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March 20, 2017 E-Newsletter

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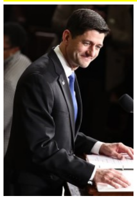
CBO: Republican health care bill raises premiums for older, poor Americans by more than 750%



The American Health Care Act would make a low-income 64-year-old in the individual market pay more than half his income for health insurance. The Republican-backed **American Health Care Act** would be totally devastating to older Americans who rely on the individual market for insurance, according to **an analysis** by the Congressional Budget Office (CBO).

The bill does bring down overall premiums in the individual market by about 10 percent by 2026 compared with what they would be under current law, the CBO found. But the CBO includes a big caveat: This would greatly differ based on age and income.

The CBO offers an example of a single individual with an annual income of $26,500.

If that person is 21 years old, he'll largely benefit from the Republican health care bill. Under the Affordable Care Act (also known as Obamacare), he would on average pay $1,700 in premiums for insurance. Under the Republican plan, he would pay $1,450.

But if that person is 64 years old, he would be hurt by the Republican bill. Under Obamacare, he would also pay $1,700 in premiums for insurance. But under the Republican bill, he would pay $14,600 — more than half his annual income. That amounts to more than a 750 percent increase in premiums from Obamacare to the Republican bill.

A 64-year-old who's making $68,200 a year would fare a bit better. Under Obamacare, he's expected to pay $15,300 in premiums for insurance — because his income would be too high to receive the law's tax credits. But under the Republican bill, everyone up to $75,000 gets a tax credit based on age. So he would get a subsidy that would reduce his premium to $14,600 — just barely enough to be lower than it would be under Obamacare.

Older people making above $75,000, however, would get no subsidies under the GOP bill, so they would just face higher premiums, much like the lower-income consumer. ...**Read More**

So, is this how we make America Great Again???????

Medicare Rights Tells Congress: We Cannot Support the American Health Care Act

Earlier this week, Congressional Republicans unveiled their plan to repeal the Affordable Care Act (ACA), known as the American Health Care Act (AHCA). Only two day later, the bill was debated and voted on by the House Committees on Energy & Commerce and Ways & Means. In response, Joe Baker, president of the Medicare Rights Center (Medicare Rights), sent a letter to the Committee leadership explaining why Medicare Rights cannot support the legislation or the process behind it.

Mr. Baker writes, "We are deeply disappointed with the secretive and rushed manner in which AHCA has been deliberated, shared, and advanced. Historically, both Committees have developed health care proposals through transparent means…Proposals to fundamentally restructure the ACA and Medicaid—like those included in AHCA—should be treated no differently."

Process aside, Mr. Baker raises serious concerns with elements of AHCA that Medicare Rights believes would result in higher health care costs or coverage losses for older adults, people with disabilities, and their families. AHCA's changes to the Marketplaces and Medicaid would make coverage far more expensive—likely putting it out of reach—for Americans in their 50s and 60s who are not yet eligible for Medicare and for people receiving Social Security disability benefits who are in the required two-year Medicare waiting period.

AHCA ends the Medicaid expansion, allows insurers to charge older enrollees even higher premiums, and provides less generous assistance to help people in the Marketplaces afford premiums and cost sharing. AHCA also makes fundamental changes to Medicaid—cutting federal payments to the program through what's known as a per-capita cap—that could significantly harm older adults and people with disabilities who rely on both Medicare and Medicaid.

Mr. Baker continues, "Ten million people with Medicare rely on Medicaid to cover vital long-term home health care and nursing home services, to help afford their Medicare costs, and more. Federal cuts to Medicaid brought about by per-capita caps would drive states to make hard choices, likely leading states to scale back benefits, impose waiting lists, implement unaffordable financial obligations, or otherwise restrict access to needed care for older adults and people with disabilities." ...**Read More**

Analysis | Republicans' Obamacare replacement would cut $337 billion from the budget. Here's who'd pay for it.

Republicans' Obamacare replacement plan would cut spending by $1.2 trillion over the coming decade and save the government $337 billion, according to an analysis released Monday by the nonpartisan Congressional Budget Office.

To find those savings, Republicans are proposing cuts to programs designed to help the poor and the working class. Here's where the GOP found the money:

Medicaid: The most significant provision, in dollar terms, of the Republican bill would reduce spending on Medicaid — the government's health insurance program for the poor — by $880 billion. Republicans would roll back the Medicaid expansion instituted under Obamacare (officially known as the Affordable Care Act). The GOP plan also would place a limit on how much states could spend on care for each Medicaid beneficiary, indexing it to inflation and to the prices of health-care services. Proponents of the measure say it would offer states more flexibility to administer the program in the hope that they would find more effective ways to spend their resources.

Tax credits: The measure would also cut spending by replacing Obamacare's insurance subsidies with a new, less generous (and less expensive) system of tax credits. The subsidies under Obamacare were projected to cost $673 billion over the next decade, while the CBO's analysis says the Republican bill's tax credits would cost $361 billion.

Planned Parenthood: Federal funding for Planned Parenthood would be eliminated for one year, which the CBO says would save $156 million over a decade.

These spending cuts come coupled with $883 billion in tax cuts, which would largely benefit companies and high-income households. Here's what the GOP proposes:

The insurance mandate: The measure would repeal one of the Affordable Care Act's most controversial provisions: the mandate that Americans, with a few exceptions, purchase health insurance or pay a penalty. Wiping out that penalty would eliminate $210 billion in fees to the federal government, the new analysis projects.

Investment levy: Obamacare included a 3.8 percent levy on gains from several types of investments. The GOP bill would eliminate that, saving taxpayers (or, if you prefer, cutting government revenue) $158 billion over 10 years. The tax applies only to individuals with incomes of more than $200,000 or married couples with incomes exceeding $250,000.

Income surcharge: Obamacare also levied a 0.9 percent surcharge on wages and salaries for individuals with incomes of more than $200,000 or married couples with incomes over $250,000. The GOP plan would eliminate that tax as well, a cut of $117 billion over a decade.

Insurance company tax: The Republican plan would cut taxes on the health insurance industry by $145 billion over a decade.

Other industry taxes: The Affordable Care Act also contained a number of new fees on industry, including taxes on medical devices (projected to raise $20 billion over 10 years), over-the-counter drugs ($6 billion over a decade) and tanning beds ($600 million over 10 years).

Republicans touted the bill in the wake of the CBO release, with Rep. Kevin Brady (R-Tex.), chairman of the House Ways and Means Committee, saying that the office "confirmed our legislation protects taxpayers, decreasing the ballooning deficit by more than $330 billion and curbing growing health-care costs."

Democrats, unsurprisingly, saw it differently. While much of the criticism focused on the bill's effect on the nation's ranks of uninsured — the **CBO projected that 24 million more people would go without health insurance in the next decade** under the measure — opponents also balked at its redistribution of wealth.

"You could not possibly cut all those taxes, and still save money on the deficit, unless you were dramatically cutting back coverage," said Robert Shapiro, a former economic adviser to President Bill Clinton, before criticizing a chief architect of the measure, House Speaker Paul D. Ryan. "The White House cannot have one without the other, and neither can Paul Ryan."

Financial Exploitation: When Taking Money Amounts to Elder Abuse

When her husband died suddenly and unexpectedly from a massive heart attack, "Mary" – who asked that her real name not be used due to the sensitive nature of her story – was devastated and began spiraling downward.

He was only in his late 60s and in relatively good health, she recalls. Mary fell into a severe depression after his passing. "I withdrew. I isolated myself," says Mary, now 70, who lives in Playa del Rey, California. In addition to her abject despair, she believes the antidepressants she was taking contributed to suicidal thoughts. She attempted suicide – overdosing on powerful painkillers she had for treating her arthritis, she says. She was hospitalized in 2015 and admitted into an inpatient rehab facility to recover.

Mary had previously appointed her daughter as trustee under a family trust and agent under powers of attorney to manage her finances if she was ever unable to do so herself. And it was during this time that – due to Mary's psychiatric issues – her daughter's authority under the POA and trust became effective. Mary had been financially supporting her daughter, who was living in Mary's home along with her daughter's son. But instead of acting in her mother's best interests, "she ran up $120,000 in credit card debt, which I only recently found out about," Mary says – money spent on everything from online shopping to food delivery. She purchased a new car in her mother's name, a new refrigerator and three new computers, all with her mother's money and without permission; ...**Read More**

Wealthy Would Get Billions in Tax Cuts Under Obamacare Repeal Plan

Two of the biggest tax cuts in Republican proposals to repeal the Affordable Care Act would deliver roughly $157 billion over the coming decade to those with incomes of $1 million or more, according to a congressional analysis.

The assessment was made by the Joint Committee on Taxation, a nonpartisan panel that provides research on tax issues.

It is not unusual for tax cuts to benefit mostly the wealthiest, but still save some money for a majority of Americans. But the benefits of these reductions would be aimed squarely at the top.

The provisions would repeal two tax increases on high earners enacted in 2010 to help pay for the Affordable Care Act: an increase in capital gains taxes and other investment-related income, and a surcharge on Medicare taxes.

People making $200,000 to $999,999 a year would also get sizable tax cuts. In total, the two provisions would cut taxes by about $274 billion during the coming decade, virtually all of it for people making at least $200,000, according to a separate assessment by the committee.

"Repeal-and-replace is a gigantic transfer of wealth from the lowest-income Americans to the highest-income Americas," said Edward D. Kleinbard, a professor at the University of Southern California law school and former chief of staff for the Joint Committee on Taxation.

Tax economists point out that even tax cuts for the wealthy can have indirect benefits for others. For example, the additional cash can prompt extra spending and extra hiring.

That said, "most of the benefit of getting rid of those two taxes would go to wealthy people," said Joel Slemrod, a professor at the University of Michigan Ross School of Business and former senior staff economist for President Ronald Reagan's Council of Economic Advisers. "It's not significant for me to add a caveat."

One of the taxes targeted in the repeal bill is a 3.8 percent tax on investment income, like capital gains. The other is a 0.9 percent surcharge on the Medicare taxes imposed on high-income earners — individuals making more than $200,000 a year and married couples filing joint returns who earn more than $250,000 a year. That brings the Medicare tax levied on that income up to 3.8 percent as well.

The tax repeal would solely benefit wealthy Americans because the taxes were imposed only on the wealthiest. The increases were passed in 2010, when capital gains rates were near historical lows. During the George W. Bush administration, Congress cut the rates to 15 percent from 20 percent. With the 3.8 percent tax imposed by the Affordable Care Act, the top capital gains rate stands at 23.8 percent for the wealthiest Americans. That still makes the rate lower it was for most of the 1970s, 1980s and 1990s.

The panel's analysis was provided to members of the House Ways and Means Committee on Wednesday but has not been published on the committee's website. A copy was reviewed by The New York Times.

The analysis found that by 2020, the repeal of the two tax provisions would save about $15.9 billion a year for those with incomes of $1 million or more. By 2026, the final year of the analysis, they would combine to save that group a little more than $20 billion a year.

For all the taxpayers who would benefit, the tax cuts would save nearly $37 billion in a single year by 2026.

On Monday, the Congressional Budget Office is expected to issue its analysis of the total cost of the Republican plan to replace the Affordable Care Act, including how much, if anything, it would add to the federal deficit in the coming decade.

Companies Behind Health Savings Accounts Could Bank On Big Profits Under GOP Plan

Health savings accounts are poised for a major expansion by Republicans in Washington, D.C., and that could mean millions more customers — and fees — flowing to a handful of companies.

Investors are betting on it, bidding up shares of HSA provider HealthEquity by about 35 percent since the November election. It's one of the best performing stocks on Wall Street since Donald Trump won the White House.

Another big beneficiary might be Optum Bank, the industry leader, with more than 3 million of these accounts and about $7 billion in assets it manages for consumers. It's owned by the nation's largest health insurer, UnitedHealth Group.

For years, these companies and others have been lobbying lawmakers for changes that could become reality with a Republican-controlled Congress and Trump administration.

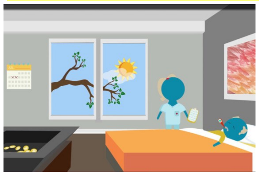
The GOP **health law replacement plan** introduced Monday in the House reflects the party's broad consensus for giving more Americans access to HSAs, which allow people to put aside money tax-free for medical expenses.

"There is an excitement in the business now," Dr. Steve Neeleman, founder of Utah-based HealthEquity and a former trauma surgeon. "There are definitely things Washington can do to make HSAs more enticing to a broader market."

Health saving accounts were introduced in 2003 in legislation championed by President George W. Bush. Enrollment has grown steadily to nearly 21 million accounts with $41 billion in assets, according **to the Devenir Group**, a research and consulting firm that tracks the industry.

Still, that number is a small fraction of the 178 million people who have health insurance through their jobs or purchase it on their own….**Read More**

By Law, Hospitals Now Must Tell Medicare Patients When Care Is 'Observation' Only



Under a **new federal law**, hospitals across the country must now alert Medicare patients when they are getting observation care and why they were not admitted — even if they stay in the hospital a few nights. For years, seniors often found out only when they got surprise bills for the services Medicare doesn't cover for observation patients, including some drugs and expensive nursing home care.

The notice may cushion the shock but probably not settle the issue.

When patients are too sick to go home but not sick enough to be admitted, observation care gives doctors time to figure out what's wrong. It is considered an outpatient service, like a doctor's visit. Unless their care falls under a new Medicare bundled-payment category, observation patients pay a share of the cost of each test, treatment or other services.

And if they need nursing home care to recover their strength, **Medicare won't pay** for it because that coverage requires a prior hospital admission of at least three consecutive days. Observation time doesn't count.

"Letting you know would help, that's for sure," said Suzanne Mitchell, of Walnut Creek, Calif. When her 94-year-old husband fell and was taken to a hospital last September, she was told he would be admitted. It was only after seven days of hospitalization that she learned he had been an observation patient. He was due to leave the next day and enter a nursing home, which Medicare would not cover. She still doesn't know why.

"If I had known [he was in observation care], I would have been on it like a tiger because I knew the consequences by then, and I would have done everything I could to insist that they change that outpatient/ inpatient," said Mitchell, a retired respiratory therapist. "I have never, to this day, been able to have anybody give me the written policy the hospital goes by to decide." Her husband was hospitalized two more times and died in December. His nursing home sent a bill for nearly $7,000 that she has not yet paid. ...**Read More**

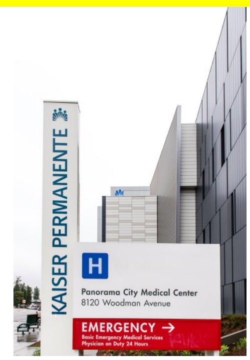
HMO Doctors Take Pains To Slash Opioid Prescriptions

On a summer afternoon in 2009, eight Kaiser Permanente doctors met in Pasadena to review the HMO's most prescribed drugs in Southern California. Sun blasted through the windows and the room had no air conditioning, but what unsettled the doctors most were the slides a pharmacist was presenting.

"We were doing so much work treating people with hypertension and diabetes, we thought those drugs would be on the list," said Dr. Joel Hyatt, then Kaiser's quality management director in Southern California.

Instead, hydrocodone, a generic opioid painkiller, led the list. OxyContin was near the top, even though the HMO didn't subsidize it and patients had to pay for it themselves.

At the time, few if any physicians were talking about an "opioid epidemic." But to the doctors in the room, the slides told a bleak story: Narcotics were being dispensed in numbers and doses higher than any of them had ever seen. The potential for addiction and overdoses among patients was frightening, something doctors around the country would later realize.



"People [were] getting prescriptions for a thousand pills," said Steve Steinberg, a Kaiser family doctor who attended the meeting. "The numbers were so striking that it led us to look into it."

...**Read More**

Medicare Rights Comments on Proposed Changes to MA and Part D in 2018

This week, the Medicare Rights Center (Medicare Rights) submitted comments in response to the Centers for Medicare & Medicaid Services (CMS) 2018 Advance Rate Notice and Draft Call Letter (2018 Call Letter). CMS announces proposed changes to the Medicare Advantage (MA) and Part D programs through a yearly call letter, and every year Medicare Rights provides feedback to the agency on proposals we support and where we have concerns.

The 2018 Call Letter held few surprises but provided many opportunities for Medicare Rights to encourage or raise caution with certain proposals. For example, we continue to encourage CMS to look carefully at the issue of "upcoding"—a practice that results in overpayments to MA plans relative to Traditional Medicare. We also continue to urge CMS to ensure the validity and usefulness of the Star Ratings Program, which may allow plans that performed poorly in audits to receive high star ratings.

We were pleased that CMS asked for comments on Part D tiering exceptions in the 2018 Call Letter. Through a tiering exception, a person has a right to request lower cost-sharing for a high-cost prescription drug, if a similar, lower-cost medicine is also covered by their plan. Through the Medicare Rights national helpline, we find this process can be complicated and confusing for beneficiaries. Our comments include several recommendations about how to minimize these burdens.

In addition to the above issues, we also call out several unaddressed issues that should stay on CMS' radar. These include streamlining Part D appeals, improving consumer protections in seamless conversion arrangements, and strengthening MA provider directories and network adequacy oversight.

RI ARA HealthLink Wellness News

HealthLink Wellness "Taking Control"

Dizzy Spells in Middle-Age Tied to Dementia Risk Later

HealthDay, RobertPreidt

Rapid drops in blood pressure that cause light-headedness may do serious damage, study suggest. Middle-aged adults who get dizzy when they stand due to a temporary drop in blood pressure may be at increased risk for dementia when they're older, new research suggests.

These episodes of sudden low blood pressure -- called orthostatic hypotension -- may leave lasting damage due to reduced blood flow to the brain, according to researchers at the Johns Hopkins Bloomberg School of Public Health.

For the study, the investigators analyzed data from more than 11,500 adults, average age 54, who were followed for 20 or more years.

People with orthostatic hypotension at the outset were 40 percent more likely to develop dementia than others. They also had a 15 percent increased risk of cognitive (mental) decline, the findings showed.

However, the study could not prove a cause-and-effect relationship.

"Even though these episodes are fleeting, they may have impacts that are long lasting," study leader Andreea Rawlings said in a Hopkins news release. She is a post-doctoral researcher in the department of epidemiology at the Bloomberg School in Baltimore.

"It's a significant finding, and we need to better understand just what is happening," Rawlings added.

It's not known if orthostatic hypotension is a sign of another underlying disease or whether the drop in blood pressure itself is the cause of cognitive decline, the researchers said.

"Identifying risk factors for cognitive decline and dementia is important for understanding disease progression, and being able to identify those most at risk gives us possible strategies for prevention and intervention," Rawlings said. "This is one of those factors worth more investigation."

The findings were scheduled for presentation Friday at an American Heart Association meeting in Portland, Ore. The findings should be considered preliminary until published in a peer-reviewed journal.

Dementia affects an estimated 4 million to 5 million Americans. The number is expected to rise as the population ages, the study authors noted.

Don't ever answer calls with phone numbers with THESE area codes

There's nothing more frustrating than eagerly answering a call only to find out it's a telemarketer or, worse, a scammer. You'd think that as technology gets more and more advanced we could avoid moments like this, but there are plenty of people out there who have found loopholes in the system in order to steal money from innocent people like you. Luckily, there is a way for you to avoid getting roped into these scams. There are some **phone calls with certain area codes** that you should never pick up under any circumstances.

To err on the side of caution, these are the other international area codes with a +1 country code you should avoid.
242 , Bahamas, 246 , Barbados, 268, Antigua, 284 , British Virgin Islands, 345, Cayman Islands\, 441, Bermuda, 473, Grenada, Carriacou and Petite Martinique, 649, Turks and Caicos 664,Montserrat, 721, Sint Maarten, 758, St. Lucia 767, Dominica, 784, St. Vincent and Grenadines, 809, 829 and 849, Dominican Republic, 868, Trinidad and Tobago, 869, St. Kitts and Nevis, 876, Jamaica

Remember, it's always better to be safe than sorry. If you don't recognize the number, don't pick it up...Read More

Seniors need better access to mental health resources

While there is no substitute for seeing a mental health professional, it's important for seniors to have access to the most current, comprehensive information about their mental health

Caregiver's Guide to Understanding Dementia Behaviors
The Benefits of Cooking with Alzheimer's: A Caregiver's Guide
Six Things Seniors Can Do To Improve Memory
Preparing Your Home for a Loved One with Alzheimer's: A Caregiver's Guide
10 Easy Ways Seniors Can Boost Their Mental Health and Well-Being
Eating for Your Brain as a Senior
Overcoming The Loss Of A Child Without Drugs Or Alcohol — A Parent's Guide
Mourning A Parent or Spouse's Death
Promoting Mental Health at Home: How to Design the Perfect Meditation Room at Home

Caroline James carolinej@elderaction.org http://elderaction.org/

A Playbook For Managing Problems In The Last Chapter Of Your Life

At least once a day, Dr. Lee Ann Lindquist gets an urgent phone call.

"Mom fell and is in the hospital," a concerned middle-aged son might report.

"Dad got lost with the car, and we need to stop him from driving," a distraught middle-aged daughter may explain.

"We don't know what to do."

Lindquist, chief of geriatrics at Northwestern University's Feinberg School of Medicine, wondered if people could become better prepared for such emergencies, and so she designed a research project to find out.

The result is a unique website, **www.planyourlifespan.org**, which helps older adults plan for predictable problems during what Lindquist calls the "last quarter of life" — roughly, from age 75 on.

"Many people plan for retirement," the energetic physician explained in her office close to Lake Michigan. "They complete a will, assign powers of attorney, pick out a funeral home, and they think they're done."

What doesn't get addressed is how older adults will continue living at home if health-related concerns compromise their independence.

"People don't want to think about the last 10 or 15 years of their life, and how they're going to manage," Lindquist said.

This isn't end-of-life planning; it's planning for the period before the end, when health problems become more common.

Lindquist and collaborators began their research by convening focus groups of 68 seniors — mostly women with an average age of 74. Nearly $2 million in funding came from the **Patient-Centered Outcomes Research Institute**, created under the Affordable Care Act.

Investigators wanted to know which events might make it difficult for people to remain at home. Seniors named five: being hospitalized, falling, developing dementia, having a spouse fall ill or die, and not being able to keep up their homes.

Yet most participants hadn't planned for these kinds of events. Investigators asked why….**Read More**

The Mental and Physical Cost of Elder Financial Abuse

Ideally, David Top would like to move his father, 88-year-old Gabriel Top of Manhattan, into a memory care facility – that is, if the money were available to do so.

After suffering a stroke about a dozen years ago, Gabriel's short-term memory was greatly diminished, and today Gabriel suffers from severe dementia. Memory care is specialized long-term care offered by some nursing homes for residents with dementia – like that caused by Alzheimer's disease – and other memory issues. "His dementia is getting worse, and he doesn't get the amount of care that he needs," David says of his father. "Part of the goal was to move him to Las Vegas, where they have a top-notch memory care facility." That's also where David's daughter lives and family often gathers for reunions and vacations. "So he would be part of his family's life, basically, instead of being isolated."

Though family travel to see Gabriel in Manhattan, they can't afford to relocate him or put him in memory care, after hundreds of thousands of dollars Gabriel had saved were taken from him by a long-time companion, David says. "He depended on her for everything – for advice and to get to his medical appointments, and really to manage his life," David says of his father's companion; at one time, Gabriel and the woman had been a couple. But David notes she started to take utter control of Gabriel's life, including alienating him from family – even convincing him not to get needed medical care. She also became a joint account holder on bank and investment accounts, eventually removing his name from those accounts. "The amount of money the long-term companion took from Gabriel is estimated at close to $750,000, in addition to an unknown amount of interest and dividends," says Jahna Locke, an Equal Justice Works AmeriCorps Legal Fellow at the non-profit New York Legal Assistance Group, who is working on Gabriel's case. NYLAG is providing free legal services to try to help recover the money that was taken. "She basically took all his money," David says.

One of the most common forms of elder abuse, financial exploitation is growing in prevalence (along with other forms of abuse) as the population ages. Most commonly committed by a family member, caregiver or trusted individual, financial abuse typically involves taking money, property or other assets – or withholding those – without a person's permission. Though in Gabriel's case, David says he didn't yet have dementia when the abuse appears to have started in 2012, he and Locke say his companion took advantage of his dementia as time went on.

Even mild cognitive impairment has been shown to inhibit financial-decision-making, studies show, and can make a person more vulnerable to financial exploitation. More than one-third of people 65 and older already have some form of cognitive impairment, notes Dr. Robert Roush, a professor of geriatrics at the Huffington Center on Aging at Baylor College of Medicine in Houston. Roush is the medical project director for the Elder Investment Fraud and Financial Exploitation Prevention ...**Read More**

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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