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Political Theater: How A Bill That Nearly All Opposed Managed To Pass The House

The AARP called the health bill that House Republicans narrowly approved Thursday "deeply flawed" because it would weaken Medicare and lead to higher insurance premiums for older Americans.

The American Medical Association said it would undo health insurance coverage gains and hurt public health efforts to fight disease. The American Hospital Association said the bill would destroy Medicaid, the state-federal health insurance program for the poor that expanded mightily under the Affordable Care Act and buoyed hospitals' bottom lines.

Normally, that would spell failure.

But in today's Washington, despite vocal opposition from nearly every major constituency affected by the bill, the vote produced the opposite result. The chorus of nays was not enough to stop the Republican-controlled House from approving the American Health Care Act, which repeals many critical parts of Affordable Care Act — the 2010 law known as Obamacare that has dropped uninsured rates in the United States to historic lows but, despite its lofty name, did little to rein in rising health costs. The AHCA will now move to the Senate, where GOP senators are expected to demand many changes.

Republicans have promised to repeal Obamacare since the day it was passed with only Democrats voting for it and have been campaigning on that promise ever since. While the House voted to repeal the act more than 60 times under the Obama administration, Thursday's vote was the first one that really counted because the GOP controls Congress and the White House.

Peter Kongstvedt, a Virginia health industry consultant, said some House Republicans are likely betting the Senate blocks their legislation from going forward. "Nobody wins with this vote — that's the damnedest part," he said. "It's a shallow political statement."..

The vote was about health care, but it was a display of political theater, too. Representatives sent a message not to hospitals, doctors and patients but to President Donald Trump and his devoted followers who propelled the GOP to power.

"The president needed a win and so does House Speaker Paul Ryan," said Jason Fichtner, a health care expert at the conservative Mercatus Center at George Mason University in Fairfax, Va. "With this vote, they can go back to their constituents and say they did something about Obamacare."

That is, the 217 GOP House members who voted for the bill. Twenty voted no, joining 193 Democrats.

Trump's team scored him a touchdown, but their run to the goal line wasn't politically pretty:

- The bill passed without an updated analysis of costs and benefits from the nonpartisan Congressional Budget Office, whose review in March came before the GOP added sweeteners to win over its conservatives and moderates.
- Democrats passed Obamacare after a year of debate. The GOP spent almost two months hammering out its replacement plan.
- Business groups — such as the drug and hospital industries — played no part in shaping the AHCA. The Obama administration got both groups on board early on.

The GOP's focus was not so much on what can lower prices and increase health coverage but how to persuade the right-wing Freedom Caucus to back the legislation.

In the end, passage mattered less about how the bill played in public polls — poorly — or among key interest groups — nearly all opposed. "Coming to agreement and avoiding the embarrassment of not coming to agreement was more important than what was in the final bill," said Jim Morone, a political scientist at Brown University in Rhode Island. "Republicans have become a deeply ideological party … and they don't care what interest groups think; they are going to press ahead."

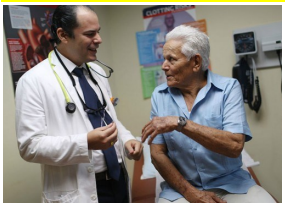
Part of the unlikely victory is that the bill makes the biggest change to Medicaid since the program was established in 1965 and there hasn't been as much debate about that as one might expect. The AHCA could lead to huge cuts in federal funding of Medicaid, which now covers more than 75 million Americans.

Alan Levine, a hospital executive who was the top health official under former Republican governors Jeb Bush in Florida and Bobby Jindal in Louisiana, said Republicans who ran on repealing Obamacare felt they had no choice but to vote for the bill, despite its flaws. "I don't think Republicans can face voters in 2018 and have a credible argument to keep them in control of Congress, if they did not do their No. 1 campaign priority to repeal Obamacare," said Levine, CEO of Mountain States Health Alliance, a hospital system in Johnson City, Tenn.

Besides, he said, even if the GOP bill becomes law, it's set up so that the changes won't affect many people before the 2018 midtterm elections. "People won't feel this — good or bad — until well after the election."

Note: The Alliance for Retired Americans was part of the LCAO coalition opposing the AHCA bill.

Doctor, Hospital Groups Say GOP's Health Bill Worse With Changes



Leading healthcare and advocacy groups are urging Congress not to pass the revised Republican ObamaCare replacement bill, fearing that changes could harm those with pre-existing conditions.

The American Hospital Association (AHA), American Medical Association (AMA) and American Association of Retired Persons (AARP) all denounced the revised bill on Thursday. The groups were already opposed to the American Health Care Act (AHCA), saying that millions would lose coverage, but raised new concerns about an amendment from Rep. Tom MacArthur (R-N.J.).

"We are deeply concerned that the AHCA would result in millions of Americans losing their current health insurance coverage," AMA President Dr. James Madara wrote in a letter. "Nothing in the MacArthur amendment remedies the shortcomings of the underlying bill."

The amendment would also allow states to apply for waivers to repeal ObamaCare's community rating protection, which protects people with pre-existing conditions from being charged much higher premiums.

"We are particularly concerned about allowing states to waive this requirement because it will likely lead to patients losing their coverage," Madara wrote.

The AARP says the revised bill is "even worse," warning lawmakers it intends to "let all 38 million of our members know exactly" how their representative votes on the legislation, if it makes it to the House floor.

"This harmful legislation still puts an Age Tax on older Americans and puts vulnerable populations at risk through a series of backdoor deals that attempts to shift responsibility to states," the group said in a statement.

Under the amendment, people would still be protected if they maintain "continuous coverage," meaning they did not have a gap in coverage. States with waivers would also have to set up high risk pools, aided by $130 billion in federal funding, to help provide coverage for sick people, but opponents argue those were tried before ObamaCare and were underfunded and did not work. ...**Read More**

A Squeaker In The House Becomes Headache For The Senate

After weeks of will-they-or-won't-they tensions, the House managed to pass its GOP replacement for the Affordable Care Act on Thursday by a razor-thin margin. The vote was 217-213.

Democrats who lost the battle are still convinced they may win the political war. As the Republicans reached a majority for the bill, Democrats on the House floor began chanting, "Na, na, na, na … Hey, hey, hey … Goodbye." They claim Republicans could lose their seats for supporting a bill that could cause so much disruption in voters' health care.

Now the bill — and the multitude of questions surrounding it — moves across the Capitol to the Senate. And the job doesn't get any easier. With only a two-vote Republican majority and no likely Democratic support, it would take only three GOP "no" votes to sink the bill.

Democrats have made clear they will unanimously oppose the bill. "Trumpcare" is just a breathtakingly irresponsible piece of legislation that would endanger the health of tens of millions of Americans and break the bank for millions more," said Senate Minority Leader Chuck Schumer (D-N.Y.). ...**Read More**

Pushing for Vote on Health Care Bill, Trump Seems Unclear on Its Details

After two false starts on President Trump's promise to repeal the Affordable Care Act, Trump administration officials ratcheted up pressure on the House on Monday to vote on a revised version of the Republican repeal bill this week, even as support may actually be eroding.

The president complicated his pitch with a jumble of statements that indicated he did not fully understand the content of the measure he was pushing. He insisted that the repeal bill would protect Americans with pre-existing medical conditions, as the Affordable Care Act does. But a host of medical groups and disease advocacy organizations said it would not.

"I want it to be good for sick people," Mr. Trump said in an interview with Bloomberg News. "It's not in its final form right now. It will be every bit as good on pre-existing conditions as Obamacare."

Representative Billy Long, Republican of Missouri, said on Monday: "I have always stated that one of the few good things about Obamacare is that people with pre-existing conditions would be covered." The Republicans' latest version "strips away any guarantee that pre-existing conditions would be covered and affordable," he said.

Still promising that the votes would come, senior White House officials pressed on. Vice President Mike Pence headed to Capitol Hill on Monday evening to twist the arms of Republicans while the White House chief of staff, Reince Priebus, sent texts to wavering members.

"We're getting closer and closer every day," the White House press secretary, Sean Spicer, said, but he acknowledged that "we're not there yet."

But a coalition of 10 advocacy groups — including the American Heart Association, the American Lung Association, the March of Dimes and the American Cancer Society's Cancer Action Network — urged a "no" vote….**Read More**

GOP House panel takes first step to gut Dodd-Frank law

House Republicans took a major step toward their long-promised goal of unwinding the stricter financial rules created after the 2008 crisis, pushing forward sweeping legislation that would undo much of President Barack Obama's landmark banking law.

A House panel on Thursday approved Republican-written legislation that would gut much of the Dodd-Frank law enacted by Democrats and signed by Obama in the wake of the financial crisis and the Great Recession. The party-line vote in the Republican-led House Financial Services Committee was 34-26.

"I can't do a good James Brown, but I feel good," said Rep. Jeb Hensarling, the normally reserved Republican chairman of the committee, referring to the singer often called the godfather of soul. Hensarling wrote much of the overhaul legislation.

Republicans argued that the Dodd-Frank law is slowing economic growth because of the cost of compliance and by curbing lending.

Democrats warned the GOP bill will create the same conditions that led to the financial crisis and pushed the economy to the brink of collapse.

Rep. Maxine Waters, the panel's senior Democrat, called it "a deeply misguided measure that would bring harm to consumers, investors and our whole economy."

"The bill is rotten to the core and incredibly divisive," Waters said. "It's also dead on arrival in the Senate, and has no chance of becoming law."

After attempts in recent years to overhaul the Dodd-Frank legislation, the Republicans were heartened this time by a sympathetic Republican president now in the White House. President Donald Trump has denounced Dodd-Frank and promised that his administration would "do a big number" on it.

Still, getting the new bill to Trump's desk could be a hard road. It now goes to the GOP-dominated House for a vote, but supporters admit that the path will be much more difficult in the Senate, where Democratic support will be needed.

In a fast-moving session following two days of laborious debate, the panel flew through a series of votes on amendments, as the majority Republicans easily beat back Democrats' attempts to reshape and soften the legislation. ...**Read More**

Do you know what the House Republican health bill would do to you and your family?

THE HOUSE REPUBLICAN HEALTH BILL WOULD:

- **Take health coverage away from 24 million people**
- **Raise premiums and deductibles by thousands of dollars for millions more**
- **Slash Medicaid by more than $800 billion**
- **Give millionaires an average, annual tax break of at least $50,000**

NEW:

- **Gut protections for millions of people with pre-existing conditions**
- **End nationwide standards for health insurance plans have to cover**
- **End nationwide ban on annual and lifetime limits**

Center for Budget and Policy Priorities

LATEST HOUSE HEALTH BILL ENDS NATIONWIDE PROTECTIONS FOR PEOPLE WITH PRE-EXISTING CONDITIONS .

If insurers based premium surcharges on actual cost:

- People with **metastatic cancer** would pay an **extra $140.00**
- **Pregnant women** would pay an **extra $17,060**
- People with **depression** would pay an **extra $8,370**
- People with **diabetes** would pay an **extra $5,510**

Center for Budget and Policy Priorities

Center on Budget and Policy Priorities

Trump Administration Rolls Back Michelle Obama's Healthy School Lunch Push

Former first lady Michelle Obama might find some of the latest actions by the Trump administration pretty difficult to stomach.

On Monday newly minted Agriculture Secretary Sonny Perdue announced a rollback of school lunch standards championed by the former first lady, declaring at a Virginia school that the administration would "**Make School Meals Great Again**."

The school nutrition standards have long been a source of controversy, making them a more likely target of the current administration.

Earlier Monday, **CNN initially reported** a more surprising cut — that the Trump White House would not continue the Let Girls Learn program in its current form. The initiative aims to provide educational opportunities for young women in developing countries.

However, administration officials **later clarified that the program was not being axed….Read More**

How To Ease The Financial Pain Of High-Deductible Health Plans

No matter what happens to the Affordable Care Act, one health care trend is fairly certain to continue: A growing number of you will have high-deductible health plans, whether you're insured through your employer or buy on the private market.

A **high-deductible health plan** is just what it sounds like: In exchange for a lower premium, you pay more of your own money for medical care until your insurance coverage kicks in.

The **IRS defines** a high-deductible plan as one with a deductible of at least $1,300 a year for an individual or $2,600 for a family.

Many deductibles are higher. For instance, **Covered California**, California's health insurance exchange, offers bronze-level plans this year with a $6,300 individual and $12,600 family deductible, plus a separate deductible for prescription medications.

How many of you have that kind of money lying around?

The most important thing you can do to lower your costs is to choose the right plan for yourself and your family during open enrollment (assuming you have a choice).

"A high-deductible plan will work better for younger, healthier people who don't expect to have a lot of medical expenses," says Walter Zelman, a health policy professor at California State University-Los Angeles. "If you know you're going to use a reasonable amount of health care in a given year, the high-deductible plan is to be avoided."

But since most of you are stuck with your plans until the next open enrollment period, here are some simple steps you can take now to control costs….**Read More**

Drug Coverage Denied By Medicare? How Seniors Can Fight Back

Kenneth Buss had taken Xarelto, a blood thinner, for more than a year when his mail-order pharmacy refused a request to refill his prescription several weeks ago.

Buss, 79 and prone to dangerous blood clots, immediately contacted his physician, who urged Buss' Medicare drug plan to approve the medication.

The request was denied. But Buss didn't let the matter drop. Without coverage, a 90-day supply of Xarelto costs about $1,300 at a local pharmacy — more than 10 times what Buss had been paying.

"That killed me," said Buss, who remembers phoning his Medicare plan and saying, "Excuse me, are you saying my doctor is wrong and you know better?"

With his physician's help, this determined Tempe, Ariz., resident persuaded his plan to renew his prescription. But many similarly frustrated older adults aren't sure how to appeal Medicare drug plan denials.

"A lot of people fall through the cracks," said David Lipschutz, senior policy attorney at the Center for Medicare Advocacy. "They simply don't know what to do. Or they try to go through the process, and it's complicated and time-consuming and they just give up."

Concerns about Medicare drug coverage are common: More seniors call the Medicare Rights Center's national hotline (800-333-4114) about this topic each year than any other….**Read More**

Louisiana Proposes Tapping A Federal Law To Slash Hepatitis C Drug Prices

The public outrage over high-priced hepatitis C drugs is taking a new twist as Louisiana's top health official proposes using an obscure federal law to get the medicines at a much lower cost. If successful, other states could reap the benefits.

Right now, covering treatment for the 35,000 of Louisiana's uninsured and Medicaid-dependent residents with hepatitis C would cost the state $764 million, a staggering sum that would have to be pulled from schools, public services and infrastructure programs. Louisiana's budget runs $31.2 billion a year, but its discretionary line items, such as health care, account for just $3.6 billion.

"We don't have the resources," said Dr. Rebekah Gee, the state's health secretary.

In **an April 12 letter**, Gee reached out to the nation's top health experts to explore tapping a patent law created in 1910 that gives federal regulators the power to appropriate inventions and develop a product in the interest of the public good.

The law has been used before by government agencies, including the Department of Defense. In the 1960s and early '70s, the government used it to buy several medicines at a lower cost, according to Hannah Brennan, a co-author of a **2016 paper** on the law.

In response to Gee's request, Dr. Joshua Sharfstein, an associate dean at Johns Hopkins Bloomberg School of Public Health, spent a recent afternoon with some of the country's top academic and legal health officials considering the challenges of using the law, called U.S. Code Section 1498 under Title 28.

They concluded it should be tried.

"This is the path that would be the most viable to be able to get what you need for people in Louisiana," Sharfstein told the group. Sharfstein, a former Maryland health secretary, was also the Food and Drug Administration's deputy commissioner in the Obama administration.

Under the law, the Trump administration could sidestep patents and contract with a generic supplier to provide a lower-priced version of expensive antiviral drugs such as Sovaldi and Harvoni, which are made by industry leader Gilead Sciences….**Read More**

RI ARA HealthLink Wellness News

Medicare Rights Center Submits Ideas to Transform Medicare Advantage and Part D

This week, the Medicare Rights Center (Medicare Rights) responded to a **request from the Centers for Medicare & Medicaid Services (CMS)** on how to strengthen the Medicare Advantage (MA) and Part D prescription drug programs.

"We are grateful for this opportunity to share recommendations with CMS about how to make the Medicare Advantage and Part D programs work even better for millions of older adults, people with disabilities, and their families, and we thank the agency for this inquiry," said Medicare Rights President Joe Baker.

Medicare Rights' suggestions included ways that CMS could improve beneficiary supports and education, strengthen oversight, and achieve payment accuracy in Medicare Advantage. The comments also urged CMS to take steps to promote active and informed choices. We encouraged CMS to simplify the plan-level appeals process and to engage patients and advocates in innovation. The breadth of suggestions reflects the open-ended nature of the request and our hope that the agency will embrace innovative ways to improve Medicare for beneficiaries and their families.

"Our comments come from an all-important perspective—the on-the-ground, everyday experiences of people who have Medicare and who need help navigating the system and making the most of their earned benefits. Our ideas are linked to challenges reflected in the nearly 20,000 questions asked on our helpline each year."...**Read The Brief**

New Data Highlights Income and Assets of People with Medicare

Last week, the Kaiser Family Foundation (KFF) released a **brief** with updated income and asset information and projections for people with Medicare. KFF regularly publishes this information to provide "context for understanding the extent to which the current and future generations of beneficiaries can afford to absorb higher health care costs."

Importantly, the brief shows that while incomes are increasing for people with Medicare, most of the gains are in the top five percent. In 2016, half of all Medicare beneficiaries still had incomes below $26,200, with a quarter falling below $15,250. These figures account for income from all sources, including Social Security, pensions, earnings, assets, rental income, and retirement accounts.

There are racial differences in the median incomes. Half of all white beneficiaries had incomes below $30,050, while half of black beneficiaries had incomes below $17,350, and half of Hispanic beneficiaries were below $13,650. Incomes also vary by education level, marital status, and age. For example, over half of the people with Medicare who were 85 or older had incomes less than $20,400 for the year, and half of people who receive Medicare because of permanent disability while under 65 live on less than $17,950.

Many people with Medicare had some savings and some home equity. For savings, eight percent had none or were in debt. Half of all beneficiaries had savings below $74,450 and a quarter had below $14,550.

The brief also projects these numbers into the future. For income, it projects that much of the growth is likely to be concentrated among the top earners. Likewise, gains in savings and home equity are projected to largely benefit those in upper income brackets….

Read the brief.

Living With Alzheimer's Disease

How to Help Alzheimer's Patients Enjoy Life, Not Just 'Fade Away'

Kaiser Health News provides some insight and guidance on living with Alzheimer's Disease and other forms of dementia.

Alzheimer's disease has an unusual distinction: It's the illness that Americans fear most — more than cancer, stroke or heart disease, according to Kaiser Health News.

The rhetoric surrounding Alzheimer's reflects this. People "fade away" and are tragically "robbed of their identities" as this incurable condition progresses, we're told time and again.

Yet, a sizable body of research suggests this Alzheimer's narrative is mistaken. It finds that people with Alzheimer's and other types of dementia retain a sense of self and have a positive quality of life, overall, until the illness's final stages.

They appreciate relationships. They're energized by meaningful activities and value opportunities to express themselves. And they enjoy feeling at home in their surroundings.

"Do our abilities change? Yes. But inside we're the same people," said John Sandblom, 57, of Ankeny, Iowa, who was diagnosed with Alzheimer's seven years ago.

Dr. Peter Rabins, a psychiatrist and co-author of "The 36-Hour Day," a guide for Alzheimer patients' families, summarized research findings this way: "Overall, about one-quarter of people with dementia report a negative quality of life, although that number is higher in people with severe disease."...**Read More**

'Center Of Excellence' Designation Doesn't Rule Out Complications Of Bariatric Surgery

Getting bariatric surgery at a "center of excellence" doesn't mean that patients can be assured that they will avoid serious complications from the weight-loss procedure at the facility, according to a recent study.

Even though facilities that have been accredited as centers of excellence must all meet minimum standards, including performing at least 125 bariatric surgeries annually, the risk of serious problems **varied widely among centers,** the study found.

"To become accredited, there's no measure of outcomes, it's just a process list," said Dr. Andrew Ibrahim, a research fellow at the University of Michigan Institute for Healthcare Policy and Innovation and the study's lead author. In addition to minimum case volumes, accredited centers have to have special surgical equipment to handle overweight patients, such as bariatric operating tables and longer laparoscopic instruments. Insurers typically restrict coverage of bariatric surgery to procedures performed at accredited facilities, however, and nearly 90 percent of bariatric surgeries are performed at a center of excellence.

Bariatric surgery is used to treat people who are severely obese and have not had success with other weight-loss programs. Surgeons use a variety of methods to make the stomach smaller so that less food can be consumed easily. For this study, researchers analyzed claims data of more than 145,000 patients at 165 bariatric surgery centers of excellence in 12 states from 2010 to 2013. Nationally, the rate of serious complications following surgery — heart attack, kidney failure or blood transfusion, for example — varied widely among the centers, from 0.6 percent at the low end to 10.3 percent at the high end. The rate varied widely within states as well. Nearly 1 in 3 lower-performing hospitals had a higher-performing hospital in the same service area, the study found.

Bariatric surgery has come a long way from the early days when some low-volume centers experienced 30-day mortality rates approaching 10 percent, according to Ibrahim. In this study, 72 patients died in the hospital following surgery — a rate of less than 1 percent among study participants...**Read More**

What are Medicare Savings Programs?

MEDICARE RIGHTS Blog

Question:

I recently enrolled in premium-free Part A, but learned that I will have to pay a premium for Part B. Could I get some information on Medicare Savings Programs, which I'm told would cover my Part B premium?

Answer:

The **Medicare Savings Programs** (MSPs), also known as Medicare Buy-In programs, are state programs that **assist you with paying your Medicare costs**. The names of these programs may vary by state. MSPs are not available in Puerto Rico and the U.S. Virgin Islands. The programs include premiums, deductibles, coinsurance charges, and copayments. There are three MSPs, each with different federal income and asset eligibility limits. States can raise these limits to be more generous, which allows more people to qualify for the benefits. All three MSPs cover your Part B premium, which means your monthly Social Security check will increase by the amount you currently pay for your Part B premium if you qualify for and enroll in one of these programs.

1. **Qualifying Individual (QI):** QI pays for your Part B premium and provides three months retroactive Part B premium reimbursement from the month of application. Note: you *cannot* have Medicaid and QI.
2. **Specified Low-Income Medicare Beneficiary (SLMB):** SLMB pays for your Part B premium and provides three month retroactive Part B premium reimbursement from the month of application. Note: you *can* have Medicaid and SLMB.
3. **Qualified Medicare Beneficiary (QMB):** QMB pays for your Part B premium and Medicare deductibles, coinsurance charges, and copayments. If you have a Medicare Advantage Plan, QMB pays for your plan's cost sharing. The program also pays for your Part A premium if you do not qualify for premium-free Part A. It does not provide three months retroactive Part B premium reimbursements; benefits start the first of the month after the month you are approved for the program. Note: you *can* have Medicaid and QMB, but you *cannot* buy a Medigap once you are enrolled in QMB.

To verify your eligibility, a State Health Insurance Assistance Program (SHIP) counselor can work with you to see if you meet the **income and asset limits** in your state. **To apply for an MSP**, you will need to apply to your local Medicaid office or other state agency that receives MSP applications. You or a SHIP counselor can contact the local Medicaid office to learn how to apply. Many states allow you to submit your application online, through the mail, and/or through community-based organizations. Some states may require that you schedule an appointment and go in person to the Medicaid office to apply….**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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