



Social Security recipients to get small increase



The average recipient of Social Security will receive a slight increase in benefits in

two new reports that they expect Social Security's cost-of-living-adjustment (COLA) increase to be 0.2% next year, based on "intermediate assumptions." The trustees also projected that Medicare's Hospital Insurance trust fund will run out of money earlier than previously predicted.

The small increase in Social Security next year — which equals an extra \$2 for someone getting a \$1,000 monthly check — would come after retirees **got no increase in Social Security benefits** in 2016 for the third time in four decades. The final COLA figure is typically not determined until the fall...[Read More](#)

2017, [according to projections](#) released [Wednesday](#).

Trustees who oversee the nation's entitlement programs said in

Important pension information for Rhode Island state retirees

From Roger Boudreau:

The 2015 legislative session resulted in a bill which provides for the waiver of state income tax on Social Security income, provided that the beneficiary has an AGI (adjusted gross income) on federal income tax filing (Form 1040) of \$80,000 single or \$100,000 filing jointly (some joint filers may want to review/reconsider filing status). The bill, effective January 1, 2016 will reduce tax

liability for those eligible when they file their 2016 state tax return next year.

The 2016 session resulted in passage of another tax waiver bill on certain government pensions, including beneficiaries in the RI pension system (ERSRI). This bill waives state income tax on the first \$15,000 of pension benefit income. It becomes effective January 1, 2017, and it will reduce tax liability for the 2017 tax year filing in

2018. The same income caps (\$80k, \$100k) from the earlier bill apply. The effect of this bill will save state, municipal, and teacher/spouse beneficiaries an additional estimated \$500-600 per year in taxes.

Neither bill is tied to pensions with or without suspended COLA's. We will work to raise the benefit cap on the new bill and income caps for the two bills in future sessions of the Assembly.

Teachers Union, Hedge Funds War Over Pension Billions

Daniel Loeb, Paul Singer and dozens of other hedge-fund managers have poured millions of dollars into promoting charter schools in New York City and into groups that want to revamp pension plans for government workers, including teachers.

The leader of the American Federation of Teachers, Randi Weingarten, sees some of the proposals, in particular the pension issue, as an attack on teachers. She also has influence over more than \$1 trillion in public-teacher pension plans, many of which traditionally invest in hedge funds.

It is a recipe for a battle for the ages.

Ms. Weingarten started by targeting hedge-fund managers she deemed a threat to teachers and urged unions to yank money from their funds. Then she moved

to Wall Street as a whole.

Her union federation is funding a lobbying campaign to eliminate the “carried-interest” tax rate on investment income earned by many money managers. It is trying to defeat legislation that would increase the charitable deduction in New York state for donations to private schools. And it has filed a class-action lawsuit accusing 25 Wall Street firms of violating antitrust law and manipulating Treasury bond prices.

Some pension funds have withdrawn money from hedge-fund managers criticized by the teachers union. And some hedge-fund managers stopped making donations to advocacy groups targeted by Ms. Weingarten.

Hedge funds, reluctant to buckle to the

pressure, say Ms. Weingarten is doing a disservice to the teachers she represents, because funds should aim solely

to earn the highest possible return on their assets. The personal beliefs or donations of hedge-fund managers, they argue, shouldn't be a factor in that decision. At least one manager, Mr. Loeb of Third Point LLC, has increased his donations to a charter-school group, citing Ms. Weingarten.

Ms. Weingarten said in an interview: “Why would you put your money with someone who wants to destroy you?”

[...Read More](#)



Randi Weingarten

Latest Alert from Social Security Fairness

Social Security Fairness

**Action Alert #84 –
Get to Know Your
Social Security
Legislative Aide**
Jun 27, 2016 04:46

am | SS Fairness

You can use these links:

To find your Representative: <http://www.house.gov>

To check on House Bill 973

To check on H.R. 711

This week, the House of Representatives is on break. They have come back to their districts and will probably be seen at 4th of July picnics and other celebrations. Catch up with them, if you can, and tell them that you expect action on the GPO and WEP!

In addition to that, **this is a good time to call your Congress Person's office** (put their number on your phone's direct dial list) in Washington, D.C. and set up communication with the person in their office who advises them on Social Security legislation. You may not be able to talk to them directly, so get their email. Ask them to call you. They may ask you if you represent a group. We are the Committee for Social Security Fairness, but pick another group you belong to that supports this, if you wish.

Sample story you can use for WEP.

Copy, personalize and send it:

*I worked for _____ for ____ years, earning my own Social Security retirement benefits. But I also worked for _____ for _____ years, earning a pension in a job where I was not permitted to pay into FICA to increase my Social Security benefits. It was not until _____ (just before retirement, when I went to collect benefits,) that I learned that the amount Social Security had been telling me that I would get when I retired was **WRONG. Because of the Windfall Elimination Provision, I was going to lose \$ _____ every month. For a retiree, losing \$ _____ every year is really hard!***

The whole idea of the Social Security offsets is unfair. No one else loses Social Security because they have another source of income! I believe that the WEP and the Government Pension Offset should both be eliminated, and I hope you will support (or thank you for supporting) H.R. 973, by Rodney Davis (R-IL) and Adam Schiff (D-CA) to repeal the offsets. In the meanwhile, please consider (or thank them for) supporting H. R. 711, sponsored by Kevin Brady (R-TX) and Richard Neal (D-MA).

H.R. 711 corrects the clumsy formula that was devised 30 years ago to

approximate what would be a person's SS retirement benefits if they had always worked in jobs that paid Social Security benefits. That formula is WRONG for its purpose. Because of better data, a more reliable formula can now be applied and, because of a more consistent application of the offset, it will not change the cost to the Social Security Administration. This is a no cost fix that will make a huge difference of America's public servants.

H.R. 711 is a bi-partisan bill and is supported by retired teacher, police and fire fighter associations from across the country, as well as AARP. Please see the Ways and Means Committee information on the bill: <http://waysandmeans.house.gov/hr711/>

Please take this opportunity to begin to correct a wrong that has been done to public servants across the country. We cannot miss this opportunity!

Note to victims of the Government Pension Offset: once we convince Congress that the WEP needs fixing and they can do something about it, we will have better standing to go after the GPO, which is more expensive.

For more information on H.R. 711, please go to our website, ssfairness.com and re-read Alert #83!

Congress keeps Social Security from spending its own money to administer benefits effectively

It's bad enough that Congressional leaders want to cut Social Security benefits. But did you know that Congress also is keeping Social Security from spending its own money to administer benefits effectively? Earlier this month, the Senate Appropriations Committee refused to allow **the Social Security Administration (SSA) the \$13.067 billion it needs**—less than 1 percent of its budget—“to execute critical service delivery efforts” and ensure people have appropriate access to benefits.

Instead, the Senate Appropriations Committee cut SSA's administrative budget by 5.5% or \$600,000. According to SSA, this means a serious cut in customer service, jeopardizing and

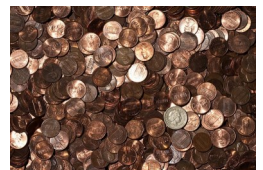
delaying people's access to benefits. To be crystal clear, the money the Appropriations Committee is denying SSA is SSA's money, expressly for use by SSA, not general revenue.

What exactly are the members of the Senate Appropriations Committee thinking? The Acting SSA Commissioner describes Social Security's state of service as “fragile,” in her explanation of why it requires its full budget request. The Committee's behavior makes no sense; it harms constituents and Social Security's reputation.

There are **65 million people in the U.S. receiving Social Security or Supplemental Security Income (SSI)**, up more than 12 percent in the last five

years. Yet, Senator Roy Blunt of Missouri, who chairs the Appropriations Committee, and his members, have effectively cut SSA's administrative budget. It is still \$10.5 billion, what it was five years ago, with six million fewer enrollees.

Keep in mind that almost all Social Security applicants are older adults or people with disabilities and many have mental impairments, low literacy levels and speak English as a second language. They often need personalized assistance. And, SSA is not authorized to spend as much funds as are needed to provide it....**Read More**



Simple measures reduce cognitive dysfunction in older patients after operation Study shows benefits of anti-inflammatory drug dexamethasone before surgery



Post-operative cognitive dysfunction (POCD), a condition mostly observed in older patients following

surgery under general anesthesia, is characterized by impaired memory and concentration. The impairment may be temporary or permanent and incapacitating.

The problem has become more frequent as the population ages and also as a growing number of older adults undergo surgical procedures made possible by more advanced medical technology. Data from the scientific literature suggest a rise in mortality from POCD in the first year after surgery under general anesthesia.

The good news, according to a Brazilian study published by the journal *PLoS One*, is that two relatively simple measures can help to reduce the incidence of POCD: administering a small dose of the anti-inflammatory drug dexamethasone immediately before an operation and avoiding profound anesthesia during the operation.

Opinions on the adequate depth of anesthesia and the risks of very profound anesthesia currently diverge. Excessively superficial anesthesia is known to incur a risk of patient recall of the procedure, which is undesirable.

"Our findings confirm recent evidence that the deeper the anesthesia-induced hypnosis, the higher the incidence of POCD. The literature points to a link with the systemic inflammatory

response induced by surgical trauma, damaging the central nervous system. If so, the use of an anti-inflammatory drug may have a protective effect," said Maria José Carvalho Carmona, a professor of anesthesiology at the University of São Paulo's Medical School (FM-USP) and principal investigator for the study.

The researchers evaluated 140 patients aged between 60 and 87 who underwent surgery under propofol-induced general anesthesia at the Central Institute of Hospital das Clínicas, FM-USP's teaching hospital, in most cases for removal of gallstones.

it hard to follow up on patients..."...[Read More](#)

Drug industry spending tens of millions to keep states from lowering drug prices

The drug industry is on the defensive. The federal government may be doing precious little to bring down prices, but some states are on the offensive. And, [according to Stat News](#), the drug industry is spending tens of millions to keep states from lowering drug prices.

However, just last month, Vermont passed a law that requires drug companies to justify price increases. In California, the Senate has passed a similar requirement and there's an upcoming ballot measure that would limit the price of some drugs. Ohio has a similar upcoming ballot measure.

Pharmaceutical companies are responding by giving tens of millions to opponents of the ballot measures, which were initiated by the AIDS Healthcare Foundation. Merck and Pfizer, among others, have given some \$68 million to fight the California ballot measure alone.

At the same time, they continue to raise drug prices ever higher. Why not so long as they can? The average price of brand name drugs rose 14 percent last year, according to the market research firm

TruVeris. We are now [paying three times more than people in the United Kingdom for the top 20-selling drugs](#) in the world.

Pfizer has raised its drug prices almost 9 percent recently. And, six months ago it had raised its drug prices 10 percent. Johnson & Johnson upped its price for rheumatoid arthritis drugs 30 percent in the last 18 months. Amgen did the same. Biogen's multiple sclerosis drug now costs 18 percent more.

The [pharmaceutical companies are continuing to blame insurers for high drug prices](#). But, so long as they charge a lot for unique brand-name drugs, insurers have no choice but to raise premiums, deductibles and/or copays.

Brand name prices will remain high until there are generic substitutes. And, unfortunately, [there is a long list of generic drugs waiting for approval by the FDA](#).



Here's more from Just Care:

- ◆ [Six tips for keeping your drug costs down if you have Medicare](#)
- ◆ [Four things you may not know about generic drugs](#)
- ◆ [Drug charity programs help drug company profits](#)
- ◆ [Medicare Part D drug programs: Three tips](#)

Filling A Prescription? You Might Be Better Off Paying Cash

By **Julie Appleby**



Some consumers who use health insurance copays to buy prescription

drugs are paying far more than they should be and would be better off paying with cash, especially for generics.

The added cost runs as high as \$30 or more per prescription, say pharmacists, and the money is largely being pocketed by middlemen who collect the added profit from local pharmacies.

Cash prices started to dip below copays a decade ago when several big box stores

started offering dozens of generics for as little as \$4 per prescription. But as copays have risen and high-deductible insurance plans become more common, more consumers are now affected.

The phenomenon illustrates the complexity of how drugs are priced in the U.S. and has led to finger-pointing about who is benefitting or who's to blame.

Pharmacists say large pharmacy benefit management (PBM) firms that handle benefit claims for millions of Americans are pocketing the difference, while those firms say pharmacists themselves are being greedy.

"In some cases, consumers are blaming high drug prices on manufacturers, but

really the cause of their costs may be the insurance company or the pharmacy or the pharmacy benefit manager," said Adam J. Fein, who follows the drug industry for management advisory firm Pembroke Consulting in Philadelphia. "It's very hard to figure this information out."

How much consumers pay at the pharmacy counter depends on a bewildering array of factors, including health insurance policies that set copayments and deductibles, the pharmacies they choose, and which behind-the-scenes PBM their employer or insurer hires to manage claims and negotiate prices with pharmacies and drugmakers....[Read More](#)

Aging women find healthy diets may help with mobility

Healthy diets linked with preventing or delaying decline in physical function in older women

In a large study conducted by at Brigham and Women's Hospital (BWH), researchers found an association between women who maintain a healthy diet and a reduction in the risk of developing impaired physical function as they age.

"Little research has been done on how diet impacts physical function later in life. We study the connection between diet and many other aspects of health, but we don't know much about diet and mobility," says Francine Grodstein, ScD, senior author of the study and a researcher in the Channing Division of

Network Medicine at BWH.

"We wanted to look at diet patterns and try to learn how our overall diet impacts our physical function as we get older."

Researchers examined the association between the Alternative Healthy Eating Index, a measure of diet quality, with reports of impairment in physical function among 54,762 women involved in the Nurses' Health Study.

Physical function was measured by a commonly used standard instrument every four years from 1992 to 2008 and

diet was measured by food frequency questionnaires, which were administered approximately every four years beginning in 1980.

The data indicate that women who maintained a healthier diet were less likely to develop physical impairments compared to women whose diets were not as healthy....[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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