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House Leaders ‘Came Up Short’ In Effort To Kill Obamacare



Despite days of intense negotiations and last-minute concessions to win over wavering GOP conservatives and moderates, House Republican leaders Friday failed to secure enough support to pass their plan to repeal and replace the Affordable Care Act.

House Speaker Paul Ryan pulled the bill from consideration after he rushed to the White House to tell President Donald Trump that there weren't the 216 votes necessary for passage.

“We came really close today, but we came up short,” he told reporters at a hastily called news conference.

When pressed about what happens to the federal health law, he added, “Obamacare is the law of the land. ... We're going to

be living with Obamacare for the foreseeable future.”

Trump laid the blame at the feet of Democrats, complaining that not one was willing to help Republicans on the measure, and he warned again that the Obamacare insurance markets are in serious danger. “Bad things are going to happen to Obamacare,” he told reporters at the White House. “There's not much you can do to help it. I've been saying that for a year and a half. I said, look, eventually it's not sustainable. The insurance companies are leaving.”

But he said the collapse of the bill might allow Republicans and Democrats to work on a replacement. “I honestly believe the Democrats will come to us and say, ‘Look, let's get together and get a great health care bill or plan that's really great for the people of our country,’” he

said.

Ryan originally had hoped to hold a floor vote on the measure Thursday — timed to coincide with the seventh anniversary of the ACA — but decided to delay that effort because GOP leaders didn't have enough “yes” votes. The House was in session Friday before his announcement while members debated the bill.

House Democratic leader Nancy Pelosi (Calif.) said the speaker's decision to pull the bill “is pretty exciting for us ... a victory for the Affordable Care Act, more importantly for the American people.”...[Read More](#)

Again, I must state emphatically that the bill was pulled because it **DID NOT GO FAR ENOUGH IN CUTS FROM THE ACA. NOT BECAUSE IT DID NOT HELP THE MIDDLE CLASS.**

GOP Scraps Individual Mandate But Sets Up New Penalty For Those Skipping Coverage

The Affordable Care Act's tax penalty for people who opt out of health insurance is one of the most loathed parts of the law, so it is no surprise that Republicans are keen to abolish it. But the penalty, called the individual mandate, plays a vital function: nudging healthy people into the insurance markets where their premiums help pay for the cost of care for the sick. That has required Republican lawmakers to come up with an alternative.

The GOP approach is called a “continuous coverage” penalty. It increases premiums for people who buy insurance if they have gone 63 consecutive days without a policy during the past 12 months. Their premiums would rise by 30 percent and that surcharge would last for a year. While the ACA assesses a fine for each year people

don't buy insurance, the GOP plan would punish those who decide to purchase it after not being in the market.

Much is at stake. If this approach fails to prod enough healthy people into buying insurance, rates for everyone else in the insurance pool will rise, destabilizing promises by President Donald Trump and GOP leaders to make their Obamacare replacement more affordable. The nonpartisan Congressional Budget Office **projects that millions fewer people will buy insurance** if the individual mandate is repealed and replaced with a continuous coverage surcharge.

Why do people allow their insurance to lapse?

Some simply can't afford the premiums, like Sheila Swartz. She and her husband,

Don, who has a heart condition, dropped their policy in December after learning monthly premiums were going to increase by about \$140 to \$530. “You can't get blood out of a turnip,” said Swartz, who lives outside Nashville, Tenn., and works as a house cleaner. “If you can't afford that premium, you can't afford that premium.”

Others stop paying premiums when they lose a job or are hit with unexpected costs in other areas, such as major home or car repairs. “If you have to pay rent or health insurance, you are probably not going to choose health insurance,” said Bruce Jugan, a health insurance broker in Montebello, Calif. ...[Read More](#)



Researchers Call Trump's Proposed NIH Cuts 'Shocking'



An estimated \$5.8 billion in cuts to the National Institutes of Health in President Donald

Trump's **proposed budget** has California's top universities and medical institutions sounding the alarm.

Trump's spending plan — running into opposition from Republicans and Democrats alike — would cut about 20 percent of the roughly \$30 billion budget of the nation's medical research agency that supports research on cancer, Alzheimer's disease, Zika and other conditions.

Research institutions nationwide decried the cuts as potentially devastating

to their work.

Among those who stand to lose the most are the University of California, San Francisco, which for the past three years has received more in NIH biomedical grants than any other public university in the country.

Grants to UCSF's four schools that tailor to health professions reached nearly \$634 million in fiscal year 2016, according to the UC Office of the President.

"It's tremendously shocking," said Keith Yamamoto, UCSF's vice chancellor for science policy and strategy.

"The hope was that biomedical research would fare well," even in the face of the administration's stated desire to control spending, said Yamamoto, a top

researcher in cellular and molecular pharmacology.

Total NIH funding for the University of California system in the 2016 fiscal year reached nearly \$2 billion.

At Johns Hopkins University, the institution receiving the most in NIH grants last year, an official described the potential budget cuts as "extraordinarily threatening." Johns Hopkins received about \$651 million in NIH grants.

Officials at Harvard University, Fred Hutchinson Cancer Research Center in Seattle and the University of Alabama at Birmingham voiced similar concerns, noting that the cuts could set back basic scientific research **that has led to lifesaving medical treatment....[Read More](#)**

GOP Recycles Controversial 2003 Bill To Boost Small-Business Insurance

In a bid to improve the health insurance purchasing clout of small businesses, Republicans have dusted off a piece of controversial legislation more than a decade old and reintroduced it as part of their effort to remake the market after they throw out the Affordable Care Act.

The earlier bill, which passed the House in 2003 but didn't advance, was widely panned by groups representing consumers, providers, the health insurance industry and state officials. At the time, they argued that it would do little to enhance the coverage options or control costs of many small businesses, especially those that employ older, sicker

workers, while at the same time weakening consumer protections against plan insolvency and fraud.

Health policy experts say there's no reason to change that assessment now.

"It was a bad idea in 2003, and it's a worse idea today," said Timothy Jost, an emeritus professor at Washington and Lee University School of Law in Virginia who is an expert on the health law.

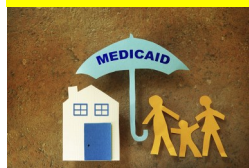
The bill would allow the establishment of nationwide "association health plans" that could be offered by professional or trade groups, chambers of commerce and the like. Small businesses could buy coverage through these associations, in theory gaining strength in numbers to enhance

their bargaining leverage with insurers, leading to cheaper, better coverage and lower administrative costs.

The **Small Business Health Fairness Act of 2017** is slated to head to the **House floor this week**. Speaker Paul Ryan (R-Wis.) has expressed enthusiasm for association health plans and said he intends to move the legislation **in tandem with the reconciliation bill** that would unwind budget-related provisions of Obamacare, another name for the ACA....**[Read More](#)**



GOP Bill's Unheralded Changes In Rules Could Undermine Health Of Neediest



An under-the-radar provision in the Republican proposal to replace the Affordable Care Act

would require the millions of Medicaid enrollees who signed up under the Obamacare expansion to renew their coverage every six months — twice as often as under current law.

That change would inevitably push many people out of coverage, at least

temporarily, experts say, and help GOP leaders phase out Medicaid expansion — a key goal of the pending legislation.

"That's designed to move people off those rolls as soon as possible," said **Ken Jacobs**, chairman of the University of California, Berkeley, Center for Labor Research and Education.

The proposal to cut renewal time in half is among other changes that seem only procedural but could have a profound effect on Medicaid enrollees' health,

pocketbooks and ability to get — and keep — coverage.

Another proposal would eliminate the ability of new Medicaid enrollees to request retroactive coverage for up to three months before the month they apply, which they can do under the current law — assuming they were eligible during that previous period. ...**[Read More](#)**

Ryan: Health care bill must do more for older people



House Speaker Paul Ryan said Sunday he's seeking changes to the Republican health care bill to provide more assistance to people in their 50s and 60s.

"We believe we should have even more assistance — and that's one of the things we're looking at — for that person in their 50s and 60s because they experience higher health care costs," the Wisconsin Republican told Chris Wallace on "Fox News Sunday."

Ryan's comments came in the wake of a Congressional Budget Office analysis

showing that older people could pay higher premiums under the GOP bill. Ryan expressed skepticism about the CBO analysis but said his leadership team is looking at more ways to help older people under the new plan.

"The CBO looked at a little piece of the issue, when we know the secretary of [the Department of Health and Human Services] will help bring market freedom and regulatory relief to the insurance markets to dramatically lower the price of the plan for the 50- and 60-year-olds," Ryan said. "But even with that, we think we should be offering more assistance

than what the bill currently does."

Moderates in Congress have urged congressional leaders to do more to curb rising costs. In a Facebook post Saturday night, Rep. Brian Fitzpatrick (R-Pa.) said he wouldn't vote for the bill in its current form, calling rising premiums under the Affordable Care Act "unsustainable," but saying the bill doesn't do enough to address opioid addiction.

"If we accept the status quo, our health care system will collapse and all of us will suffer as a result," he wrote. . . . [Read More](#)

Republicans threaten to deny poor people medical care if they aren't working

Republicans moved to require able-bodied, poor Americans to work in order to receive publicly funded health insurance through Medicaid on Thursday, advancing a long-held goal of conservative reformers.

These work requirements address a common concern of policymakers around public-assistance programs: that the poor will not look for work, because if they earned more, they might no longer be poor enough to qualify for help. Additionally, for Republicans and many Democrats, work requirements are a matter of fairness.

"When Medicaid was created, it wasn't intended to become an entitlement for

able-bodied adults," said Rep. Gary Palmer (R-Ala.), introducing the proposal to include Medicaid work requirements in Republicans' health care bill.

Republicans on the House budget committee voted to include the proposal, a one-sentence motion that leaves the details of the plan for later in the legislative process. But like Republicans' health care bill itself, it has many hurdles left to clear to become law.

Many forms of public assistance, including food stamps, require recipients to work, look for work, volunteer or participate in vocational training. The work requirements vary from one

program to the next and have varying requirements vary by the program and traits of the recipients, such as their ages and whether they have children.

Yet when it comes to health insurance, such requirements would be nearly impossible to enforce, conservative and independent experts on the Medicaid program said Friday.

"It's not entirely clear that this requirement makes a lot of sense," said Dr. Benjamin Sommers, a public-health expert at Harvard University. . . . [Read More](#)



Prescription Drug Costs Are On The Rise; So Are The TV Ads Promoting Them



Laura Ries was moved to action when she saw a TV commercial that portrayed a woman enjoying time with her grandchildren after taking Lyrica, a prescription medication for diabetic nerve pain. Ries' elderly mother suffered from just that problem.

"The ad showed someone who was enjoying life again," said Ries, president of a marketing strategy firm in Atlanta, who then researched the drug and spoke with her mother's doctor. "This . . . was very relatable to what my mom was experiencing."

Her reaction was precisely the aim of

direct-to-consumer (DTC) advertising: getting patients or their family members to remember a drug's name and ask by name for a prescription.

Spending on such commercials grew 62 percent since 2012, even as ad spending for most other product types was flat.

"Pharmaceutical advertising has grown more in the past four years than any other leading ad category," said Jon Swallen, chief research officer at Kantar Media, a consulting firm that tracks multimedia advertising. It exceeded \$6 billion last year, with television picking up the lion's share, according to Kantar data. Shows such as the major network's evening news programs, the CBS comedy "Mike &

Molly" and ABC's daytime drama "General Hospital" are heavy with drug ads, Kantar data show.

But the proliferation of drug advertisements has generated new controversy, in part because the ads inevitably promote high-priced drugs, some of which doctors say have limited practical utility for the average patient-viewer. The cost of Lyrica, the drug Ries was asked about for her mom, is about \$400 for 60 capsules, for example. Critics say the ads encourage patients to ask their doctors for expensive, often marginal — and sometimes inappropriate — drugs that are fueling spiraling health care spending. . . . [Read More](#)

Cholesterol Drug Prevents Heart Attacks — But It Doesn't Come Cheap



For the first time, research shows that a pricey new medication called Repatha not only dramatically lowers LDL cholesterol, the “bad cholesterol,” it also reduces patients’ risk of dying or being hospitalized.

Repatha, a man-made antibody also known as evolocumab, cut the combined risk of heart attack, stroke and cardiovascular-related death in patients with heart disease by 20 percent, a finding that could lead more people to take the drug, **according to a study** presented Friday at a meeting of the American College of Cardiology.

Some doctors hailed the results as major progress against heart disease. In an editorial in The New England Journal of

Medicine, Dr. Robin Dullaart, a researcher at the University of Groningen in the Netherlands, called it a landmark study.

Others said they expected more from the \$14,000-a-year drug. It was approved in 2015 without evidence that it prevents heart attacks, simply because its cholesterol reductions were so dramatic and promising.

Doctors often recommend that people keep their LDL levels under 100 milligrams per deciliter, and that people at very high risk reduce their LDL under 70.

In the new study, patients with heart disease who combined Repatha with a statin, the most commonly used cholesterol medication, decreased their LDL from 92 milligrams per deciliter to 30. Doctors have rarely seen cholesterol levels that low. Many doctors wondered if

such low levels would be dangerous, causing memory problems or dementia due to a lack of cholesterol, said Dr. Steven Nissen, chair of cardiovascular medicine at the Cleveland Clinic, who was not involved in the new research but has led clinical trials of PCSK9 inhibitors in the past.

Insurers have been reluctant to cover Repatha because of its price and uncertain benefits.

Insurance plans initially reject about 75% of all requests for Repatha, although they eventually approve half, said Dr. Joshua Ofman, senior vice president of global value and access at Amgen, the drug’s manufacturer. Doctors make an average of five requests before getting the medication approved... [Read More](#)

\$89,000 Orphan Drug Gets A New Owner — And Likely A New Price

Marathon Pharmaceuticals’ controversial \$89,000-a-year drug that has drawn outrage from patients and intense questioning from Congress is getting a new owner.

After striking a deal Wednesday evening, PTC Therapeutics announced plans early Thursday to buy the Duchenne muscular dystrophy drug Emflaza from Marathon for \$140 million in cash and stock. The drug’s new price was not announced.

While declining to answer questions about price, PTC Chief Executive Stuart Peltz built up the value of Emflaza, which

is a steroid, in an investor conference call. Emflaza, he said, is an “important new drug” and “disease-modifying.”

On price, PTC believes “a change needs to be made, however it’s premature to speculate exactly what that will be,” Peltz said.

Emflaza was approved as an orphan drug with the Food and Drug Administration last month, and PTC executives said they expected it to treat 9,000 Duchenne patients in the U.S. The drug has been available outside the U.S. for decades under the generic name deflazacort.

It is a steroid used to lessen the symptoms of Duchenne, a fatal muscle-wasting disease that affects mostly boys. For

years, many American patients have imported the generic version at a cost averaging from \$1,000 to \$1,600 annually. The cost typically was not covered by insurers.

But the controversial price difference between the older generic and the newly approved drug has outraged patients and lawmakers.... [Read More](#)



Trump's Promise To Rein In Drug Prices Could Open Floodgate To Importation Laws



With prescription drug prices soaring and President Donald Trump vowing to take action, an old idea is gaining fresh

traction: allowing Americans to buy medicines from foreign pharmacies at far lower prices. A new bill in Congress to allow the practice would modify previous safety standards and remove a barrier that proved insurmountable in past attempts to enable progress.

Congress came close to allowing

importation through the Medicare Modernization Act in 2003, but added one firm precondition that has proved a nonstarter. The secretary of Health and Human Services had to guarantee that imported medications posed no additional risk to public safety and would save money.... [Read More](#)

How does being hospitalized affect my Medicare coverage and health care costs?



Dear Marci,
I am in charge of my father's care, and he was recently

hospitalized as an inpatient. How does his Medicare work for his hospital stay, and what can I do if the hospital wants to release him before I think he's ready to be discharged?

Julianne (Cary, NC)

Dear Julianne,

If your father is covered by Original Medicare, his inpatient hospital stay is covered by Part A (hospital

insurance). **How much will Medicare pay** for his stay, and what will his costs be? When he is a hospital inpatient, he is responsible for the Part A hospital deductible of \$1,316 at the beginning of each benefit period. After he meets the deductible, he pays zero dollars for the first 60 days of inpatient care in each benefit period. He owes a coinsurance of \$329 for days 61 through 90 in each benefit period and of \$658 per lifetime reserve day he uses after day 90. He has 60 lifetime reserve days that can only be used once. Note that if your father has a **Medicare supplemental insurance**

policy (Medigap plans A through L), it will pay for all his hospital coinsurance plus provide up to 365 additional lifetime reserve days. Medigap plans B through J will also pay his full hospital deductible.

If your father has a **Medicare Advantage Plan**, contact his plan to learn what its cost sharing rules are for hospital care. Many plans have a deductible and/or daily copayments for inpatient care. Some Medicare Advantage plans use a benefit period similar to Original Medicare, while others assess the inpatient deductible only once per year...**Read More**

Video Help Is On Way For Family Caregivers Who Must Draw Blood Or Give Injections

Renata Louwers has a hard time getting her blood drawn. The needle, the pinprick of pain, the viscous liquid flowing out of her arm — they make her queasy.

So, Louwers had to steel herself when her husband, Ahmad Khoshroo, developed metastatic bladder cancer four years ago at age 72.

Within months, as a tumor pressed on his spine, Khoshroo was taking heavy-duty opioids and Louwers was administering his medications. When he developed blood clots following a stay in

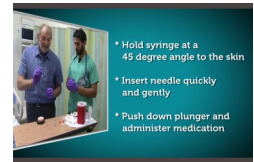
intensive care, she injected a blood thinner into his belly.

Figuring out what to do as her husband's eventually fatal disease progressed was a nightmare. Louwers remembers getting hastily delivered, easily forgotten instructions from hospital nurses and, later, limited assistance from a home health agency. "It wasn't much, and it was incredibly hard," she said.

Now, groups around the country are mobilizing to help family caregivers like Louwers manage medications, give

injections, clean catheters, tend to wounds and perform other tasks typically handled in medical facilities by nurses or nursing assistants.

This week, the alliance released a series of 10 short videos (five each in English and Spanish) designed to help caregivers deal with seniors who use canes or walkers and need help getting up or down stairs, into a wheelchair, or in and out of a tub or a shower...**Read More**



Two Words Can Soothe Patients Who Have Been Harmed: We're Sorry



When Donna Helen Crisp, a 59-year-old nursing professor, entered a North Carolina teaching hospital for a routine hysterectomy in 2007, she expected to come home the next day.

Instead, Crisp spent weeks in a coma and underwent five surgeries to correct a near-fatal cascade of medical errors that left her with permanent injuries. Desperate for an explanation, Crisp, who is also a lawyer, said she repeatedly encountered a white wall of silence: The hospital and her surgeon refused to say

little more than "things didn't go well." Crisp **spent years** piecing together what happened. "I decided I was going to find out even if it takes the rest of my life," she said.

Jack Gentry said he "went into the hospital a patient and came out a victim." In 2013, the retired Baltimore police officer suffered a catastrophic spinal cord injury during disk replacement surgery at MedStar Union Memorial Hospital that left him a quadriplegic.

But unlike Crisp, Gentry and his wife, a nurse, were immediately told what had gone wrong by his surgeon, who

apologized for the error. The hospital covered Gentry's rehabilitation and other major expenses and paid an undisclosed amount in compensation, all without litigation.

"When hospitals mess up, they need to do the right thing," Gentry said. "MedStar did."

For patients and their families killed or maimed by medical errors, Crisp's experience — in which doctors clam up and hospitals deny wrongdoing and aggressively defend their care — remains standard operating procedure in most institutions...**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

ADD
YOUR
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SIGN THE PETITION!!!!**