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Publication 2017/ Issue 26
Published in house by the
RI ARA

July 9, 2017 E-Newsletter

Your Senators Heard You. Now, Show Up to Protect Our Care

An unexpected update from Washington, DC this week: Senate Republicans failed to vote on the **Better Care Reconciliation Act (BCRA)**—Senate leadership’s amended version of the House-passed health care package. But there’s good news and bad news.

The good news: your advocacy is working!

The bad news: another vote is right around the corner.

As we suspected, the BCRA is scarily similar to the House’s **American Health Care Act (AHCA)**. Both the BCRA and the AHCA 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.

An analysis of the bill by the Congressional Budget Office **confirmed what we feared**, the BCRA would yank coverage out from under **22 million** people, restrict access to needed care, and hike health care costs most significantly for the oldest and sickest among us.

To save health care for 22 million Americans, we need you to keep up the pressure! Here are 3 things you can do to stop this bill once and for all:

1. Show up—especially in key states. The deciding votes on this harmful bill will likely come down to these key states:

- [Alaska](#)
- [Arizona](#)
- [Colorado](#)
- [Maine](#)
- [Nevada](#)
- [Ohio](#)
- [West Virginia](#)



Your Senators are home for the July 4th holiday and the most important thing you can do to block this bill is to **show up**—especially in the states listed above. While few Senators are planning town hall events over this recess, you can still drop by their district offices or talk to them at other events and Independence Day parades. To find out about events in your area, visit townhallproject.com.

Don’t live in one of the states listed here? Showing up is still important, but so is calling your friends, family members, old roommates, past neighbors, and anyone you know to tell them what’s in this bill and why we need their voice to stop it.

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.

Tell your member that there’s no tweaking or deal making that will fix the BCRA—its cuts to Medicaid and Medicare and tax breaks for the wealthy simply go too far. Ask for an open process and bipartisan solutions to make health care more affordable.

You can also write to your

Senators. Send your Senators an email and **tell them to abandon the Better Care Reconciliation Act 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. Write about what Medicaid means to

you and your family and why our country needs it for the future. 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.

Stay informed and engaged in the coming weeks through social media, follow us on [**Facebook**](#) and [**Twitter**](#) at [**@medicarerights**](#). Keep up with the latest by using and following the hashtags [**#ProtectOurCare**](#) and [**#SaveMedicaid**](#).

Take a brief moment to celebrate, but don’t forget that we’ve been here before. Only three short months ago, House leadership delayed its first vote only to come back later and pass a disastrous health bill. We can’t let the Senate follow suit. **Show up to protect our care.**



Senate Democrats shine light on health bill's longer-term effect on Medicaid



In asking the Congressional Budget Office to take a longer view of Senate

Republicans' troubled health-care plan, the chamber's Democrats maneuvered to train a spotlight on exactly what the GOP has sought to bury.

The Better Care Reconciliation Act relies on the time-honored political strategy of pressing a bill's most profound effects years into the future — in this case, in severely constricting the main source of public health insurance for poor and vulnerable Americans.

Until Thursday, that scenario had been cloaked in arcane legislative language about per-capita caps and varying inflation adjustments. What Congress's nonpartisan budget scorekeepers did, at

the prodding of the Senate Finance Committee's senior Democrat, is make clear that the GOP legislation would squeeze federal Medicaid spending by 35 percent by the end of two decades, compared with current law.

The extra analysis comes three days after the CBO issued an estimate of the bill's effects on insurance coverage and federal spending. The original estimate looked forward only a decade, as such analyses almost always do. It predicted that the number of Americans covered by Medicaid in 2026 would be 15 million fewer than if the Affordable Care Act remains the law. It also estimated that the program would receive \$772 billion less in federal money.

The new conclusions, barely three pages long, do not indicate how much more than \$772 billion would be lost from

the program in that second decade. Nor does the CBO say how many fewer people would be on Medicaid's rolls by then. Predicting that far ahead is too uncertain, the analysts said.

Still, the budget office projects that "a large gap" between Medicaid at the moment and Medicaid under the Senate GOP leaders' plan would continue to widen after 2026. After the coming decade, the report says, "enrollment in Medicaid would continue to fall."

Two organizations, the consulting firm Avalere Health and the Committee for a Responsible Federal Budget, sought late Thursday afternoon to translate the CBO's forecast into dollars. Both estimated that the slowdown in Medicaid spending would go from \$158 billion in 2026 to at least \$330 billion a decade later... [Read More](#)

Men Wrote The Senate Health Care Bill. This Woman Could Stop It.

As Majority Leader Mitch McConnell (R-Ky.) tries to negotiate his way to a health bill that can win at least 50 Republican votes, there is one woman in the Senate who could stop the bill cold.

She isn't even a senator.

Elizabeth MacDonough is the Senate's parliamentarian, [the first woman](#) to hold that post, which involves advising senators on the chamber's byzantine rules and procedures. She alone can decide what pieces of [the emerging Senate overhaul](#) of the Affordable Care Act can

be included under the [budget reconciliation process](#) senators are using. That process allows them to pass the measure with a simple majority vote rather than needing the usual 60.

In theory at least, she could reject the very deals McConnell is trying to cut.

By all accounts, MacDonough, who has spent almost her entire career working for the Senate and was appointed to her position in 2012, is scrupulously fair and trusted by both major parties.

"Elizabeth is great," said Rodney

Whitlock, a former Republican staffer on the Senate Finance Committee who has argued tricky legislative points before her numerous times.

Democrats agree. "She's a straight shooter and an honest broker," said Bill Dauster, a longtime Democratic staff director for the Budget Committee... [Read More](#)



McConnell Has About \$200B In 'Candy' To Make Deals On Obamacare Repeal



The path to 50 votes for an Obamacare replacement bill seemed to narrow dramatically Thursday as efforts to craft a quick compromise foundered — but Senate Majority Leader Mitch McConnell has \$200 billion to build a bridge to victory. His dealmaking may be just beginning.

While many policy experts, lobbyists and senators Kaiser Health News spoke to this week seemed skeptical that the Better Care Reconciliation Act could be saved,

they said they could envision a way for McConnell (R-Ky.) to succeed in crafting a bill that would partially replace the Affordable Care Act.

McConnell has significant wiggle room in his repeal bill. Under the budget rules he is using to move the legislation, he needs to [reach \\$133 billion in deficit reduction](#) over 10 years. The Congressional Budget Office estimated that the BCRA would save \$321 billion. That leaves about \$200 billion in deficit savings that McConnell can afford to give back and use to make deals with as many as a dozen senators who oppose his draft

bill.

"There's clearly a path to do this," said Matt Salo, the executive director of the National Association of Medicaid Directors. "McConnell has enough candy to do it, and enough time. It's still a very real possibility."

Figuring out exactly how to spread the confectionery around, though, is no simple matter.

The key problem for the bill is very similar to the one that nearly brought down the House version of similar legislation: Conservatives want to repeal more of Obamacare... [Read More](#)

House Seeks To Cap Malpractice Awards As Part Of Health Care Update



Last week, a jury awarded a Pennsylvania man **\$620,000 for**

pain and suffering in a medical malpractice lawsuit he filed against a surgeon who mistakenly removed his healthy testicle, leaving the painful, atrophied one intact.

However, if a bill before the House of Representatives passes, the maximum he would be able to receive for such “non-economic” damages would be \$250,000.

Non-economic damages cover losses that are hard to put a dollar amount on such as suffering, loss of a limb, pain, and loss of companionship. In addition, medical malpractice awards may include monetary damages to cover medical costs and loss of future wages. Sometimes

punitive damages may be awarded as well as punishment for reckless or other harmful behavior.

The bill is part of a **package of proposed reforms** that supplement the American Health Care Act, the House measure to replace the Affordable Care Act that was narrowly approved in May. The Trump administration **pledged to support** the tort reform legislation.

Passage is far from certain. Groups across the political spectrum oppose the measure. Patients advocates say it would be unfair to seriously injured people whose lives are changed forever because of medical negligence. Many conservatives don’t embrace it either because it would impose federal standards on tort law, an area where states have traditionally determined the rules.

The Congressional Budget Office estimated that the bill would lower health care costs by reducing medical liability insurance premiums and the use of health care services by providers worried about being sued. This would lead to lower spending on federal health care programs and lower medical insurance liability premiums. The effect would be to reduce deficits by **nearly \$50 billion** over 10 years.

Supporters say caps on medical malpractice awards discourage frivolous lawsuits and reduce the cost of health care because providers no longer need to practice defensive medicine.

Yet **research shows** that costs from medical liability make up just 2 to 2.5 percent of total health care spending....[Read More](#)

Safe Under The ACA, Patients With Preexisting Conditions Now Fear Bias

Cheasnee Huette, a 20-year-old college student in Northern California, is worried. Two years ago, knowing she was protected by the Affordable Care Act’s guarantees of coverage for preexisting conditions, she decided to find out if she carried the same genetic mutation that eventually killed her mother.

She tested positive for one of the cancer-related mutations referred to as [Lynch syndrome](#).

Now, as congressional Republicans advance proposals to overhaul the health law’s consumer protections, she frets that her future health insurance and

employment options will be defined by that test — and that the mutation documented in her medical records and related screenings could rule out individual insurance coverage.

“Once I move to my own health care plan, I’m concerned about who is going to be willing to cover me and how much will that cost,” said Huette, who now has coverage under her father’s policy.

With the protections of Obamacare in place, physicians in recent years have urged patients to be screened for a variety of diseases and predisposition to illness, feeling confident it would not affect their

future insurability. Being predisposed to an illness — such as carrying BRCA gene mutations

associated with breast and ovarian cancer — does not mean a patient will come down with the illness. And it may allow them to take steps to prevent its development.

But the results recorded on patients’ charts could haunt them, experts say....[Read More](#)



Health Care Battle On Hill Has Veterans Defending Obamacare Benefits



Air Force veteran Billy Ramos, from Simi Valley, Calif., is 53 and gets health

insurance for himself and for his family from [Medicaid](#) — the government insurance program for low-income people. He says he counts on the coverage, especially because of his physically demanding work as a self-employed contractor in the heating and air conditioning business.

“If I were to get hurt on the job or something, I’d have to run to the doctor’s, and if I don’t have any coverage they’re going to charge me an arm and a leg,” he said. “I’d have to work five times as hard just to make the payment on one bill.”

There are about 22 million veterans in the U.S. But fewer than half get their health care through the Veterans Affairs system; some don’t qualify for various reasons or may live too far from a VA facility to easily get primary health care there.

Many vets instead rely on Medicaid for their health insurance. Thirty-one states and the District of Columbia chose to expand Medicaid to cover more people — and many of those who gained coverage are veterans.

The GOP health care bill working its way through the Senate would dramatically reduce federal funding for Medicaid, including rolling back the expansion funding entirely between 2021 and 2024....[Read More](#)

What Tax Breaks? Those Promised In GOP Plans Go Mostly To Top 1%



There's much talk on Capitol Hill about the tax cuts included in the Republican health plans, but unless you are a frequent user of tanning beds or have

personal wealth that puts you in the top 1 percent, you might not feel much effect from them.

Specifically, both the House and the Senate plan would change or eliminate more than a dozen taxes that were levied to help pay for the Affordable Care Act's insurance subsidies and to bolster Medicare and expand Medicaid. Republicans and other ACA critics have argued the taxes are onerous on businesses and families.

The Congressional Budget Office estimated that the Senate proposal would

result in \$700 billion in lost revenue from the federal Treasury over the next 10 years.

Here are three things you need to know about them:

1. What are these taxes targeted for repeal?

The biggest ones fall into two buckets:

In the first bucket is a 0.9 percent increase in the existing Medicare payroll tax on income above \$200,000 for individuals or \$250,000 for couples.

There is also a 3.8 percent tax on net investment income — as in stocks, bonds, interest and capital gains — that kicks in after \$200,000 for individuals and \$250,000 for couples. As Senate leaders consider revisions to the bill, some senators — including Republican Bob Corker of Tennessee — suggest leaving the investment tax in place to provide

more money for subsidies, but others object to that idea. It would also present a major difference from the House-passed bill.

Still, if both of those taxes in the ACA were repealed, high-income Americans together would pay \$230.8 billion less in taxes over 10 years, according to the CBO [analysis](#).

In the second bucket are taxes on the drug and medical device industry, which says those levies have a chilling effect on innovation, affect its ability to hire more workers or are passed along to consumers in the form of higher health care prices or premiums. Drug companies would experience an estimated \$25.7 billion cut, while medical device makers would get about \$19.6 billion in savings. Some of the cuts would start as early as this calendar year. ...[Read More](#)

Should GOP Health Bill Prevail, Say Bye-Bye To Insurance Rebates

If Senate GOP leaders have their way, the check may not be in the mail. Many consumers collected unexpected [rebates](#) after the Affordable Care Act became law, possibly with a note explaining why: Their insurer spent more of their revenue from premiums on administration and profits than the law allowed, so it was payback time. More than \$2.4 billion has been returned to customers since the provision went into effect in 2011, averaging [about \\$138 per family in 2015](#).

Those rebates could end under the Senate

proposal — now on hold until after the July Fourth holiday — to repeal the ACA. Insurers consider the requirement — known as the medical loss ratio (MLR) — onerous, and some had to change the way they do business because of it. To be sure, the rule didn't resonate much with consumers, even if they received a rebate, because the amounts were relatively small, possibly enough to cover a family dinner out.

The MLR has fans among policy experts, who say it pushes insurers to be more efficient and creates a better value.

“When they struggle to pay premiums, when they're making those sacrifices, [consumers]

want most of the value of those premiums to go to actual medical care,” said Mila Kofman, a former insurance commissioner in Maine, who now runs the D.C. Health Benefit Exchange Authority. ...[Read More](#)



Parents Of Ill Children Worry About Return Of 'Lifetime Limits' In GOP Health Bill



The health care legislation under discussion in the Senate could allow states to remove

some of the Affordable Care Act's consumer protections — including the prohibition that keeps insurers from limiting how much they'll pay for medically needy, expensive patients. Clara Hardy's parents worry about the Senate bill for just this reason.

These days, 6-year-old Clara's biggest

struggle is holding her breath long enough to touch the bottom of the pool in her North Carolina neighborhood. But immediately after she was born in 2011, she couldn't even breathe. She had a serious birth defect called a [congenital diaphragmatic hernia](#).

Sitting next to her mom, Chrissy Hardy, Clara reads from a book, made of construction paper, that she wrote and illustrated in crayon. “On day eight, the surgeons cut me open,” Clara reads. “Everything that was in my chest got

moved back to my belly. They put a patch to fix the hole in my diaphragm.”

“We were told more than once she would not survive,” her mother adds.

But after many procedures that Hardy estimates cost more than \$1 million, she finally got to cradle her baby.

“She was born two months before I turned 30,” Hardy said, “and I held her the day before my 30th birthday.” ...[Read More](#)

Podcast: What The Health? Senate Bill Sparks Fireworks Before The Fourth



In the inaugural episode of “What the Health?” Julie Rovner of Kaiser Health News, Joanne Kenen of Politico, Margot Sanger-Katz of The New York Times and Paige Winfield Cunningham of The Washington Post discuss the state of the Senate’s effort to “repeal and replace” the Affordable Care Act. Plus, for extra credit, the panelists recommend their favorite health stories of the week that they think you should read, too:

Julie Rovner: The New England Journal of Medicine’s “[Health Insurance Coverage and Health — What the Recent Evidence Tells Us](#)”

Joanne Kenen: The New Yorker’s “[A Doctor’s View of Obamacare and Trumpcare from Rural Georgia](#)”

Margot Sanger-Katz: KHN’s “[Hospitals Ramp Up Hyperbaric Therapy For Diabetics, Despite Concerns](#)”

Paige Winfield Cunningham: The Washington Post’s “[If These Two Republicans Can’t Agree, The Senate Can’t Pass Its Health-Care Bill](#)”

Listen to the broadcast

As Seniors Get Sicker, They’re More Likely To Drop Medicare Advantage Plans

When Sol Shipotow enrolled in a new Medicare Advantage health plan earlier this year, he expected to keep the doctor who treats his serious eye condition.

“That turned out not to be so,” said Shipotow, 83, who lives in Bensalem, Pa.

Shipotow said he had to scramble to get back on a health plan he could afford and that his longtime eye specialist would accept. “You have to really understand your policy,” he said. “I thought it was the same coverage.”

Boosters say that privately run Medicare Advantage plans, which enroll about one-third of all people eligible for Medicare, offer good value. They strive to keep patients healthy by coordinating their medical care through cost-conscious networks of doctors and hospitals.

But some critics argue the plans can prove risky for seniors in poor or declining health, or those like Shipotow who need to see specialists, because they often face hurdles getting access.

A recent **report** by the Government Accountability Office, the auditing arm of Congress, adds new weight to criticisms that some health plans may leave sicker patients worse off.

The GAO report, released this spring, reviewed 126 Medicare Advantage plans and found that 35 of them had disproportionately high numbers of sicker people dropping out. Patients cited difficulty with access to “preferred doctors and hospitals” or other medical care, as the leading reasons for leaving.

“People who are sicker are much more

likely to leave (Medicare Advantage plans) than people who are healthier,”

James Cosgrove, director of the GAO’s health care analysis, said in explaining the research.

David Lipschutz, an attorney at the **Center for Medicare Advocacy**, says the GAO findings were alarming and should prompt tighter government oversight.

“A Medicare Advantage plan sponsor does not have an evergreen right to participate in and profit from the Medicare program, particularly if it is providing poor care,” Lipschutz says. . . . **Read More**



Slowed Walking, Shrinking Brain?

It isn't unusual for older people to slow down a bit as the years go by. But for seniors, slowed walking may signal mental decline, and now a new study suggests why.

“Typically when physicians notice a slowing gait in their patients, they'll consider it a mechanical issue and refer the patient to physical therapy,” said study author Andrea Rosso.

“What we're finding is that physicians also should consider that there may be a brain pathology driving the slowing gait and refer the patient for a cognitive

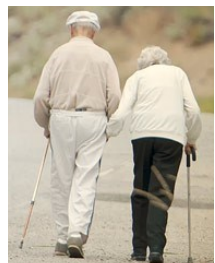
[mental] evaluation,” she added. Rosso is an assistant professor in the University of Pittsburgh's department of epidemiology

For the study, the researchers looked at 175 people, aged 70 to 79, who had normal mental function at the start of the study period. The participants all had regular assessments over the course of 14 years.

People who developed slowed walking during the follow-up also showed shrinkage of their right hippocampus, according to the study. That brain region is where memory and “spatial orientation”

reside. Spatial orientation is the ability to maintain your posture in relation to the physical space around you when at rest and during motion.

The study findings suggest that doctors should check older patients' walking speed and watch for changes over time, since it could be an early indication of mental decline that warrants testing, the researchers said. . . . **Read More**



Does Medicaid cover nursing home care?



**Dear Marci,
I'd like to see if
my mother is
eligible for
Medicaid. How**

**would she register for the program,
and would she be eligible for nursing
home care?**

Generally, an individual needs to **apply for Medicaid** with their local Medicaid office. Some people automatically qualify for Medicaid based on their status with Social Security. Contact your mother's local Medicaid office to ask how to submit the application. Many states allow you to submit an application online, through the mail, or through community health centers and related organizations. Her state may require a face-to-face meeting at the Medicaid office in order to apply.

States often require documentation to

support your application, such as proof of age, like a birth certificate; proof of identity and citizenship or immigration status, like a passport or green card; proof of address, such as a utility bill; proof of income, like a pay stub or Social Security Administration award letter; and proof of assets, like a bank statement.

All state **Medicaid** programs are required to cover the certain benefits at a minimum. These are known as **mandatory benefits**, and include inpatient and outpatient hospital services, nursing facility services, home health services, physicians' services, laboratory services, x-rays), rural health clinic services, transportation to medical services, family planning services, nurse midwife services, tobacco cessation counseling for pregnant people, state-licensed freestanding birth centers, pediatric and certified family nurse

practitioner services. Note that Medicaid covers inpatient and outpatient hospital services, home health care, and physician services, which are also covered by Medicare.

All states have a Medicaid program for people who need nursing home or long-term care. This is important to know, because Medicare covers long-term care in very limited circumstances. Some people who need long-term care may qualify for Medicaid coverage of this care. This is often called Medicaid for residents of an institution, or **institutional Medicaid**. Medicaid for residents of an institution covers nursing facility services and general health care. This type of Medicaid may pay for a stay in a nursing home if you need a nursing home level of care and your income and assets are under a certain limit... **Read More**

Older Patients Leaving Hospital Resist Home Help at Their Peril

As many as 28 percent of patients offered home health care when they're being discharged from a hospital — mostly older adults — say “no”

The 84-year-old man who had suffered a mini-stroke was insistent as he spoke to a social worker about being discharged from the hospital: He didn't want anyone coming into his home, and he didn't think he needed any help.

So the social worker canceled an order for home health care services. And the patient went back to his apartment without plans for follow-up care in place.

When his daughter, Lisa Winstel, found out what had happened she was furious. She'd spent a lot of time trying to convince her father that a few weeks of help at home was a good idea. And she'd asked the social worker to be in touch if there were any problems.

Similar scenarios occur surprisingly often: As many as 28 percent of patients offered home health care when they're being discharged from a hospital —

mostly older adults — say “no” to those services, according to a new **report**.

Understanding why this happens and what can be done about it is important — part of getting smarter about getting older.

Refusing home health care after a hospitalization puts patients at risk of a difficult, incomplete or slower-than-anticipated recovery. Without these services, older adults' odds of being readmitted to the hospital within 30 or 60 days double, according to one **study**.

Why, then, do seniors, resist getting this assistance?

“There are a lot of misperceptions about what home health care is,” said Carol Levine, director of the United Hospital Fund's Families and Health Care Project, a sponsor of the new report.

Under Medicare, home health care services are available to older adults who are homebound and need intermittent skilled care from a nurse, a physical therapist or a speech therapist, among

other medical providers.

Typically, these services last four to six weeks after a hospitalization, with a nurse visiting several times a week. Some patients receive them for much longer.

Many seniors and caregivers confuse home health care with “home care” delivered by aides who help people shower or get dressed or who cook, clean and serve as a companion. The two types of services are not the same: Home health care is delivered by medical professionals; home care is not. Nor is home care covered by Medicare, for the most part.

This was the mistake Winstel's father made. He thought he was being offered an aide who would come to his apartment every day for several hours. “I don't want a babysitter,” he complained to Winstel, chief operating officer of the **Caregiver Action Network**... **Read More**



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