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Trump Concedes Health Law Overhaul Is 'Unbelievably Complex'



President Trump, meeting with the nation's governors, conceded Monday that he had not been aware of the complexities of health care policy-making: "I have to tell you, it's an unbelievably complex subject. Nobody knew that health care could be so complicated."

The president also suggested that the struggle to replace the Affordable Care Act was creating a legislative logjam that could delay other parts of his political agenda.

Many policy makers had anticipated the

intricacies of changing the health care law, and **Mr. Trump's demands** in the opening days of his administration to simultaneously repeal and replace President Barack Obama's signature domestic achievement made the political calculations far more complicated.

Governors of both parties added still more confusion on Monday when they called for any replacement to cover all the people already benefiting from the landmark law.

"Of course I am concerned," said Brian Sandoval, the Republican governor of Nevada, where about 300,000 people

have gained Medicaid coverage. "I am someone who elected to expand Medicaid. That's been very beneficial to my state, and I want to be sure those individuals can keep their coverage."

"Governors are all in agreement," said Gov. Terry McAuliffe of Virginia, a Democrat who is the chairman of the National Governors Association. "We do not want one single one of our citizens to lose access to quality health care. We are all unified on that. Actually, we want to expand, so everybody has access to quality health care." ... [Read More](#)

Trump touts spending plan, but promise to leave entitlements alone puts GOP in a quandary

President Trump is preparing a budget that would fulfill some of his top campaign promises by boosting military spending while cutting domestic programs.

But his reluctance to embrace cuts to entitlement programs could lead to sharp tensions with Republicans in Congress who have long argued that Medicare and

Social Security must be overhauled to ensure the government's fiscal health.

The White House on Monday announced the first details of the president's spending plan, highlighting a \$54 billion increase in defense spending and equal cuts to domestic programs, such as the Environmental Protection Agency, and foreign aid.

"We are going to do more with less and make the government lean and accountable to the people," Trump told reporters at the White House on Monday morning. "We can do so much more with the money we spend." ... [Read More](#)



What popular tax breaks are at risk if GOP overhauls taxes



When Republicans say they want to lower taxes and get rid of loopholes to make up the lost revenue, they're talking about eliminating some very popular tax breaks enjoyed by millions of people.

That's why making big changes to tax laws is so hard — and why it hasn't been done for 30 years.

A look at the biggest tax breaks enjoyed by individuals, along with The Associated Press' assessment of how safe they are as Congress works to overhaul taxes. All

estimates are from the nonpartisan Joint Committee on Taxation, the official scorekeeper for Congress.

A look at 11 possible changes

RETIREMENT SAVINGS

Rating: Safe

EMPLOYER-PROVIDED

HEALTH INSURANCE

Rating: In Danger

CAPITAL GAINS AND DIVIDENDS

Rating: Safe, if Republicans are in charge

EARNED INCOME CREDIT

Rating: Safe, for now

STATE AND LOCAL TAXES

Rating: In Danger

MORTGAGE INTEREST

Rating: Safe, but could get changed
CHARITABLE CONTRIBUTIONS

Rating: Safe

CHILD TAX CREDIT

Rating: Safe, for now

SOCIAL SECURITY AND

RAILROAD RETIREMENT

Rating: Safe

PROPERTY TAXES

Rating: In Danger

[Click here for a more in-depth look at the possible tax overhaul changes.](#)

Facing Threat of Repeal, American Attitudes Shift on Obamacare (ACA)

The public perception of President Barack Obama's health care law is becoming more positive as the Affordable Care Act faces threats of repeal, according to a new poll.

The **favorability ratings** are at their highest recorded levels since the summer of 2010. The poll, by the Kaiser Family Foundation, has been conducted more than 60 times.

To assemble the data researchers surveyed 1,160 adults by phone in mid-February about their opinions regarding different portions of the law, sometimes called Obamacare. They found that 48 percent of those surveyed now have favorable views of the Affordable Care Act – up from **43 percent** in December. In comparison, 42 percent of those surveyed had an unfavorable view of Obamacare, down from 46 percent in the December poll.

The shift was driven largely by people who identified as being politically independent, and the unfavorability rates did not fall below their lowest levels, recorded in July 2010, when they were at 35 percent.

Prior to the most recent poll, the public's views on the law were more unfavorable than favorable, even as its major provisions became enacted and

about **21 million people** gained coverage or more robust **health insurance**.

Republicans in Congress and President Donald Trump have long vowed to undo the Affordable Care Act, though they haven't said what they would replace it with. Democrats have seized on this lack of unity, holding events across the country to tell people about the dangers of repealing the law. During the past week activists and constituents have been protesting repeal at Republican town halls.

In watching lawmakers talk about repealing the law, Americans reported mixed emotions: 56 percent are worried, 53 percent are hopeful, 45 percent are confused, 38 percent are angry and 33 percent are enthusiastic. Nearly half of those surveyed said that they feared someone in their family would lose coverage if the law is repealed and replaced.

Despite the change in overall attitudes, the survey reveals people remain split on what should happen to the law next. Most of those who favor repeal, however, would like to see a replacement plan first.

The survey also examined people's views on **Medicaid expansion**, which was a provision of the law that allowed states to provide no- or low-cost coverage to low-income residents. Republicans in

Congress have been discussing what to do about this portion of the law, though **GOP governors** have cautioned that repealing expansion would be damaging to their constituents.



The majority of respondents, regardless of political leanings, said it was important that a replacement plan continues to provide federal funds to the 31 states and District of Columbia that **expanded the program** under the Affordable Care Act.

Republicans have offered other solutions for Medicaid, including a proposal that would allow funds to be distributed through block grants – which may limit funding but gives states more flexibility about what programs to prioritize and which people to cover – or change it to a per-capita allotment system.

Most respondents surveyed – 65 percent – reported that they would rather Medicaid continue as it is today than either of the offered alternatives to the current federal funding structure. Under the current structure, the federal government matches state spending but sets specific standards and benefits for states.

H.R.610 - A Start To Defunding Public Education

CONGRESS.GOV

H. R. 610-To distribute Federal funds for elementary and secondary education in the form of vouchers for eligible students and to repeal a certain rule relating to nutrition standards in schools.

Sponsor:

**Rep. King, Steve [R-IA-4]
(Introduced 01/23/2017)**

Choices in Education Act of 2017

This bill repeals the Elementary and Secondary Education Act of 1965 and limits the authority of the Department of Education (ED) such that ED is authorized only to award block grants to qualified states.

The bill establishes an education voucher program, through which

each state shall distribute block grant funds among local educational agencies (LEAs) based on the number of eligible children within each LEA's geographical area. From these amounts, each LEA shall: (1) distribute a portion of funds to parents who elect to enroll their child in a private school or to home-school their child, and (2) do so in a manner that ensures that such payments will be used for appropriate educational expenses.

To be eligible to receive a block grant, a state must: (1) comply with education voucher program requirements, and (2) make it lawful for parents of an eligible child to elect to enroll their child in any public or private elementary or secondary school in the state or to home-school their child.

No Hungry Kids Act

The bill repeals a specified rule that established certain nutrition standards for the national school lunch and breakfast programs. (In general, the rule requires schools to increase the availability of fruits, vegetables, whole grains, and low-fat or fat free milk in school meals; reduce the levels of sodium, saturated fat, and trans fat in school meals; and meet children's nutritional needs within their caloric requirements.)

People and taxpayers need to pay attention to this Bill, H. R. 610. It is the beginning of the end to public education in this country. Taxpayers will be funding private for profit schools.

H.R. 1251 - To provide for cost-of-living increases for certain Federal benefits programs based on increases in the Consumer Price Index for the elderly.

CONGRESS.GOV

H. R. 1251 Sponsor: Rep. John Garamendi, [D-CA-3] (introduced 02/28/2017)

Committee: House-Ways and Means; Veterans Affairs; Oversight and Government Reform; Armed Services

Latest Action: 02/28/2017 Referred to House Armed Services

25 Co-Sponsors including: Jim Langevin, [D-RI-2], David N. Cicilline, [D-RI-1]

This bill is supported by the Alliance for Retired Americans

Watch a news conference about changing the way Social Security COLAs are calculated to better account for seniors needs. Congressman John Garamendi and our executive director Rich Fiesta will speak about this important bill.

[Click here to watch the news conference video](#)

Support For Health Law Grows, Leaving Republicans In A Bind

Republican members of Congress are at home this week, with many of them getting an earful from anxious constituents about their plans to “repeal and replace” the Affordable Care Act. A poll out Friday gives those lawmakers something to be anxious about, too.

The **monthly tracking poll** from the Kaiser Family Foundation finds overall support for the health law ticked up to 48 percent in February, the highest point since shortly after it passed in 2010. That was a 5-point increase since the last poll in December. (Kaiser Health News is an editorially independent project of the foundation.)

In addition, 6 in 10 people said they did not favor current GOP proposals for turning control of Medicaid, the federal-state program for low-income residents, over to the states or changing the federal funding method. More than half said Medicaid is important to them or family members.

The increase in the law’s popularity is almost entirely due to a spike in support among independents, whose approval of the law has risen to 50 percent, compared with 39 percent unfavorable. Continuing a trend that dates to the passage of the law, the vast majority of Democrats approve of it (73 percent), while the vast majority of Republicans disapprove (74 percent).

...[Read More](#)

Figure 10

Two-Thirds of Americans Say Medicaid Should Continue Largely As It Is Today

Which of these two descriptions comes closer to your view of what Medicaid should look like in the future?

- Medicaid should largely continue as it is today, with the federal government guaranteeing coverage for low-income people, setting standards for who states cover and what benefits people get, and matching states’ Medicaid spending as the number of people on the program goes up or down
- Medicaid should be changed so that instead of matching state Medicaid spending, the federal government limits how much it gives states to help pay for Medicaid coverage...

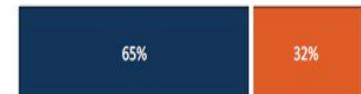
...on a per person basis but lets states decide which groups of people and what health care services they want to cover



...but lets states decide which groups of people and what health care services they want to cover



COMBINED RESULTS



NOTE: Items asked of separate half samples. Other (Vol.) and Don't know/Refused responses not shown.
SOURCE: Kaiser Family Foundation Health Tracking Poll (conducted February 13-19, 2017)



Activist muscle gives Obamacare a lift



Seven years after the passage of the Affordable Care Act, Democrats seem finally to have

secured a crucial element for its preservation: a robust grass-roots movement supporting it.

Pro-ACA protesters attended more than 100 rallies held Saturday across the country, organized by an activist group

affiliated with Sen. Bernie Sanders (I-Vt.). That followed a congressional recess week during which GOP lawmakers were confronted by defenders of the health-care law in town hall meetings across the country. Numerous Democratic officeholders also held events touting the law’s successes.

The surge in activism comes as congressional Republicans prepare to take their next steps toward repealing the ACA, also known as Obamacare, and

replacing it with what they say will be a more free-market-oriented system that is expected to cost the government less but cover fewer Americans.

The new mobilization represents a stark reversal of the recent political dynamics around health care. Until now, conservative activists have occupied the spotlight and relentlessly pushed Republicans to undo Obamacare, while Democrats and liberal groups largely stayed on the sidelines...[Read More](#)

For Some Hospice Patients, A 911 Call Saves A Trip To The ER



Her mother's breathing had become labored in the wee hours of the night, during what would prove to be the Fort Worth woman's final days living with lung cancer. Distraught, the daughter called 911.

"Her mother was having some pretty severe shortness of breath," said Tim Gattis, the third paramedic to arrive on scene late last year. "She was certainly working very hard to obtain a breath, and was just not being successful."

Gattis pulled up in a sports utility vehicle shortly after the ambulance had arrived, and the first two responders were already loading the 64-year-old woman

into the back. The daughter was insisting that her mother go straight to the hospital, Gattis said.

But the role of Gattis and other Fort Worth paramedics trained for this type of hospice support — part of a local partnership with VITAS Healthcare, the country's largest hospice organization — is to spend a longer stretch of time on the scene to determine if the symptoms that triggered the 911 call can be addressed without a trip to the emergency room. MedStar Mobile Healthcare, a governmental agency created to provide ambulance services for Fort Worth and 14 nearby cities, is one of several ambulance providers nationwide that have teamed up with local hospice agencies. The

paramedic backup, enthusiasts argue, not only helps more hospice patients remain at home, but also reduces the potential for costlier and likely unnecessary care.

On average, 18 percent of hospice patients go to the emergency room at least once before their death, according to an analysis of Medicare data published last year in the journal **Medicare data published last year in the journal Medical Care**. Melissa Aldridge, the study's lead researcher and an associate professor at New York City's Icahn School of Medicine at Mount Sinai, describes paramedic-hospice partnerships such as Fort Worth's as "forward-thinking" in promoting better patient care.

[Read More](#)

Instead Of Trashing A \$600 EpiPen, Some Patients Get A Refill

The concern over soaring prescription drug prices continues to dominate headlines, attracting scrutiny from Capitol Hill and President Donald Trump, who said during a January press conference that the industry was "getting away with murder."

But some doctors — frustrated by what they see as unreasonable price tags and political stagnation — are coming up with do-it-yourself solutions. Their efforts to bring down costs for their patients highlight the arbitrary and often needlessly exorbitant prices of drugs in the U.S., they say.

One striking example is the response of Dr. Cathleen London, a family doctor in Milbridge, Maine, to news that the

pharmaceutical company Mylan had driven up the prices of its signature EpiPen, a branded auto-injecting device containing a preset dose of epinephrine, a lifesaving drug, to be used by people at risk of experiencing anaphylactic shock triggered by an allergy. "I thought: This is disgusting. There's got to be another auto-injector," she said. "I started Googling." She ended up devising a workaround for her patients who needed one. "I basically build an auto-injector. I can do it for pediatric and adult dosing," she said. "I found the right syringe. I put in the dose that I wanted. Whether it's expired or used, people come back and refill it."

The price of EpiPens has surged in recent years — an increase connected to

the device, not the active ingredient, epinephrine, which costs pennies. A two-pack now costs more than **\$600**, up from just over \$100 in 2009. In response to public outcry and lawmaker scrutiny, Mylan last December released its own **generic version** of the device at about half the cost, but that's still out of reach for many.

Meanwhile, some insurers have dropped coverage of the pricey name-brand auto-injector pack or made sure customers have access to cost-effective alternatives. Drugstore chain CVS reduced the price of a generic competitor. But all still cost at least \$109. ...**[Read More](#)**



Making Multiple Drugs In One Factory Risks Scary Side Effect Of Shortages



A shift toward making multiple medications under one roof is sparking concern about what

happens when a facility suddenly shuts down because of a manufacturing or safety issue: Closing a single factory could lead to shortages of hundreds of drugs, say regulators and industry analysts.

Their anxiety is complicated by the tight secrecy surrounding where pharmaceuticals are made, so even experts aren't certain where or how a supply problem has occurred.

"Sometimes, months or years later, we figure it out," said Erin Fox, who directs the Drug Information Service at the University of Utah. "But it's rare."

The consolidation, driven by cost-cutting, drug company mergers and

outsourcing of manufacturing, has prompted hospital pharmacists and health policy experts to fear that one misstep could spell disaster for patients.

Dr. Robert Califf, who stepped down as Food and Drug Administration commissioner in January, said backup manufacturing locations are needed because if "you put all your eggs in one basket and something goes wrong, you've got a problem." ...**[Read More](#)**

Lower Back Disk Surgeries May Benefit All Ages

But older people have a higher risk of minor complications, study finds



People of all ages seem to benefit from surgery for a slipped or bulging ("herniated") disk in the lower back, a new study suggests.

Older patients, over the age of 65, actually seemed to experience greater lower back relief than their younger peers, the researchers found.

However, the study also suggested that seniors undergoing such surgery appear to face a relatively higher risk for minor post-surgical complications. These older adults may also be more likely to have to

stay in the hospital for a longer period of time following their operation.

The study team, led by Dr. Sasha Gulati of St. Olavs University Hospital in Trondheim, Norway, noted that a herniated lumbar disk can cause debilitating chronic back pain.

The current research tracked outcomes from nearly 5,200 people under 65 years of age who had surgery on their lower back. Another 380 people were included in the study who were 65 and older when they had back surgery. The information was gleaned from the Norwegian Registry for Spine Surgery.

All patients, regardless of age, showed

"significant" improvement in terms of disability relief. There were no age-related differences in terms of improved quality of life or leg pain after surgery.

But those aged 65 and up were more likely to experience minor complications. That was true in the hospital and within three months after discharge, according to the report. The findings were published online Feb. 22 in *JAMA Surgery*.

Still, the evidence suggests that "age alone should not be a contraindication to surgery, as long as the individual is fit for surgery," the study authors concluded in a journal news release.

Study Tracks Bleeding Risk From Common Blood Thinners

Blood thinners can help prevent dangerous clots, but they also come with risks for excess bleeding.

Now, new research shows that use of the medications does boost the odds of "subdural hematomas" -- bleeds occurring within the skull and near the brain. And some blood thinners carry higher risk than others.

The Danish research team stressed that the results don't mean patients who need blood thinners should avoid them altogether -- just that their data adds to decisions around their use.

"The present data add one more piece of evidence to the complex risk-benefit equation of [blood thinner] use," wrote a team led by Dr. David Gaist, of Odense University Hospital and the University of Southern Denmark.

Despite the bleeding risk, "it is known that these drugs result in net benefits overall in patients with clear therapeutic indications," the study authors added.

In the study, Gaist's team tracked data on more than 10,000 Danish patients, aged 20 to 89, who were diagnosed with a first-ever subdural hematoma between 2000 and 2015.

The investigators then compared that

group to more than 400,000 people in the general population.

Among the patients with the bleeds, 47 percent were taking anti-clotting medications. These included low-dose aspirin; another class of drugs known as vitamin K antagonists (which includes Coumadin/warfarin); clopidogrel (Plavix); or other blood-thinning medications.

Low-dose aspirin was associated with a small risk of the subdural hematoma bleed; use of clopidogrel plus a second blood-thinning pill was associated with a moderate risk; and use of a vitamin K antagonist (VKA), such as warfarin, carried a higher risk, the researchers said.

With the exception of low-dose aspirin (either alone or combined with the blood-thinner dipyridamole), concurrent use of more than one anti-clotting drug was related to substantially higher subdural hematoma risk, the study found.

The risk was particularly high among patients taking a combined treatment of a VKA (such as warfarin) plus a second drug such as low-dose aspirin or clopidogrel.

Finally, the Danish team found that the use of blood thinners rose in the general

population in Denmark from 2000 to 2015 -- as did the rate of subdural hematomas. The largest increase in subdural hematoma rates occurred in patients older than 75, the findings showed.

As director of the neurointensive care unit at Winthrop-University Hospital in Mineola, N.Y., Dr. Rajanandini Muralidharan often works with patients who need blood thinners.

Reviewing the new study, she agreed that the use of drugs such as Coumadin/warfarin "should be carefully considered in the elderly," and if they are used, this should be done only under stringent controls.

Newer (but more expensive) blood thinners -- drugs such as Pradaxa, Xarelto, and Eliquis -- "are an alternative option, given their lower risk of intracranial bleeding," Muralidharan said. However, in rare cases these medicines can also cause dangerous bleeding episodes, she noted, and as yet there are few approved drugs out there to help reverse these events.



Petition Subject: Elimination of the Unfair GPO and WEP Provisions of the Social Security Act to make sure the Congress of the United States enacts legislation, HR.973 & S.1651

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