Stays: "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.**

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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 3118 & S 896**

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