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"NOW, more than ever"!!!

May 14, 2017 E-Newsletter

Publication 2017/ Issue 18
Published in house by the
RI ARA

Older Americans Month 2017: Age Out Loud

AGE OUT LOUD!

Older Americans Month celebrates redefining the meaning of aging, independent living

Getting older doesn't mean what it used to. For many aging Americans, it is a phase of life where interests, goals, and dreams can get a new or second start.

Today, aging is about eliminating outdated perceptions and living the way that suits you best.

Take Barbara Hillary, for example. A nurse for 55 years who dreamed of travel, at age 75 Hillary became the first African American woman to set foot on the North Pole. In 2011, at age 79, she set another first when she stepped onto the South Pole. Former president George H.W. Bush celebrated his 90th birthday by skydiving. Actress Betty White, now 95 years old, became the oldest person to host Saturday Night Live in 2010, coincidentally during May—the same month recognized as Older Americans Month (OAM).

Since 1963, OAM has been a time to celebrate older Americans, their stories, and their contributions. Led by the Administration for Community Living (ACL), the annual observance offers a special opportunity to learn about, support, and recognize our nation's older citizens. This year's theme, "Age Out Loud," emphasizes the ways older adults are living their lives with boldness, confidence, and passion while serving as an inspiration to people of all ages.

Rhode Island Alliance for Retired Americans will use OAM 2017 to focus on how older adults in our community are redefining aging—through work or family interests, by taking charge of their health and staying independent for as long as possible, and through their community and advocacy efforts. We can also use this opportunity to learn how we can best support and learn from our community's older members.

Older Americans Month 2017
A PROCLAMATION

Whereas, The Rhode Island Alliance *for* Retired Americans includes older Americans who richly contribute to our community; and

Whereas, we acknowledge that what it means "to age" has changed—for the better.

Whereas, The Rhode Island Alliance *for* Retired Americans is committed to supporting older adults as they take charge of their health, explore new opportunities and activities, and focus on independence; and

Whereas, The Rhode Island Alliance *for* Retired Americans can provide opportunities to enrich the lives of individuals of *all ages* by:

- **involving older adults in the redefinition of aging in our community;**
- **promoting home- and community-based services that support independent living;**
- **encouraging older adults to speak up for themselves and others; and**
- **providing opportunities for older adults to share their experiences.**

Now therefore, The Rhode Island Alliance *for* Retired Americans do hereby proclaim May 2017 to be Older Americans Month. We urge every resident to take time during this month to acknowledge older adults and the people who serve them as influential and vital parts of our community.

Dated this 7th day of May, 2017
John A. Pernorio, President
Rhode Island Alliance
***for* Retired Americans**

Senate Republicans Plan Health Bill That Keeps Some of Obamacare

Republican senators plan to write a health-care bill that could be radically different from the one passed last week by the House, including keeping some of the benefits and safeguards currently enshrined within Obamacare.

The Senate's different approach means there's no clear timetable for producing a bill, and it likely ensures that President Donald Trump and House Republicans will eventually have to face legislation that doesn't fully repeal the Affordable Care Act despite their repeated campaign promises to do it.

"The Senate is starting from scratch," Republican Senator Susan Collins of Maine said during an interview on ABC's "This Week" on Sunday. "We're going to draft our own bill, and I'm convinced that we're going to take the time to do it right."

Trump on Sunday jawboned his party's lawmakers, **saying on Twitter** that "Republican Senators will not let the American people down!"

Collins, who ranks among the **most moderate** of Republican senators, and Senator Bill Cassidy of Louisiana said one of their top goals is to ensure that people with pre-existing medical conditions continue to have the same or better coverage.

The pair have introduced a bill, the Patient Freedom Act, that keeps some of the consumer protections within Obamacare for people with pre-existing conditions while seeking to solve some of the flaws within the health-care law.

While the House bill that passed by a razor-thin margin on May 4 requires states to provide coverage to people with pre-existing conditions, that coverage might not be affordable, Collins said. "So much discretion is given to the states without any guardrails," she said….**Read More**

Why Blue States Might Ditch Beloved Obamacare Protections

Under the Republican health bill, it's up to states whether to dismantle key parts of the Affordable Care Act.

Red, or GOP-leaning, states are sure to be interested in rolling back the law's coverage requirements and freeing insurers to charge people more when they have preexisting conditions.

As strange as it sounds, deep-blue, heavily Democratic states supportive of Obamacare, including California and New York, may be forced to do the same, according to experts, regulators and consumer advocates.

The American Health Care Act, which narrowly passed the House on Thursday and now heads to the Senate, would significantly cut the federal subsidies on which many Americans rely to buy coverage. Unless the legislation fails or changes substantially, many consumers across the country could see the amount they pay every year for premiums increase by thousands of dollars, making coverage effectively unaffordable.

Few, if any, states would be able to fund subsidies on their own. To keep insurers in the market and bring costs down, state leaders might feel compelled to seek exemptions from rules that require health plans to provide 10 **"essential health benefits"** and prohibit them from charging higher rates for sicker consumers. The new GOP health care bill would allow such waivers.

"With the skimpier subsidies, states are going to be under enormous pressure to apply for these waivers," said Sabrina Corlette, a research professor at Georgetown University's Center on Health Insurance Reforms….**Read More**

13 Men, and No Women, Are Writing New G.O.P. Health Bill in Senate

The top Republican in the Senate, **Mitch McConnell** of Kentucky, has a reputation as a shrewd tactician and a wily strategist — far more than his younger counterpart in the House, Speaker Paul D. Ryan.

So the Senate majority leader's decision to create a 13-man working group on health care, including staunch conservatives and ardent foes of the Affordable Care Act — but no women — has been widely seen on Capitol Hill as a move to placate the right as Congress decides the fate of President Barack Obama's signature domestic achievement.

But Mr. McConnell, with only two votes to spare, could find that the Senate's more moderate voices will not be as easily assuaged as the House's when a repeal bill finally reaches a vote. Republican senators like Susan Collins of Maine, Lisa Murkowski of Alaska and Bill Cassidy of Louisiana may prove less amenable to appeals for party unity and legislative success when the lives and health of their constituents are on the line.

And certain issues, like efforts to reverse the expansion of **Medicaid** under the Affordable Care Act, are sure to receive more attention in the Senate than they got in the House. The prospect of higher premiums for older Americans living in rural areas will also loom larger in a chamber where Republicans from sparsely populated states hold outsize power.

"This process will not be quick or simple or easy," Mr. McConnell said Monday.

Senator Mike Rounds, Republican of South Dakota, suggested that the Senate would spend at least two months working on the legislation.

The Senate Republican working group on health care includes the party's top leaders, as well as three committee chairmen and two of the most conservative senators, Ted Cruz of Texas and Mike Lee of Utah….**Read More**

Social Security website is about to get a security upgrade

If you have an online Social Security account, you will soon need to take an additional step to access your personal information.

In a move aimed at boosting protection for online users, the Social Security Administration as of June 10 will require two-factor authentication on its website. That means in order to log into or register for a "my Social Security" account, you will need to not only use (or create) a username and password but also enter a code you receive by text message or email. "Using two ways to identify you when you log on will help better protect your account from unauthorized use and potential identity fraud," **the agency says on its website.**

The effort to beef up cybersecurity for Social Security accounts follows a similar move last year, which **riled up some seniors** and **was quickly abandoned**. In that case, the security code was to be sent only by text message, and advocates for older Americans expressed concern that seniors who didn't have texting capability or reliable cell service would be locked out. (Users have already been able to sign up for two-factor authentication voluntarily, but the change makes it mandatory for all site users.)

The added email option makes the new change an improvement over last year's effort, says Mary Johnson, a Social Security and Medicare policy consultant with the Senior Citizens League.

Current retirees can use online Social Security accounts to check their benefit and payment information, and to start or change direct-deposit arrangements. Yet the website can be even more useful to people in their working years, by providing Social Security statements showing a user's earnings history and projected benefits. That statement can be a key resource in deciding **when to start benefits**-and because of budgetary pressures, the agency now mails those statements to **far fewer people** than it used to.

CMS Gives States Until 2022 To Meet Medicaid Standards Of Care

The Trump administration has **given** states three extra years to carry out plans for helping elderly and disabled people receive Medicaid services without being forced to go into nursing homes.

Federal standards requiring states find ways of delivering care to Medicaid enrollees in home and community-based settings will take effect in 2022 instead of 2019, the Centers for Medicare & Medicaid Services announced this week.

The standards were set by an Obama administration rule adopted in 2014 that governs where more than 3 million Medicaid enrollees get care.

Among other things, the rule requires states to provide opportunities for enrollees to engage in community life, control their own money and seek employment in competitive settings. It also ensures that enrollees in group homes and other residential settings get more privacy and housing choices that include places where non-disabled people live.

Matt Salo, executive director of the National Association of Medicaid Directors, applauded the delay.

"We have long been on record saying that the regulation was hopelessly unrealistic in its time frame," he said. "Delaying it actually helps consumers because the underlying regulation was going to push too many changes too fast into a system that wasn't ready."

The Obama administration's 2014 rule was an effort to create a federal standard to improve the quality of care that the disabled receive outside institutions….**Read More**

Why the American Health Care Act Is Bad for Older Americans, People with Disabilities, and Their Families

Today, the U.S. House of Representatives could take steps toward undoing many years' worth of progress and put the health care of 24 million Americans at risk. This morning, I sent a **letter** on behalf of the Medicare Rights Center (Medicare Rights) to leaders in the House expressing our strong opposition to the American Health Care Act (AHCA). This is what I told them:

The AHCA risks access to affordable health care for older Americans, people with disabilities, and their families. Reported and recent amendments to the legislation in no way ensure that near-retirees and people with disabilities—including those with pre-existing conditions—will continue to benefit from the coverage expansions made possible by the Affordable Care Act (ACA). Indeed, according to available estimates, at least 24 million Americans would lose health coverage under the AHCA.

Before the ACA, Medicare Rights' counselors regularly fielded calls on our national helpline from individuals not yet eligible for Medicare who were desperate to find affordable health insurance. We remain deeply concerned that the AHCA's effective elimination of the Medicaid expansion combined with the law's changes to individual market coverage, including an "age tax" on premiums,

will cause older adults and people with disabilities to pay significantly more for health insurance or cause them to go without coverage altogether.

The AHCA rewrites Medicaid by way of per-capita caps—cutting more than $830 billion from the program. These shortsighted cuts will undermine access to essential care when our nation needs it most, as our aging population continues to grow….**Read More**

RI ARA HealthLink Wellness News

HealthLink Wellness "Taking Control"

Medicare Failed To Investigate Suspicious Infection Cases From 96 Hospitals

Almost 100 hospitals reported suspicious data on dangerous infections to Medicare officials, but the agency did not follow up or examine any of the cases in depth, according to **a report** by the Health and Human Services inspector general's office.

Most hospitals report how many infections strike patients during treatment, meaning the infections are likely contracted inside the facility. Each year, Medicare is supposed to review up to 200 cases in which hospitals report suspicious infection-tracking results.

The IG said Medicare should have done an in-depth review of 96 hospitals that submitted "aberrant data patterns" in 2013 and 2014. Such patterns could include a rapid change in results, improbably low infection rates or assertions that infections nearly always struck before patients arrived at the hospital.

The IG's study, released Thursday, was designed to address concerns over whether hospitals are "gaming" a system in which it falls to the hospitals to report patient-infection rates and, in turn, the facilities can see a bonus or a penalty worth millions of dollars. The bonuses and penalties are part of Medicare's Inpatient Quality Reporting program, which is meant to reward hospitals for low infection rates and give consumers access to the information at the agency's **Hospital Compare** website.

The report zeroes in on a persistent concern about deadly infections that patients develop as a result of being in the hospital. A recent British Medical Journal **report identified** medical errors as the third-leading cause of death in the U.S. Hospital infections particularly threaten senior citizens with weakened immune systems….**Read More**

'Boot Camp' Helps Alzheimer's, Dementia Caregivers Take Care Of Themselves, Too

Gary Carmona thought he could do it all. He's run companies and chaired nonprofit boards. But since his wife was diagnosed with dementia, Carmona, 77, has felt overwhelmed.

"I really see myself at times crashing," he said. "In my mind, I'm saying, 'You know, I can't really handle all this.'"

There was the time his wife, Rochelle, wandered outside and fell down. And the time she boiled water and walked away, leaving the burner on.

"I'm always double-, triple-, quadruple-checking everything that she's around," he said.

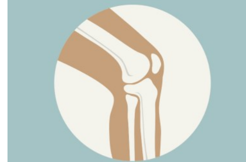
Carmona was among about 25 people who went to a Los Angeles-area adult day care center on a recent Saturday for a daylong "caregiver boot camp." In the free session, funded in part by the Archstone Foundation, people caring for patients with Alzheimer's or another form of dementia learned how to manage stress, make their homes safe and handle difficult patient behaviors. They also learned how to keep their loved ones engaged, with card games, crossword puzzles or music.

Doctors and researchers increasingly recognize that caring for people with dementia compromises the physical and mental health of the caregivers. And that, in turn, jeopardizes the well-being of the people they are caring for.

Some **studies** have shown that the burden on caregivers may increase the likelihood that the loved ones in their charge will be placed in a nursing home.

"People with Alzheimer's who have stressed caregivers have been shown to have poor outcomes," said Zaldy Tan, the medical director of the UCLA Alzheimer's and Dementia Care Program who created the boot camp. "Their caregivers have essentially thrown in the towel."...**Read More**

For Knee Pain, Experts Say Don't Think About Scoping It



A panel of international health experts and patients Wednesday challenged the effectiveness of one of the most common orthopedic procedures and recommended strongly against the use of arthroscopic surgery for patients with degenerative knee problems.

The guidelines, **published in the journal BMJ,** relied on 13 studies involving nearly 1,700 patients that found the surgery did not provide lasting pain relief or improve function. Those studies compared the surgery with a variety of options, including physical therapy, exercise and even placebo surgery.

The experts said that fewer than 15 percent of patients felt an improvement in pain and function three months after the procedure, and that those effects disappeared after one year. In addition, the surgery exposed patients to "rare but important harms," such as infection.

Casey Quinlan, 64, who had the surgery in 2003 and was on the panel issuing the guidelines, said her orthopedist told her the procedure would not only help restore mobility in her knee after a nasty ski accident but also improve her arthritis.

Quinlan, of Richmond, Va., said the procedure did not deliver, since her arthritis remained unchanged. "It was not what I was told to expect," she said….**Read More**

Controversy Swirls over End-Stage Renal Disease Premium Assistance

In early 2017, a federal Judge blocked a Centers for Medicare & Medicaid Services (CMS) interim final rule regarding premium assistance for end-stage renal disease (ESRD) patients. CMS did not technically bar ESRD patients from getting help with premiums. The agency was simply concerned with the inappropriate shifting of this vulnerable population from traditional Part A and Part B to Patient Protection and Affordable Care Act (PPACA) exchanges, therefore raising costs for these participating health plans.

Many dialysis center organizations nationwide have formed foundations to pay these premiums or funnel the premium payments directly to the health plans for patients who are on dialysis and cannot afford the high premiums. Typically, PPACA health plans pay ESRD providers about $200,000 per year to treat one ESRD patient, while traditional Medicare pays these providers between $50,000 and $100,000 per year. Premiums run about $4,000 to $5,000 per year, per patient. Therefore, the financial gain is significant.

CMS received comments from social workers resulting from its request for information (RFI) placed in the Federal Register last Aug. 23, 2016; the commenters noted that once ESRD beneficiaries received a kidney transplant, the dialysis centers stopped paying their premiums. Patients then have to scramble to secure replacement aftercare coverage.

The court stated that CMS did not address what happens to family members, since Medicare will only cover the ESRD patient. The court also noted that CMS did not offer an adequate notice and comment period. CMS will likely address these issues and reissue the rule in the next round.

What are the issues and problems determined by CMS regarding this premium assistance controversy? First, there are new disclosure requirements in the proposed rule promoting transparency and forcing dialysis facilities to disclose to patients and insurers details about the premium assistance programs. Second, there is a new pre-enrollment verification process for special enrollment periods that CMS believes has been abused by patients in the past, with the assistance of the ESRD providers. Third, there has been market instability related to high-cost individuals affecting the risk pool, according to CMS. The higher claim costs associated with sicker ESRD beneficiaries has resulted in higher premiums in the PPACA marketplace as well....**Read More**

Program identifies risky diabetic drivers and helps them improve

A short questionnaire can identify drivers with type 1 diabetes who are at high risk of future driving mishaps, and an online intervention can help them avoid these mishaps, according to a U.S. study.

"Like pilots who have to go through a pre-flight checklist to ensure all systems are a go, drivers with diabetes should go through a check list, asking themselves whether they have had more physical activity, taken more insulin, eaten fewer carbohydrates than usual, feel any unusual symptoms and judge whether they are low or likely to go low during the drive," said lead author Dr. Daniel Cox from the University of Virginia Health System and Virginia Driving Safety Laboratory in Charlottesville.

"If the answer is yes, then they should take appropriate steps to avoid hypoglycemia while driving," Cox said by email.

Drivers with type 1 diabetes have a greater risk of collisions than their spouses without diabetes, and those mishaps correspond to the use of insulin pumps, a history of collisions, severe low blood sugar (hypoglycemia) and previous hypoglycemia -related driving mishaps, the study team writes in Diabetes Care.

The researchers developed an 11-item questionnaire to screen drivers with type 1 diabetes for a high risk of driving mishaps and developed an online intervention intended to help high-risk individuals avoid future mishaps.

Their Risk Assessment of Diabetic Drivers (RADD) scale included questions about past experiences while driving, like "have you had an automobile accident or received a moving vehicle violation in the last 2 years?" and diabetes-specific questions like, "have you had low blood glucose in the past 6 months?" and "was it a hassle trying to hide dizziness or other symptoms of low blood glucose?"

Based on answers to 11 questions, around 35 percent of individuals with type 1 diabetes could be classified as high-risk drivers whose mishap rate was nearly three times higher than that of people in the low-risk group.

High-risk drivers who went on to participate in the online intervention at DiabetesDriving.com had a driving mishap rate of about 2.5 per year in the following 12 months, compared with about 4.25 mishaps per year among high-risk drivers who did not participate in the intervention. Still, the mishap rate of high-risk drivers who did the intervention remained higher than that of low-risk drivers.

"Driving is a privilege, not a right," Cox said. "Whether we have type 1 diabetes, sleep apnea, narcolepsy, slowed reaction times due to aging, or some other chronic or acute condition (e.g., excessive sleepiness or intoxication), we all have a responsibility to ourselves, our families, and others on the road to ensure we are a safe driver."

...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 NAME

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

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