



Decoding Deceptive Healthcare Promises Fact Sheet



Speaker Ryan and the Republican leadership in Congress want make massive changes to Americans' health care. They are working with President Trump to repeal and replace the Affordable Care Act and, at the same time, promising to "reform" Medicare and Medicaid. Their plans mean massive cuts and rationed care – but they are using misleading language to make their proposals sound more acceptable.

Don't be fooled! Listen for these Republican code words and tell them what their plans would do to retirees.

• **Premium support or vouchers = coupons.**
Instead of guaranteed benefits, seniors would get a limited voucher or coupon they could use toward the purchase of a traditional Medicare plan or a private

insurance policy. The coupons will be insufficient to cover the level of benefits in traditional Medicare and retirees will have to pay more out-of-pocket to get sufficient coverage.

• **Access = access, but not affordable**

Speaker Ryan and Secretary Price talk a lot about ensuring access to care, but very little about keeping health care affordable. That's because their plans remove provisions designed to keep costs in check for beneficiaries.

• **Protect Medicare for future generations = Raise the eligibility age to 67 or higher**

Speaker Ryan and Secretary Price say they want to save Medicare for future retirees but they actually want to take away care from millions of people by raising the eligibility age starting in 2020.

• **Means-Testing = middle class pays more**

Currently, seniors with incomes above

\$85,000 and couples with incomes of \$170,000 are mean-tested and pay higher Part B and D premiums. This represents 5% of beneficiaries. Speaker Ryan want to increase the number of seniors subject to means testing to 25%. This would mean that a middle class senior with an income of \$47,000 would pay a higher premium.

• **Medicaid Block Grant – Per-capita caps = rationing care**

Medicaid block grant and per-capita caps would fundamentally change Medicaid and cut federal health care payments to states by over a \$1 trillion over 10 years. States would have to raise taxes to replace those funds or limit the number of people eligible for Medicaid – or the amount of care each person gets. Millions of seniors would lose basic health care and nursing home coverage.

How are seniors affected by Speaker Paul Ryan and President Donald Trump's American Health Care Act?

♦ **Raids Medicare**

Reduces the solvency of the Medicare trust fund by 4 years by repealing the .09% payroll tax for high earners (individuals earning \$200,000 and couples earning \$250,000).

♦ **Guts Medicaid**

Cuts \$839 billion from Medicaid by changing the Medicaid payment structure from unlimited federal match to a per capita cap. Cuts of this magnitude will force states to ration care by making it harder to qualify for benefits, cutting payments to providers and/or requiring individuals to pay more. Since long-term care is an optional service, states could eliminate or severely reduce it, jeopardizing nursing home or home care for seniors.
Terminates Medicaid expansion in 2017.

♦ **Impact on Americans 50-64 years old**

Insurance premiums for this age group will rise from \$1,700 a year to \$14,600 a year, jeopardizing care for more than 6 million people who purchase their health insurance on an exchange. (A separate fund had been created that would allow the Senate to provide a larger tax credit for this age group, however, the added funding will still not be sufficient and seniors will not be able to buy adequate coverage.)
Repeals essential health benefits, which means weaker plans that can exclude coverage for things like hospitalizations, mammograms and laboratory services.

♦ **Provides tax breaks for the wealthy and corporations**

Billions in tax cuts to wealthy individuals and corporations, including insurers, drug

companies and medical device makers.

Starting in 2023, people earning more than \$1 million a year will receive a \$50,000 tax cut and the top 1% will receive a \$195,000 tax cut.

♦ **Keeps "Cadillac Tax" on Workers' Health Insurance**

While the bill repeals taxes for the rich, it keeps in place a 40% excise tax for high-cost employer-sponsored health plans. This tax applies to employer plans with more ill, disabled, or older workers, as well as those in regions with high health-care costs.



Twelve Men Making ACA Reform

HEALTH CARE REFORM THEN & NOW

(IN SENATE)

OBAMACARE

2009-10

AHCA

2017

HOURS OF DEBATE

160

0

COMMITTEE HEARINGS, ROUNDTABLES AND WALKTHROUGHS

100

0

AMENDMENTS FROM OPPOSITE PARTY

171+

0

BERNIE SANDERS
U.S. SENATOR BY VERMONT

McCaskill tirade about GOP health plan goes viral: 'We have no idea what's being proposed'

Social media is lapping up a video clip of U.S. Sen. Claire McCaskill unloading Thursday about “a group of guys in a back room somewhere” shaping the Republicans’ proposed replacement of Obamacare without Democratic input.

In a three-minute scolding during a Senate Finance Committee meeting, McCaskill, a Missouri Democrat, dressed down committee chairman Orrin Hatch, a Utah Republican, for what McCaskill called a legislative process even more partisan than what transpired during passage of the Affordable Care Act.

“Will we have a hearing? On the health care proposal?” McCaskill asked Hatch during testimony by Health and Human Services Secretary Tom Price about his department’s budget.



Doctors Fight GOP Senate's Medicaid Clawback

The nation’s physicians are mobilizing once again to battle attempts to end health insurance coverage millions of Americans have gained over the last four years under the Affordable Care Act.

Several groups within the American Medical Association are voicing support for policy that expands coverage even as the Republican-led U.S. Senate looks to reduce health benefits. The AMA’s policy-making House of Delegates meets through Wednesday in Chicago, amending and debating the advocacy agenda for the nation’s largest doctor group.

“We aim to ensure protections for millions who have gained coverage under the Affordable Care Act,” Dr. James Madara, the AMA’s CEO told delegates Saturday during the conference’s opening speeches. “Encourage lawmakers to view health care from the shoes of the patient. Encourage them. . . to put patients before politics.”

The AMA is opposed to the American Health Care Act, also known as Trumpcare, which passed the Republican-led House of Representatives last month over objections from doctors, hospitals and myriad consumer groups including the AARP. Now doctors are concerned they won’t even get a say as Republicans in the Senate meet behind closed doors on the AHCA with reports emerging that they may gradually roll back the Medicaid expansion.

“The AAFP opposes any roll back of Medicaid or loss of coverage that would result from the roll back of Medicaid expansion,” says Shawn Martin, senior vice president of advocacy, practice advancement and policy for the American Academy of Family Physicians. “We’re especially concerned that a number of states have provisions that halt their expansion of Medicaid if at any point, federal dollars are no longer guaranteed.”

There are 31 states plus the District of Columbia that agreed to expand Medicaid under the ACA, which was signed into law seven years ago by President Barack

Obama. The AMA, American Academy of Family Physicians and other doctor groups supported the ACA’s subsidized private coverage as well as the expansion of Medicaid benefits to poor Americans.

The AMA and other doctor groups have long advocated for health insurance for all Americans, supporting coverage for pre-existing conditions. But the AHCA would cause 23 million Americans to lose coverage by 2026, the Congressional Budget Office said last month.



Senate Republicans draft Obamacare repeal bill behind closed doors



Top Senate Republicans and their staff are plowing ahead with a plan to repeal and replace Obamacare in the hopes of getting

legislation on the floor by mid-summer — even if their own GOP colleagues have no idea what the bill will contain.

“It’s coming together and there’s a lot of feedback of (Congressional Budget Office) trying to get scores on different policy options ... but it’s coming,” South Dakota Sen. John Thune, the third-ranking Republican in the Senate, told reporters Monday evening. The CBO does nonpartisan scoring of legislation, analyzing things like how

many people will gain or lose health care or how much the bill will cost if enacted.

“I think we’re getting there,” Thune said when USA TODAY asked whether the bill was getting close to completion.

“We’re getting close to having a proposal to whip and to take to the floor,” Senate Majority Leader Mitch McConnell, R-Ky., told reporters last week when he was asked whether Republicans could pass a bill by the July Fourth recess.

But that confidence was lost on rank-and-file Republicans, many of whom told reporters at the Capitol on Monday that they had no idea what was being drafted.

“I want to know exactly what’s going to

be in the Senate bill, I don’t know it yet,” Wisconsin Republican Sen. Ron Johnson told reporters. “It’s not a good process.”

Sen. Lindsey Graham, R-S.C., told reporters he didn’t know any details about the bill, except that “they’re writing it.”

“We’re trying to do it from a one-party prospective because no Democrat is willing to help us ... but no, this is not the best way to do health care, but it’s the way we’re having to do it,” Graham said.

“Until I see the language I don’t know what’s there and so I would like to see language. If you don’t see language, sure you’ve got a sense but your sense could be wrong,” said Sen. Bill Cassidy, R-La. ... [Read More](#)

Trump calls House health bill that he celebrated in the Rose Garden ‘mean’

President Trump told Republican senators Tuesday that the House GOP health-care bill was “mean” and he expects the Senate to “improve” the legislation considerably, according to several Republicans familiar with the gathering.

Trump’s comments, during a White House lunch with a group of 15 GOP senators from across the ideological spectrum, signaled that he may be willing to embrace a less-aggressive revision of the Affordable Care Act than Republicans have previously promised.

The meeting came as Senate Republicans were struggling to build support for their health-care rewrite among conservatives who are concerned that the legislation is drifting too far to the left.

Trump’s labeling of the House bill as “mean” was a significant shift of tone that followed months of private and public

negotiations, during which he called the bill “great” and urged GOP lawmakers to vote for it. Following the House vote, Trump hosted an event in the Rose Garden to celebrate its passage.

Senate Republican Conference Chairman John Thune (R-S.D.), who attended the lunch, said Trump talked about “making sure that we have a bill that protects people with preexisting conditions” and how to design a tax credit for purchasing insurance that works for lower-income and elderly people in particular.

“I think he realizes, you know, our bill is going to move, probably, from where the House was and he seems fine with that,” Thune said. “He talked about making sure that we have a bill that protects people with preexisting conditions.”

Following the meeting, several top Republicans sought to temper

expectations that leaders could produce a final health care draft by the end of the week, as had previously been expected. Senate Finance Committee Chairman Orrin G. Hatch (R-Utah) told reporters that Trump was positive and the talks were productive, but he laughed when asked if he expected a bill would be complete by Friday.

“I don’t think so,” Hatch said.

Senate Majority Leader Mitch McConnell (R-Ky.) also declined to say whether the Senate would hold a vote on the bill before the July 4 recess, as some in Senate leadership have aspired to do.

“Our goal here is to move forward quickly,” McConnell told reporters. “The status quo is unsustainable. We all know something has to be done.”... [Read More](#)



Don’t Let Him Destroy Seniors’ Health Care



National Call-in Day to Stop the American Health Care Act
June 22, 2017 • 1-866-828-4162 Urge Your Senators to Vote No on the AHCA.

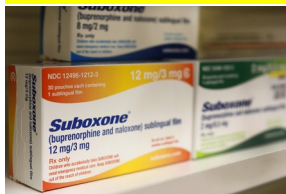
Tell them:

- ◆ No Age Tax – Americans 50-64 Will Pay 5 Times More for coverage.
- ◆ AHCA ends health care for 23 million Americans – including seniors, children and people with disabilities.
- ◆ It raids the Medicare Trust Fund.

#ProtectOurCare #NoTrumpcare



Medical Responses To Opioid Addiction Vary By State, Analysis Finds



Location, location, location. That mantra may apply even when it comes to how opioid addiction is

treated.

Specifically, patients with private insurance who are diagnosed with opioid dependency or abuse may get different medical services depending on where they live, a **white paper** to be released in the upcoming week by a national databank indicates.

Medical responses to opioid-related diagnoses appear to differ among the five states examined by Fair Health, a nonprofit that provides cost information to the health industry and consumers. To draw that conclusion, researchers analyzed

the health insurance billing codes associated with those diagnoses.

In California, for example, patients most commonly receive outpatient services, such as counseling, and also drug tests, which can include screening for narcotic use. Illinois' top two services were 15-minute doctor-office visits and injections of naltrexone, a drug used to prevent relapse in patients who were dependent on opioids. By contrast, methadone, an opioid medication used to reduce withdrawal symptoms for patients trying to quit narcotics, was New York's most common medical billed to an opioid-related diagnosis. All five of the most common procedures listed on bills in Texas were drug-screening tests — some of which were the same test codes as those on California's list. But the Lone Star State

also included a few that were not, including urinalysis, which checks for improper drug use.

Why those differences exist is harder to tease out, based on the data from Fair Health, which examines claims data from insurers representing more than 150 million Americans who have job-based insurance or buy it on their own. (Information identifying patients was removed.) The data do not include claims from government programs, such as Medicare or Medicaid.

The variation among the states may “reflect general attitudes, access to the health system and the services most readily available,” said Robin Gelburd, president of Fair Health. . . . **Read More**

‘How Long Have I Got, Doc?’ Why Many Cancer Patients Don’t Have Answers

In the past four years, Bruce Mead-e has undergone two major surgeries, multiple rounds of radiation and chemotherapy to treat his lung cancer.

Yet in all that time, doctors never told him or his husband whether the cancer was curable — or likely to take Mead-e's life.

“We haven't asked about cure or how much time I have,” said Mead-e, 63, of Georgetown, Del., in a May interview. “We haven't asked, and he hasn't offered. I guess we have our heads in the sand.”

At a time when expensive new

cancer **treatments are proliferating rapidly**, patients such as Mead-e have more therapy choices than ever before. Yet patients like him are largely kept in the dark because their doctors either can't or won't communicate clearly. Many patients compound the problem by avoiding news they don't want to hear.

Surprisingly, huge numbers of cancer patients lack basic information, such as how long they can expect to live, whether their condition is curable or why they're being **prescribed chemotherapy** or **radiation**, said Dr. Rab

Razzak, director of outpatient palliative medicine at Johns Hopkins Medicine in Baltimore.

The result: People with advanced cancer don't know enough about their disease to make informed decisions about treatment or how they want to spend their remaining time. . . . **Read More**



Long Waits And Long Odds For Those Who Need Social Security Disability



By the time Stephenie Hashmi was in her mid-20s, she had achieved a lifelong dream — she

was the charge nurse of one of Kansas City's largest intensive care units. But even as she cared for patients, she realized that something was off with her own health.

“I remember just feeling tired and feeling sick and hurting, and not knowing why my joints and body was hurting,” she

said.

Hashmi was diagnosed with systemic **lupus**, a medical condition in which the body's immune system attacks its own tissues and organs. She's had surgery and other treatments, but now, at age 41, Hashmi is often bedridden. She finally had to leave her job about six years ago, but when she applied to the Social Security Administration for **disability** benefits, she was denied.

“I just started bawling,” she recalled. “I felt like, if they looked at my records or

read these notes, surely they would understand my situation.”

In the U.S., less than half of all people who apply for disability benefits — about 45 percent — are ultimately accepted, says Lisa Ekman with the **National Organization of Social Security Claimants' Representatives**. Getting a hearing takes an average of **nearly 600 days**.

“It is not easy to get disability benefits, and it's a very complicated and difficult process,” she said. . . . **Read More**

AARP: States Lag In Keeping Medicaid Enrollees Out Of Nursing Homes



States are making tepid progress helping millions of elderly and disabled people on Medicaid avoid

costly nursing home care by arranging home or community services for them instead, according to an AARP report released Wednesday.

“Although most states have experienced modest improvements over time, the pace of change is not keeping up with demographic demands,” said the report, which compared states’ efforts to improve long-term care services over the past several years. AARP’s first two reports on the subject were in 2011 and 2014.

The organization ranked states’ performance on long-term care

benchmarks such as supply of home health aides, nursing home costs, long nursing home stays, the employment rate of people with disabilities and support for working caregivers.

With 10,000 people a day turning 65 and the eldest baby boomers beginning to turn 80 in 2026, the demand for long-term care services is expected to soar in coming years.

AARP officials said the House’s bill to repeal the Affordable Care Act would worsen the situation by capping annual federal revenue for states’ Medicaid programs. That bill is now before the Senate.

“The proposed cuts to Medicaid — the largest public payer of long-term assistance — would result in millions of

older adults and people with disabilities losing lifesaving supports,” said Susan Reinhard, senior vice president and director of the AARP Public Policy Institute.

The report found strikingly wide variances in the share of state Medicaid spending for long-term care directed to home- and community-based services for elderly and disabled adults in 2014, the latest year for data covering all states. Minnesota, the top-ranked state, spent about 69 percent, but Alabama, ranked last, spent less than 14 percent.

Nationwide, the average edged up from 39 percent in 2011 to 41 percent in 2014... [Read More](#)

Some Seniors Just Want To Be Left Alone, Which Can Lead To Problems

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.

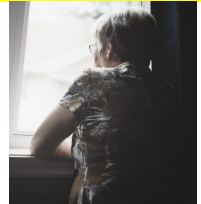
Similar scenarios occur surprisingly often: As many as 28 percent of patients offered home health care when they’re being discharged from a hospital — mostly older adults — say “no” to those services, according to a new [report](#).

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... [Read More](#)



Sticky Brain 'Plaques' Implicated in Alzheimer's Again



Older adults with evidence of "plaques" in the brain are more likely to see their memory and thinking skills wane over the next few years, a new study finds.

Researchers said the results bolster a long-held theory: The buildup of abnormal proteins in the brain signals an early stage of Alzheimer's disease.

It's been known for years that in people with Alzheimer's, the brain accumulates abnormal protein deposits dubbed

"plaques" and "tangles." Plaques are clusters that contain a sticky protein called beta-amyloid.

But even people with no outward signs of dementia can have abnormal beta-amyloid levels in the brain.

In fact, research suggests that's true of about one-third of adults older than 65, said Dr. Paul Aisen, the senior researcher on the new study.

A major question has been: What does elevated beta-amyloid mean in a dementia-free person?

"There are three broad possibilities," said Aisen, a professor of neurology at the University of Southern California's health sciences campus in San Diego. "One is that it means nothing, and it's just an incidental finding."

Alternatively, he said, people with increased beta-amyloid may have a heightened risk of eventually developing Alzheimer's.

The third possibility, Aisen said, is that beta-amyloid buildup is actually an early stage of Alzheimer's... [Read More](#)