

President Obama Proposes Expanding Earned Social Security Benefits



Rich Fiesta

Congress Should Act to Help Seniors

Richard Fiesta, Executive Director of the Alliance for Retired Americans, released the following statement regarding President Obama's proposal today to expand Social Security:

"The Alliance for Retired Americans welcomes President Obama's statement in favor of expanding earned Social Security benefits.

"At a high school in Elkhart, Indiana today the President said '...it's time we finally made Social Security more generous and increased its benefits so today's retirees and future generations get the dignified retirement that they have earned.'

"The Alliance advocated the expansion of Social Security benefits for years and we are pleased that the President agrees with us. Forty percent of Americans over the age of 50 say that Social Security will be their primary source of retirement income, and the current level of benefits is not keeping pace. It's time for Congress to pass one of the many bills that has already been introduced to make a more secure retirement for current and future retirees."

For more information on expanding earned Social Security benefits, go to: <http://retiredamericans.org/?s=expand+social+security>

End of Verizon Strike: Big Gains for Union Workers, Retirees

Verizon employees returned to work on Wednesday after a 45-day strike involving nearly 40,000 workers. Communications Workers of America (CWA) and the International Brotherhood of Electrical Workers (IBEW) reached a tentative **agreement** with Verizon Wireless that protects workers' pensions, creates a contract for retail wireless workers and prevents outsourcing.

In the final negotiation, Verizon withdrew several proposed cuts to pensions and disability benefits, while re-establishing health care benefits that had been terminated on May 1. Defined benefit pensions, over the course of the

four year agreement, will receive three 1% increases.

"The Verizon contract is a victory for hardworking Americans, unions and retirees," said **Robert Roach, Jr.**, President of the Alliance. "This hard-fought battle reminds us what can be achieved when we come together and fight to protect jobs that sustain a family and provide retirement security."

The agreement protects workers' job security and does not allow for Verizon's proposed forced interstate transfers. Employees will not have to move in order to keep their jobs and those affected by call center closures in the Mid-Atlantic region will be offered local jobs by

Verizon.

Unionized crews in New York State will receive increased assignments, reversing

previous major contract initiatives that reduced their workload. The contract also includes 65 newly unionized workers in Verizon Wireless stores with whom Verizon had previously refused to negotiate a fair contract when they formed a union in 2014.

All union members' votes for approval of the new contract will be collected by June 17.



Poll: Americans Unprepared to Pay for Long-Term Care

An Associated Press-NORC Center for Public Affairs Research survey **found** many Americans are not confident they can afford long-term care and mistakenly rely on Medicare to foot the bill.

The U.S. Administration on Aging estimates 70% of people turning 65 will require assistance with their daily activities, but 4 in 10 respondents do not think they will need this care. The

number of Americans who require these services far exceeds the percentage of Americans who have saved for these expenses. The poll found that a third of Americans 40 and older have done no planning for their own long-term care needs, such as setting aside money to pay for a home aide, for help with daily activities or for a room in a nursing home.

These anticipated costs currently range from \$17,680 to as high as \$92,000 annually. The high costs are not covered by Medicare, despite the large demand for these services by millions of Americans.

The Alliance has passed a resolution calling for the expansion of Medicare to include long-term care and address these unmet needs.

Medicare's Drug-Pricing Experiment Stirs Opposition

By Julie Appleby



A broad **proposal** by Medicare to change the way it pays for some drugs has drawn intense reaction

and lobbying, with much of the debate centering on whether the plan gives too much power over drug prices to government regulators.

One of most controversial sections would set up a nationwide experiment, scheduled to start in 2017, to test a handful of ways to slow spending on drugs provided in doctor's offices, clinics, hospitals and cancer infusion centers. The proposal would not affect most prescriptions patients get through their pharmacies.

The aim, the government says, is to maintain quality while slowing spending

in Medicare Part B by more closely tying payments to how well drugs work, using **methods** drug makers, insurers and benefit managers are already trying in the private sector.

One of the approaches included in the proposal would allow Medicare to earmark "therapeutically similar" drugs and set a benchmark, or "reference price," that it would pay for all drugs in that category. That amount might be the cost of the drug the agency considers the most effective in the group, or some other measure. It's aimed at narrowing the wide variability — often hundreds or thousands of dollars a year — in what is paid for similar drugs.

Such an approach is seen by some as government price setting, a method common in Europe that draws support in the U.S. from the left but has longstanding opposition from conservatives, many

economists and pharmaceutical companies.

The drug industry's "biggest nightmare is that the Obama administration decides to do something like reference pricing," said Paul Heldman, an analyst with Heldman Simpson Partners. "Then the government would be making a decision that two products are similar and Medicare should reimburse at the rate of the lower-cost one."

It is similar to a money-saving effort tried by Medicare in the late 1990s, when it paid only up to an amount equal to the "**least costly alternative**," for certain Part B drugs used to treat prostate cancer, respiratory diseases and kidney failure. The agency halted the program after a patient won a legal challenge regarding its authority to do so... **[Read More](#)**

Golden Oldies? America's Economy a Mixed Bag for Seniors

By [Andrew Soergel](#)

U.S. seniors are making and spending more money now than they were a decade ago, but are they really better off?

The Federal Open Market Committee laid its cards on the table after its March meeting in Washington, suggesting central bank officials only expect to raise interest rates twice in 2016.

That news likely won't sit well with America's seniors — a group generally believed to get the short end of the stick when it comes to accommodative monetary policy.

However, a former high-ranking Fed official contends economic conditions

have actually favored older Americans over the last several years, and that the demographic isn't nearly as embattled as some economists suggest.

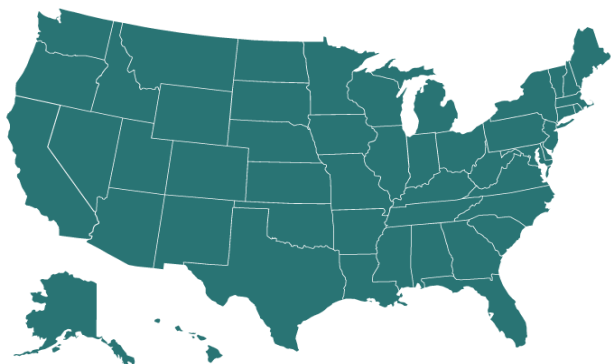
"When the Federal Reserve holds interest rates low, retirees tend to get less income from their nest eggs," Narayana Kocherlakota, the former president of the Federal Reserve Bank of Minneapolis, wrote in a recent **[Bloomberg op-ed](#)**. "Over the past eight years, though, they've done a lot better than this simple logic would imply."

In theory, Americans with savings accounts should expect to receive diminished interest payments from

commercial banks when rates are low.

In fact, a **[NerdWallet](#)** study published last week

reported that Americans in 2016 earned \$7.7 billion less in aggregate annual interest than they did in 2006. That means American savers in a low-interest environment are collectively missing out on billions of dollars in interest payments... **[Read More](#)**



Taxes by State

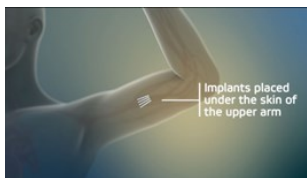
If you plan to move to another state when you retire, examine the tax burden you'll face when you arrive. State taxes are increasingly important to everyone, but retirees have extra cause for concern since their income may be fixed.

Many people planning to retire use the presence or absence of a state income tax as a litmus test for a retirement destination. This is a serious miscalculation since higher sales and property taxes can more than offset the lack of a state income tax. The lack of a state income tax doesn't necessarily ensure a low total tax burden.

Click on the map to find to see the related tax information.

FDA approves new way to treat opioid addiction – under the skin

By *Laurie McGinley*



The Food and Drug Administration on Thursday approved the first

implantable drug to deliver long-lasting medication to people addicted to opioids such as OxyContin and heroin.

“Opioid abuse and addiction have taken a devastating toll on American families,” FDA Commissioner Robert M. Califf said in a news release. “Today’s approval provides the first-ever implantable option to support patients’ efforts to maintain treatment as part of their overall recovery program.”

The implant, which has four matchstick-size rods that are inserted under the skin

of the upper arm, administers the anti-addiction drug buprenorphine in a continuous dose for six months. That medication is available now only as a daily pill or a thin film that dissolves under the tongue. The implant, called Probuphine, is intended for people who are already stable on low doses of the drug.

Amid an epidemic of opioid addiction, the implant has touched off an intense debate. Supporters say it will be a helpful addition to the nation’s limited toolbox of treatments, while critics warn that it remains largely unproven and could carry a hefty price tag.

Maryland psychiatrist David Pickar, who sits on the FDA advisory committee that in January voted 12 to 5 to

recommend approval, applauded Thursday’s action as the right move.

“It’s not a perfect drug, but it has advantages over previous treatments. Number one, it takes away the problem of the patient not taking the medication,” which he said is a “huge” issue when treatment depends on addicts remembering to take their medication daily. With the implant, “they will know that it will be with them for six months.”

In addition, the implant essentially is “a drug that can’t be abused,” meaning that accidental ingestion by children or illegal resale on the street are no longer worries.

“I bet this saves some people’s lives,” Pickar said... [Read More](#)

How And Where To Dump Your Leftover Drugs — Responsibly

By *Emily Bazar*

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Opioids like Vicodin and Percocet are commonly prescribed to dull pain after medical procedures and to treat chronic pain. They also commonly languish in medicine cabinets, sometimes for years, making easy pickings for someone with an addiction.

The consequences can be deadly: More than 165,000 people died in the U.S. from overdoses related to prescription opioids between 1999 and 2014, says the [Centers for Disease Control and Prevention](#).

I’m guilty of keeping them too long myself. Until last month, when I turned over a freezer bag full of unwanted and expired medications on the twice-a-year [National Prescription Drug Take-Back Day](#), I had a bottle left over from a dental procedure three years ago.

What are consumers to do the rest of the year if they want a safe alternative to flushing unwanted drugs down the toilet or tossing them into the garbage? Drugs that are flushed can taint our rivers, lakes and water supplies. Drugs in the trash [also](#)

[may harm the environment](#),

and can be found by children, pets — and even adults looking for a high.



There are a growing number of year-round disposal sites in California, but your options depend largely on where you live and what kind of drugs you’re trying to unload.

For instance, it might be difficult to find a place that will accept [“controlled” drugs](#), which include legal drugs that are closely regulated by the government, such as addictive opiates.

In reality, it might be hard for you to find a convenient place at all.

“It’s very time-consuming and you may get the runaround,” warns Heidi Sanborn, executive director of the [California Product Stewardship Council](#), a nonprofit that created the website [DontRushToFlush.org](#). (The group also calls on pharmaceutical companies to share in the cost of drug disposal.)... [Read More](#)

Aging Parents at a Distance Who Aren't Really 'Just Fine'

By *Lisa Esposito*



"I'm doing fine." It's reassuring to hear when you call a parent who lives far away. But the fact is, seniors living alone in their 70s and beyond may keep serious problems to themselves because they don't want to worry you or feel like a burden. Sometimes it takes a crisis – like a call from the hospital – to realize how far from fine a family member really is. Visiting in person is the best way to see what's what, experts agree. And witnessing the gaps in a parent's well-being is the first step to **getting the right help.**

Pride and Independence

Amoke Alakoye, of Silver Spring,

Maryland, is a dedicated **family caregiver**. Alakoye lives with and looks after her mother, a multiple stroke survivor. She also acts as the long-distance caregiver for her aunt in Philadelphia. The two elderly siblings are in daily contact, Alakoye says, by phone or online. During her own frequent phone chats, Alakoye says, her aunt is more likely to say "I'm fine" than speak frankly about any difficulties.

It took a weekend family celebration for Alakoye to get a truer picture. In their shared hotel suite, she could see her aunt **struggling with arthritis** and other health problems, affecting her hygiene and grooming. "I said, 'Oh, we're going to have a spa day,'" Alakoye recalls. "So she wouldn't be upset with me. So I could

bathe her and show her how, if she lived in an assisted living facility, they'd have a roll-in shower." But her aunt still lives alone in her home with its standard bathtub, so Alakoye has arranged for a home health aide who comes in several times a week.

Alakoye's personal experiences with caregiving have motivated her to become a gerontologist. But as many experts in helping professions find, Alakoye's most challenging cases are her own flesh and blood. It requires tact and diplomacy to suggest changes or solutions. "I can't tell you about the level of cajoling that goes into it at this point, because there's a lot of pride," she says. "They cared for you. How dare you tell them now what to do?"...**More**

CVS MinuteClinics: A Cure For Long Wait Times At Veterans Affairs?

By *Barbara Feder Ostrov*

Struggling with long wait times, the Veterans Affairs Health Care System is trying something new: a partnership with the CVS Pharmacy **chain to offer urgent care** services to more than 65,000 veterans.

The experiment begins today at the VA's operations in Palo Alto, California.

Veterans can visit 14 "MinuteClinics" operated by CVS in the San Francisco Bay area and Sacramento, where staff will treat them for conditions such as respiratory infections, order lab tests and

prescribe medications, which can be filled at CVS pharmacies.

The care will be free for veterans, and the VA will reimburse CVS for the treatment and medications. Whether the partnership will spread to other VA locales isn't yet clear.

The collaboration comes amid renewed scrutiny of the nation's troubled VA health system, which has tried without much success to improve long wait times for veterans needing health care.

Despite a \$10 billion "Veterans Choice" program allowing veterans to receive care outside the closed VA system, vets nationwide wait for an appointment even longer than they did before the program started in 2014, according to a **federal audit**.

The MinuteClinic partnership is not part of the Veterans Choice program.

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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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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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SIGN THE PETITION!!!!**

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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