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Statement by Retiree Leader Richard Fiesta on the Budget Agreement that Protects Social Security and Medicare Beneficiaries



Rich Fiesta

*The following statement was issued by
Richard Fiesta, Executive Director of the Alliance for Retired Americans,
regarding the deal between Congressional leaders and the
White House announced October 26 to avert default and keep the government funded:*

“Movement to prevent a default and avert a government shutdown is welcome news for all Americans, but the deal is not perfect.

“The Alliance for Retired Americans is relieved that this budget deal would protect millions of seniors from significant increases to their Medicare Part B deductibles while preventing a 20% cut to Social Security Disability Insurance (SSDI) benefits in 2016.

“The reallocation between the Social Security Old-Age and Survivors Insurance (OASI) and SSDI trust funds would prevent a massive cut in benefits for the disabled. The transfer would not impact the long-term solvency of Social Security.

“We would have preferred no increase to Medicare Part B premiums; however, limiting the increases of those who are not ‘held harmless’ is a step in the right direction. In early October, Virginia Alliance President Ron Thompson of Ivor, Virginia spoke at a Capitol Hill press conference on how the increase would financially harm him. Over the last two weeks more than 30,000 Alliance members contacted their Members of Congress saying that a 52% premium hike was unfair and unwarranted. Our voices were heard.

“While it appears a crisis has been averted, we have not improved retirement security for our nation’s seniors by expanding their earned Social Security benefits. We will continue to fight to make that a reality by urging Congress to implement a more accurate way to calculate cost-of-living adjustments: the Consumer Price Index for the Elderly (CPI-E).”

Budget deal stops Medicare increase, Social Security cuts

Seniors have much on the line in the budget deal set to close today; much to do about entitlement programs

It is a giant day of politics for seniors, who should see the latest budget deal between the White House and pass today, which has several important provisions concerning Medicare and Social Security.

Here is a summary of reports on the budget compromise.

The Hill: Budget Deal Stops Medicare Premium Increases for Most Seniors

The New York Times: Agreement Is Seen As Short-Term Relief For Medicare And Social Security

The Wall Street Journal: Budget Deal Tackles Disability, Halts Medicare Premium Increase

Los Angeles Times: No 'Grand Bargain,' But The Budget Pact Is A Big Deal For Millions Of Americans

The Washington Post: Budget Deal Blunts, But Doesn't Erase, Increase In Medicare Premiums

The Fiscal Times: Seniors Exhale As Congress Blocks Huge Medicare Increase

Bloomberg: Hospitals Face Payment Cuts At Outpatient Sites In Budget

CQ Healthbeat: Budget Deal Would Equalize Medicare Rates For Physicians



Out-of-pocket drug costs increase funds needed for retirement

A good reason seniors need to take close look at Medicare drug plan during open enrollment



If senior citizens needed one more push before being persuaded to take a close, fresh look at their Medicare Part D prescription drug plan during this open enrollment period, this may be it. A new study finds those planning for retirement need to increase the amount they need to budget for paying for health care, due to increase in out-of-pocket prescription drug cost.

Projected savings targets needed to cover health care in retirement are going up again after several years of decline, according to the nonpartisan Employee Benefit Research Institute (EBRI). This follows more recent declines during 2012–2014.

EBRI found that the range of retiree health savings or budget targets rose between 6 and 21 percent between 2014 and 2015.

While there are various factors at play, “the main reason for the increase in needed savings is related to the yearly adjustment for out-of-pocket spending for prescription drug use,” said Paul Fronstin, director of EBRI’s Health Research and Education Program and co-author of the report.

Because actual out-of-pocket spending for prescription drugs in the most recent data turned out to be higher than expected, future estimates have gone up.

Since the EBRI analysis does not factor in the savings needed to cover such things as long-term care expenses, retirement earlier than becoming eligible for Medicare, and higher Medicare premiums related to higher income, “many individuals will need more than the amounts cited in this report,” Fronstin said.

Some workers will need to save less than what is reported, he said, if they choose to work past age 65, and can postpone enrollment in Medicare and receive health benefits as active workers.

The range of increases depends on how much health expenses a person is likely to have and how high a probability they want to have enough money on hand.

Specifically, EBRI found, in 2015, a 65-year-old man would need \$68,000 in savings and a 65-year-old woman would need \$89,000 if each has a goal of having a 50 percent chance of having enough money saved to cover health care expenses in retirement. But, if either instead wanted a 90 percent chance of having enough savings, \$124,000 is needed for a man and \$140,000 is needed for a woman....[Read More](#)

Thank you to the 102 House Democrats, led by Rep. Jan Schakowsky, who have committed to support expanding Social Security's modest benefits! Thanks to grassroots activists around the country, our movement is growing stronger every day. <http://1.usa.gov/1WkX3Eq> Is your Congress person listed? If not, contact them.

Thank You To Every Representative Who Supports Expanding Social Security Benefits

Beatty (OH-3)	Farr (CA-20)	Larson (CT-1)	Quigley (IL-5)
Bonamici (OR-1)	Fattah (PA-2)	Lawrence (MI-14)	Rangel (NY-13)
Boyle (PA-13)	Foster (IL-11)	Jackson Lee (CA-13)	Roybal-Allard (CA-40)
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DeLauro (CT-3)	Jackson (TX-18)	Nadler (NY-10)	Van (MD-8)
DeSaulnier (CA-11)	Johnson (GA-4)	Napolitano (CA-32)	Vargas (CA-51)
Deutch (FL-21)	Kaptur (OH-9)	Nolan (MN-8)	Velazquez (NY-7)
Dingell (MI-12)	Keating (MA-9)	Norton (DC)	Waters (CA-43)
Duckworth (IL-8)	Kelly (IL-2)	Pallone (NJ-6)	Watson (NJ-12)
Edwards (MD-4)	Kildee (MI-5)	Perlmutter (CO-7)	Welch (VT)
Ellison (MN-5)	Kilmer (WA-6)	Peters (CA-52)	Wilson (FL-24)
Esty (CT-5)	Langevin (RI-2)	Pingree (ME-1)	Yarmuth (KY-3)
	Larsen (WA-2)	Pocan (WI-2)	



Seniors may slow shrinkage of aging brain with Mediterranean foods

Study doesn't prove Mediterranean diet prevents brain shrinkage; it shows association



Following a Mediterranean-like diet may be associated with losing fewer brain cells due to aging, according to a study published in the October 21, 2015, online issue of *Neurology*, the medical journal of the American Academy of Neurology.

The Mediterranean diet includes eating more fish and plant-based foods and less meats and dairy. The *Neurology* study found that people following a Mediterranean-like diet had a larger brain volume than people who did not follow a Mediterranean diet. The difference between the two groups was about the same as five years of aging.

“These results are exciting, as they raise the possibility that people may potentially prevent brain shrinking and the effects of aging on the brain simply by following a healthy diet,” said study author Yian Gu, PhD, of Columbia University in New York, NY, and a member of the American Academy of Neurology.

The Mediterranean-like diet in the study includes high intake of vegetables, legumes, fruits, cereals, fish and monounsaturated fatty acids such as olive oil; low intake of saturated fatty acids, dairy products, meat and poultry; and mild to moderate amounts of alcohol.

Eating more fish and less meat was associated with less brain shrinkage.

“Eating at least three to five ounces of fish weekly or eating no more than 3.5 ounces of meat daily may provide considerable protection against loss of brain cells equal to about three to four years of aging,” Gu said...[Read More](#)

Seniors pivotal in move to legalization and use of marijuana

Gallup and JAMA Psychiatry studies find seniors making difference in marijuana push

The trend is clear – making marijuana legal in the U.S. is on the way and even senior citizens are jumping onboard. A new Gallup Poll says 35% of seniors now favor making it legal, and this helped push support among all adults to a record high 58%. *JAMA Psychiatry* also reports the use by U.S. adults doubled between 2001 and 2013, but the authors are raising an alarm and are urging caution.



Only 4% of senior citizens in 1969 favored making it legal, according to Gallup, which reports the 58% holding that view ties the high point in Gallup's 46-year tracking of the question.

While the majority thinks prohibition of recreational marijuana should be ended, the new JAMA study calls for the need for public education about the potential harms in marijuana use, including the risk for addiction...[Read More](#)

Doctors should cut back on some medications given seniors, two JAMA studies suggest

Too much, too late: Overtreatment for blood pressure and blood sugar can be dangerous for some



The medical treatment of senior citizen is often a little more complicated due to the uncertain consequences of old age. The decision on a surgery, a drug dosage or other procedure has to consider the patients age.

A senior who takes medicine to get their blood sugar or blood pressure down – or both – knows their doctor prescribed it to help them.

But what if stopping, or at least cutting back on, such drugs could help even more?

In some older people, that may be the safer route. But two new studies published in *JAMA Internal Medicine* suggest doctors and patients should work together to backpedal such treatment more often.

In people in their 70s and older, very low blood pressures and sugar levels can actually raise the risk of dizzy spells, confusion, falls and even death. The consequences can be dangerous.

In recent years, experts have started to suggest that doctors ease up on how aggressively they treat such patients for high blood pressure or diabetes -- especially if they have other conditions that limit their life expectancy.

Dialing back

To see if such efforts to encourage doctors to de-intensify treatment are working, a team of researchers from the [University of Michigan Medical School](#) and [VA Ann Arbor Healthcare System](#) studied the issue from two sides: patient records and a survey of primary care providers....[Read More](#)

Quality of care differs by race for black seniors with prostate cancer

Study finds it does not, however, result in worse survival chance; commentator has theory



The quality of care differs by race, declares an official with the American Cancer Society in a commentary published in *JAMA Oncology*. A study in the publication found senior black men on Medicare with localized prostate cancer were more likely to have worst care, higher costs and endure worse postoperative outcomes than white men. Interestingly, this did not translate to worse overall or cancer-specific survival.

The treatment of prostate cancer is driven, in part, by the severity of disease at the time a physician sees the patient. Definitive therapy for localized prostate cancer with the intention of curing it is radical prostatectomy (RP, removal of the prostate gland), radiotherapy or a

combination thereof.

Prostate cancer is a frequently diagnosed cancer among men in the United States with an estimated 233,000 new cases in 2014... [Read More](#)

Older men with best fitness perform better mentally, too

They use the brain regions they did when they were young, researchers think it works for women, too

Older men in the best physical condition performed better mentally than less fit men, in a study from Japan claiming to be the first to directly link brain activation with both mental and physical performance.

It is widely recognized, the researchers say, that our physical fitness is reflected in our mental fitness, especially as we get older. How does being physically fit affect our aging brains? Neuroimaging studies, in which the activity of different parts of the brain can be visualized, have provided some clues.

This new study by Dr Hideaki Soya from the University of Tsukuba in Japan and his colleagues is reported in the journal *NeuroImage*.

As we age, we use different parts of our brain compared to how we functioned when younger. For example, when young, we mainly used the left side of our prefrontal cortex (PFC) for mental tasks involving short term memory, understanding the meaning of words and the ability to recognize previously encountered events, objects, or people.

When older, we tend to use the equivalent parts of our PFC on the right side of the brain for these tasks. The PFC is located in the very front of the brain, just behind the forehead. It has roles in executive function, memory, intelligence, language and vision.

With tasks involving the temporary storage and manipulation of memory, long term memories and inhibitory control, young adults favor the right side of the PFC, while older adults engage both the right and left PFC. ... [Read More](#)



The New England ARA state affiliates are actively pursuing these Petitions.

Petition Subject: Observation Status: "Current Hospital Issues in the Medicare Program"

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NAME

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

Petition Subject: House Concurrent Resolution 37 and Senate Concurrent Resolution 12 to get power doors installed in Post Offices and other federal buildings.

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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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