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Trump’s Promise Not to Cut Social Security Broken

Budget Proposal Includes Deep Cuts to Health Care, Disability Insurance, Food Assistance and Massive Tax Breaks for Billionaires and Corporations
The following statement was issued by Richard Fiesta, Executive Director of the Alliance for Retired Americans, regarding President Trump’s fiscal 2018 budget proposal.

“President Trump has betrayed America’s seniors. His White House staff claims that the President’s budget does not cut ‘core’ Social Security benefits, which is a distinction without a difference. Cuts to Social Security Disability Insurance (SSDI) are Social Security cuts plain and simple. They will weaken the earned benefits that millions have paid for during decades of work.

“Trump’s budget plan takes health care

away from millions of Americans. At a time when 10,000 Americans are turning 65 every day, slashing Medicaid funds for elderly health care is wrong-headed and cruel.

“The budget follows through on the Trumpcare health bill passed by House Republicans and cuts more than \$800 billion from Medicaid over 10 years. The Congressional Budget Office estimated that this could end Medicaid benefits for about 10 million people – including millions of seniors, the disabled, veterans and children.

“This budget also decimates the Community Development Block Grant, which provides funding to states and communities to fund home-delivered meals for home-bound seniors, through

organizations such as Meals on Wheels.

“Trump’s proposal would cut the Supplemental Nutrition Assistance Program (SNAP) by more than 25 percent, taking benefits away from the 45 million citizens, especially seniors, who need basic nutrition.

“All of this is in addition to slashing the earned pension benefits of current and future federal workers.

“Cutting pensions and other critical programs to fund tax breaks for the wealthiest Americans and highly profitable corporations, which pay little to no tax already, is an affront to working families.



Rich Fiesta

RI Senator Jack Reed: “Trump Budget is Irresponsible”



RI Senator
Reed

“President Trump’s budget is bad news for Rhode Island because it weakens our economy and places new burdens on families, businesses, and communities across the country.

“The Trump budget takes a less is more approach: less investment in education, health care, transportation and safety for the general public and more pollution, outsourcing jobs overseas, and tax breaks for the wealthy and well-connected.

“This irresponsible budget would be a real setback for middle-class families and seniors in particular. The \$800 billion in Medicaid cuts could cause over 10 million low-income Americans to lose

their health coverage. If this budget were enacted, more elderly Americans could be forced to go from assisted living to living on the streets. That is immoral and ill-advised.

“The Trump cuts also threaten federal funding for public education, medical research, job training and economic development. These cuts are counterproductive and won’t achieve real cost-savings. In fact, they would impede economic growth.

“Families with limited incomes who are trying to make ends meet get hit hardest by the Trump budget. It takes food, health care, and retirement security away from children, seniors, and people with disabilities while adding funds for an

ineffective border wall and tax cuts for millionaires. It eliminates the LIHEAP energy assistance program, Community Development Block Grants, and many other critical, cost-effective programs that have a positive impact on Rhode Island.

“While our military deserves to be well-funded, cutting diplomacy and foreign aid won’t help prevent war. These are the wrong priorities for America and don’t reflect our core values.

“I will work with my colleagues on both sides of the aisle to fight these disastrous cuts and enact a more balanced, fiscally responsible budget that focuses on job creation and strengthening the middle-class.”

Whitehouse Statement on Trump Budget



RI Senator
Whitehouse

Whitehouse Statement on Trump Budget
Washington, DC – Senator Sheldon Whitehouse (D-RI), a member of the Senate Budget Committee, issued the following statement on President Donald Trump’s budget proposal for Fiscal Year 2018:

“This budget is reckless, plain and simple. The President proposes massive cuts to

Medicaid, breaking yet another campaign promise. He seeks to decimate the federal government’s central command in the battle against the opioid crisis affecting communities from Burrillville to Westerly. He pursues tens of billions of dollars in cuts to student loans and loan forgiveness programs.

“His plan would slash funding for research into life-saving cures; lay waste to endowments that support Rhode Island’s world-class cultural institutions; hamstringing the

EPA so big polluters can poison our air and water; and weaken NOAA, sapping critical resources for coastal economies like Rhode Island’s. The list goes on.

“These senseless, irresponsible choices serve one purpose: to pave the way for tax cuts for the very wealthiest. The good news is that this extremist proposal will go nowhere in the Senate. I look forward to moving past this political stunt of a budget and working on one the American people will support.”

Langevin Statement on President Trump’s Fiscal Year 2018 Budget Proposal



RI Congressman
Langevin

Langevin Statement on President Trump’s Fiscal Year 2018 Budget Proposal
WASHINGTON, D.C. — Congressman Jim Langevin (D-RI) released the following statement on President Trump’s Fiscal Year 2018

budget proposal to Congress:

“In March, President Trump released a budget outline that I strongly condemned for

its drastic cuts to programs that help everyday Americans. Unfortunately, the President’s full budget proposal continues these harmful policies by gutting programs that invest in our economy, create jobs and provide crucial assistance to families across the country.

“This proposal slashes funding for education, food assistance and health care for low-income seniors, children and people with disabilities. It makes cuts to worker training, environmental protection, and investments in

medical research and advanced manufacturing. These are not mere luxuries, but programs that make meaningful differences in the lives of Rhode Islanders.

“Congress must reject this cynical and misguided budget. Instead, we should work together in a bipartisan manner, as we did on the recently passed 2017 funding bill, to find a balanced approach to funding priorities that will support families, promote economic growth and provide for our national security.”

Cicilline Statement on Trump’s Anti-Working Families Budget



RI Congressman
Cicilline

“If a budget is a statement of your priorities and values, then Donald Trump’s budget shows he doesn’t understand the challenges facing honest, hardworking Rhode Islanders. This is a budget written by the wealthiest Americans for the benefit of the wealthiest

Americans. But it’s a setback for the middle class. It makes life harder for anyone who’s trying to punch a ticket to the middle class.”

“Donald Trump has already proposed a huge tax cut for billionaires. But the budget he released today says everyone else is on their own. This budget eliminates hundreds of

millions of dollars for job creation. It zeroes out funding for workforce training and good-paying manufacturing jobs in Rhode Island. And it makes it even harder for young people to succeed by cutting teacher training, eliminating afterschool funding, and making it harder to pay off student loans.”

“This budget does nothing to address Rhode Island’s crumbling infrastructure. It eliminates the TIGER grant program, which is critical to supporting local infrastructure projects like the new commuter rail station in Pawtucket. And it cuts funding for public transit by \$928 million.”

“And most worrisome of all, this budget makes our towns and cities less safe. It

actually cuts funding for firefighters. It cuts billions from the EPA and other resources to protect the water we drink and the air we breathe. And it slashes \$978 million from the Army Corps of Engineers – meaning Rhode Island will be less prepared for hurricanes and have fewer resources to protect the quality of our waterways.”

“Plain and simple, this is not a budget that any Member of Congress should be comfortable supporting. Along with my colleagues in the House Democratic Leadership, I will do everything I can to reverse these devastating cuts and shape a budget that invests in the future of our country and puts honest, hardworking families first.”

ARA Rich Fiesta: “Older Americans’ Trumpcare Fears Confirmed by the CBO”

“Today’s CBO score confirms older Americans’ worst fears: the American Health Care Act passed by the House is a disaster for older Americans who are not yet eligible for Medicare. President Trump and Speaker Paul Ryan are taking health insurance coverage away from 23 million Americans.

“The CBO’s numbers are especially troubling for anyone with a pre-existing condition. Premium increases are going to be massive for this group, which includes millions of older Americans. That will

destabilize the health care markets. Among people ages 55 to 64, 84 percent had at least one pre-existing condition in 2014.

“The scenario isn’t much better for those who qualify for Medicare, since the bill robs the Medicare Trust Fund to pay for tax breaks for millionaires and billionaires.

“This bill decimates Medicaid, with more than \$800 billion in cuts. Donald Trump’s 2018 fiscal year budget attempts to add another \$600 billion in Medicaid cuts to that figure, for a total of \$1.4 trillion.

“We now know why the House leadership was in such a hurry to pass this dreadful legislation without a single hearing: this bill is both dangerous and unfair.

“The CBO confirms some states will drop the coverage guarantee for people with pre-existing conditions, making health insurance a privilege for the wealthy, not a right.

“Members of the Alliance for Retired Americans are mobilized and ready to fight tooth and nail against the AHCA in the Senate.”

Millions Of Ill People May Face ‘Extremely High Premiums’ Under House Bill, CBO Says



The Republican overhaul of the federal health law passed by the House this month would

result in slightly lower premiums and slightly fewer uninsured Americans than an earlier proposal. But it would leave as many as one-sixth of Americans living in states where older and sicker people might have to pay much more for their health care or be unable to purchase insurance at all, the Congressional Budget Office said Wednesday.

In some states, said **the report**, “less healthy people would face extremely high premiums, despite the additional funding that would be available” in the bill to help offset those increases.

The report incorporates the changes to the bill made just before it narrowly **passed the House** on May 4. Those changes included **an amendment** offered by Rep. Tom MacArthur (R-N.J.) that would let states waive some key provisions of the health law, including requirements to cover “**essential health benefits**” and to offer insurance to people with preexisting conditions at no extra cost.

CBO said the current version would result in savings of \$119 billion over 10 years and 23 million more uninsured people than would be expected under the current law.

According to the estimate, premiums would be slightly lower than under the Affordable Care Act, but mostly because “the insurance, on average, would pay for a smaller proportion of health care costs.”

Prior to the changes, the **CBO estimated** that the bill would result in savings of \$150 billion over the next decade and grow the number of uninsured Americans by 24 million. That dollar figure was a considerable change from the original version of the bill that CBO said would have saved \$337 billion, but lawmakers decided to spend back some of those savings on help for those likely to be cut off from insurance.

The two earliest versions of the bill could not muster enough support for the House leadership to bring them to a vote on the floor. Later, MacArthur and leaders of the conservative Freedom Caucus negotiated changes that they said should help bring down premium costs for consumers. That is the bill approved and now evaluated by CBO.

The CBO also estimated that in states deciding to take the option to waive requirements related to charging sicker people more, “the nongroup market would start to become unstable.” In particular, said the report, “people who are less healthy (including those with preexisting or newly acquired medical conditions) would ultimately be unable to purchase comprehensive nongroup health insurance at premiums comparable to those under current law, if they could purchase it at all.”

And in states that chose to waive the requirements for essential benefits, even people with insurance “would experience substantial increases in what they would spend on health care,” because their policies might no longer cover expensive treatments like those for maternity care or mental health and substance abuse.

Despite repeated claims from **President Donald Trump and congressional Republicans** that the Affordable Care Act is collapsing, the CBO specifically said that the market would continue “to be stable in most areas” under current law. It predicted the same for the original version of the House bill...**Read More**

GOP’s Health Bill Could Undercut Some Coverage In Job-Based Insurance

This week, I answer questions about how the Republican proposal to overhaul the health law could affect job-based insurance and what the penalties for not having continuous coverage mean. Perhaps anticipating a spell of uninsurance, another reader wondered if people can rely on the emergency department for routine care.

Q: Will employer-based health care be affected by the new Republican plan?

The **American Health Care Act** that recently passed the House would fundamentally change the individual insurance market, and it could significantly alter coverage for people who get coverage through their employers too.

he bill would allow states to opt out of

some of the requirements of the Affordable Care Act, including no longer requiring plans sold on the individual market to cover 10 “**essential health benefits**,” such as hospitalization, drugs and maternity care.

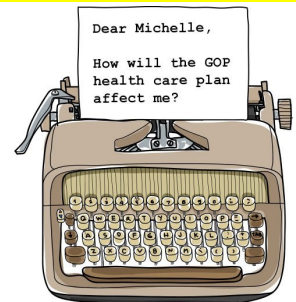
Small businesses (generally companies with 50 or fewer employees) in those states would also be affected by the change.

Plans offered by large employers have never been required to cover the essential health benefits, so the bill wouldn’t change their obligations. Many of them, however, provide comprehensive coverage that includes many of these benefits.

But here’s where it gets tricky. The ACA placed caps on how much consumers can be required to pay out-of-

pocket in deductibles, copays and coinsurance every year, and they apply to most plans, including large employer plans.

In 2017, the **spending limit** is \$7,150 for an individual plan and \$14,300 for family coverage. Yet there’s a catch: The spending limits apply only to services covered by the essential health benefits. Insurers could charge people **any amount for services deemed nonessential** by the states...**Read More**



Health insurers plan big Obamacare rate hikes — and they blame Trump

Health insurers across the country are making plans to dramatically raise **Obamacare** premiums or exit marketplaces amid growing exasperation with the Trump administration's erratic management, inconsistent guidance and seeming lack of understanding of basic healthcare issues.

At the same time, state insurance regulators — both Democrat and Republican — have increasingly concluded they cannot count on the Trump administration to help them ensure that consumers will have access to a health plan next year.

The growing frustration with the Trump administration's management — reflected in letters to state regulators and in interviews with more than two dozen senior industry and government officials

nationwide — undercuts a key White House claim that Obamacare insurance marketplaces are collapsing on their own.

Instead, according to many officials, it is the Trump administration that is driving much of the current instability by refusing to commit to steps to keep markets running, such as funding aid for low-income consumers or enforcing penalties for people who go without insurance.

"All this uncertainty is not helpful," warned Blue Shield of California Chief Executive Paul Markovich, who said health plans were being forced to make plans to raise premiums to account for the turmoil, jeopardizing Americans' coverage.

Markovich was one of the few senior insurance officials who agreed to speak on the record, as many fear retribution from

the White House or its allies.

But privately, many executives, including chief executives of major health plans, offered withering criticism of the Trump administration's lack of leadership.

"It's hard to know who's home," said one chief executive. "We don't know who is making decisions."

Another chief executive said: "There seems to be no coordination or coherent planning.... It's a mess."

A third official observed: "There is a sense that there are no hands on the wheel and they are just letting the bus careen down the road."...[Read More](#)



House May Need to Vote Again on GOP Obamacare Repeal Bill



House Republicans barely managed to pass their Obamacare repeal bill earlier this month, and they now face the possibility of having to vote again on their controversial health

measure.

House Speaker Paul Ryan hasn't yet sent the bill to the Senate because there's a chance that parts of it may need to be redone, depending on how the Congressional Budget Office estimates its effects. House leaders want to make sure

the bill conforms with Senate rules for reconciliation, a mechanism that allows Senate Republicans to pass the bill with a simple majority.

Republicans had rushed to vote on the health bill so the Senate could get a quick start on it, even before the CBO had finished analyzing a series of last-minute changes. The CBO is expected to release an updated estimate next week.

"Unaware," said Representative Jeff Denham of California, with noticeable surprise Thursday, when advised that his party leaders still hadn't sent the bill over to the Senate. Denham was one of the

House Republicans who ended up voting for the measure, after earlier in the week opposing it.

"I am on the whip team and we have a lot of conversations, but we have not had that one. So I am going to look into it," said Denham, a member of the party's vote-counting team.

Downplaying Concern

One senior GOP aide downplayed any concern over the potential trouble from the CBO report, depicting it as hypothetical, and saying that leaders will cross that bridge if they need to. ...[Read More](#)

New York State Wants Its Prescription Drug Money Back — Or Else

New York Medicaid regulators aim to use the threat of imposing increased scrutiny of prescription drugs — such as eyeing their relative effectiveness and their profit margins — to coax additional discounts from drugmakers.

The rules, signed into law in mid-April as part of the state's budget, don't go as far as the surcharge that Democratic Gov. Andrew Cuomo originally sought to control the "**skyrocketing costs of prescription drugs**," but they retain elements guaranteed to get under a pharmaceutical executive's skin.

For example, those who don't agree to voluntarily rebate or pass money back to

the state when Medicaid drug spending rises fast could face multiple layers of reviews regarding profit margins and how well their drugs work.

The rules are the latest response to growing dissatisfaction about drug costs from the public, lawmakers and those who run programs like Medicaid, the state-federal health insurance program for low-income people.

"It clearly is going to put more pressure on manufacturers to address prices if they want to stay in business in New York," said Jack Hoadley, a health policy analyst at Georgetown University who studies Medicaid.

The new law also is part of a growing inclination among states to take on

prescription drug costs themselves rather than waiting for a response from Congress or the federal government.

New York's rules are novel, though, because they are the first to set an annual cap on Medicaid prescription drug spending. The target aims to limit total payments to the sum of medical inflation plus 5 percent, a goal that would have been exceeded in recent years, state officials say. ...[Read More](#)



Medicare Out-of-Pocket Costs Too High for Some



The Commonwealth Fund released a report this week examining out-of-pocket expenses for people with Medicare.

Fifty-six million people—17% of the U.S. population—rely on Medicare and receive many benefits from the program, yet, Original Medicare excludes coverage for dental, vision, hearing, and long-term services, and contains no ceiling on out-of-pocket costs for covered services. As a result, beneficiaries can be exposed to high costs.

The report examines out-of-pocket costs by individual income and health status. It finds that more than one in four people

with Medicare—15 million people—spend 20% or more of their incomes on premiums and medical care. This includes cost-sharing and spending on uncovered services, which Commonwealth Fund defines as being “underinsured.”

The estimated 25 million people with Medicare who have incomes below 200% of the Federal Poverty Level (FPL)—just under \$24,000 for a single person—and those with multiple chronic conditions or functional limitations are at significant financial risk. Having a low income and complex health conditions often go together: 68% of beneficiaries with incomes below 200% of the FPL have three or more chronic conditions and/or functional limitations. Among those with

low income and poor health, 42% spent 20% or more of their incomes on premiums and care and 39% would be considered underinsured based on medical care cost-sharing alone.

The report concludes that with the current financial burden and impact on access to care, there is a need for caution when assessing Medicare reform proposals. Any changes to Medicare benefits and cost-sharing should, the authors reason, aim to ensure affordability and provide relief for people with low-incomes.

[Read the report.](#)

Legislation to Make Prescription Drug Pricing Transparent Reintroduced

This week, a bipartisan bill was reintroduced in Congress that aims to curb rising pharmaceutical costs through transparency. Senators John McCain of Arizona and Tammy Baldwin of Wisconsin, along with Representative Jan Schakowsky of Illinois, introduced the **FAIR Drug Pricing Act** in response to reports that prescription drug spending continues to skyrocket as pharmaceutical companies hike their prices, often multiple times a year and without warning.

The FAIR Drug Pricing Act (**S.1131, H.R.2439**) would require prescription drug manufacturers to notify the U.S. Department of Health and Human Services (HHS) at least 30 days before increasing the price of certain drugs by more than 10% in a year or 25% in a

three-year period. The notification must include a “transparency and justification report” which will require pharmaceutical manufacturers to provide data on net profits from the prescription drug, manufacturing, research and development costs, marketing and advertising spending, and a justification for each price increase.

HHS would then make the reported information available for the public and would be required to submit an annual Congressional report that summarizes the information in the reports.

According to the legislation’s sponsors, “the bill would not in any way prohibit a manufacturer from increasing prices.” Instead, the aim is to increase transparency to discover if current justifications for price increases are valid

and to give taxpayers notice of price increases.

The FAIR Drug Pricing Act will only apply to prescription drugs that cost more than \$100 if the price is set to increase by more than 10% during a 12-month period or 25% over 36 months.

The Medicare Rights Center supports this bill and similar efforts to rein in drug pricing. Millions of people with Medicare live on fixed incomes and cannot afford ever-higher prescription drug costs.



Influx Of Elderly Patients Forces ER To Practice Comfort Care



A man sobbed in a New York emergency room. His elderly wife, who suffered from advanced dementia, had just had a breathing tube stuck down her throat. He knew she never would have wanted that. Now he had to decide whether to reverse the life-sustaining treatment that medics

had begun.

Dr. Kei Ouchi, then a resident at Long Island Jewish Medical Center, had no idea what to say. The husband, who had cared for his wife for the past 10 years, knew her condition had declined so much that she wouldn’t want a heroic rescue. But when Ouchi offered to take out the tube, the man cried more: “She’s breathing. How can we stop that?”

Ouchi had pursued emergency medicine to rescue victims of gunshot wounds and car crashes. He was unprepared, he said, for what he encountered: a stream of older patients with serious illnesses like dementia, cancer and heart disease — patients for whom the lifesaving techniques he was trained to perform often only prolonged the suffering. . . [Read More](#)