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No Social Security COLA for senior citizens in 2016 appears certain as do Medicare hikes

Means problems for Medicare: Part B premiums cannot increase for most, so minority has to bear burden of rising costs

It's not official, but the experts seem to be in agreement that senior citizens will not get a cost-of-living adjustment (COLA) from Social Security for 2016. It will be just the third time in 40 years, according to an analysis by Alicia H. Munnell and Anqi Chen of the Boston College Center for Retirement Research.



Other key findings in the brief - No Social Security COLA Causes Medicare Flap - find trouble in Medicare with no COLA:

No COLA means that Medicare Part B premiums cannot increase for most beneficiaries, so a minority has to bear the full burden of rising costs.

Beyond this immediate flap, a broader issue is that Medicare premium growth is not fully captured by the inflation measure used to set the COLA.

As a result, when Medicare premiums rise rapidly, older Americans cannot maintain their non-Medicare spending. In short, even the Social Security COLA does not fully insulate older households from the erosive impact of inflation. **Download pdf copy of report.**

Next year, unless Congress takes action soon, millions of Medicare beneficiaries will see their premiums and deductibles increase by over 50 percent! Premiums for 30 percent of Part B recipients are projected to increase from \$105 per month to \$159 and **deductibles for all Medicare recipients could increase from \$147 to \$223.**



Rich Fiesta

The Alliance for Retired Americans – along with 69 other organizations representing people that rely on Medicare – recently sent a letter to all members of Congress urging them to act immediately to protect older adults and people with disabilities. **We need your help today!**

Please, sign our petition demanding that Congress act to prevent skyrocketing Medicare premiums and deductibles.

Half of all Americans with Medicare have annual incomes of \$24,150 or less. They cannot afford additional health care costs. Neither can the 2.8 million new Medicare enrollees in 2016 who would be hit with this outrageous increase.

At a time when out-of-pocket health care costs are already the number one expense for seniors and people with disabilities, Congress must prevent skyrocketing Medicare premiums and deductibles.

Please, stand with the Alliance for Retired Americans, the Medicare Rights Center and Social Security Works in calling on Congress to prevent increases in the 2016 Medicare premium and deductible.

Thank you for helping us protect this important earned health care benefit. Rich Fiesta, Executive Director, ARA

Call and tell the RI Congressional Members "SAY NO TO TPP"

RI Congressional Delegation Information

Senator Jack Reed: 1000 Chapel View Blvd # 290, Cranston, RI 02920 (401) 943-3100

Senator Sheldon Whitehouse: 170 Westminster St. Suite 1100, Providence, RI, 02903 (401) 453-5294

Congressman James Langevin: 300 Centerville Rd # 200, Warwick, RI 02886 (401) 732-9400

Congressman David N. Cicilline: 1070 Main St #300, Pawtucket, RI 02860 (401) 729-5600



Poll Finds Overwhelming Support For Medicare Paying For End-Of-Life Talks

By [Jordan Rau](#)

Large Majorities Say Medicare, Private Insurance Should Cover Discussions Between Doctors And Patients On End-Of-Life Care

- Percent who say Medicare should cover discussions between doctors and patients about end-of-life treatment options
- Percent who say private health insurance should cover discussions between doctors and patients about end-of-life treatment options



SOURCE: Kaiser Family Foundation Health Tracking Poll (conducted September 17-23, 2015)



The public overwhelmingly supports Medicare's plan to pay for end-of-life discussions between doctors and patients, despite GOP objections that such chats would lead to rationed care for the elderly and ill, [a poll released Wednesday](#) finds.

Eight of 10 people surveyed by the Kaiser Family Foundation supported the government or insurers paying for planning discussions about the type of care patients preferred in the waning days or weeks of their lives. (KHN is an editorially independent program of the foundation.) These discussions can include whether people would want to be kept alive by artificial means even if they had no chance of regaining consciousness or autonomy and whether they would want their organs to be donated. These preferences can be incorporated into advance directives, or living wills, which

are used if someone can no longer communicate.

The Centers for Medicare & Medicaid Services earlier this year [proposed paying doctors](#) to have these talks with patients. A final decision is due out soon. The idea had been included in early drafts of the 2010 federal health care law, but Sarah Palin and others opponents of the law labeled the counseling sessions and other provisions "[death panels](#)" motivated by desires to save money, and the provision was deleted from the bill.

The notion of helping patients prepare for death has support among many doctors, who sometimes see terminal patients suffer from futile efforts to keep them alive. Last year, the Institute of Medicine [issued a report](#) that encouraged end-of-life discussions beginning as early as 16 years old.

The Kaiser poll found that these talks remain infrequent. Overall, only 17 percent of those surveyed said they had had such discussions with their doctor or another health care professional, even though 89 percent believe doctors should engage in such counseling. A third of respondents said they had talked to doctors about another family member's wishes for how they would want to be cared for at their end.

While none of these proposals calls for the cost of care to weigh on these discussions, the final years of life are indeed expensive for America's health care system. The Dartmouth Atlas of Health Care [has calculated](#) that a third of Medicare spending goes to the care of people with chronic illnesses in their last two years of life. That is likely to increase as the population of those older than 65 increases. An [analysis by the Kaiser foundation](#) found that Medicare spending per person more than doubled from age 70 to 96, where it peaked at \$16,145 per beneficiary in 2011.

The Kaiser poll found less public support for a cost-containment provision that did make it into the health law. The "[Cadillac tax](#)" begins in 2018 and will impose a tax on expensive insurance that employers provide to their workers. Sixty percent oppose the plan, which economists have long favored as a way to discourage lavish coverage and make people aware that extensive use of Medicare services is linked to premiums.

The poll also found that 57 percent of people favor repealing the [medical device tax](#), another piece of the health law that Republicans in Congress [are trying to repeal](#). The tax applies of artificial hips, pacemakers and other devices that doctors implant.

The poll was conducted from Sept. 17 through Sept. 23 with 1,202 adults. The margin of error was +/- 3 percentage points.

Adults With Insurance Often Still Have Unmet Dental Needs, Survey Finds

By [Michelle Andrews](#)

Dental care ranked number one among health care services that people with insurance say they're skimping on because of cost, a [new survey](#) found.

One in five adults reported that they had unmet dental care needs because they couldn't afford necessary care, according to the brief by researchers at the Urban Institute's Health Policy Center. People said they were more likely to go without dental care than prescription drugs, medical care, doctor or specialist care, and medical tests.... [Read More](#)



Seniors must get flu shot now – the deadly season is here

Elderly should consider the 4 times stronger “high dose” vaccine

You can assume that a lot of senior citizens are going to die from the flu during this 2015-16 flu season that just opened. History tells us up to 90% of those who die from flu this season will be seniors age 65 or older and well over half who are hospitalized will be in this age group, too. Flu is a very serious threat for the elderly and they should consider the extra protection of the “high dose” flu shot.



Actions Seniors Should Take This Flu Season: Get Your Flu Shot

The best way to prevent the flu is with a **flu vaccine**. The Centers for Disease Control and Prevention (CDC) recommends that everyone 6 months and older get a seasonal flu vaccine, and by October if possible.

[Click Here for the Link to Vaccine Locator](#)

Vaccination is especially important for people 65 years and older because they are **at high risk for complications from flu**.

Flu vaccines are updated to keep up with changing viruses and also immunity wanes over a year so annual vaccination is needed to ensure the best possible protection against influenza.

A flu vaccine protects against the flu viruses that research indicates will be most common during the upcoming season. (**See Vaccine Virus Selection**) for this season’s exact vaccine composition.) The 2015-2016 vaccine has been updated from last season’s vaccine to better match circulating viruses. Immunity from vaccination sets in after about two weeks.

Consider the “high dose” vaccine

People 65 years and older have two flu shots available to choose from - a regular dose flu vaccine and **a newer flu vaccine designed specifically for people 65 and older** with a higher dose. (The nasal spray vaccine is not approved for use in people older than 49 years.)

The **“high dose vaccine”** contains 4 times the amount of antigen as the regular flu shot and is associated with a stronger immune response following vaccination (higher antibody production). Preliminary studies suggest this may translate into greater protection against flu disease.

For example, one recent **study published in The New England Journal of Medicine** indicated that the high-dose vaccine was 24.2% more effective in preventing flu in adults 65 years and older relative to a standard-dose flu vaccine. (The confidence interval for this result was 9.7% to 36.5%).

At this time, CDC and its Advisory Committee on Immunization Practices have not expressed a preference for either vaccine for people 65 and older, however, there are ongoing studies looking into this issue and new findings will be considered in ACIP's future policy deliberations.

Practice good health habits including covering coughs, washing hands often, and avoiding people who are sick.

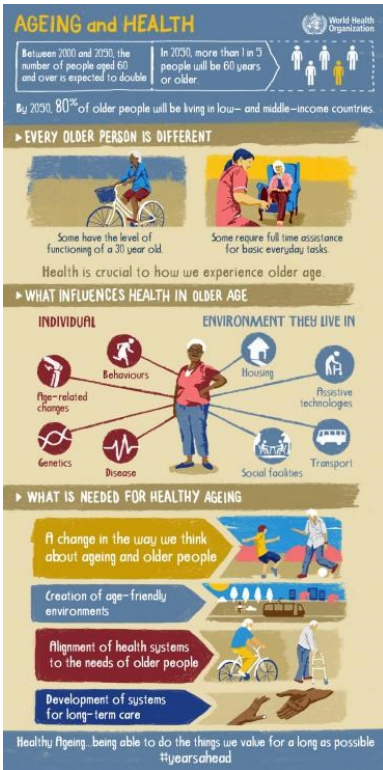
Seek medical advice quickly if you develop flu symptoms to see whether you might need medical evaluation or treatment with **antiviral drugs**. It's very important that antiviral drugs be used early to treat flu in people who are very sick with flu (for example, people who are in the hospital), and people who are sick with flu and have a greater chance of getting serious flu complications, like people 65 and older (**see box**) for full list of high risk persons/conditions).

Flu symptoms include fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills and fatigue. Some people may also have vomiting and diarrhea. People may be infected with the flu and have respiratory symptoms without a fever...**Read More**

Related Links:

- ◆ **Latest information from CDC on the 2015-16 flu season**
- ◆ **Influenza vaccination of health care providers in long-term care: Letter from the Assistant Secretary for Health[121 KB, 2 pages] (<http://www.cdc.gov/flu/pdf/hcp-influenza-vaccination-letter.pdf>)**
- ◆ **People at High Risk of Developing Flu–Related Complications(http://www.cdc.gov/flu/about/disease/high_risk.htm)**
- ◆ **Efficacy of High-Dose versus Standard-Dose Influenza Vaccine in Older Adults**

WHO: society needs to think differently about aging



The number of people over the age of 60 is expected to double by 2050, say the World Health Organization, who call for a radical shift in society's attitude to aging and older people.

This was the main message of a new report on aging and health from the World Health Organization (WHO), whose Director-General Dr. Margaret Chan explains: "Today, most people, even in the poorest countries, are living longer lives. But this is not enough. We need to ensure these extra years are healthy, meaningful and dignified. Achieving this will not just be good for older people, it will be good for society as a whole."

The report finds that, contrary to widespread belief, longer lives are not necessarily healthier lives. Unlike previous generations at the same age, added years are not being experienced in better health, but they could be and they should be, says Dr. John Beard, director of the WHO's Department of Aging and Life Course.

Longer and healthier lives appear to be confined to the more advantaged segments of society. The disadvantaged, or those in poorer countries with fewer resources to call upon in older age, are also likely to be in poorest health and have the greatest need, he adds.

The report notes that more must be done to reject the stereotype that older people are frail and dependent. There is too much emphasis on the burden that older people place on society and too little on their ability to contribute, the report says, and it urges governments to ensure older people can continue to participate in society...[Read More](#)

Patients to find it tougher getting insurance to cover high-priced cholesterol drug, others

Express Scripts will control spending by aggressively managing which patients get high-priced drugs

By Julie Appleby, Kaiser Health News

The nation's largest pharmacy benefit manager said Tuesday it's not going to try to bring down costs by forcing the makers of two pricey new cholesterol drugs to compete against each other, as it successfully did this year with expensive hepatitis C treatments.

Instead, Express Scripts said it will control spending by aggressively managing which patients get the injectable medications. The firm also said it won some discounts from the treatments' estimated \$14,000 annual list price....[Read More](#)



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

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

**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.

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

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

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