



### Arizona Retiree Speaks for Seniors at DNC Platform Committee Hearing

***Calls for lower prescription drug prices, expanding Social Security and Medicare***

**Phoenix, Arizona** - Kitty Kennedy, an Alliance for Retired Americans Executive Board member from Tucson, will testify before the Democratic Party's Platform Committee at its hearing in Phoenix on Friday. The committee is crafting the Democratic Party's platform which will be voted on by convention delegates in Philadelphia on July 25-28.

Ms. Kennedy strongly urges that the platform address the retirement security needs of seniors in building on the Party's progressive legacy for the 2016 platform. She puts some real faces on the problems of prescription drugs and mentions cost-

saving proposals that the Democratic Party platform should endorse.

In her testimony Ms. Kennedy specifies that the Democratic platform must address the skyrocketing costs of prescription drugs that prevent older Americans from getting lifesaving medicines. Among the policy proposals the Alliance supports are allowing Medicare to negotiate drug prices (like the Veterans Administration); ending drug corporation monopolies, permitting Americans to safely import lower priced medicines from abroad; and ending pharmaceutical corporation tax breaks for television advertising.

She urges the committee to include preserving and expanding Social

Security; preserving and expanding Medicare to include dental, vision, and hearing benefits; and protecting pensions.

"Many of the most successful government programs in our nation's history were the result of Democratic leadership, especially Social Security and Medicare," says Ms. Kennedy. "The 2016 Democratic platform should build on that progressive legacy and address the challenges facing Americans today."

"We owe our seniors nothing less than a secure dignified retirement after a lifetime of hard work," she concludes.

To read the full written testimony by Kitty Kennedy, go to <http://ow.ly/3BGP301kZ2W>

### Advisory Panel Targets Rising Medicare Drug Costs In Its Latest Report To Congress

By *Julie Appleby*



Congress should move to slow spending in Medicare's drug benefit by adopting a

package of changes that could save billions, but would also add costs to insurers and have mixed effects on enrollees, an independent advisory commission said Wednesday.

In its June **report** to Congress, the Medicare Payment Advisory Commission warned that rising drug costs and other factors have helped drive Medicare Part D spending up nearly 60 percent from 2007 to 2014.

The commission recommends an interrelated set of proposals it estimates

could save at least \$10 billion over five years, partly by encouraging more use of generic drugs and also by creating incentives for insurers to negotiate better prices from drug makers. While MedPAC recommendations are considered influential, most experts don't expect Congress to pursue those changes during an election year.

**The proposals would:**

- ◆ Sharply reduce or even eliminate the copayments that about 12 million low-income Medicare enrollees pay for generic drugs — to encourage the use of the lower-cost medications.
- ◆ Create an annual out-of-pocket spending cap for higher-income

enrollees that is similar to one already in place for low-income beneficiaries. After enrollees hit the cap, Medicare would cover 100 percent of the cost of their medications.

- ◆ Make it harder to reach that annual cap by not allowing a drug discount given by manufacturers to count toward the enrollees' out-of-pocket maximum.
- ◆ Require insurers to pay 80 percent of drug costs, up from the current 20 percent, after patients hit the out-of-pocket maximum.

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# Medicare's Efforts To Curb Backlog Of Appeals Not Sufficient, GAO Reports

By *Susan Jaffe*



Despite interventions by Medicare officials, the number of appeals from health care providers and patients challenging denied claims continues to spiral, increasing the backlog of cases and delaying many decisions well beyond the timeframes set by law, according to a government study released Thursday.

**The report** from the Government Accountability Office, said the backlog "shows no signs of abating." It called for

the Department of Health and Human Services to improve its oversight of the process and to streamline appeals so that prior decisions are taken into account and repetitive claims are handled more efficiently....[Read More](#)

### Growing Wait Time

The average wait for a Medicare appeal decision by an administrative law judge has spiraled over the past eight years.

**See chart next column**

Fiscal Year	Number of Days
FY09	94.9
FY10	109.6
FY11	121.3
FY12	134.5
FY13	220.7
FY14	414.8
FY15	661.1
FY16 1st Qtr	795.8
FY16 2nd Qtr	860.6
FY16 Average	819.4

## CMS Addresses Concerns Over Home Health Pre-Claim Reviews

By *Kourtney Liepelt*

Days after **unveiling** a preauthorization requirement for home health agencies, providers expressed confusion and concern as the Centers for Medicare & Medicaid Services (CMS) attempted to clarify what the plan entails.

The new preauthorization measure, dubbed the Pre-Claim Review Demonstration for Home Health Services, aims to crack down on Medicare fraud, waste and abuse in five states.

But providers **remain skeptical** about its purpose and confused about its

implementation. Among the many questions and concerns brought forth by providers, most seemed preoccupied by administrative burdens, timely responses and documentation requirements involved with the demonstration.

The first state, Illinois, will face the demonstration no earlier than Aug. 1. It is slated to run for three years in each state after rollout.

"We believe we'll be able to start on Aug. 1," CMS officials said Tuesday during a call with providers. "That really

is our target date for now."

Under the demonstration, home health agencies located in Illinois, Texas, Florida, Massachusetts and Michigan will be required to submit documentation for review before processing claims for services. The requirement comes as a result of a 59% improper payment rate among home health claims in 2015, according to CMS....[Read More](#)



## Medicare Releases Draft Proposal For Patient Observation Notice

By *Susan Jaffe*

**This is an issue that the New England ARA affiliated chapters have been concerned about for their members.**



In just two months, a federal law kicks in requiring hospitals to tell their Medicare patients if they have not been formally admitted and why. But some physician, hospital and consumer representatives say a notice drafted by Medicare for hospitals to use may not do the job.

The law was a response to complaints from Medicare patients who were surprised to learn that although they had spent a few days in the hospital, they were there for observation and were not admitted. Observation patients are considered too sick to go home yet not

sick enough to be admitted. They may pay higher charges than admitted patients and do not qualify for Medicare's nursing home coverage.

The **NOTICE Act** requires that starting Aug. 6, Medicare patients receive a form written in "plain language" after 24 hours of observation care but no later than 36 hours. Under the law, it must explain the reason they have not been admitted and how that decision will affect Medicare's payment for services and patients' share of the costs. The information must also be provided verbally, and a doctor or hospital staff member must be available to answer questions.

And patients could have questions, said Brenda Cude, a National Association of Insurance Commissioners consumer representative and professor of consumer economics at the University of Georgia. She said the notice is written for a 12th-grade reading level, even though most consumer materials aim for no more than an eighth-grade level. It "assumes some health insurance knowledge that we are fairly certain most people don't have."

Medicare is soliciting feedback on the **draft notice** through Friday.

Medicare officials declined to comment while the draft form is under review. But they have expressed support for efforts to explain observation care....[Read More](#)

## As Hospital Chains Grow, So Do Their Prices For Care

By Chad Terhune



As health care consolidation accelerates nationwide, a new study shows that hospital prices in two of California's largest health systems were 25 percent higher than at other hospitals around the state.

Researchers said this gap of nearly \$4,000 per patient admission was not due to regional wage differences or hospitals treating sicker patients. Rather, they said California's two biggest hospital chains,

Dignity Health and Sutter Health, had used their market power to win higher rates.

"California experienced its wave of consolidation much earlier than the rest of the country and our findings may provide some insight into what may happen across the U.S. from hospital consolidation," said the study's lead author, Glenn Melnick, a health care economist at the University of Southern California.

Dignity and Sutter disputed the idea that they can dictate rates, saying they face ample competition.

Hospital chains that buy up other facilities, clinics and physician offices

often tout savings and improved services from coordinating patient care and eliminating inefficiencies. The researchers found no evidence that any potential savings were being passed along to the employers, insurers and patients who pay for the care.

The study, published in the Journal of Health Care Organization, Provision and Financing, comes as Sutter faces a lawsuit and an investigation by state Attorney General Kamala Harris for potential harm to consumers. Dignity and other big medical groups are also subjects of the attorney general's inquiry....[Read More](#)

## Fiber in fruits and breads tied to healthy aging

BY LISA RAPAPORT

Eating lots of fiber-rich fruits and breads may be one way to live longer without developing chronic diseases, an Australian study suggests.

Researchers followed about 1,600 adults aged 49 or older who didn't have any history of cancer, stroke or heart disease for a decade. They also surveyed participants about their fiber intake and eating habits.

At the end of the study, about 250 people had achieved what researchers called "successful aging," meaning they were still free of cancer and

cardiovascular disease and also had no depression, disability, cognitive impairment, diabetes or other health problems.

People with the highest fiber intake were 79 percent more likely to age successfully than participants who consumed the lowest amount of fiber, the study found.

"We speculate that fiber might be reducing inflammation in the body, which is an important factor in a lot of these diseases and hence, could have a protective influence on health and protect

against disease," lead study author Bamini Gopinath of the University of Sydney said by email.

Two other studies published this week, in the journals Circulation and The BMJ, linked whole-grain foods, which tend to be high in fiber, to lower risks for heart disease and cancer....[Read More](#)



## 7 Guaranteed Things Every Retiree Should Do to Stay Healthy and Sharp

Aging is the dreaded yet inevitable voodoo man that everyone sees in their dreams. It is the nightmare that eventually comes true and while some people fight it with all the Botox, Pills and Surgery, they end up restructuring the outside of the house while the inside stays dingy.

Many retirees have testified that after they stopped work they seemed to lose their sense of purpose and their brains and minds inadvertently began a winding up process. Health is a total state of well being and not the absence of illness.

Often staying healthy in the body is tied to staying healthy in the mind.

It gets rather expensive to take adequate care of oneself. Studies show that in 2011 out-of-pocket health costs incurred on the average by older consumers of health products averaged about \$4769 a 46% increase from the year 2000. Clearly, it gets expensive and so a large part of the expense for long term care falls on the shoulders of family members and it can get straining.

There are a few simple, but extremely

helpful Steps that Retirees can take to stay healthy and sharp and to reduce the expenses and strain on others. Here are a few; ...[Read More](#)



Life can be lived to the fullest and it doesn't matter your age or stage.

Here's to vigorous health!

## By Sharing Painkillers, Friends And Family Members Can Fuel Opioid Epidemic: Study

By Shefali Luthra



As lawmakers grapple with how best to combat the nation's prescription painkiller abuse crisis, a recent survey is shedding light on how patients who get these medications — drugs such as OxyContin, methadone or Vicodin — sometimes share or mishandle them.

According to findings detailed in a research letter published Monday in JAMA Internal Medicine, about one in five people who were prescribed the highly addictive drugs reported having shared their meds with a friend, often to help the other person manage pain. Most people with a prescription either had or

expected to have extra pills left after finishing treatment. And almost 50 percent didn't know how to safely get rid of the drugs left over after their treatment was complete, or how to store them while going through treatment.

The study's authors suggested that the results point to changes doctors could make in prescribing practices and counseling to help alleviate the problems.

"We've all been saying leftover medications are an issue," said Wilson Compton, deputy director of the federal National Institute on Drug Abuse, who wasn't involved with the study. "Now I have a number that is concerning."

The survey was sent to a random

sample of almost 5,000 people in 2015. Of the recipients, about 1,000 had used prescription painkillers in the past year. Almost all of the people in this group responded to the survey.

Public concerns about painkiller abuse are growing louder. About 2 million people were addicted to prescription opioids in 2014, the most recent year for which data is available, according to the [Centers for Disease Control and Prevention](#). Overdoses kill 44 people per day, the [U.S. Department of Health and Human Services](#) estimates. Researchers say deaths in 2014 were almost four times as common as they were in 2000....[Read More](#)

## Caregiving Families: How to Help a Loved One Downsize With Dignity

Leaving a lifetime of possessions behind is a daunting prospect.

**What was I going to do?** Forty-five years of my father's and late mother's accumulated possessions filled my childhood Wisconsin home. I lived in California and there was just too much stuff.

Having to clear my family's possessions when my sister, brother and I were not seeing eye to eye was creating an even bigger burden. I'd love to save some of our family's history but if I do, it could lead to those [ugly sibling quarrels](#): You took this, I wanted it. When family members

don't get along, we all lose.

Upon the advice of those familiar with disposing of family property, I sought an estate sales administrator to help earn as much as we could for our family's possessions. My parents owned a piece of Milwaukee's history. The brick colonial home was built by a prominent banker and my parents were the second owners. But all except one of the estate sales administrators I contacted turned me down. They didn't believe there was enough value to make it worth their while.

Out of desperation, I chose to work with the one who agreed to take on the assignment.

My father was living with my husband and me in our California home. [He had been diagnosed with dementia](#) with a recent assessment indicating Alzheimer's. He was not returning home. As his fiduciary, I had to clear out his Wisconsin home to get it prepared for sale....[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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