



October 10, 2016 E-Newsletter

Hoffa: Bill Shows Two Pension Plans Aren't Better Than One



Almost two years ago, Congress approved

language that gave multiemployer pension plans the ability to dramatically cut benefits to their participants. Now some of those same lawmakers are threatening the retirement security of thousands again.

Rep. John Kline (R-Minn.) authored the Multiemployer Pension Reform Act (MRPA) that ultimately was included in the fiscal 2015 omnibus funding bill. Soon thereafter, the Central States Pension Fund (CSPF) attempted to take advantage of the provision to cut the pensions of hundreds of thousands of retired Teamsters by as much as 70 percent. The union stood up and vigorously opposed both MRPA and the pension cuts. And the U.S. Treasury Department ultimately ruled

against CSPF's proposal last May.

So now Kline, chairman of the House Education & Workforce Committee, is trotting out legislation that changes pension funding rules by allowing multiemployer pension administrators to transition their defined benefit pension plans to a new "composite" plan. The bill, which was the subject of a hearing late last month, would have the effect of creating two underfunded pension plans that shortchange participants.

First, it would significantly reduce contributions to the legacy pension plan. Under the proposal, pension administrators are permitted to refinance plan liabilities and pay them off over 25 years, about double the time permitted under current law. The same market forces facing legacy plans would create funding shortfalls for composite plans, requiring plans to either increase contributions, or probably more likely,

deeply cut benefits.

Given the same contributions are used to fund two plans, even devastating cuts to the benefits of composite plan participants in times of market volatility might not be enough to save the legacy plan from painful benefit cuts.

In addition, Kline's legislation would permit unprecedented cuts to retirees' benefits. It doesn't even contain the few procedural protections for plan participants offered under MRPA, making it much easier for composite plans to massively slash benefits.

The proposal would also increase the likelihood of employers withdrawing from legacy plans. Under current law, a company's withdrawal liability payments are calculated based on its pre-withdrawal contribution rate, ensuring that withdrawing employers are still paying their fair share of pension obligations.

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"Tell Them to Expand Social Security, not Destroy It" Retiree Group Releases New Ad



Part of Six-Figure Grassroots Campaign to Highlight Blunt's Efforts to Cut and Weaken Social Security
The Alliance for Retired Americans is a grass roots organization with 4.4 million members that works for the health and welfare of older Americans.

Washington, DC - Today the Alliance for Retired Americans launched a digital campaign ad in five states, calling on Senators and Congressmen to strengthen and expand Social Security, not destroy it.
"Millions of retirees depend on Social

Security's modest earned benefits to make ends meet," said Richard Fiesta, the organization's executive director. "These politicians have repeatedly worked to weaken the system, and replace Social Security's guaranteed earned benefits with risk-based schemes. Our members are asking them to support current and future retirees' right to the secure retirement they have earned."

The ads feature children posing as retirees and stresses the importance of the Social Security system to Americans of all ages. The ads target people ages 55+ in Florida, Pennsylvania, Nevada, North

Carolina and Missouri. A Spanish-language version will target Latino audiences in Florida and Nevada.

Each of the elected officials named in the ads has supported efforts to weaken Social Security through privatization, a higher retirement age, and/or means testing and has voted to slash funding for the Social Security Administration, increasing waiting times and lengthening decision-making times for retirees and other beneficiaries.

[You can view ad here](#)

National Organizations Make Recommendations to Lessen the Impact of Projected Increases in Part B Premiums and Deductibles



This week, 75 national organizations representing older adults, people with disabilities, insurers, health care providers, unions, and purchasers sent a **letter** to House and Senate Committee leaders highlighting recommendations regarding projected increases in Medicare Part B premiums and the Part B deductible in 2017.

According to the **2016 Medicare Trustees Report**, Part B premiums may increase to \$149 per month or more for nearly 30 percent of beneficiaries. The trustees also predict that this increase will be accompanied by a hike in the Part B

deductible—up to \$204 from \$166. These projected increases in Part B premiums and the deductible are, in part, due to a predicted nominal Cost of Living Adjustment (COLA) for Social Security recipients in 2017 (as low as 0.2 percent) resulting in the application of the hold harmless provision in the Social Security Act.

Through the **hold harmless provision**, the dollar increase in the Part B premium is limited to the dollar increase in an individual's Social Security benefit. Should the trustees' assumptions hold, roughly 70 percent of Medicare beneficiaries will be held harmless, while the remaining 30 percent will shoulder the

cost of the expected premium increase.

Older adults and people with disabilities affected by the projected premium increase include: new Medicare enrollees in 2017; individuals not collecting Social Security benefits; and beneficiaries already paying higher, income-related premiums. Over nine million beneficiaries dually eligible for Medicare and Medicaid are also subject to the higher premiums and state Medicaid programs will bear this cost. Unlike the 2016 Part B premium projections, the estimated increase in the Part B deductible will affect all Medicare beneficiaries....**[Read More](#)**

CMS Asks: Are People Being Steered Away from Their Best Insurance Options?

The Medicare Rights Center (Medicare Rights) responded to a request for information (RFI) from the Centers for Medicare & Medicaid Services (CMS) asking about inappropriate steering practices encouraging people into coverage that is not right for them. CMS raises concerns about whether providers, plans, or others who stand to gain from an individual's enrollment decisions may improperly influence people who may be eligible for Medicare or Medicaid to decline public health insurance and retain private market coverage or convince people to give up private market coverage

in favor of Medicare or Medicaid. CMS also asks whether third party payments for premiums might constitute improper steering.

While Medicare Rights agrees with CMS that people should make enrollment decisions independently, without inappropriate influence, our comments also point out that many people lack accurate, unbiased information to help them make good enrollment choices. Comprehensive information from neutral sources, like the State Health Insurance Assistance Programs (SHIPs) and CMS, can protect people from misleading

information or steering behaviors.

The decision to enroll in Medicare when first eligible is not simple, and depends on many factors, including whether the person is eligible for Medicare based on their age, if they are receiving SSDI, or because they have End Stage Renal Disease (ESRD). Individual must also weigh their work history, income level, whether they are eligible for tax credits, and the other types of insurance they have access to....**[Read More](#)**



Groups Urge Lawmakers to Combat Rising Medicare Part B Premiums



A total of 75 organizations sent a letter to lawmakers last week asking them to find a solution

to the sharp expected increase in Medicare Part B premiums that was forecast in the 2016 Medicare Trustees report.

The letter cited a figure from the report suggesting that premiums could rise by as much as 23% for nearly 30% of beneficiaries. This, coupled with the likelihood of little to no COLA next year, means that retirees could be facing a difficult situation.

In the letter, the organizations state that "According to the 2016 Medicare Trustees Report, Part B premiums will increase significantly for nearly 30 percent of beneficiaries. It is estimated that 2017 Part B premiums could increase to an estimated \$149 per month, which is a significant increase over the standard 2016 Part B premium of \$121 per month. The trustees also predict that this increase will be accompanied by a hike in the Part B deductible—up to \$204 from \$166."

The letter asks that Congress support an extension of the solutions included in the **Bipartisan Budget Act of 2015** and extend the protections of the hold

harmless provision to all beneficiaries.

While most CSRS retirees are affected, other groups feeling the impact include individuals turning 65 this year, state and local government retirees not covered by Social Security, and state Medicaid programs.

Last year's Bipartisan Budget Act of 2015 allowed the Part B monthly standard premium to increase by 16 percent to \$121.80 for those Part B enrollees whose premiums were not deducted from their Social Security benefits, but that increase was far less than the \$159.30 amount initially projected by Medicare actuaries....**[Read More](#)**

When Pretend Play Is Real For Alzheimer's Patients



BEVERLY HILLS — Sitting beside a neatly made crib, 88-year-old Vivian Guzofsky held up a baby doll dressed in puppy dog pajamas. “Hello gorgeous,” she said, laughing. “You’re so cute.”

Guzofsky, who has Alzheimer’s disease, lives on a secure memory floor of a home for seniors. Nearly every day, she visits the dolls in the home’s pretend nursery. Sometimes she changes their clothes or

lays them down for a nap. One morning in August, she sang to them: You are my sunshine, my only sunshine. You make me happy when skies are gray.

No one knows whether she believes she is holding a doll or a real baby. What the staff at Sunrise Senior Living do know is that Guzofsky — who can get agitated and aggressive — is always calm when caring for the dolls.

Nursing homes and other senior facilities nationwide are using a controversial technique called doll therapy

to ease anxiety among their residents with dementia. Senior care providers and experts say the dolls are an alternative to medication and help draw in elderly people who are no longer able to participate in many activities.

“A lot of people with Alzheimer’s are bored and may become depressed or agitated or unhappy because they aren’t engaged,” said Ruth Drew, director of family and information services at the Alzheimer’s Association. . . . [Read More](#)

A Practical To-Do List For Family Caregivers

Ask Kathy Kenyon about what it’s like to be a family caregiver, and she’ll give you an earful.

On several occasions, doctors have treated this accomplished lawyer like she was an interloper — not the person to whom her elderly parents had entrusted health care and legal decision-making.

Kenyon wasn’t told how to identify signs that her mother, who had low sodium levels, was slipping into a medical crisis. Nor was she given any advice about how to prevent those crises from occurring.

When her parents — both with early-stage dementia — moved to the

Washington, D.C. area, it took months for medical records to be transferred because Kenyon’s right to the information wasn’t initially recognized.

An aberration? Hardly, according to a long-awaited report on family caregiving from the National Academies of Sciences, Engineering and Medicine, which acknowledges that the nearly 18 million caregivers for older adults are routinely marginalized and ignored within the health care system.

“Caregivers are, on the one hand, heavily relied upon but on the other hand overlooked,” said Richard Schulz, chair of the 19-member expert panel that crafted

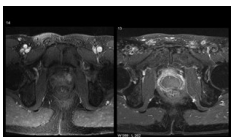
the report and a professor of psychiatry at the University of Pittsburgh.

Deeming that unacceptable, the panel has called for extensive changes to the health care system, including a family-centered approach to care that would recognize caregivers’ essential contributions.

What might that look like, practically, from a caregiver’s perspective? The report doesn’t say, but recommendations can be extrapolated from its findings. . . . [Read More](#)



Pricey New Treatment Roils Issues Of How To Treat Prostate Cancer



Men hoping to avoid some side effects of prostate cancer treatment are shelling out tens of thousands of dollars for a procedure whose long-term effects are unknown and insurers, including Medicare, won’t pay for.

Proponents say high-intensity focused ultrasound (HIFU) can have fewer negative side effects than surgery or radiation, while giving some patients another option between actively watching their cancer and those more aggressive steps. Critics, however, say the procedure is being oversold, leading some patients to get a treatment they don’t need.

Device makers are busy selling the

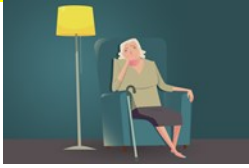
\$500,000-and-up machines to doctors around the country and offering training courses. Billboards advertising this “new non-invasive treatment for prostate cancer” are springing up, while treatment center websites promise “a safer method” with benefits such as “no erectile dysfunction and no incontinence,” although studies show those side effects can occur, but less often than with other types of more aggressive treatments. The treatment can range in cost from \$15,000 to \$25,000.

HIFU is the latest treatment to prompt concerns over whether there should be limits — such as requiring tracking of results — placed on expensive new technology while additional data is

gathered.

“This is going to join the group of uncertain-yet-available therapies that physicians can use, yet we have no clear understanding of who will benefit in a real world population,” said Art Sedrakyan, a professor of health care policy and research at Weill Cornell Medicine in New York. The treatment of prostate cancer has been a particularly controversial — and lucrative — niche, since the disease for some men can be slow growing and their tumors wouldn’t be fatal. A host of new “non-surgical” treatments are now also on offer using sophisticated machines to destroy cancer cells with proton beams or other types of high dose radiation. . . . [Read More](#)

When The Blues Won't Let You Be



LOS ANGELES — Rini Kramer-Carter has tried everything to pull herself out of her dark emotional

hole: individual therapy, support groups, tai chi and numerous antidepressants.

The 73-year-old musician rattles off the list: Prozac, Cymbalta, Lexapro.

“I’ve been on a bunch,” she said. “I still cry all the time.”

She has what’s known as “treatment-resistant depression.” It’s commonly

defined as depression that doesn’t respond to two different medications when taken one after the other, at the right dose and for the right amount of time.

Nearly 16 million adults have major depression, and up to a third do not respond to treatment. The disease afflicts people of all ages, but experts say that as many as half of older adults don’t get better with standard treatment.

Mental health experts expect treatment-resistant depression to become more widespread as baby boomers age.

Boomers already have been identified as having higher rates of depression than previous generations, and over time their depression may no longer respond to medication.

“We are seeing treatment-resistant depression more, and we are recognizing it more,” said Helen Lavretsky, a geriatric psychiatrist at UCLA. “And in older adults, the answer to understanding what it is and what to do about it is more complicated than in younger adults.”...[Read More](#)

Dialysis At Home? Medicare Wants More Patients To Try It

About half a million Americans need dialysis, which cleans toxins from the body when the kidneys can’t anymore. It can cost more than \$50,000 a year, and takes hours each week at a dialysis center.

To meet the need, roughly **7,000 kidney dialysis centers** have opened across the country. Patients go several times a week and **spend half a day** undergoing the life-sustaining procedure. Medicare is now taking steps to make it easier for people to do their own dialysis at home.

That sounds like great news to **Dr. Robert LaClair**, a nephrologist in Helena, Mont., who has an unusually high percentage of patients who do their dialysis at home: 40 percent versus the national rate of about 10 percent. That’s largely because LaClair is no fan of how dialysis has traditionally been done in America. He says his patients do better if

they’re more active participants in their care, rather than passive receivers.

“The way we do dialysis in this country, no one would be saying, ‘This is the way we should be doing things,’” LaClair said.

The traditional dialysis routine in a clinic setting is tough on patients, he said. “Often our patients will feel poorly for four, five, six hours, sometimes the rest of the day after a dialysis treatment [in the center],” LaClair said. “They only start feeling better by the next day. And then of course by the time they feel really well, they’re back on dialysis again. So it’s very hard on people, especially as they get older, to have to go through that kind of treatment.”

Contrast that to LaClair’s patient, 84-year-old Ward Shanahan. He’s a retired attorney who was diagnosed with diabetes a year ago. LeClair prescribed a home

dialysis machine that Shanahan uses every night at bedtime. More frequent dialysis means less recovery time, and patients can do it when it’s convenient for them, not when centers have appointments available.

“It gives me a life again,” Shanahan said.

He has a lakeside cabin he likes to visit in the summer. Being tied to a dialysis center’s daytime hours “busts up the week,” he said. “I like to be able to get up in the morning, take a shower and go around the world.”...[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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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

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