



June 27, 2016 E-Newsletter

Proposed Elimination of SHIPs Threatens Health and Independence of People with Medicare Millions of people turn to State Health Insurance Assistance Programs annually to navigate the complexities of Medicare

Arlington, VA – The U.S. Senate Appropriations Committee has approved a Fiscal Year 2017 budget **appropriations bill** that completely eliminates the \$52.1 million in funding for the Medicare State Health Insurance Assistance Program (SHIP). The **Center for Medicare Advocacy, Medicare Rights Center, National Committee to Preserve Social Security and Medicare, and National Council on Aging** (NCOA) strongly oppose this move because it would leave 55 million people with Medicare without the only program that provides free, personalized, unbiased counseling on the growing complexities of Medicare coverage.


Today’s Medicare beneficiary must choose among more than 20 prescription drug plans, an average of 19 Medicare Advantage plans, as well as various Medigap supplemental insurance policies—all with different premiums, cost sharing, provider networks, and coverage rules. For more than 24 years, SHIPs have advised, educated, and empowered individuals to navigate their state-specific Medicare choices. In addition, SHIPs help beneficiaries resolve fraud and abuse issues, billing problems, appeals, and enrollment in low-income health assistance programs. In 2015, SHIPs provided assistance to more than seven million individuals with Medicare.

“The SHIP network provides critical information upon which people with Medicare rely to make informed decisions about their coverage options and enrollment decisions,” Judith A. Stein, Executive Director, Center for Medicare Advocacy, Inc. “The SHIPs are critical to providing assistance with these increasingly complicated choices. People with Medicare and their families from all over the country depend on SHIPs as the key source of unbiased guidance.”... **Read More**



Social Security Board of Trustees: Long-Range Projection Unchanged for Trust Fund Reserve Depletion

Disability Fund Improves in Near Term



The Social Security Board of Trustees today released its annual report on the long-term financial status of the Social Security Trust Funds. The combined asset reserves of the Old-Age and Survivors Insurance, and Disability Insurance (OASDI) Trust Funds are projected to become depleted in 2034, the same as projected last year, with 79 percent of benefits payable at that time. The DI Trust Fund will become depleted in 2023, extended from last year’s estimate of 2016, with 89 percent of benefits still payable.

In the 2016 Annual Report to Congress, the Trustees announced:

The asset reserves of the combined OASDI Trust Funds increased by \$23 billion in 2015 to a total of \$2.81 trillion.

The combined trust fund reserves are still growing and will continue to do so through 2019. Beginning in 2020, the total cost of the program is projected to exceed income.

The year when the combined trust fund reserves are projected to become depleted, if Congress does not act before then, is 2034 – the same as projected last year. At that time, there will be sufficient income coming in to pay 79 percent of scheduled benefits.

“I am pleased that Congress passed legislation, signed into law by President Obama last November, to avert a projected shortfall in the Disability

Insurance Trust Fund. With the small, temporary reallocation of the Social Security contribution rate, the DI fund will now be able to pay full disability benefits until 2023, and the retirement fund alone will still be adequate into 2035, the same as before the reallocation,” said Carolyn W. Colvin, Acting Commissioner of Social Security. “Now is the time for people to engage in the important national conversation about how to keep Social Security strong. The public understands the value of their earned benefits and the importance of keeping Social Security strong for the future.”

View the 2016 Trustees Report at
www.socialsecurity.gov/OACT/TR/2016/

Senate Panel Kills Medicare Program That Offers Help On Enrollment, Billing Issues

By *Susan Jaffe*



A program that has helped seniors understand the many intricacies of Medicare as well as save them millions

of dollars would be eliminated by a budget bill overwhelmingly approved last week by the powerful Senate Appropriations Committee.

The **State Health Insurance Assistance Program**, or “SHIP,” is among more than a dozen programs left out of the bill by the committee. Cutting

these “unnecessary federal programs” helped provide needed funding for other efforts, Sen. Roy Blunt, R-Mo., chairman of the appropriations committee’s health and labor subcommittee, said **in a statement** last week.

Ending SHIP saves \$52 million, which will help pay for a \$2 billion increase for the National Institutes of Health, restore year-round Pell Grants, and increase resources to prevent and treat opioid abuse, among other things.

SHIP counselors are in every state, the District of Columbia and the U.S.

territories offering free advice on **how to choose** from an array of drug and health insurance plans, **challenge coverage denials**, and receive financial subsidies for premiums, co-payments and deductibles. They provide one-on-one counseling as well as host enrollment clinics, informational meetings, special “Welcome to Medicare” events for new beneficiaries and answer questions over toll-free telephone help lines...**Read More**

Medicare Patients Struggle With Prescription Prices

ConsumerReports

With age comes experience, wisdom . . . and a lot of medication: A Consumer Reports Best Buy Drugs national telephone poll found that three-quarters of Americans 65 and older currently take an average of six prescription drugs. (By comparison, only half of people younger than 65 regularly use medication, and when they do, they take about four drugs on average.) Despite having insurance coverage such as Medicare, our poll also found that one-third of people 65 and older experienced cost hikes in the previous 12 months and paid an average of \$53 more for at least one of their drugs—though others may have increased as well.

The perfect storm of taking more medications, having them spike in price, and living on fixed incomes means that seniors especially feel the price pain, says Joe Baker, president of the Medicare Rights Center, a nonprofit organization that provides information and assistance to people with Medicare. “Even with Medicare, many people wind up paying substantial out-of-pocket costs,” he says. “We hear stories about people mortgaging their house just to afford their medications.”

Seniors with Medicare coverage for medication have another worry: hitting the “doughnut hole,” an odd accounting system that tallies how much money the person and the plan spend together.

In 2016 a senior would hit the doughnut hole if she and her plan together spent \$3,310. Once that happens, all of her drugs switch to a complex “cost sharing” formula. She’ll pay 45 percent of a discounted price for branded drugs, or 58 percent for generics. Her costs won’t drop back down until she’s out of the “hole,” when spending reaches \$4,850.

Fortunately, the coverage gap is gradually narrowing and will be closed by 2020.

Insurers are also passing on the rising cost of garden-variety drugs to Medicare patients. For example, Judy Robbins, 75, of Boston, Massachusetts says her costs for Elmiron, a drug she has taken for bladder pain for many years, shot up from \$95 for a three-month supply in November, 2015 to \$335 in February, 2016. “I called the insurance company to ask what’s going on,” says Robbins. “They told me that I’m still paying the same percentage of the cost—about half—but that the price of the drug had risen to over \$600.” Robbins says that she has now cut back on how much of the drug she takes to stretch her supply.

Expensive drugs are another concern because Medicare usually covers them differently. In 2016, drugs to treat hepatitis C, multiple sclerosis, **rheumatoid arthritis**, and cancer, for example, can cost a person on Medicare \$4,000 to \$12,000 for one drug alone, according to the Kaiser Family Foundation, a group that

tracks insurance plans.

“These rising prices quickly become overwhelming when people take multiple drugs or take them for chronic conditions, meaning that they will need them for the rest of their lives,” says Baker.

Even for garden-variety drugs, research shows that coverage varies dramatically. For example, out-of-pocket costs for 10 commonly prescribed brand-name medications were up to 14 times higher with certain Medicare plans than with others, according to the Kaiser Family Foundation study.

Avoid the problem by scrutinizing your plan during open enrollment, Oct. 15 to Dec. 7, 2016. Says Baker: “Look beyond the premium to see how well a plan covers your particular health conditions and medications.”...**Read More**

More on High Drug Prices

- ◆ **Is There a Cure for High Drug Prices?**
- ◆ **Doctors and Rx Prices: Ending the Silence**
- ◆ **As Drug Prices Increase, Quality of Life Goes Down**
- ◆ **Solving the Problem of High Drug Costs**
- ◆ **Battling High Prescription Drug Prices**



House Republicans Unveil Long-Awaited Plan To Replace Health Law



Six years after promising a plan to “repeal and replace” the federal health law, House

Republicans are finally ready to deliver.

The 37-page **white paper**, called “A Better Way,” includes virtually every idea on health care proposed by Republicans going back at least two decades. It would bring back “**high risk pools**” for people with very high medical expenses, **end open-ended funding** for the Medicaid program and encourage small businesses to band together to get better bargaining power in “**Association Health Plans.**”

What the plan does not include, however, is any idea of how much it

would cost, or how it would be financed.

“It’s a framework,” a senior House Republican leadership aide said on a conference call with reporters Tuesday, with the specifics to be determined next year by congressional committees, assuming the GOP maintains its majority. He likened the document to the **white paper** issued just after President Barack Obama’s election by then-Senate Finance Committee Chairman Max Baucus, a Democrat. That document foreshadowed many of the key elements of the Affordable Care Act.

The plan starts with repeal of the health law and its requirements and taxes, but it would then put back many of its most popular elements: Allowing young adults to stay on their parents’ health plan to age

26; banning insurers from charging people with pre-existing health problems higher premiums; and forbidding insurers from dropping coverage if a policyholder gets sick.

It would repeal the current scheme of exchanges where consumers buy insurance and government tax credits to help moderate-income Americans pay their premiums if they don’t have an employer to help. Instead, everyone buying policies in the individual market would receive tax credits. Older people charged more by insurers would receive larger credits, though the House Republicans don’t specify how much.

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RIARA HealthLink Wellness News



Cost of Diabetes Care High and Growing Rapidly



Joseph Peters, Jr.

Cost of Diabetes Care High and Growing Rapidly
Rise in Health Care Spending for People With Diabetes In 2014,
Increase in ER Visits and

Use of Generic Prescriptions, Finds New Report

Per capita spending for people with diabetes is growing at an alarming rate according to a new report by the Health Care Cost Institute. Each year, the study

found, people with diabetes spent two and a half times more out of pocket than the rest of privately insured Americans.

Between 2012 and 2014, diabetes patients had twice as many doctor and ER visits and were prescribed over five times as many prescriptions as people without diabetes. Per capita health care spending for people with diabetes was \$16,021 while health care spending for people without diabetes was \$4,396.

“This study confirms what Alliance members are telling us: costs for patients

with diabetes are out of control,” said Joseph Peters, Jr., Secretary-Treasurer of the Alliance. “Reining in prescription drug costs must be part of the solution to this crisis.”

The American Diabetes Association reports that about 9 percent of the population has diabetes and that the number of diabetes patients is growing by 1.4 million people per year....[Read More](#)

10 Essential Health Tips For Seniors

From baby boomers to senior boomers: 10 tips to keep you healthy and fit

The first wave of baby boomers are turning 65 years old this year and becoming “senior boomers” and Medicare-eligible. In fact, more than 10,000 baby boomers a day are now turning 65—that’s one every eight seconds, a pattern expected to continue for the next 19 years.

Happily, aging is different now than it was for our parents and grandparents. Today, there are more people living longer than at any other time in history. In fact, boomers will number 78 million by

2030. “This generation, associated with social change including the civil rights and anti-war movements in the 1960s, has another important cause—staying healthy,” says soon-to-be 65-year-old Arthur Hayward, MD, a geriatrician and clinical lead physician for Kaiser Permanente. “We need to become activists in promoting healthful behaviors and try our best to remain active and healthy the rest of our lives.”

How to do it? Dr. Hayward recommends these 10 easy health tips for

seniors to help baby boomers live longer and thrive:



Quit smoking • Keep active • Eat well • Maintain a healthy weight • Prevent falls • Stay up to date on immunizations & screenings • Prevent skin cancer • Get regular dental, vision & hearing checkups • Manger stress • Fan the flame.

[Check here to read more about these 10 health tips.](#)

When an Alzheimer's Patient Wanders

Mentally fragile seniors need safer ways to stay physically active.



Walking is one of the best ways for **older adults to stay active**. But purposeful walking

can turn into restless wandering when someone develops dementia. Escaping the **watchful eyes of caregivers** is dangerous, exposing vulnerable seniors to hazards from street traffic, unfamiliar terrain and opportunistic strangers. Even when family members and caregivers are on constant alert, 24/7 vigilance isn't always possible.

William Schiekler, 90, of Sarasota, Florida, is trying to cope with the risk of his wife wandering. Now 85, Shirley

Schiekler was **diagnosed with Alzheimer's disease** a few years ago. "We've had to call the police on one occasion," he says. Fortunately, he noticed Shirley was gone almost immediately. He still doesn't know where she went, just that the officers quickly found her and brought her home unharmed.

While wandering could refer to driving with dementia, the kind that provokes Silver Alerts on the highway, it usually refers to wandering on foot, says Lisa Milne, vice president of programs for the Florida Gulf Coast chapter of the Alzheimer's Association.

When people are confused and looking for a place of comfort, they may wander to that place, whether it's their current home or their home from 20 years ago, Milne says. "We've had several cases where they walked several miles," she says. "People with this disease have a hard time recognizing hunger or thirst or that their body is getting tired. So they'll just walk and walk and walk."

Heat exposure and dehydration threaten seniors who wander in sunny Florida and don't remember to drink, notes Milne. "And of course their access to water is a concern down here," she adds. "We don't want them to drown in the ponds or the ocean."...[Read More](#)

Seniors rejoice at study declaring coffee does not cause cancer

Coffee has been well established as the favorite drink for senior citizens

Yesterday was a great day for most senior citizens. They welcomed the news that their favorite drink – coffee – does not cause cancer, and, in fact, in many cases may prevent it.

An international Working Group of 23 scientists convened by the International Agency for Research on Cancer (IARC), the cancer agency of the World Health Organization (WHO), found no conclusive evidence for a carcinogenic effect of drinking coffee.

Drinking coffee was not classifiable as to its carcinogenicity to humans, which

places it in Group 3. The large body of evidence currently available led to the re-evaluation of the carcinogenicity of coffee drinking, previously classified as possibly carcinogenic to humans (Group 2B) by IARC in 1991.

After thoroughly reviewing more than 1000 studies in humans and animals, the Working Group found that there was inadequate evidence for the carcinogenicity of coffee drinking overall.

Many epidemiological studies showed that coffee drinking had no carcinogenic

effects for cancers of the pancreas, female breast, and prostate, and reduced risks were seen for cancers of the liver and uterine endometrium. For more than 20 other cancers, the evidence was inconclusive.

The experts did find, however, that drinking very hot – above 149°F (65°C) – beverages probably causes cancer of the esophagus in humans. Water boils at 212°F (100 °C)....

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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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**Get The Message Out:
SIGN THE PETITION!!!!**

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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