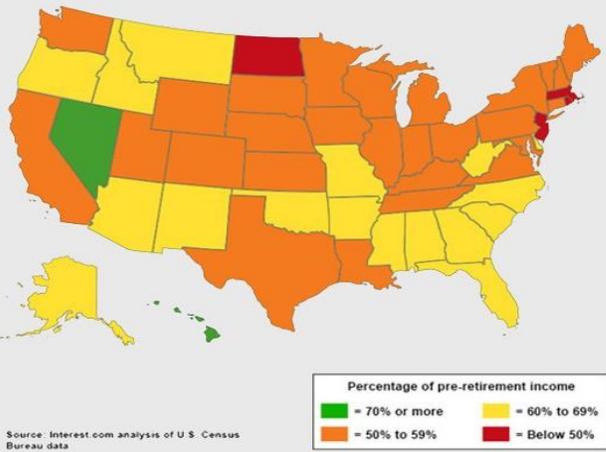




PBM.com: Retirees' Incomes Fall Short in RI, Study Shows

Retirement Income by State

Here is the median income for households 65 and over, and how that compares to the median income of households headed by workers 45 to 64. Retired households earn an average of \$35,107 a year, or just 57.41% of what the average pre-retirement household earns.



A new study has found that senior citizens' incomes fail to meet a generally accepted threshold for comfortable living in nearly every state, with Rhode Island ranking third worst in the nation, consumer finance website Interest.com announced Monday.

The Interest.com study operated from the notion that retirees need 70 percent of the annual funds they received while working. Investigators compared the median annual household income for people age 65 and older to that for people between 45 and 64.

By that standard, 48 states and the District of Columbia fell short, with only Nevada and Hawaii clearing the 70 percent benchmark.

Massachusetts was worst in the country, with senior citizens taking home barely 45 percent of their younger peers. But **Rhode Island was not far behind, at 48.2 percent.** North Dakota and New Jersey were the only other states to fall below 50 percent.

The national average was 57 percent. -[READ MORE](#)

New York Times Editorial Board Comes Out Against Social Security Cuts

In a strongly worded editorial released this past Sunday, *The New York Times* Editorial Board condemned the chained CPI and other proposed cuts to Social Security. The editorial states that the majority of people over 65 get two-thirds or more of their income from Social Security. It also points out that benefits are already being reduced due to the rise in Medicare Part B premiums and the gradual increase in the retirement age from 65 to 67. For these reasons, the editorial board argues that no further across the board cuts to Social Security, including the chained CPI, should be implemented. To read it, go to <http://tinyurl.com/og9zk45>.

“It is heartening to see the editorial board of such a major paper strongly denounce chained CPI and other Social Security cuts,” said **Edward F. Coyle**, Executive Director of the Alliance. “Those who continue to support draconian cuts are finding that their position is increasingly out of the mainstream.”

For Retirees, a Million Dollar Illusion

By *JEFF SOMMER* | *New York Times*

The Sunday Times also contained an article stressing that people at nearly all levels of the income distribution have under-saved. Social Security is going to be a major, and maybe primary, source of income for people, even for those with \$1 million in new worth....[Read More](#)





THE HUMAN CHAIN AGAINST THE CHAINED CPI

July 2ND, 2013 • 10:30 AM

**Where: Salvatore Mancini Recourse & Activity Center
2 Atlantic Blvd., North Providence, Rhode Island**

**What: *National Day of Action* to create a "HUMAN CHAIN
AGAINST THE CPI" and to thank our Congressional
Delegation for their support.**

**Contact: John A. Pernorio, President, RI ARA
401-722-2770 • riarajap@hotmail.com**

On Tuesday July 2nd, the Rhode Island Alliance *for* Retired Americans along with the National Alliance *for* Retired Americans will sponsor a ***National Day of Action*** in which we focus specifically on elevating grassroots voices in the battle to protect and enhance retirement security. We will work together to create a **HUMAN CHAIN against the Chained CPI** in the **Salvatore Mancini Resource & Activity Center** to **THANK OUR CONGRESSIONAL DELEGATION FOR THEIR CONTINUED SUPPORT FOR OUR MEMBERS TO PROTECT AND PRESERVE SOCIAL SECURITY, MEDICARE & MEDICAID**

The National Alliance will host a media event in Washington, DC with a smaller chain to create powerful symbolism of what the States are doing, spotlighting the national day of action.

SENIORS IN 48 STATES FACE SERIOUS INCOME SHORTAGE

Melanie Hicken, CNN Money



Seniors in almost every state in the country are falling short when it comes to affording their golden years, according to a study released Monday.

Nationwide, seniors are living off of a median household income of \$35,107, roughly 57% of the median income of their younger counterparts ages 45 to 64, according to an analysis of 2011 U.S. Census Bureau data by Interest.com, a financial information website owned by Bankrate.com.

"We found that many senior citizens are significantly underfunded and risk running out of money," said Mike Sante, the site's managing editor.

Only seniors in Nevada and Hawaii have median annual incomes that meet the savings benchmark commonly recommended by financial planners. Typically, planners recommend that retirees save enough to replace at least 70% of their pre-retirement income.... [Read More](#)

SEQUESTER HITS CANCER PATIENTS — DOCTORS, LAWMAKERS SEEK FIX

Rachel Rose Hartman, Yahoo News

You may have heard that White House tours were cut due to across-the-board federal spending cuts known as the sequester. Or that Congress made sure to minimize disruptions to air travel. Or perhaps you know someone being furloughed as a result of the cuts.

But did you know a major fight is being waged over sequester cuts to some cancer drugs?

A new survey from the American Society of Clinical Oncology found that 80 percent of respondents say the sequester has affected their practice. Nearly 50 percent said they wouldn't be able to continue caring for Medicare patients who didn't have supplemental insurance, and 50 percent had begun sending patients elsewhere, primarily to hospitals.... [Read More](#)



RESEARCH FORGOTTEN BY BUDGET CUTS

Albert R. Hunt, New York Times



WASHINGTON — Many Republicans, and Democrats, never thought the automatic across-the-board spending cuts known as sequestration would take effect. After all, they might produce dangerous, if unintended, consequences like potentially bankrupting the U.S. health care system, along with millions of families.

Typical Washington hyperbole, right? It actually is happening under the automatic cuts, which kicked in three months ago, a product of the political dysfunction in the United States.

Because the cuts only affect the margins of a wide array of defense and domestic discretionary programs, there mostly hasn't been an immediate pinch; the public backlash has been minimal. But the long-term consequences, in more than a few cases, are ominous.

There is no better case study than Alzheimer's disease. With the enforced cuts at the National Institutes of Health, research to find a cure or better treatment is slowing.... [Read More](#)



WHAT'S NEXT FOR SOCIAL SECURITY?

Editorial Board, New York Times

The trustees of Social Security recently reported that the retirement system can pay full benefits until 2035, when it will be able to pay about three-fourths of promised benefits. That is not a crisis. It is a manageable problem.

The system needs to be restored to long-term health, but policy makers must realize that broad-based benefit cuts are not really a viable option...[Read More](#)

WANT TO FIX SOCIAL SECURITY? USE THE RIGHT WRENCH

Robert J. Shiller, New York Times

SOCIAL SECURITY is expected to run out of reserves by 2033 — a mere 20 years from now. With the public apparently opposed both to tax increases and to benefit cuts, the main politically feasible way to avoid such a fate seems to involve some monkeying with obscure aspects of the definition of benefits.

The chained CPI proposal solves the wrong problem and, in doing so, undermines the integrity of the Social Security system...[Read More](#)

HOW BIG PHARMA DRIVES UP MEDICARE SPENDING WITHOUT IMPROVING SENIORS' HEALTH

Sy Mukherjee, ThinkProgress



The Medicare Part D prescription drug program for seniors wasted \$1.4 billion paying for brand name drugs that were no more effective than their cheaper, generic counterparts, according to a new study by the Veterans Affairs Pittsburgh Healthcare System. That excess spending was driven in large part by pharmaceutical companies' efforts to delay generic drug patents and undermine competition that would lower health care costs...[Read More](#)

STUDY: BRAND NAME DRUGS DRIVE UP MEDICARE SPENDING

ANKITA RAO, KAISER HEALTH NEWS

A new study suggests that cash-strapped Medicare missed an opportunity to save more than \$1 billion by not addressing the varying costs and use of prescription drugs.

Comparing Medicare enrollees and those on the U.S. Department of Veterans Affairs (VA) health plan, researchers found that Medicare beneficiaries were up to three times more likely than VA patients to choose higher-cost brand name drugs over generic brands, [according to the Annals of Internal Medicine report](#).

"The main issue, and the only way to fix this, is to change what physicians are doing," said Dr. Walid Gellad, a lead author and internist with the VA Pittsburgh Healthcare System and the University of Pittsburgh....[Read More](#)



DISPARITY IN GENERIC DRUG PRICES IS A BITTER PILL TO SWALLOW

David Lazaru, LA Times



Finding out what the big pharmacy chains charge for generic prescription meds isn't easy. Turns out they're all over the map, depending on where and how you buy them.

Generic prescription drugs have to meet exacting standards for ingredients and quality, which you'd think would make them uniformly priced at pharmacies.

But that, of course, isn't the case. Generic drug prices can be all over the map, depending on where and how you buy them....[Read More](#)

ENROLLMENT IN PRIVATE MEDICARE PLANS HITS RECORD HIGH

Elise Viebeck, The Hill



Enrollment in Medicare Advantage hit a record 14.4 million this year, challenging predictions that ObamaCare's cuts will kill the private plans. The Kaiser Family Foundation (KFF) reported that enrollment in Medicare Advantage grew by nearly 10 percent in the last year and by 30 percent since 2010.

Growth in Medicare Advantage has been the norm since the enactment of Medicare's prescription drug benefit and comes in spite of a decline in the number of plans available to enrollees, the analysis said...[Read More](#)

BUT FOR THE GRACE OF SOCIAL SECURITY

Teresa Tritch, New York Times

Back in the 1980s and 1990s, when it was still possible to believe that steady investments in 401(k) plans would lead to a comfortable retirement, the notion took hold that the best way to pay for old age was to leave your tax-deferred plan untouched for as long as possible, allowing it to grow into a formidable nest egg.

It still makes sense to save as much as you can during your work life. But the idea that you should hold off breaking into your account even after you're retired no longer makes sense for most people, if it ever did. 401(k)s have largely failed to generate sums anywhere near sufficient for secure retirements. Long stretches of wage stagnation, high unemployment and widespread underemployment have made it impossible for many people to save for tomorrow while surviving today, and serial stock market busts, repeated financial crises, high fees and prolonged low interest rates have devastated what savings many people had.

Today, less than half of households aged 55 to 64 have retirement savings, and of them, half have less than \$120,000. The reality of dimly low savings has turned conventional retirement advice on its head – and, in the process, highlighted the vital importance of Social Security...[Read More](#)



END-OF-LIFE CARE IMPROVES BUT COSTS INCREASE, STUDY FINDS

E.J. Mitchell, Medicare News Group



Improvements in end-of-life care have occurred rapidly for Medicare patients but costs have increased, according to a new Dartmouth Institute brief that was released today. The study revealed that beneficiaries in their last six months of life spent fewer days in the hospital and that more patients received hospice services in 2010 compared to 2007.

However, Medicare spending for chronically ill patients at the end of life increased more than 15 percent during that time period, while the consumer price index rose only 5.3 percent...[Read More](#)

HEARING LOSS TAKES A HEALTH TOLL

Nicholas Bakalar, New York Times

Hearing loss in older adults increases the risk for hospitalization and poor health, a new study has found, even taking into account other risk factors.

Researchers analyzed data on 529 men and women over 70 with normal hearing, comparing them with 1,140 whose hearing was impaired, most with mild or moderate hearing loss.

The data were gathered in a large national health survey in 2005-6 and again in 2009-10. The results appeared in The Journal of the American Medical Association.

After adjusting for race, sex, education, hypertension, diabetes, stroke, cardiovascular disease and other risks, the researchers found that people with poor hearing were 32 percent more likely to be hospitalized, 36 percent more likely to report poor physical health and 57 percent more likely to report poor emotional or mental health....[Read More](#)

